



BlueMedicare Classic (HMO)

Lista de medicamentos aprobados 2023

(Lista de medicamentos cubiertos)

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

Lista de medicamentos aprobados 00023125, Versión 19

Esta lista de medicamentos aprobados se actualizó el 01 de diciembre de 2023. Para obtener información más reciente o hacer otras preguntas, comuníquese con el Servicio de atención al cliente de BlueMedicare Classic (HMO) al 1-888-249-1595 o, para usuarios de TTY, al 711, las 24 horas del día/los 7 días de la semana, o visite www.arkbluemedicare.com.

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

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

Nota a los miembros existentes: Esta lista de medicamentos aprobados se ha modificado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted usa.

Cuando esta lista de medicamentos (lista de medicamentos aprobados) dice “nosotros”, “nos” o “nuestro” significa Arkansas Blue Medicare. Cuando se refiere a “plan” o “nuestro plan”, significa BlueMedicare Classic (HMO).

Este documento incluye una lista de los medicamentos (lista de medicamentos aprobados) de nuestro plan que tiene vigencia desde el 01 de diciembre de 2023. Para obtener una lista de medicamentos aprobados actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos aprobados, aparece en las páginas de portada y contraportada.

Generalmente, usted debe usar farmacias de la red para usar su beneficio de medicamentos con receta médica. Los beneficios, la lista de medicamentos aprobados, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2023 y, ocasionalmente, durante el año.

¿Qué es la lista de medicamentos aprobados de BlueMedicare Classic (HMO)?

Una lista de medicamentos aprobados es una lista de medicamentos cubiertos seleccionados por BlueMedicare Classic (HMO) junto con un equipo de proveedores de atención médica, que representa las terapias con receta médica que se consideran parte necesaria de un programa de tratamiento de calidad. BlueMedicare Classic (HMO) generalmente cubrirá los medicamentos que figuran en nuestra lista de medicamentos aprobados, siempre que el medicamento sea necesario desde el punto de vista médico, que la receta se surta en una farmacia de la red de BlueMedicare Classic (HMO) y que se cumplan las demás reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿La lista de medicamentos aprobados (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero podemos agregar o eliminar medicamentos en la Lista de medicamentos durante el año, trasladarlos a diferentes niveles de participación en los costos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca incluido en nuestra lista de medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparezca con el mismo nivel de participación en los costos, o con una participación en los costos menor y con las mismas restricciones, o menos. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel de costos compartidos diferente o agregar nuevas restricciones. Si actualmente está usando ese medicamento de marca, es posible que no le informemos con anticipación antes de hacer ese cambio, pero luego le brindaremos información sobre los cambios específicos que hemos realizado.
 - Si hacemos dicho cambio, usted o la persona encargada de extender la receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción a la lista de medicamentos aprobados de BlueMedicare Classic (HMO)?”.

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestra lista de medicamentos aprobados no es seguro o el fabricante del medicamento lo retira del mercado, inmediatamente lo eliminaremos de nuestra lista de medicamentos aprobados y notificaremos a los miembros que usan el medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente usan un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente incluido en la lista de medicamentos aprobados o agregar nuevas restricciones al medicamento de marca o pasarlo a un nivel de participación en los costos diferente o ambos. O podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestra lista de medicamentos aprobados o agregamos autorizaciones previas, límites de cantidad y/o restricciones de terapia de pasos en un medicamento, o pasamos un medicamento a un nivel de participación en los costos más alta, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una reposición del medicamento, momento en que el miembro recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o la persona encargada de extender la receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción a la lista de medicamentos aprobados de BlueMedicare Classic (HMO)?”.

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestra lista de medicamentos aprobados 2023 que estaba cubierto a principios del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con la misma participación en los costos y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, tales cambios le afectarán y es importante que consulte la Lista de medicamentos para el nuevo año de beneficios para ver si existen cambios en los medicamentos.

La lista de medicamentos aprobados adjunta tiene vigencia desde el 01 de diciembre de 2023. Para obtener información actualizada sobre los medicamentos cubiertos por BlueMedicare Classic (HMO), comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada. La lista de medicamentos aprobados se actualiza todos los meses con los cambios aplicables, incluidos los cambios negativos, y se publica en nuestro sitio web. Nuestro sitio web aparece en las páginas de portada y contraportada.

¿Cómo utilizo la lista de medicamentos aprobados?

Hay dos maneras de encontrar su medicamento en la lista de medicamentos aprobados:

Afección médica

La lista de medicamentos aprobados comienza en la página 1. Los medicamentos en esta lista de medicamentos aprobados están agrupados en categorías según el tipo de afecciones médicas para las que se usan. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de la categoría en la que buscar, debe buscar su medicamento en el índice que comienza en la página 117. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye los medicamentos de marca y los medicamentos genéricos. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que figura en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

BlueMedicare Classic (HMO) cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como medicamento que contiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existen restricciones en mi cobertura?

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

- **Autorización previa:** BlueMedicare Classic (HMO) requiere que usted o su médico obtengan autorización previa para determinados medicamentos. Esto significa que usted debe obtener la aprobación de BlueMedicare Classic (HMO) antes de surtir sus recetas médicas. Si no obtiene la aprobación, es posible que BlueMedicare Classic (HMO) no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, BlueMedicare Classic (HMO) limita el monto del medicamento que cubrirá BlueMedicare Classic (HMO). Por ejemplo, BlueMedicare Classic (HMO) proporciona 60 comprimidos/30 días por receta para el Losartan 25 mg. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia de pasos:** en algunos casos, BlueMedicare Classic (HMO) le exige que primero pruebe determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para la misma afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que BlueMedicare Classic (HMO) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, BlueMedicare Classic (HMO) cubrirá el medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en la lista de medicamentos aprobados que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos específicos cubiertos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia de pasos. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos aprobados, aparece en las páginas de portada y contraportada.

Puede pedirle a BlueMedicare Classic (HMO) que haga una excepción a estas restricciones o límites, o solicitar una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción a la lista de medicamentos aprobados de BlueMedicare Classic (HMO)?” en la siguiente página para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en la lista de medicamentos aprobados?

Si su medicamento no está incluido en esta lista de medicamentos aprobados (lista de medicamentos cubiertos), debe comunicarse primero con el servicio de atención al cliente y preguntar si su medicamento está cubierto.

Si efectivamente BlueMedicare Classic (HMO) no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar al servicio de atención al cliente una lista de medicamentos similares que estén cubiertos por BlueMedicare Classic (HMO). Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por BlueMedicare Classic (HMO).
- Puede pedir a BlueMedicare Classic (HMO) que haga una excepción y cubra el medicamento para usted. Consulte a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción a la lista de medicamentos aprobados de BlueMedicare Classic (HMO)?

Puede pedir a BlueMedicare Classic (HMO) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestra lista de medicamentos aprobados. Si se aprueba, este medicamento estará cubierto con un nivel de participación en los costos predeterminado, y usted no podrá pedirnos que proporcionemos el medicamento con un nivel de participación en los costos más bajo.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en nuestro nivel de especialidad de costo compartido más bajo. Para los medicamentos del formulario que se encuentran en el nivel de especialidad de costo compartido más alto, puede solicitar cobertura en el nivel de especialidad de costo compartido más bajo. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

- Puede pedirnos que suspendamos las restricciones de cobertura o los límites de su medicamento. Por ejemplo, para determinados medicamentos, BlueMedicare Classic (HMO) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

En general, BlueMedicare Classic (HMO) solamente aprobará su solicitud de excepción si los medicamentos alternativos incluidos en la lista de medicamentos aprobados del plan, el medicamento de participación en los costos más baja o las restricciones de utilización adicionales no serían tan efectivos en el tratamiento de su afección y/o le causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una lista de medicamentos aprobados o una excepción de restricción de utilización. **Cuando solicite una excepción de la lista de medicamentos aprobados o de la restricción de utilización, debe enviar una declaración del profesional que extiende la receta o del médico que respalde su solicitud.** En general, debemos tomar una decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de la persona que extiende la receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse seriamente perjudicada al esperar hasta 72 horas por una decisión. Si se concede su solicitud de aceleración, debemos comunicarle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico u otra persona encargada de extender la receta.

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

Como miembro nuevo o anterior de nuestro plan, es posible que esté usando medicamentos que no están en nuestra lista de medicamentos aprobados. O bien, puede estar usando un medicamento que está en nuestra lista de medicamentos aprobados, pero su capacidad de obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de que pueda surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción a la lista de medicamentos aprobados para que cubramos el medicamento que usted usa. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en determinados casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestra lista de medicamentos aprobados, o si su capacidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta fue extendida por menos días, le permitiremos múltiples reposiciones para proporcionar como máximo un suministro de medicamento para 30 días. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted es residente de un centro de atención de largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos aprobados o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita una excepción a la lista de medicamentos aprobados.

Es posible que debido a cambios usted pase de un tipo de tratamiento a otro. Durante este cambio de nivel de atención, se pueden recetar medicamentos que no estén cubiertos por su plan. Si esto sucede, usted y su médico deben usar los procesos de excepción y apelaciones de su plan. Sin embargo, cuando sea admitido a un tipo de atención de largo plazo, o dado de alta de ella, es posible que no tenga acceso a los medicamentos que le administraban anteriormente. Puede obtener una nueva reposición en el momento de la admisión o el alta hospitalaria para evitar una interrupción la atención.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta médica de BlueMedicare Classic (HMO), revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre BlueMedicare Classic (HMO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos aprobados, aparece en las páginas de portada y contraportada.

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

Lista de medicamentos aprobados de BlueMedicare Classic (HMO)

La lista de medicamentos aprobados que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por BlueMedicare Classic (HMO). Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 117.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca se escriben en mayúscula (p. ej., LANTUS) y los medicamentos genéricos aparecen en cursiva minúscula (p. ej., *metformin*).

La información contenida en la columna de Requisitos/Límites indica si BlueMedicare Classic (HMO) tiene requisitos especiales para la cobertura de su medicamento.

Todos los medicamentos incluidos en esta lista de medicamentos aprobados están disponibles a través del beneficio de pedido por correo. Comuníquese con su plan para obtener detalles.

Niveles de coseguro/copago del período de cobertura inicial

La columna de niveles de la lista de medicamentos que comienza en la página 1 indica en qué nivel se encuentra su medicamento. La tabla a continuación indica el monto de copago o coseguro (es decir, la parte del costo del medicamento que usted pagará durante el período de cobertura inicial) para un suministro de un mes del medicamento en cada nivel. Para obtener información sobre lo que usted pagará por un suministro de un medicamento a largo plazo (hasta 100 días), revise su Evidencia de cobertura.

Nivel	Costos compartidos de farmacia minorista estándar (dentro de la red) (Hasta 30 días de suministro)	Costos compartidos de los pedidos por correo (Hasta 30 días de suministro)	Costos compartidos de la atención de largo plazo (long-term care, LTC) (Hasta 31 días de suministro)
Nivel 1 de participación en los costos (Medicamentos Genéricos Preferidos)	\$3 de copago	\$3 de copago	\$3 de copago
Nivel 2 de participación en los costos (Medicamentos genéricos)	\$13 de copago	\$13 de copago	\$13 de copago
Nivel 3 de participación en los costos (Medicamentos de marca preferidos)	\$40 de copago	\$40 de copago	\$40 de copago
Nivel 4 de participación en los costos (Medicamentos no preferidos)	31% del costo	31% del costo	31% del costo
Nivel 5 de participación en los costos (Medicamentos de especialidad)	29% del costo	29% del costo	29% del costo
Nivel 6 de participación en los costos (Medicamentos de atención selecta)	\$0 de copago	\$0 de copago	\$0 de copago

Lista de abreviaturas

1	Medicamentos genéricos preferidos
2	Medicamentos genéricos
3	Medicamentos de marca preferidos
4	Medicamentos no preferidos
5	Medicamentos de especialidad
6	Medicamentos de atención selecta
BD	Medicamentos que pueden estar cubiertos por la Parte B o D de Medicare, según el caso. Estos medicamentos requieren autorización previa para determinar la cobertura en función de la Parte B o la Parte D. Es posible que se requiera el aporte de información que describa el uso o el lugar en el que se recibe el medicamento para determinar la cobertura.
PA	Autorización previa
QL	Límites de cantidad
ST	Terapia de pasos
*	Medicamento de distribución limitada. Este medicamento con receta médica puede estar disponible solamente en algunas farmacias. Para obtener más información consulte su Directorio de farmacias o llame al Servicio de atención al cliente al 1-888-249-1595, las 24 horas del día/los 7 días de la semana. Los usuarios de TTY deben llamar al 711.
#	Medicamento de alto riesgo (High Risk Medication, HRM). Medicamentos que pueden no ser seguros para pacientes de más de 65 años de edad. Nuestra lista de medicamentos aprobados incluye la cobertura de algunos de estos medicamentos, pero es posible que haya alternativas en niveles de copago inferiores. Hable con su médico para saber si hay alternativas a estos medicamentos que sean apropiadas para que usted use.
^	Brindamos cobertura adicional de este medicamento recetado en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.

2023 Dosage Form Abbreviations Key

act	actuation	mcg	microgram
ad	adsorbed	meq	milliequivalent
adjuv	adjuvant	misc	miscellaneous
aepb	aerosol powder blister	mg	milligram
aer, aers, aero	aerosol	ml	milliliter
afib/afI	atrial fibrillation/atrial flutter	mu	million units
app	applicator	nebu	nebules
ba, br act, breath act, breath activ	breath activated	oc	oral contraceptive
bau	bioequivalent allergy unit	oin, oint	ointment
cap, caps	capsules	omv	outer membrane vesicles
cart	cartridge	op, ophth	ophthalmic
cd	continuous delivery	osm	osmotic
chew tab	chewable tablets	pah	pulmonary arterial hypertension
cpcr	controlled release capsule	pak	pack
conc	concentrate	pf	preservative-free
conj	conjugate, conjugated	pfu	plaque forming units
crm	cream	pow, powd	powder
crys	crystals	pmdd	premenstrual dysphoric disorder
deter	deterrent	pref, prefill	prefilled
disint, disintegr	disintegrating	pttw	patch twice weekly
dr	delayed-release	ptwk	patch weekly
ec	enteric coated	recomb	recombinant
el, elu	enzyme-linked immunosorbent assay	refrig	refrigerate
emul	emulsion	sl	sublingual
er, extended, extended rel, xr	extended release	sol, soln	solution
ext	extract	sqcm	square centimeter
gm	gram	supp, suppos	suppositories
gu	genitourinary	sus, susp	suspension
hr	hour	syr	syringe
glob, ig	immunoglobulin	tab, tabs	tablets
im	intramuscular	tbcrl	controlled release tablet
inh, inhal	inhalation	tbdp	dispersible tablet
inj	injection	tbec	enteric coated tablet
ir	index of reactivity	tbpk	tablet pack
iv	intravenous	td	transdermal
l	liter	ther	therapy
la	long acting	tl	translingual
lipo	lipophilic	unt, ut	unit
lf, lfu	flocculation units	va	vaginal
liq, liqd	liquid	vac, vacc	vaccine
maint	maintenance		

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos analgésicos		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 150 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 300 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 450 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 600 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 750 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 900 mcg	4	PA, QL (60 films/30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	4	PA, QL (4 patches/28 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (48 mls/30 days)
<i>celecoxib cap 50 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg	4	QL (180 tablets/30 days)
CODEINE SULFATE - codeine sulfate tab 60 mg	4	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	QL (90 tablets/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 500 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	4	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	QL (150 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>levorphanol tartrate tab 2 mg</i>	5	QL (120 tablets/30 days)
<i>levorphanol tartrate tab 3 mg</i>	5	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	4	BD
<i>morphine sulfate inj pf 1 mg/ml</i>	4	BD
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
<i>sulindac tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg</i>	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
Medicamentos anestésicos		
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl local inj 1%</i>	4	
<i>lidocaine hcl local preservative free inj 1%</i>	4	
<i>lidocaine hcl soln 4%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	2	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA, QL (60 grams/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Agentes contra las adicciones y para tratar el abuso de sustancias		
<i>acamprosate calcium tab delayed release 333 mg</i>	3	
<i>buprenorphine hcl sl tab 2 mg</i>	2	QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>buprenorphine hcl sl tab 8 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	3	
<i>varenicline tartrate tab 0.5 mg</i>	3	
<i>varenicline tartrate tab 1 mg</i>	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Medicamentos antibacteriales		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	3	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	4	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	4	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	4	
<i>cefazolin sodium for inj 2 gm</i>	4	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
<i>cefazolin sodium for inj 10 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	3	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefoxitin sodium for iv soln 10 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg</i>	4	
<i>ceftriaxone sodium for inj 500 mg</i>	4	
<i>ceftriaxone sodium for inj 1 gm</i>	4	
<i>ceftriaxone sodium for inj 2 gm</i>	4	
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 750 mg</i>	3	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
<i>ciprofloxacin hcl tab 250 mg</i>	1	
<i>ciprofloxacin hcl tab 500 mg</i>	1	
<i>ciprofloxacin hcl tab 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
<i>clarithromycin tab er 24hr 500 mg</i>	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 300 mg/2ml</i>	4	
<i>clindamycin phosphate inj 600 mg/4ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg</i>	4	
<i>demeclocycline hcl tab 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 75 mg</i>	3	
<i>doxycycline monohydrate cap 100 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>doxycycline monohydrate cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>ertapenem sodium for inj 1 gm</i>	4	
ERY - erythromycin pads 2%	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	3	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	3	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	3	PA
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	4	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	3	
<i>minocycline hcl tab 75 mg</i>	3	
<i>minocycline hcl tab 100 mg</i>	3	
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl tab 400 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	4	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
NUZYRA - omadacycline tosylate iv for soln 100 mg	5	
NUZYRA - omadacycline tosylate tab 150 mg	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>ofloxacin tab 400 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 20000 unit/ml in dextrose</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 40000 unit/ml in dextrose</i>	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - <i>penicillin g potassium inj 60000 unit/ml in dextrose</i>	4	
PENICILLIN G SODIUM - <i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - <i>tedizolid phosphate for iv soln 200 mg</i>	5	
SIVEXTRO - <i>tedizolid phosphate tab 200 mg</i>	5	PA
STREPTOMYCIN SULFATE - <i>streptomycin sulfate for inj 1 gm</i>	4	
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SUPRAX - <i>cefixime chew tab 100 mg</i>	4	
SUPRAX - <i>cefixime chew tab 200 mg</i>	4	
TAZICEF - <i>ceftazidime for iv soln 1 gm</i>	4	
TAZICEF - <i>ceftazidime for iv soln 6 gm</i>	4	
TEFLARO - <i>ceftaroline fosamil for iv soln 400 mg</i>	5	
TEFLARO - <i>ceftaroline fosamil for iv soln 600 mg</i>	5	
<i>tetracycline hcl cap 250 mg</i>	3	
<i>tetracycline hcl cap 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - <i>tobramycin sulfate inj 10 mg/ml</i>	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm</i>	4	
<i>vancomycin hcl for iv soln 500 mg</i>	4	
<i>vancomycin hcl for iv soln 750 mg</i>	4	
<i>vancomycin hcl for iv soln 1 gm</i>	4	
<i>vancomycin hcl for iv soln 1.25 gm</i>	4	
<i>vancomycin hcl for iv soln 1.5 gm</i>	4	
<i>vancomycin hcl for iv soln 5 gm</i>	4	
<i>vancomycin hcl for iv soln 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 750 mg/150ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1000 mg/200ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1250 mg/250ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1500 mg/300ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	4	
VANDA ZOLE - metronidazole vaginal gel 0.75%	3	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
Medicamentos anticonvulsantes		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
CELONTIN - methsuximide cap 300 mg	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg</i>	4	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	
DIACOMIT - stiripentol cap 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg*	5	
DIACOMIT - stiripentol packet 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	4	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	3	
FYCOMPA - perampanel tab 2 mg	3	
FYCOMPA - perampanel tab 4 mg	3	
FYCOMPA - perampanel tab 6 mg	3	
FYCOMPA - perampanel tab 8 mg	3	
FYCOMPA - perampanel tab 10 mg	3	
FYCOMPA - perampanel tab 12 mg	3	
<i>gabapentin cap 100 mg</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	5	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	
<i>phenobarbital sodium inj 65 mg/ml#</i>	4	
<i>phenobarbital sodium inj 130 mg/ml#</i>	4	
<i>phenobarbital tab 15 mg#</i>	2	
<i>phenobarbital tab 16.2 mg#</i>	2	
<i>phenobarbital tab 30 mg#</i>	2	
<i>phenobarbital tab 32.4 mg#</i>	2	
<i>phenobarbital tab 60 mg#</i>	2	
<i>phenobarbital tab 64.8 mg#</i>	2	
<i>phenobarbital tab 97.2 mg#</i>	2	
<i>phenobarbital tab 100 mg#</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 150 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml	5	
Agentes contra la demencia		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day	4	
ADLARITY - donepezil hydrochloride td patch weekly 10 mg/day	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 14 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 21 mg</i>	3	PA (<=29 yr)
<i>memantine hcl cap er 24hr 28 mg</i>	3	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg</i>	3	
<i>rivastigmine tartrate cap 3 mg</i>	3	
<i>rivastigmine tartrate cap 4.5 mg</i>	3	
<i>rivastigmine tartrate cap 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	
Medicamentos antidepresivos		
<i>amitriptyline hcl tab 10 mg#</i>	2	
<i>amitriptyline hcl tab 25 mg#</i>	2	
<i>amitriptyline hcl tab 50 mg#</i>	2	
<i>amitriptyline hcl tab 75 mg#</i>	2	
<i>amitriptyline hcl tab 100 mg#</i>	2	
<i>amitriptyline hcl tab 150 mg#</i>	2	
<i>amoxapine tab 25 mg#</i>	3	
<i>amoxapine tab 50 mg#</i>	3	
<i>amoxapine tab 100 mg#</i>	3	
<i>amoxapine tab 150 mg#</i>	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>citalopram hydrobromide tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	
<i>clomipramine hcl cap 50 mg#</i>	4	
<i>clomipramine hcl cap 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg#</i>	3	
<i>desipramine hcl tab 25 mg#</i>	3	
<i>desipramine hcl tab 50 mg#</i>	3	
<i>desipramine hcl tab 75 mg#</i>	3	
<i>desipramine hcl tab 100 mg#</i>	3	
<i>desipramine hcl tab 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	2	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg#</i>	2	
<i>doxepin hcl cap 25 mg#</i>	2	
<i>doxepin hcl cap 50 mg#</i>	2	
<i>doxepin hcl cap 75 mg#</i>	2	
<i>doxepin hcl cap 100 mg#</i>	2	
<i>doxepin hcl cap 150 mg#</i>	2	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	2	
<i>imipramine hcl tab 25 mg#</i>	2	
<i>imipramine hcl tab 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg</i>	1	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4	
<i>nortriptyline hcl cap 10 mg#</i>	2	
<i>nortriptyline hcl cap 25 mg#</i>	2	
<i>nortriptyline hcl cap 50 mg#</i>	2	
<i>nortriptyline hcl cap 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	3	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg#</i>	3	QL (60 tablets/30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg#</i>	3	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>paroxetine hcl tab 40 mg#</i>	2	QL (45 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/ device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/ device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg</i>	2	QL (90 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 40 mg</i>	4	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Medicamentos antieméticos		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
<i>chlorpromazine hcl inj 25 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl inj 50 mg/2ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 25 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 50 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 100 mg</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 200 mg</i>	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 100 mg/ml	4	PA (>=65 yr)
<i>dronabinol cap 2.5 mg</i>	4	BD
<i>dronabinol cap 5 mg</i>	4	BD
<i>dronabinol cap 10 mg</i>	4	BD
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	4	
<i>granisetron hcl inj 1 mg/ml</i>	4	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	4	
<i>granisetron hcl tab 1 mg</i>	3	BD
<i>meclizine hcl tab 12.5 mg#</i>	2	
<i>meclizine hcl tab 25 mg#</i>	2	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	4	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	4	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	4	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	
<i>ondansetron hcl tab 24 mg</i>	2	
<i>ondansetron hcl tab 4 mg</i>	2	
<i>ondansetron hcl tab 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	2	
<i>ondansetron orally disintegrating tab 8 mg</i>	2	
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i>	5	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
<i>perphenazine tab 2 mg</i>	2	PA (>=65 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>perphenazine tab 4 mg</i>	2	PA (>=65 yr)
<i>perphenazine tab 8 mg</i>	2	PA (>=65 yr)
<i>perphenazine tab 16 mg</i>	2	PA (>=65 yr)
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg</i>	2	
<i>prochlorperazine maleate tab 10 mg</i>	2	
<i>prochlorperazine suppos 25 mg</i>	3	
<i>promethazine hcl suppos 12.5 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl suppos 25 mg#</i>	3	PA (>=65 yr)
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	3	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg#</i>	2	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#</i>	2	PA (>=65 yr)
<i>promethazine hcl tab 50 mg#</i>	2	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	PA (>=65 yr)
Medicamentos antimicóticos		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>casposfungin acetate for iv soln 50 mg</i>	4	
<i>casposfungin acetate for iv soln 70 mg</i>	4	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox olamine susp 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>micafungin sodium for iv soln 50 mg</i>	4	
<i>micafungin sodium for iv soln 100 mg</i>	5	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
Agentes contra la gota		
<i>allopurinol sodium for inj 500 mg</i>	4	
<i>allopurinol tab 100 mg</i>	1	

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<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>probenecid tab 500 mg</i>	2	
Agentes contra las migrañas		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tab 1 mg</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg</i>	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	3	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	3	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg	3	PA, QL (16 tablets/30 days)
UBRELVY - ubrogepant tab 100 mg	3	PA, QL (16 tablets/30 days)
Agentes antiemiasténicos		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	3	
Medicamentos antimicobacteriales		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
ISONIAZID - isoniazid inj 100 mg/ml	4	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	3	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Medicamentos antineoplásicos		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	PA
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion)	5	PA
ALYMSYS - bevacizumab-maly iv soln 400 mg/16ml (for infusion)	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>anastrozole tab 1 mg</i>	1	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
<i>bendamustine hcl for iv soln 25 mg</i>	5	
<i>bendamustine hcl for iv soln 100 mg</i>	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
<i>bleomycin sulfate for inj 15 unit</i>	4	BD
<i>bleomycin sulfate for inj 30 unit</i>	4	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg	4	PA
BORTEZOMIB - bortezomib for inj 2.5 mg	4	PA
<i>bortezomib for inj 3.5 mg</i>	5	PA
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CABOMETYX - cabozantinib s-malate tab 20 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml</i>	4	
<i>carboplatin iv soln 150 mg/15ml</i>	4	
<i>carboplatin iv soln 450 mg/45ml</i>	4	
<i>carboplatin iv soln 600 mg/60ml</i>	4	
<i>carmustine for inj 100 mg</i>	4	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	4	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	4	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	4	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/ml	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	BD
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	BD
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CYCLOPHOSPHAMIDE MONOHYDRATE - cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
<i>cytarabine inj pf 20 mg/ml</i>	4	BD
<i>cytarabine inj pf 100 mg/ml</i>	4	BD
<i>cytarabine inj 20 mg/ml</i>	4	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	4	
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	4	
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg</i>	5	
<i>dexrazoxane hcl for inj 500 mg</i>	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 50 mg</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	4	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	4	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg</i>	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	4	
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	3	
EXKIVITY - mobocertinib succinate cap 40 mg*	5	PA, QL (120 capsules/30 days)
<i>fludarabine phosphate for inj 50 mg</i>	4	
<i>fludarabine phosphate inj 25 mg/ml</i>	4	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	4	BD
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg*	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gefitinib tab 250 mg</i>	5	PA, QL (30 tablets/30 days)
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	4	
GILOTRIF - afatinib dimaleate tab 20 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 420 mg	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg*	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	

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IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm</i>	4	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	4	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	4	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KEMOPLAT - cisplatin inj 50 mg/50ml (1 mg/ml)	4	
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	5	PA, QL (180 tablets/30 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 20 mg</i>	5	PA, QL (21 capsules/28 days)
<i>lenalidomide cap 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	
<i>leucovorin calcium for inj 50 mg</i>	4	
<i>leucovorin calcium for inj 100 mg</i>	4	
<i>leucovorin calcium for inj 200 mg</i>	4	
<i>leucovorin calcium for inj 350 mg</i>	4	
<i>leucovorin calcium for inj 500 mg</i>	4	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	4	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	5	PA, QL (90 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	
<i>mitomycin for iv soln 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA
OJJAARA - momelotinib dihydrochloride tab 100 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 120 mg/12ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg	5	PA
PADCEV - enfortumab vedotin-ejfv for iv soln 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	4	
<i>pazopanib hcl tab 200 mg</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 500 mg/20ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 1 gm/40ml	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 500 mg	5	PA
<i>pemetrexed disodium for iv soln 100 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 500 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 750 mg</i>	5	PA
<i>pemetrexed disodium for iv soln 1000 mg</i>	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg	5	PA
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml*	5	PA
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	5	PA
<i>romidepsin for iv inj 10 mg</i>	5	PA
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg*	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SARCLISA - isatuximab-irfc iv soln 500 mg/25ml	5	PA
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
<i>sorafenib tosylate tab 200 mg</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 37.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 50 mg</i>	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg*	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg</i>	2	
<i>tamoxifen citrate tab 20 mg</i>	2	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg*	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
<i>thiotepa for inj 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	4	
<i>toremifene citrate tab 60 mg</i>	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg	5	PA
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml)	5	PA
TRUXIMA - rituximab-abbs iv soln 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	5	PA, QL (120 capsules/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	5	PA, QL (60 tablets/30 days)
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VEGZELMA - bevacizumab-adcd iv soln 100 mg/4ml (for infusion)	5	PA
VEGZELMA - bevacizumab-adcd iv soln 400 mg/16ml (for infusion)	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	4	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	4	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	5	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	5	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate micronized tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZEJULA - niraparib tosylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
Medicamentos antiparasitarios		
<i>albendazole tab 200 mg</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	3	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	4	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	3	PA
Agentes contra la enfermedad de Parkinson		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 1 mg#</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg</i>	4	
<i>bromocriptine mesylate tab 2.5 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	3	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>rasagiline mesylate tab 1 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 2 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 4 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 6 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 8 mg</i>	4	
<i>ropinirole hydrochloride tab er 24hr 12 mg</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	3	
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	3	
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	3	
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	3	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	
Medicamentos antipsicóticos		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MANTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MANTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MANTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MANTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>aripiprazole tab 2 mg</i>	2	PA (≥ 65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	2	PA (≥ 65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 5 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>asenapine maleate sl tab 10 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	PA (≥ 65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>clozapine tab 25 mg</i>	2	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	2	PA (≥ 65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA (≥ 65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	3	PA (≥ 65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (≥ 65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (≥ 65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	PA (≥ 65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA (≥ 65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 1 mg</i>	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 2.5 mg</i>	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 5 mg</i>	4	PA (≥ 65 yr)
<i>fluphenazine hcl tab 10 mg</i>	4	PA (≥ 65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (≥ 65 yr)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol decanoate im soln 100 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA (≥ 65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PA (≥ 65 yr)
<i>haloperidol tab 0.5 mg</i>	2	PA (≥ 65 yr)
<i>haloperidol tab 1 mg</i>	2	PA (≥ 65 yr)
<i>haloperidol tab 2 mg</i>	2	PA (≥ 65 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>haloperidol tab 5 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 10 mg</i>	2	PA (>=65 yr)
<i>haloperidol tab 20 mg</i>	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 10 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 25 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 50 mg</i>	2	PA (>=65 yr)
<i>lurasidone hcl tab 20 mg</i>	5	QL (30 tablets/30 days)
<i>lurasidone hcl tab 40 mg</i>	5	QL (30 tablets/30 days)
<i>lurasidone hcl tab 60 mg</i>	5	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	5	QL (60 tablets/30 days)
<i>lurasidone hcl tab 120 mg</i>	5	QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorpham l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (\geq 65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (\geq 65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (\geq 65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (\geq 65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (\geq 65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (\geq 65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	PA (\geq 65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	2	PA (\geq 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	2	PA (\geq 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	2	PA (\geq 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	2	PA (\geq 65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	2	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (\geq 65 yr), QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	PA (\geq 65 yr), QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	4	
PIMOZIDE - pimozide tab 2 mg	4	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (≥ 65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	PA (≥ 65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	PA (≥ 65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	1	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg</i>	1	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	1	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	1	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	1	PA (≥ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA (≥ 65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg</i>	2	PA (≥ 65 yr)
<i>thioridazine hcl tab 25 mg</i>	2	PA (≥ 65 yr)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>thioridazine hcl tab 50 mg</i>	2	PA (>=65 yr)
<i>thioridazine hcl tab 100 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 1 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 2 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 5 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 10 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 2 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 5 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 10 mg</i>	2	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 75 mg/0.21ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 100 mg/0.28ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 200 mg/0.56ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	4	QL (28 capsules/28 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	3	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
Agentes antiespasmódicos		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl tab 2 mg</i>	1	
<i>tizanidine hcl tab 4 mg</i>	1	
Medicamentos antivirales		
<i>abacavir sulfate soln 20 mg/ml</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir oint 5%</i>	3	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	4	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg</i>	4	QL (30 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/28 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/28 days)
<i>cidofovir iv inj 75 mg/ml</i>	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
<i>efavirenz cap 200 mg</i>	4	QL (120 capsules/30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 capsules/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
<i>etravirine tab 100 mg</i>	4	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>fosamprenavir calcium tab 700 mg</i>	4	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	4	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	4	
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	3	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (20 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	4	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	4	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
SOVALDI - sofosbuvir pellet pack 150 mg	5	PA
SOVALDI - sofosbuvir pellet pack 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg	5	PA
SOVALDI - sofosbuvir tab 400 mg	5	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdv tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	4	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
Medicamentos ansiolíticos		
<i>alprazolam tab 0.25 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	4	QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>clonazepam orally disintegrating tab 0.25 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 1 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	3	PA, QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	2	PA, QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 5 mg</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 10 mg</i>	1	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 25 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 50 mg#</i>	2	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg#</i>	3	PA (>=65 yr)
<i>hydroxyzine pamoate cap 50 mg#</i>	3	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 1 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	1	PA, QL (150 tablets/30 days)
<i>oxazepam cap 10 mg</i>	4	PA, QL (120 capsules/30 days)
<i>oxazepam cap 15 mg</i>	4	PA, QL (120 capsules/30 days)
<i>oxazepam cap 30 mg</i>	4	PA, QL (120 capsules/30 days)
Agentes bipolares		
LITHIUM - lithium oral solution 8 meq/5ml	4	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	1	
Reguladores de la glucosa en sangre		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days), ST
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	QL (2 pens/30 days), ST
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	QL (1 pen/30 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
FARXIGA - dapagliflozin propanediol tab 5 mg	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg#^</i>	6	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#^</i>	6	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#^</i>	6	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg^</i>	6	QL (60 tablets/30 days)
<i>glipizide tab 5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab 10 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg^</i>	6	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	3	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#^</i>	6	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#^</i>	6	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#^</i>	6	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#^</i>	6	QL (240 tablets/30 days)

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

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
HUMULIN R U-500 KWIKPEN - insulín regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulín nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulín nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulín glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulín glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulín detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXPEN - insulín detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR FLEXTOUCH - insulín detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulín lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulín lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulín lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulín lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg[^]</i>	6	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg[^]</i>	6	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>metformin hcl tab 500 mg[^]</i>	6	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg[^]</i>	6	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg[^]</i>	6	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg[^]</i>	6	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg[^]</i>	6	QL (90 tablets/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	QL (1 pen/28 days), ST
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	QL (1 pen/28 days), ST
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	QL (1 pen/28 days), ST
<i>pioglitazone hcl tab 15 mg[^]</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg#[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg#[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg[^]</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg[^]</i>	6	QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>repaglinide tab 0.5 mg[^]</i>	6	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg[^]</i>	6	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg[^]</i>	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 7 mg	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 14 mg	3	QL (30 tablets/30 days), ST
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	3	QL (4 pens/28 days), ST
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	3	
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	3	
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (3 pens/30 days), ST
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	3	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	3	QL (30 tablets/30 days)
Hemoderivados y modificadores		
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<i>cilostazol tab 50 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>cilostazol tab 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 150 mg</i>	4	QL (60 capsules/30 days)
<i>dipyridamole tab 25 mg#</i>	2	
<i>dipyridamole tab 50 mg#</i>	2	
<i>dipyridamole tab 75 mg#</i>	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	5	
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg</i>	2	
<i>prasugrel hcl tab 10 mg</i>	2	
PROCRI - epoetin alfa inj 2000 unit/ml	4	PA
PROCRI - epoetin alfa inj 3000 unit/ml	4	PA
PROCRI - epoetin alfa inj 4000 unit/ml	4	PA
PROCRI - epoetin alfa inj 10000 unit/ml	4	PA
PROCRI - epoetin alfa inj 20000 unit/ml	5	PA
PROCRI - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRI - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 40000 unit/ml	4	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Agentes cardiovasculares		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>aliskiren fumarate tab 150 mg[^]</i>	6	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg[^]</i>	6	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg[^]</i>	6	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg[^]</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg[^]</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg[^]</i>	6	
<i>benazepril hcl tab 5 mg[^]</i>	6	
<i>benazepril hcl tab 10 mg[^]</i>	6	
<i>benazepril hcl tab 20 mg[^]</i>	6	
<i>benazepril hcl tab 40 mg[^]</i>	6	

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>candesartan cilexetil tab 4 mg[^]</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg[^]</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg[^]</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg[^]</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg[^]</i>	6	
<i>captopril tab 25 mg[^]</i>	6	
<i>captopril tab 50 mg[^]</i>	6	
<i>captopril tab 100 mg[^]</i>	6	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>choline fenofibrate cap dr 45 mg</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg</i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	3	
<i>colestipol hcl granules 5 gm</i>	3	
<i>colestipol hcl tab 1 gm</i>	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg</i>	5	PA
<i>droxidopa cap 200 mg</i>	5	PA
<i>droxidopa cap 300 mg</i>	5	PA
EDARBI - azilsartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
EDARBI - azilsartan medoxomil tab 80 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-25 mg	4	QL (30 tablets/30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg[^]</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg[^]</i>	6	
<i>enalapril maleate tab 2.5 mg[^]</i>	6	
<i>enalapril maleate tab 5 mg[^]</i>	6	
<i>enalapril maleate tab 10 mg[^]</i>	6	
<i>enalapril maleate tab 20 mg[^]</i>	6	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg</i>	2	QL (30 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>fenofibrate tab 48 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg[^]</i>	6	QL (60 capsules/30 days)
<i>fluvastatin sodium cap 40 mg[^]</i>	6	QL (60 capsules/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>fosinopril sodium tab 10 mg[^]</i>	6	
<i>fosinopril sodium tab 20 mg[^]</i>	6	
<i>fosinopril sodium tab 40 mg[^]</i>	6	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg[#]</i>	3	
<i>guanfacine hcl tab 2 mg[#]</i>	3	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	3	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	3	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>irbesartan tab 75 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg[^]</i>	6	QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
KERENDIA - finerenone tab 10 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	3	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	4	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg[^]</i>	6	
<i>lisinopril tab 2.5 mg[^]</i>	6	
<i>lisinopril tab 5 mg[^]</i>	6	
<i>lisinopril tab 10 mg[^]</i>	6	
<i>lisinopril tab 20 mg[^]</i>	6	
<i>lisinopril tab 30 mg[^]</i>	6	
<i>lisinopril tab 40 mg[^]</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg[^]</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg[^]</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg[^]</i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg[^]</i>	6	QL (60 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>lovastatin tab 20 mg[^]</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg[^]</i>	6	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	3	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg[^]</i>	6	
<i>moexipril hcl tab 15 mg[^]</i>	6	
MULTAQ - dronedarone hcl tab 400 mg	4	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg</i>	3	
<i>nebivolol hcl tab 5 mg</i>	3	
<i>nebivolol hcl tab 10 mg</i>	3	
<i>nebivolol hcl tab 20 mg</i>	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>niacin tab er 500 mg</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg</i>	2	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg</i>	3	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - <i>nisoldipine tab er 24hr 25.5 mg</i>	3	
<i>nisoldipine tab er 24hr 8.5 mg</i>	3	
<i>nisoldipine tab er 24hr 17 mg</i>	3	
<i>nisoldipine tab er 24hr 34 mg</i>	3	
NITRO-BID - <i>nitroglycerin oint 2%</i>	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	3	
<i>olmesartan medoxomil tab 5 mg[^]</i>	6	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>pentoxifylline tab er 400 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>perindopril erbumine tab 2 mg[^]</i>	6	
<i>perindopril erbumine tab 4 mg[^]</i>	6	
<i>perindopril erbumine tab 8 mg[^]</i>	6	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>pravastatin sodium tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg[^]</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg[^]</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	4	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>quinapril hcl tab 5 mg[^]</i>	6	
<i>quinapril hcl tab 10 mg[^]</i>	6	
<i>quinapril hcl tab 20 mg[^]</i>	6	
<i>quinapril hcl tab 40 mg[^]</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-25 mg[^]</i>	6	
<i>quinidine gluconate tab er 324 mg</i>	4	

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>ramipril cap 1.25 mg[^]</i>	6	
<i>ramipril cap 2.5 mg[^]</i>	6	
<i>ramipril cap 5 mg[^]</i>	6	
<i>ramipril cap 10 mg[^]</i>	6	
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg[^]</i>	6	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>telmisartan tab 20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg[^]</i>	6	QL (30 tablets/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>telmisartan-amlodipine tab 40-10 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg[^]</i>	6	QL (60 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg</i>	1	QL (60 capsules/30 days)
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>trandolapril tab 1 mg[^]</i>	6	
<i>trandolapril tab 2 mg[^]</i>	6	
<i>trandolapril tab 4 mg[^]</i>	6	
<i>trandolapril-verapamil hcl tab er 1-240 mg[^]</i>	6	
<i>trandolapril-verapamil hcl tab er 2-180 mg[^]</i>	6	
<i>trandolapril-verapamil hcl tab er 2-240 mg[^]</i>	6	
<i>trandolapril-verapamil hcl tab er 4-240 mg[^]</i>	6	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>valsartan tab 40 mg[^]</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 80 mg[^]</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 160 mg[^]</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 320 mg[^]</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg[^]</i>	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
VERQUVO - vericiguat tab 2.5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	3	QL (30 tablets/30 days)
Agentes del sistema nervioso central		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tablets/30 days)
<i>atomoxetine hcl cap 10 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg</i>	4	QL (30 capsules/30 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	3	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>fingolimod hcl cap 0.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 2 mg#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 3 mg#</i>	3	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 4 mg#</i>	3	QL (30 tablets/30 days)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	3	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	3	QL (30 capsules/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	5	PA
MAYZENT - siponimod fumarate tab 0.25 mg	3	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg	5	PA, QL (30 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	PA, QL (1 pack/28 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
<i>riluzole tab 50 mg</i>	3	
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Agentes dentales y orales		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
KEPIVANCE - palifermin for iv inj 5.16 mg	5	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
Agentes dermatológicos		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
<i>azelaic acid gel 15%</i>	3	
AZELEX - azelaic acid cream 20%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	3	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	3	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate foam 0.05%</i>	3	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	3	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (200 mls/28 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>desonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	4	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	4	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	4	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	PA
FINACEA - azelaic acid foam 15%	3	
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	
FLUOROURACIL - fluorouracil soln 2%	3	
FLUOROURACIL - fluorouracil soln 5%	3	
<i>fluorouracil cream 5%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	3	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	2	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 25 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 35 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>ivermectin cream 1%</i>	3	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>malathion lotion 0.5%</i>	4	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	3	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	3	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%</i>	2	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	2	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	3	
<i>tacrolimus oint 0.03%</i>	4	PA
<i>tacrolimus oint 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	3	PA
<i>tazarotene gel 0.05%</i>	4	PA
<i>tazarotene gel 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	3	PA
<i>tretinoin cream 0.1%</i>	3	PA
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin gel 0.025%</i>	3	PA
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
Electrolitos/Minerales/Metales/Vitaminas		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate tab 667 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
<i>deferasirox granules packet 90 mg</i>	5	PA
<i>deferasirox granules packet 180 mg</i>	5	PA
<i>deferasirox granules packet 360 mg</i>	5	PA
<i>deferasirox tab for oral susp 125 mg</i>	5	PA
<i>deferasirox tab for oral susp 250 mg</i>	5	PA
<i>deferasirox tab for oral susp 500 mg</i>	5	PA
<i>deferasirox tab 90 mg</i>	5	PA
<i>deferasirox tab 180 mg</i>	5	PA
<i>deferasirox tab 360 mg</i>	5	PA
<i>dextrose inj 5%</i>	4	
<i>dextrose inj 10%</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% in lactated ringers</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>lactated ringer's solution</i>	4	
<i>lanthanum carbonate chew tab 500 mg</i>	4	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	4	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	4	QL (120 tablets/30 days)
<i>magnesium sulfate inj 50%</i>	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - <i>potassium chloride 20 meq/l (0.15%) in d5w lactated ringers</i>	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
<i>sevelamer carbonate packet 0.8 gm</i>	4	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	4	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride iv soln 0.9%</i>	4	
<i>sodium chloride preservative free inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	2	
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm	3	
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm	3	
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
Agentes gastrointestinales		
<i>alosetron hcl tab 0.5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>alosetron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	3	PA (>=65 yr)
<i>esomeprazole magnesium cap delayed release 20 mg</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	3	QL (30 packets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	3	QL (30 packets/30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	3	QL (30 packets/30 days)
<i>esomeprazole sodium for intravenous soln 40 mg</i>	4	
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine inj 40 mg/4ml</i>	4	
<i>famotidine inj 200 mg/20ml</i>	4	
<i>famotidine preservative free inj 20 mg/2ml</i>	4	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg#</i>	3	
<i>methscopolamine bromide tab 5 mg#</i>	3	
<i>metoclopramide hcl inj 5 mg/ml</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg	3	
MOVANTIK - naloxegol oxalate tab 25 mg	3	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
<i>nizatidine cap 300 mg</i>	2	
OICALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
OICALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg	1	QL (60 tablets/30 days)
pantoprazole sodium for iv soln 40 mg	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	5	
rabeprazole sodium ec tab 20 mg	2	QL (30 tablets/30 days)
sucrafate susp 1 gm/10ml	4	
sucrafate tab 1 gm	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	3	
ursodiol tab 500 mg	3	
VIBERZI - eluxadoline tab 75 mg	5	PA, QL (60 tablets/30 days)
VIBERZI - eluxadoline tab 100 mg	5	PA, QL (60 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Trastorno genético o relacionado con las enzimas o las proteínas: Reemplazo, modificadores, tratamiento		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
betaine powder for oral solution	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
cromolyn sodium oral conc 100 mg/5ml	4	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	2	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	5	
<i>nitisinone cap 20 mg</i>	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCIVI - elapegademase-ivlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerasa alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZOKINVY - lonafarnib cap 50 mg	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 75 mg	5	PA, QL (120 capsules/30 days)
Agentes genitourinarios		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>	4	QL (30 tablets/30 days)
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>	4	QL (30 tablets/30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	3	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>silodosin cap 4 mg</i>	3	QL (30 capsules/30 days)
<i>silodosin cap 8 mg</i>	3	QL (30 capsules/30 days)
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>solifenacin succinate tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>tropium chloride cap er 24hr 60 mg</i>	3	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i>	2	QL (60 tablets/30 days)
Agentes hormonales, estimulantes/sustitutos/modificadores (suprarrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	4	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	4	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone sod succ for inj 40 mg</i>	4	
<i>methylprednisolone sod succ for inj 125 mg</i>	4	
<i>methylprednisolone sod succ for inj 500 mg</i>	4	

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>methylprednisolone sod succ for inj 1000 mg</i>	4	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i>	3	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
Agentes hormonales, estimulantes/sustitutos/modificadores (pituitarios)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
Agentes hormonales, estimulantes/sustitutos/modificadores (hormonas/modificadores sexuales)		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
danazol cap 50 mg	3	PA
danazol cap 100 mg	3	PA
danazol cap 200 mg	3	PA
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	
estradiol & norethindrone acetate tab 1-0.5 mg#	4	
estradiol tab 0.5 mg#	2	
estradiol tab 1 mg#	2	
estradiol tab 2 mg#	2	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
estradiol td gel 1 mg/gm (0.1%)#	4	
estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
estradiol td patch twice weekly 0.025 mg/24hr#	2	
estradiol td patch twice weekly 0.0375 mg/24hr#	2	
estradiol td patch twice weekly 0.05 mg/24hr#	2	
estradiol td patch twice weekly 0.075 mg/24hr#	2	
estradiol td patch twice weekly 0.1 mg/24hr#	2	
estradiol td patch weekly 0.025 mg/24hr#	2	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	2	
estradiol td patch weekly 0.05 mg/24hr#	2	
estradiol td patch weekly 0.06 mg/24hr#	2	
estradiol td patch weekly 0.075 mg/24hr#	2	
estradiol td patch weekly 0.1 mg/24hr#	2	
estradiol vaginal cream 0.1 mg/gm	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	3	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth est tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	4	
<i>megestrol acetate tab 20 mg#</i>	2	
<i>megestrol acetate tab 40 mg#</i>	2	
MENEST - esterified estrogens tab 0.3 mg#	4	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
MENEST - esterified estrogens tab 2.5 mg#	4	
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	3	
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	3	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg^</i>	6	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	4	PA, QL (2 pump bottles/30 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
Agentes hormonales, estimulantes/sustitutos/modificadores (tiroides)		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
Agentes hormonales, supresores (suprarrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Agentes hormonales, supresores (pituitarios)		
<i>cabergoline tab 0.5 mg</i>	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	PA
Agentes hormonales, supresores (tiroides)		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>propylthiouracil tab 50 mg</i>	2	
Agentes inmunológicos		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - riloncept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg^	6	BD
<i>azathioprine tab 50 mg^</i>	6	BD
<i>azathioprine tab 75 mg</i>	4	BD
<i>azathioprine tab 100 mg</i>	4	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg</i>	3	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine iv soln 50 mg/ml</i>	4	BD
<i>cyclosporine modified cap 25 mg</i>	3	BD
<i>cyclosporine modified cap 50 mg</i>	3	BD
<i>cyclosporine modified cap 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 20 mg/0.4ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
<i>everolimus tab 0.25 mg</i>	5	BD
<i>everolimus tab 0.5 mg</i>	5	BD
<i>everolimus tab 0.75 mg</i>	5	BD
<i>everolimus tab 1 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
<i>methotrexate sodium for inj 1 gm[^]</i>	6	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)[^]</i>	6	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)[^]</i>	6	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)[^]</i>	6	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)[^]</i>	6	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)[^]</i>	6	
<i>methotrexate sodium tab 2.5 mg[^]</i>	6	
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	4	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg</i>	4	BD
<i>mycophenolate sodium tab dr 360 mg</i>	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	4	BD
<i>sirolimus tab 0.5 mg</i>	4	BD
<i>sirolimus tab 1 mg</i>	4	BD
<i>sirolimus tab 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg</i>	2	BD
<i>tacrolimus cap 1 mg</i>	2	BD
<i>tacrolimus cap 5 mg</i>	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	3	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml	3	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
Agentes para tratar la enfermedad inflamatoria intestinal		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	4	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
PENTASA - mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
<i>sulfasalazine tab delayed release 500 mg[^]</i>	6	
<i>sulfasalazine tab 500 mg[^]</i>	6	
Agentes para tratar la enfermedad ósea metabólica		
<i>alendronate sodium tab 10 mg[^]</i>	6	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg[^]</i>	6	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg[^]</i>	6	QL (4 tablets/28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	5	
<i>calcitonin (salmon) nasal soln 200 unit/act[^]</i>	6	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg</i>	4	PA
<i>cinacalcet hcl tab 60 mg</i>	5	PA
<i>cinacalcet hcl tab 90 mg</i>	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium iv soln 3 mg/3ml[^]</i>	6	
<i>ibandronate sodium tab 150 mg[^]</i>	6	QL (1 tablet/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg</i>	3	
<i>paricalcitol cap 2 mcg</i>	3	
<i>paricalcitol cap 4 mcg</i>	3	
<i>paricalcitol iv soln 2 mcg/ml</i>	4	
<i>paricalcitol iv soln 5 mcg/ml</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
Agentes oftálmicos		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	3	
<i>atropine sulfate ophth soln 1%</i>	3	
<i>azelastine hcl ophth soln 0.05%</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	2	
NATACYN - natamycin ophth susp 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	3	
<i>prednisolone sodium phosphate ophth soln 1%</i>	3	
PROLENSA - bromfenac sodium ophth soln 0.07%	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	PA
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	PA
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	3	

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>timolol maleate ophth gel forming soln 0.5%</i>	3	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
<i>travoprost ophth soln 0.004%</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Agentes óticos		
<i>acetic acid otic soln 2%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Agentes para el tracto respiratorio/pulmonar		
<i>acetylcysteine inhal soln 10%</i>	2	BD
<i>acetylcysteine inhal soln 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	3	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	2	BD

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	3	
<i>albuterol sulfate tab 4 mg</i>	3	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/ act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	4	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	4	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)

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

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aeros 160-9-4.8 mcg/act	3	QL (1 canister/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 canister/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 canister/30 days)
<i>caffeine citrate oral soln 60 mg/3ml</i>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	3	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	3	PA (>=65 yr)
<i>diphenhydramine hcl inj 50 mg/ml</i>	4	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/act	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg</i>	2	
<i>montelukast sodium chew tab 5 mg</i>	2	
<i>montelukast sodium oral granules packet 4 mg</i>	4	
<i>montelukast sodium tab 10 mg</i>	1	
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 canisters/30 days)
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>roflumilast tab 250 mcg</i>	4	PA, QL (30 tablets/30 days)
<i>roflumilast tab 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
THEO-24 - theophylline cap er 24hr 100 mg	4	
THEO-24 - theophylline cap er 24hr 200 mg	4	
THEO-24 - theophylline cap er 24hr 300 mg	4	
THEO-24 - theophylline cap er 24hr 400 mg	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>theophylline tab er 24hr 600 mg</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)*</i>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
Relajantes de los músculos esqueléticos		
<i>cyclobenzaprine hcl tab 5 mg#</i>	2	
<i>cyclobenzaprine hcl tab 10 mg#</i>	2	
<i>methocarbamol tab 500 mg#</i>	2	

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Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
<i>methocarbamol tab 750 mg#</i>	2	
Agentes para tratar los trastornos del sueño		
<i>armodafinil tab 50 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 10 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 15 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 10 mg	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg</i>	3	QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 6 mg</i>	3	QL (30 tablets/30 days)
<i>modafinil tab 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	3	QL (30 tablets/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg</i>	1	QL (30 capsules/30 days)
<i>temazepam cap 30 mg</i>	1	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg	5	PA, QL (60 tablets/30 days)
WAKIX - pitolisant hcl tab 17.8 mg	5	PA, QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#</i>	2	QL (30 tablets/30 days)

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

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<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	52	<i>adefovir dipivoxil tab 10 mg</i>	52
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	52	ADEMPAS.....	110
<i>abacavir sulfate soln 20 mg/ml</i>	52	ADEMPAS.....	110
<i>abacavir sulfate tab 300 mg</i>	52	ADEMPAS.....	110
ABILIFY ASIMTUFII.....	44	ADEMPAS.....	110
ABILIFY ASIMTUFII.....	44	ADLARITY.....	18
ABILIFY MAINTENA.....	44	ADLARITY.....	18
ABILIFY MAINTENA.....	44	ADVAIR DISKUS.....	110
ABILIFY MAINTENA.....	44	ADVAIR DISKUS.....	110
ABILIFY MAINTENA.....	44	ADVAIR DISKUS.....	110
abilaterone acetate tab 250 mg.....	27	ADVAIR HFA.....	110
ABRAXANE.....	27	ADVAIR HFA.....	110
ABRYSVO.....	99	AIMOVIG.....	26
<i>acamprosate calcium tab delayed release 333 mg</i>	4	AIMOVIG.....	26
<i>acarbose tab 100 mg</i>	58	AKEEGA.....	27
<i>acarbose tab 25 mg</i>	57	AKEEGA.....	27
<i>acarbose tab 50 mg</i>	58	<i>albendazole tab 200 mg</i>	42
<i>acebutolol hcl cap 200 mg</i>	66	<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	110
<i>acebutolol hcl cap 400 mg</i>	66	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	110
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	110
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	110
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	111
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	<i>albuterol sulfate syrup 2 mg/5ml</i>	111
<i>acetazolamide cap er 12hr 500 mg</i>	66	<i>albuterol sulfate tab 2 mg</i>	111
<i>acetazolamide tab 125 mg</i>	66	<i>albuterol sulfate tab 4 mg</i>	111
<i>acetazolamide tab 250 mg</i>	66	<i>alclometasone dipropionate cream 0.05%</i>	81
<i>acetic acid otic soln 2%</i>	110	<i>alclometasone dipropionate oint 0.05%</i>	81
<i>acetylcysteine inhal soln 10%</i>	110	ALCOHOL SWABS.....	58
<i>acetylcysteine inhal soln 20%</i>	110	ALDURAZYME.....	88
<i>acitretin cap 10 mg</i>	81	ALECENSA.....	27
<i>acitretin cap 17.5 mg</i>	81	<i>alendronate sodium tab 10 mg</i>	107
<i>acitretin cap 25 mg</i>	81	<i>alendronate sodium tab 35 mg</i>	107
ACTHIB.....	99	<i>alendronate sodium tab 70 mg</i>	107
ACTIMMUNE.....	99	<i>alfuzosin hcl tab er 24hr 10 mg</i>	90
<i>acyclovir cap 200 mg</i>	52	ALIMTA.....	27
<i>acyclovir oint 5%</i>	52	ALIMTA.....	27
<i>acyclovir sodium iv soln 50 mg/ml</i>	52	ALIQOPA.....	27
<i>acyclovir susp 200 mg/5ml</i>	52	<i>aliskiren fumarate tab 150 mg</i>	66
<i>acyclovir tab 400 mg</i>	52	<i>aliskiren fumarate tab 300 mg</i>	66
<i>acyclovir tab 800 mg</i>	52	<i>allopurinol sodium for inj 500 mg</i>	25
ADACEL.....	99	<i>allopurinol tab 100 mg</i>	25
ADCETRIS.....	27	<i>allopurinol tab 300 mg</i>	26
		<i>alose tron hcl tab 0.5 mg</i>	86

<i>alose tron hcl tab 1 mg</i>	86	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	66
ALPHAGAN P.....	108	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	66
ALPHAGAN P.....	108	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	66
<i>alprazolam tab 0.25 mg</i>	56	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	67
<i>alprazolam tab 0.5 mg</i>	56	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	67
<i>alprazolam tab 1 mg</i>	56	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	67
<i>alprazolam tab 2 mg</i>	56	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	67
ALUNBRIG.....	27	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	67
ALUNBRIG.....	27	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	67
ALUNBRIG.....	27	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	67
ALUNBRIG.....	27	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	67
ALYMSYS.....	27	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	67
ALYMSYS.....	27	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	67
<i>amantadine hcl cap 100 mg</i>	42	<i>amlodipine besylate tab 10 mg</i>	66
<i>amantadine hcl soln 50 mg/5ml</i>	42	<i>amlodipine besylate tab 2.5 mg</i>	66
<i>amantadine hcl tab 100 mg</i>	43	<i>amlodipine besylate tab 5 mg</i>	66
AMBISOME.....	24	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	67
<i>ambrisentan tab 10 mg</i>	111	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	67
<i>ambrisentan tab 5 mg</i>	111	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	67
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	5	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	67
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	5	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	67
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	66	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	67
<i>amiloride hcl tab 5 mg</i>	66	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	67
<i>amiodarone hcl tab 100 mg</i>	66	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	67
<i>amiodarone hcl tab 200 mg</i>	66	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	67
<i>amiodarone hcl tab 400 mg</i>	66	<i>amoxapine tab 100 mg</i>	19
<i>amitriptyline hcl tab 100 mg</i>	19	<i>amoxapine tab 150 mg</i>	19
<i>amitriptyline hcl tab 10 mg</i>	19	<i>amoxapine tab 25 mg</i>	19
<i>amitriptyline hcl tab 150 mg</i>	19	<i>amoxapine tab 50 mg</i>	19
<i>amitriptyline hcl tab 25 mg</i>	19		
<i>amitriptyline hcl tab 50 mg</i>	19		
<i>amitriptyline hcl tab 75 mg</i>	19		
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	66		
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	66		
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	67		
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	67		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	66		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	66		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	66		
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	66		

AMOXICILLIN/CLAVULANATE POTASSIUM

ER.....	6
amoxicillin (trihydrate) cap 250 mg.....	5
amoxicillin (trihydrate) cap 500 mg.....	5
amoxicillin (trihydrate) chew tab 125 mg.....	5
amoxicillin (trihydrate) chew tab 250 mg.....	5
amoxicillin (trihydrate) for susp 125 mg/5ml.....	5
amoxicillin (trihydrate) for susp 200 mg/5ml.....	5
amoxicillin (trihydrate) for susp 250 mg/5ml.....	5
amoxicillin (trihydrate) for susp 400 mg/5ml.....	6
amoxicillin (trihydrate) tab 500 mg.....	6
amoxicillin (trihydrate) tab 875 mg.....	6
amoxicillin & k clavulanate chew tab 200-28.5 mg.....	6
amoxicillin & k clavulanate chew tab 400-57 mg.....	6
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....	6
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	6
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	6
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....	6
amoxicillin & k clavulanate tab 250-125 mg.....	6
amoxicillin & k clavulanate tab 500-125 mg.....	6
amoxicillin & k clavulanate tab 875-125 mg.....	6
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	78
amphetamine-dextroamphetamine cap er 24hr 15 mg.....	78
amphetamine-dextroamphetamine cap er 24hr 20 mg.....	78
amphetamine-dextroamphetamine cap er 24hr 25 mg.....	78
amphetamine-dextroamphetamine cap er 24hr 30 mg.....	78
amphetamine-dextroamphetamine cap er 24hr 5 mg.....	78
amphetamine-dextroamphetamine tab 10 mg.....	78
amphetamine-dextroamphetamine tab 12.5 mg.....	78
amphetamine-dextroamphetamine tab 15 mg.....	78

amphetamine-dextroamphetamine tab 20 mg.....	78
amphetamine-dextroamphetamine tab 30 mg.....	78
amphetamine-dextroamphetamine tab 5 mg.....	78
amphetamine-dextroamphetamine tab 7.5 mg.....	78
AMPHOTERICIN B.....	24
amphotericin b liposome iv for susp 50 mg.....	24
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	6
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....	6
ampicillin cap 500 mg.....	6
ampicillin sodium for inj 1 gm.....	6
ampicillin sodium for inj 250 mg.....	6
ampicillin sodium for inj 2 gm.....	6
ampicillin sodium for inj 500 mg.....	6
ampicillin sodium for iv soln 10 gm.....	6
ampicillin sodium for iv soln 1 gm.....	6
ampicillin sodium for iv soln 2 gm.....	6
anagrelide hcl cap 0.5 mg.....	63
anagrelide hcl cap 1 mg.....	63
anastrozole tab 1 mg.....	28
ANDRODERM.....	92
ANDRODERM.....	93
ANORO ELLIPTA.....	111
APOKYN.....	43
apomorphine hcl soln cartridge 30 mg/3ml.....	43
aprepitant capsule 125 mg.....	23
aprepitant capsule 40 mg.....	23
aprepitant capsule 80 mg.....	23
aprepitant capsule therapy pack 80 & 125 mg.....	23
APTIOM.....	14
APTIOM.....	14
APTIOM.....	14
APTIOM.....	14
APTIVUS.....	52
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
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ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63
ARANESP ALBUMIN FREE.....	63

ARANESP ALBUMIN FREE.....	63	atazanavir sulfate cap 150 mg.....	52
ARANESP ALBUMIN FREE.....	63	atazanavir sulfate cap 200 mg.....	52
ARANESP ALBUMIN FREE.....	63	atazanavir sulfate cap 300 mg.....	52
ARANESP ALBUMIN FREE.....	63	atenolol & chlorthalidone tab 100-25	
ARCALYST.....	99	mg.....	67
AREXVY.....	99	atenolol & chlorthalidone tab 50-25 mg.....	67
aripiprazole orally disintegrating tab 10		atenolol tab 100 mg.....	67
mg.....	44	atenolol tab 25 mg.....	67
aripiprazole orally disintegrating tab 15		atenolol tab 50 mg.....	67
mg.....	44	ATGAM.....	99
aripiprazole oral solution 1 mg/ml.....	44	atomoxetine hcl cap 100 mg.....	78
aripiprazole tab 10 mg.....	45	atomoxetine hcl cap 10 mg.....	78
aripiprazole tab 15 mg.....	45	atomoxetine hcl cap 18 mg.....	78
aripiprazole tab 20 mg.....	45	atomoxetine hcl cap 25 mg.....	78
aripiprazole tab 2 mg.....	45	atomoxetine hcl cap 40 mg.....	78
aripiprazole tab 30 mg.....	45	atomoxetine hcl cap 60 mg.....	78
aripiprazole tab 5 mg.....	45	atomoxetine hcl cap 80 mg.....	78
ARISTADA.....	45	atorvastatin calcium tab 10 mg.....	67
ARISTADA.....	45	atorvastatin calcium tab 20 mg.....	67
ARISTADA.....	45	atorvastatin calcium tab 40 mg.....	67
ARISTADA.....	45	atorvastatin calcium tab 80 mg.....	67
ARISTADA INITIO.....	45	atovaquone-proguanil hcl tab 250-100	
armodafinil tab 150 mg.....	116	mg.....	42
armodafinil tab 200 mg.....	116	atovaquone-proguanil hcl tab 62.5-25	
armodafinil tab 250 mg.....	116	mg.....	42
armodafinil tab 50 mg.....	116	atovaquone susp 750 mg/5ml.....	42
ARNUITY ELLIPTA.....	111	atropine sulfate ophth soln 1%.....	108
ARNUITY ELLIPTA.....	111	ATROVENT HFA.....	111
ARNUITY ELLIPTA.....	111	AURYXIA.....	84
arsenic trioxide iv soln 10 mg/10ml (1 mg/		AUVELITY.....	19
ml).....	28	AVASTIN.....	28
arsenic trioxide iv soln 12 mg/6ml (2 mg/		AVASTIN.....	28
ml).....	28	AVONEX.....	78
asenapine maleate sl tab 10 mg.....	45	AVONEX PEN.....	79
asenapine maleate sl tab 2.5 mg.....	45	AYVAKIT.....	28
asenapine maleate sl tab 5 mg.....	45	AYVAKIT.....	28
ASMANEX HFA.....	111	AYVAKIT.....	28
ASMANEX HFA.....	111	AYVAKIT.....	28
ASMANEX HFA.....	111	AYVAKIT.....	28
ASMANEX TWISTHALER 120 METERED		azacitidine for inj 100 mg.....	28
DOSES.....	111	AZATHIOPRINE.....	99
ASMANEX TWISTHALER 14 METERED		azathioprine tab 100 mg.....	99
DOSES.....	111	azathioprine tab 50 mg.....	99
ASMANEX TWISTHALER 30 METERED		azathioprine tab 75 mg.....	99
DOSES.....	111	azelaic acid gel 15%.....	81
ASMANEX TWISTHALER 30 METERED		azelastine hcl nasal spray 0.1% (137 mcg/	
DOSES.....	111	spray).....	111
ASMANEX TWISTHALER 60 METERED		azelastine hcl nasal spray 0.15% (205.5 mcg/	
DOSES.....	111	spray).....	111
ASPARLAS.....	28	azelastine hcl ophth soln 0.05%.....	108
aspirin-dipyridamole cap er 12hr 25-200		AZELEX.....	81
mg.....	63	AZITHROMYCIN.....	6

<i>azithromycin for susp 100 mg/5ml</i>	6	<i>bendamustine hcl for iv soln 100 mg</i>	28
<i>azithromycin for susp 200 mg/5ml</i>	6	<i>bendamustine hcl for iv soln 25 mg</i>	28
<i>azithromycin iv for soln 500 mg</i>	6	BENDEKA.....	28
<i>azithromycin tab 250 mg</i>	6	BENLYSTA.....	99
<i>azithromycin tab 500 mg</i>	6	BENLYSTA.....	99
<i>azithromycin tab 600 mg</i>	6	BENLYSTA.....	99
<i>aztreonam for inj 1 gm</i>	6	BENLYSTA.....	99
<i>aztreonam for inj 2 gm</i>	6	BENZNIDAZOLE.....	42
B		BENZNIDAZOLE.....	42
BACITRACIN.....	108	<i>benzoyl peroxide-erythromycin gel</i>	
<i>bacitracin-polymyxin b ophth oint</i>	108	5-3%.....	81
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		<i>benztropine mesylate tab 0.5 mg</i>	43
1%.....	108	<i>benztropine mesylate tab 1 mg</i>	43
<i>baclofen tab 10 mg</i>	52	<i>benztropine mesylate tab 2 mg</i>	43
<i>baclofen tab 20 mg</i>	52	BESIVANCE.....	108
<i>baclofen tab 5 mg</i>	52	BESPONSA.....	28
<i>balsalazide disodium cap 750 mg</i>	106	BESREMI.....	99
BALVERSA.....	28	<i>betaine powder for oral solution</i>	88
BALVERSA.....	28	BETAMETHASONE DIPROPIONATE	
BALVERSA.....	28	AUGMENTED.....	81
BAQSIMI ONE PACK.....	58	<i>betamethasone dipropionate augmented cream</i>	
BAQSIMI TWO PACK.....	58	0.05%.....	81
BARACLUDE.....	52	<i>betamethasone dipropionate augmented lotion</i>	
BASAGLAR KWIKPEN.....	58	0.05%.....	81
BASAGLAR TEMPO PEN.....	58	<i>betamethasone dipropionate augmented oint</i>	
BAVENCIO.....	28	0.05%.....	81
BCG VACCINE.....	99	<i>betamethasone dipropionate cream</i>	
BELBUCA.....	1	0.05%.....	81
BELBUCA.....	1	<i>betamethasone dipropionate lotion</i>	
BELBUCA.....	1	0.05%.....	81
BELBUCA.....	1	<i>betamethasone dipropionate oint</i>	
BELBUCA.....	1	0.05%.....	81
BELBUCA.....	1	<i>betamethasone valerate cream 0.1%</i>	81
BELBUCA.....	1	<i>betamethasone valerate lotion 0.1%</i>	81
BELEODAQ.....	28	<i>betamethasone valerate oint 0.1%</i>	81
BELSOMRA.....	116	BETASERON.....	79
BELSOMRA.....	116	<i>betaxolol hcl ophth soln 0.5%</i>	108
BELSOMRA.....	116	<i>betaxolol hcl tab 10 mg</i>	68
BELSOMRA.....	116	<i>betaxolol hcl tab 20 mg</i>	68
<i>benazepril & hydrochlorothiazide tab 10-12.5</i>		<i>bethanechol chloride tab 10 mg</i>	90
<i>mg</i>	67	<i>bethanechol chloride tab 25 mg</i>	90
<i>benazepril & hydrochlorothiazide tab 20-12.5</i>		<i>bethanechol chloride tab 50 mg</i>	90
<i>mg</i>	67	<i>bethanechol chloride tab 5 mg</i>	90
<i>benazepril & hydrochlorothiazide tab 20-25</i>		BETOPTIC-S.....	108
<i>mg</i>	67	<i>bexarotene cap 75 mg</i>	28
<i>benazepril & hydrochlorothiazide tab 5-6.25</i>		<i>bexarotene gel 1%</i>	28
<i>mg</i>	67	BEXSERO.....	99
<i>benazepril hcl tab 10 mg</i>	67	<i>bicalutamide tab 50 mg</i>	28
<i>benazepril hcl tab 20 mg</i>	67	BICILLIN L-A.....	6
<i>benazepril hcl tab 40 mg</i>	67	BICILLIN L-A.....	6
<i>benazepril hcl tab 5 mg</i>	67	BICILLIN L-A.....	6
		BIKTARVY.....	52

BIKTARVY.....	52	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
<i>bimatoprost ophth soln 0.03%</i>	108	160-4.5 mcg/act.....	112
<i>bismuth subcit-metronidazole-tetracycline cap</i>		<i>budesonide-formoterol fumarate dihyd aerosol</i>	
140-125-125 mg.....	86	80-4.5 mcg/act.....	112
<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>		<i>budesonide inhalation susp 0.25</i>	
mg.....	68	mg/2ml.....	112
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>		<i>budesonide inhalation susp 0.5</i>	
mg.....	68	mg/2ml.....	112
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>budesonide inhalation susp 1 mg/2ml</i>	112
mg.....	68	<i>budesonide tab er 24hr 9 mg</i>	106
<i>bisoprolol fumarate tab 10 mg</i>	68	<i>bumetanide inj 0.25 mg/ml</i>	68
<i>bisoprolol fumarate tab 5 mg</i>	68	<i>bumetanide tab 0.5 mg</i>	68
<i>bleomycin sulfate for inj 15 unit</i>	28	<i>bumetanide tab 1 mg</i>	68
<i>bleomycin sulfate for inj 30 unit</i>	28	<i>bumetanide tab 2 mg</i>	68
BLINCYTO.....	28	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BOOSTRIX.....	99	mg.....	5
BOOSTRIX.....	99	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5</i>	
BORTEZOMIB.....	28	mg.....	5
BORTEZOMIB.....	28	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>bortezomib for inj 3.5 mg</i>	28	mg.....	5
<i>bosentan tab 125 mg</i>	111	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>bosentan tab 62.5 mg</i>	111	mg.....	5
BOSULIF.....	28	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BOSULIF.....	28	mg.....	5
BOSULIF.....	28	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
BRAFTOVI.....	28	mg.....	5
BREO ELLIPTA.....	111	<i>buprenorphine hcl sl tab 2 mg</i>	4
BREO ELLIPTA.....	111	<i>buprenorphine hcl sl tab 8 mg</i>	5
BREO ELLIPTA.....	111	<i>buprenorphine td patch weekly 10 mcg/</i>	
BREZTRI AEROSPHERE.....	112	hr.....	1
BRILINTA.....	63	<i>buprenorphine td patch weekly 15 mcg/</i>	
BRILINTA.....	63	hr.....	1
<i>brimonidine tartrate ophth soln 0.15%</i>	108	<i>buprenorphine td patch weekly 20 mcg/</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	108	hr.....	1
<i>brimonidine tartrate-timolol maleate ophth soln</i>		<i>buprenorphine td patch weekly 5 mcg/</i>	
0.2-0.5%.....	108	hr.....	1
<i>brinzolamide ophth susp 1%</i>	108	<i>buprenorphine td patch weekly 7.5 mcg/</i>	
BRIVIACT.....	14	hr.....	1
BRIVIACT.....	14	<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i>	
BRIVIACT.....	14	mg.....	5
BRIVIACT.....	14	<i>bupropion hcl tab 100 mg</i>	19
BRIVIACT.....	14	<i>bupropion hcl tab 75 mg</i>	19
BRIVIACT.....	14	<i>bupropion hcl tab er 12hr 100 mg</i>	19
BRIVIACT.....	14	<i>bupropion hcl tab er 12hr 150 mg</i>	19
BRIVIACT.....	14	<i>bupropion hcl tab er 12hr 200 mg</i>	19
<i>bromfenac sodium ophth soln 0.09% (once-</i>		<i>bupropion hcl tab er 24hr 150 mg</i>	19
<i>daily)</i>	108	<i>bupropion hcl tab er 24hr 300 mg</i>	19
<i>bromocriptine mesylate cap 5 mg</i>	43	<i>buspirone hcl tab 10 mg</i>	56
<i>bromocriptine mesylate tab 2.5 mg</i>	43	<i>buspirone hcl tab 15 mg</i>	56
BRUKINSA.....	28	<i>buspirone hcl tab 30 mg</i>	56
<i>budesonide delayed release particles cap 3</i>		<i>buspirone hcl tab 5 mg</i>	56
mg.....	106	<i>buspirone hcl tab 7.5 mg</i>	56

<i>busulfan inj 6 mg/ml</i>	28	CAPLYTA.....	45
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	CAPLYTA.....	45
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	CAPLYTA.....	45
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	CAPRELSA.....	29
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	CAPRELSA.....	29
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	<i>captopril tab 100 mg</i>	68
BUTORPHANOL TARTRATE.....	1	<i>captopril tab 12.5 mg</i>	68
<i>butorphanol tartrate inj 2 mg/ml</i>	1	<i>captopril tab 25 mg</i>	68
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	<i>captopril tab 50 mg</i>	68
BYDUREON BCISE.....	58	<i>carbamazepine cap er 12hr 100 mg</i>	14
BYETTA.....	58	<i>carbamazepine cap er 12hr 200 mg</i>	14
BYETTA.....	58	<i>carbamazepine cap er 12hr 300 mg</i>	14
C		<i>carbamazepine chew tab 100 mg</i>	14
CABENUVA.....	52	<i>carbamazepine susp 100 mg/5ml</i>	14
CABENUVA.....	52	<i>carbamazepine tab 200 mg</i>	14
<i>cabergoline tab 0.5 mg</i>	97	<i>carbamazepine tab er 12hr 100 mg</i>	14
CABLIVI.....	63	<i>carbamazepine tab er 12hr 200 mg</i>	14
CABOMETYX.....	29	<i>carbamazepine tab er 12hr 400 mg</i>	14
CABOMETYX.....	29	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	43
CABOMETYX.....	29	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	43
<i>caffeine citrate oral soln 60 mg/3ml</i>	112	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	43
<i>calcipotriene cream 0.005%</i>	81	<i>carbidopa & levodopa tab 10-100 mg</i>	43
<i>calcipotriene oint 0.005%</i>	81	<i>carbidopa & levodopa tab 25-100 mg</i>	43
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	81	<i>carbidopa & levodopa tab 25-250 mg</i>	43
<i>calcitonin (salmon) inj 200 unit/ml</i>	107	<i>carbidopa & levodopa tab er 25-100 mg</i>	43
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	107	<i>carbidopa & levodopa tab er 50-200 mg</i>	43
<i>calcitriol cap 0.25 mcg</i>	107	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	43
<i>calcitriol cap 0.5 mcg</i>	107	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	43
<i>calcitriol oral soln 1 mcg/ml</i>	107	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	43
<i>calcium acetate cap 667 mg (169 mg ca)</i>	84	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	43
<i>calcium acetate tab 667 mg</i>	84	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	43
CALQUENCE.....	29	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	43
CALQUENCE.....	29	<i>carbidopa tab 25 mg</i>	43
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	68	<i>carboplatin iv soln 150 mg/15ml</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	68	<i>carboplatin iv soln 450 mg/45ml</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	68	<i>carboplatin iv soln 50 mg/5ml</i>	29
<i>candesartan cilexetil tab 16 mg</i>	68	<i>carboplatin iv soln 600 mg/60ml</i>	29
<i>candesartan cilexetil tab 32 mg</i>	68	<i>carglumic acid soluble tab 200 mg</i>	84
<i>candesartan cilexetil tab 4 mg</i>	68	<i>carmustine for inj 100 mg</i>	29
<i>candesartan cilexetil tab 8 mg</i>	68	<i>carteolol hcl ophth soln 1%</i>	108
		<i>carvedilol tab 12.5 mg</i>	68

carvedilol tab 25 mg.....	68	ceftazidime for inj 1 gm.....	8
carvedilol tab 3.125 mg.....	68	ceftazidime for inj 6 gm.....	8
carvedilol tab 6.25 mg.....	68	ceftazidime for iv soln 1 gm and dextrose 5% (50ml).....	8
casprofungin acetate for iv soln 50 mg.....	24	ceftazidime for iv soln 2 gm.....	8
casprofungin acetate for iv soln 70 mg.....	24	ceftazidime for iv soln 2 gm and dextrose 5% (50ml).....	8
cefaclor cap 250 mg.....	7	ceftriaxone sodium (bulk) for inj 100 gm.....	8
cefaclor cap 500 mg.....	7	ceftriaxone sodium for inj 10 gm.....	8
cefadroxil cap 500 mg.....	7	ceftriaxone sodium for inj 1 gm.....	8
cefadroxil for susp 250 mg/5ml.....	7	ceftriaxone sodium for inj 250 mg.....	8
cefadroxil for susp 500 mg/5ml.....	7	ceftriaxone sodium for inj 2 gm.....	8
cefadroxil tab 1 gm.....	7	ceftriaxone sodium for inj 500 mg.....	8
CEFAZOLIN.....	7	ceftriaxone sodium for iv soln 1 gm.....	8
cefazolin sodium (bulk) for inj 100 gm.....	7	ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	8
cefazolin sodium (bulk) for inj 300 gm.....	7	ceftriaxone sodium for iv soln 2 gm.....	8
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	7	ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	8
cefazolin sodium for inj 10 gm.....	7	ceftriaxone sodium in dextrose inj 20 mg/ ml.....	8
cefazolin sodium for inj 1 gm.....	7	ceftriaxone sodium in dextrose inj 40 mg/ ml.....	8
cefazolin sodium for inj 2 gm.....	7	cefuroxime axetil tab 250 mg.....	8
cefazolin sodium for inj 500 mg.....	7	cefuroxime axetil tab 500 mg.....	8
cefazolin sodium for iv soln 1 gm.....	7	cefuroxime sodium for inj 750 mg.....	8
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	7	cefuroxime sodium for iv soln 1.5 gm.....	8
cefdinir cap 300 mg.....	7	celecoxib cap 100 mg.....	1
cefdinir for susp 125 mg/5ml.....	7	celecoxib cap 200 mg.....	1
cefdinir for susp 250 mg/5ml.....	7	celecoxib cap 400 mg.....	1
cefepime hcl for inj 1 gm.....	7	celecoxib cap 50 mg.....	1
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	7	CELONTIN.....	14
cefepime hcl for iv soln 2 gm.....	7	cephalexin cap 250 mg.....	8
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	7	cephalexin cap 500 mg.....	8
cefepime hcl iv soln 1 gm/50ml.....	7	cephalexin cap 750 mg.....	8
cefepime hcl iv soln 2 gm/100ml.....	7	cephalexin for susp 125 mg/5ml.....	8
cefixime cap 400 mg.....	7	cephalexin for susp 250 mg/5ml.....	8
cefoxitin sodium for iv soln 10 gm.....	7	CEREZYME.....	88
cefoxitin sodium for iv soln 1 gm.....	7	cevimeline hcl cap 30 mg.....	81
cefoxitin sodium for iv soln 2 gm.....	7	CHEMET.....	84
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	7	CHENODAL.....	86
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	7	CHLORAMPHENICOL SODIUM SUCCINATE.....	8
cefpodoxime proxetil for susp 100 mg/5ml.....	7	chlorhexidine gluconate soln 0.12%.....	81
cefpodoxime proxetil for susp 50 mg/5ml.....	7	chloroquine phosphate tab 250 mg.....	42
cefpodoxime proxetil tab 100 mg.....	7	chloroquine phosphate tab 500 mg.....	42
cefpodoxime proxetil tab 200 mg.....	7	chlorpromazine hcl inj 25 mg/ml.....	23
cefprozil for susp 125 mg/5ml.....	7	chlorpromazine hcl inj 50 mg/2ml.....	23
cefprozil for susp 250 mg/5ml.....	7	chlorpromazine hcl tab 100 mg.....	23
cefprozil tab 250 mg.....	7	chlorpromazine hcl tab 10 mg.....	23
cefprozil tab 500 mg.....	8	chlorpromazine hcl tab 200 mg.....	23
		chlorpromazine hcl tab 25 mg.....	23

<i>chlorpromazine hcl tab 50 mg</i>	23	<i>clarithromycin tab 250 mg</i>	9
CHLORPROMAZINE		<i>clarithromycin tab 500 mg</i>	9
HYDROCHLORIDE.....	23	<i>clarithromycin tab er 24hr 500 mg</i>	8
CHLORPROMAZINE		CLEMASTINE FUMARATE.....	112
HYDROCHLORIDE.....	23	<i>clindamycin hcl cap 150 mg</i>	9
<i>chlorthalidone tab 25 mg</i>	68	<i>clindamycin hcl cap 300 mg</i>	9
<i>chlorthalidone tab 50 mg</i>	68	<i>clindamycin hcl cap 75 mg</i>	9
<i>cholestyramine light powder 4 gm/</i> <i>dose</i>	68	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml</i>	9
<i>cholestyramine light powder packets 4</i> <i>gm</i>	68	<i>clindamycin phosphate-benzoyl peroxide gel</i> <i>1-5%</i>	81
<i>cholestyramine powder 4 gm/dose</i>	68	<i>clindamycin phosphate gel 1%</i>	9
<i>cholestyramine powder packets 4 gm</i>	68	<i>clindamycin phosphate in d5w iv soln 300</i> <i>mg/50ml</i>	9
<i>choline fenofibrate cap dr 135 mg</i>	68	<i>clindamycin phosphate in d5w iv soln 600</i> <i>mg/50ml</i>	9
<i>choline fenofibrate cap dr 45 mg</i>	68	<i>clindamycin phosphate in d5w iv soln 900</i> <i>mg/50ml</i>	9
CHORIONIC GONADOTROPIN.....	92	<i>clindamycin phosphate inj 300 mg/2ml</i>	9
<i>ciclopirox gel 0.77%</i>	24	<i>clindamycin phosphate inj 600 mg/4ml</i>	9
<i>ciclopirox olamine cream 0.77%</i>	24	<i>clindamycin phosphate inj 900 mg/6ml</i>	9
<i>ciclopirox olamine susp 0.77%</i>	24	<i>clindamycin phosphate inj 9 gm/60ml</i>	9
<i>ciclopirox shampoo 1%</i>	24	<i>clindamycin phosphate in nacl 0.9% iv soln 300</i> <i>mg/50ml</i>	9
<i>ciclopirox solution 8%</i>	24	<i>clindamycin phosphate in nacl 0.9% iv soln 600</i> <i>mg/50ml</i>	9
<i>cidofovir iv inj 75 mg/ml</i>	52	<i>clindamycin phosphate in nacl 0.9% iv soln 900</i> <i>mg/50ml</i>	9
<i>cilostazol tab 100 mg</i>	64	<i>clindamycin phosphate lotion 1%</i>	9
<i>cilostazol tab 50 mg</i>	63	<i>clindamycin phosphate soln 1%</i>	9
CIMDUO.....	52	<i>clindamycin phosphate swab 1%</i>	9
<i>cimetidine tab 200 mg</i>	86	<i>clindamycin phosphate vaginal cream</i> <i>2%</i>	9
<i>cimetidine tab 300 mg</i>	86	<i>clobazam suspension 2.5 mg/ml</i>	14
<i>cimetidine tab 400 mg</i>	86	<i>clobazam tab 10 mg</i>	14
<i>cimetidine tab 800 mg</i>	86	<i>clobazam tab 20 mg</i>	14
<i>cinacalcet hcl tab 30 mg</i>	107	<i>clobetasol propionate cream 0.05%</i>	81
<i>cinacalcet hcl tab 60 mg</i>	107	<i>clobetasol propionate emollient base cream</i> <i>0.05%</i>	81
<i>cinacalcet hcl tab 90 mg</i>	107	<i>clobetasol propionate foam 0.05%</i>	81
CINRYZE.....	99	<i>clobetasol propionate gel 0.05%</i>	81
<i>ciprofloxacin 200 mg/100ml in d5w</i>	8	<i>clobetasol propionate oint 0.05%</i>	81
<i>ciprofloxacin 400 mg/200ml in d5w</i>	8	<i>clobetasol propionate shampoo 0.05%</i>	81
CIPROFLOXACIN HCL.....	8	<i>clobetasol propionate soln 0.05%</i>	81
<i>ciprofloxacin hcl ophth soln 0.3%</i>	108	<i>clofarabine iv soln 1 mg/ml</i>	29
<i>ciprofloxacin hcl tab 250 mg</i>	8	<i>clomipramine hcl cap 25 mg</i>	20
<i>ciprofloxacin hcl tab 500 mg</i>	8	<i>clomipramine hcl cap 50 mg</i>	20
<i>ciprofloxacin hcl tab 750 mg</i>	8	<i>clomipramine hcl cap 75 mg</i>	20
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	29	<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	56
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	29	<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	57
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	29		
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	19		
<i>citalopram hydrobromide tab 10 mg</i>	20		
<i>citalopram hydrobromide tab 20 mg</i>	20		
<i>citalopram hydrobromide tab 40 mg</i>	20		
<i>cladribine iv soln 10 mg/10ml (1 mg/</i> <i>ml)</i>	29		
CLARITHROMYCIN.....	8		
CLARITHROMYCIN.....	8		

<i>clonazepam orally disintegrating tab 0.5 mg</i>	57	COMBIPATCH.....	93
<i>clonazepam orally disintegrating tab 1 mg</i>	57	COMBIPATCH.....	93
<i>clonazepam orally disintegrating tab 2 mg</i>	57	COMBIVENT RESPIMAT.....	112
<i>clonazepam tab 0.5 mg</i>	57	COMETRIQ.....	29
<i>clonazepam tab 1 mg</i>	57	COMETRIQ.....	29
<i>clonazepam tab 2 mg</i>	57	COMETRIQ.....	29
<i>clonidine hcl tab 0.1 mg</i>	68	COMPLERA.....	53
<i>clonidine hcl tab 0.2 mg</i>	68	COPAXONE.....	79
<i>clonidine hcl tab 0.3 mg</i>	68	COPAXONE.....	79
<i>clonidine hcl tab er 12hr 0.1 mg</i>	79	COPIKTRA.....	29
<i>clonidine td patch weekly 0.1 mg/24hr</i>	68	COPIKTRA.....	29
<i>clonidine td patch weekly 0.2 mg/24hr</i>	69	CORLANOR.....	69
<i>clonidine td patch weekly 0.3 mg/24hr</i>	69	CORLANOR.....	69
<i>clopidogrel bisulfate tab 75 mg</i>	64	CORLANOR.....	69
<i>clorazepate dipotassium tab 15 mg</i>	57	COSELA.....	29
<i>clorazepate dipotassium tab 3.75 mg</i>	57	COSENTYX.....	99
<i>clorazepate dipotassium tab 7.5 mg</i>	57	COSENTYX.....	99
<i>clotrimazole cream 1%</i>	24	COSENTYX.....	99
<i>clotrimazole soln 1%</i>	24	COSENTYX SENSOREADY PEN.....	99
<i>clotrimazole troche 10 mg</i>	24	COSENTYX SENSOREADY PEN.....	100
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	82	COSENTYX UNOREADY.....	100
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	82	COTELLIC.....	29
CLOZAPINE ODT.....	45	CREON.....	88
<i>clozapine orally disintegrating tab 100 mg</i>	45	CREON.....	88
<i>clozapine orally disintegrating tab 150 mg</i>	45	CREON.....	88
<i>clozapine orally disintegrating tab 200 mg</i>	45	CREON.....	88
<i>clozapine orally disintegrating tab 25 mg</i>	45	CRESEMBA.....	24
<i>clozapine tab 100 mg</i>	46	CRESEMBA.....	24
<i>clozapine tab 200 mg</i>	46	CRESEMBA.....	24
<i>clozapine tab 25 mg</i>	46	<i>cromolyn sodium ophth soln 4%</i>	108
<i>clozapine tab 50 mg</i>	46	<i>cromolyn sodium oral conc 100 mg/5ml</i>	88
COARTEM.....	42	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	112
CODEINE SULFATE.....	1	CRYSVITA.....	89
CODEINE SULFATE.....	1	CRYSVITA.....	89
<i>codeine sulfate tab 30 mg</i>	1	CRYSVITA.....	89
<i>colchicine tab 0.6 mg</i>	26	<i>cyclobenzaprine hcl tab 10 mg</i>	115
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	26	<i>cyclobenzaprine hcl tab 5 mg</i>	115
<i>colestipol hcl granule packets 5 gm</i>	69	CYCLOPHOSPHAMIDE.....	29
<i>colestipol hcl granules 5 gm</i>	69	CYCLOPHOSPHAMIDE.....	29
<i>colestipol hcl tab 1 gm</i>	69	CYCLOPHOSPHAMIDE.....	29
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	9	CYCLOPHOSPHAMIDE.....	29
		<i>cyclophosphamide cap 25 mg</i>	29
		<i>cyclophosphamide cap 50 mg</i>	29
		<i>cyclophosphamide for inj 1 gm</i>	29
		<i>cyclophosphamide for inj 2 gm</i>	29
		<i>cyclophosphamide for inj 500 mg</i>	29
		CYCLOPHOSPHAMIDE MONOHYDRATE.....	30

<i>cycloserine cap 250 mg</i>	27	<i>darifenacin hydrobromide tab er 24hr 15</i>	
CYCLOSET.....	58	<i>mg</i>	90
<i>cyclosporine cap 100 mg</i>	100	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclosporine cap 25 mg</i>	100	<i>mg</i>	90
<i>cyclosporine iv soln 50 mg/ml</i>	100	<i>darunavir tab 600 mg</i>	53
<i>cyclosporine modified cap 100 mg</i>	100	<i>darunavir tab 800 mg</i>	53
<i>cyclosporine modified cap 25 mg</i>	100	DARZALEX.....	30
<i>cyclosporine modified cap 50 mg</i>	100	DARZALEX.....	30
<i>cyclosporine modified oral soln 100 mg/</i>		DARZALEX FASPRO.....	30
<i>ml</i>	100	<i>daunorubicin hcl iv soln 20 mg/4ml</i>	30
CYLTEZO.....	100	DAUNORUBICIN HYDROCHLORIDE.....	30
CYLTEZO.....	100	DAURISMO.....	30
CYLTEZO.....	100	DAURISMO.....	30
CYLTEZO.....	100	DAYVIGO.....	116
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DISEASE/UC/HS.....	100	<i>decitabine for inj 50 mg</i>	30
CYLTEZO STARTER PACKAGE FOR		<i>deferasirox granules packet 180 mg</i>	84
PSORIASIS.....	100	<i>deferasirox granules packet 360 mg</i>	84
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	112	<i>deferasirox granules packet 90 mg</i>	84
<i>cyproheptadine hcl tab 4 mg</i>	112	<i>deferasirox tab 180 mg</i>	84
CYRAMZA.....	30	<i>deferasirox tab 360 mg</i>	84
CYRAMZA.....	30	<i>deferasirox tab 90 mg</i>	84
CYSTADROPS.....	108	<i>deferasirox tab for oral susp 125 mg</i>	84
CYSTAGON.....	89	<i>deferasirox tab for oral susp 250 mg</i>	84
CYSTAGON.....	89	<i>deferasirox tab for oral susp 500 mg</i>	84
CYSTARAN.....	108	DELSTRIGO.....	53
<i>cytarabine inj 20 mg/ml</i>	30	<i>demeclocycline hcl tab 150 mg</i>	9
<i>cytarabine inj pf 100 mg/ml</i>	30	<i>demeclocycline hcl tab 300 mg</i>	9
<i>cytarabine inj pf 20 mg/ml</i>	30	DENGVAXIA.....	100
D		DEPO-ESTRADIOL.....	93
<i>dabigatran etexilate mesylate cap 150</i>		DESCOVY.....	53
<i>mg</i>	64	DESCOVY.....	53
<i>dabigatran etexilate mesylate cap 75</i>		<i>desipramine hcl tab 100 mg</i>	20
<i>mg</i>	64	<i>desipramine hcl tab 10 mg</i>	20
DACARBAZINE.....	30	<i>desipramine hcl tab 150 mg</i>	20
<i>dacarbazine for inj 200 mg</i>	30	<i>desipramine hcl tab 25 mg</i>	20
<i>dactinomycin for inj 0.5 mg</i>	30	<i>desipramine hcl tab 50 mg</i>	20
<i>dalfampridine tab er 12hr 10 mg</i>	79	<i>desipramine hcl tab 75 mg</i>	20
DALVANCE.....	9	<i>desmopressin acetate inj 4 mcg/ml</i>	92
<i>danazol cap 100 mg</i>	93	<i>desmopressin acetate nasal spray soln</i>	
<i>danazol cap 200 mg</i>	93	<i>0.01%</i>	92
<i>danazol cap 50 mg</i>	93	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>dantrolene sodium cap 100 mg</i>	52	<i>(refrigerated)</i>	92
<i>dantrolene sodium cap 25 mg</i>	52	<i>desmopressin acetate preservative free inj 4 mcg/</i>	
<i>dantrolene sodium cap 50 mg</i>	52	<i>ml</i>	92
DANYELZA.....	30	<i>desmopressin acetate tab 0.1 mg</i>	92
<i>dapsone tab 100 mg</i>	27	<i>desmopressin acetate tab 0.2 mg</i>	92
<i>dapsone tab 25 mg</i>	27	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01</i>	
DAPTACEL.....	100	<i>mg(21/5)</i>	93
<i>daptomycin for iv soln 500 mg</i>	9	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30</i>	
		<i>mcg</i>	93
		<i>desonide cream 0.05%</i>	82

<i>desonide lotion 0.05%</i>	82	<i>dextrose 5% w/ sodium chloride</i>	
<i>desonide oint 0.05%</i>	82	0.33%.....	85
<i>desoximetasone cream 0.05%</i>	82	<i>dextrose 5% w/ sodium chloride</i>	
<i>desoximetasone cream 0.25%</i>	82	0.45%.....	85
<i>desoximetasone gel 0.05%</i>	82	<i>dextrose 5% w/ sodium chloride 0.9%</i>	85
<i>desoximetasone oint 0.25%</i>	82	<i>dextrose inj 10%</i>	84
<i>desvenlafaxine succinate tab er 24hr 100</i>		<i>dextrose inj 5%</i>	84
<i>mg</i>	20	DIACOMIT.....	14
<i>desvenlafaxine succinate tab er 24hr 25</i>		DIACOMIT.....	14
<i>mg</i>	20	DIACOMIT.....	14
<i>desvenlafaxine succinate tab er 24hr 50</i>		DIACOMIT.....	14
<i>mg</i>	20	<i>diazepam conc 5 mg/ml</i>	57
<i>dexamethasone elixir 0.5 mg/5ml</i>	91	<i>diazepam oral soln 1 mg/ml</i>	57
<i>dexamethasone sodium phosphate inj 120</i>		DIAZEPAM RECTAL GEL.....	14
<i>mg/30ml</i>	91	<i>diazepam rectal gel delivery system 10</i>	
<i>dexamethasone sodium phosphate inj 20</i>		<i>mg</i>	14
<i>mg/5ml</i>	91	<i>diazepam rectal gel delivery system 20</i>	
<i>dexamethasone sodium phosphate inj 4 mg/</i>		<i>mg</i>	14
<i>ml</i>	91	<i>diazepam tab 10 mg</i>	57
<i>dexamethasone sodium phosphate ophth soln</i>		<i>diazepam tab 2 mg</i>	57
0.1%.....	108	<i>diazepam tab 5 mg</i>	57
<i>dexamethasone soln 0.5 mg/5ml</i>	91	<i>diazoxide susp 50 mg/ml</i>	58
<i>dexamethasone tab 0.5 mg</i>	91	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexamethasone tab 0.75 mg</i>	91	<i>diclofenac sodium (actinic keratoses) gel</i>	
<i>dexamethasone tab 1.5 mg</i>	91	3%.....	82
<i>dexamethasone tab 1 mg</i>	91	<i>diclofenac sodium gel 1%</i>	1
<i>dexamethasone tab 2 mg</i>	91	<i>diclofenac sodium ophth soln 0.1%</i>	108
<i>dexamethasone tab 4 mg</i>	91	<i>diclofenac sodium tab delayed release 25</i>	
<i>dexamethasone tab 6 mg</i>	91	<i>mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>diclofenac sodium tab delayed release 50</i>	
(21).....	91	<i>mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>diclofenac sodium tab delayed release 75</i>	
(35).....	91	<i>mg</i>	1
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>diclofenac sodium tab er 24hr 100 mg</i>	1
(51).....	91	<i>diclofenac w/ misoprostol tab delayed release 50-0.2</i>	
<i>dexmethylphenidate hcl tab 10 mg</i>	79	<i>mg</i>	2
<i>dexmethylphenidate hcl tab 2.5 mg</i>	79	<i>diclofenac w/ misoprostol tab delayed release 75-0.2</i>	
<i>dexmethylphenidate hcl tab 5 mg</i>	79	<i>mg</i>	2
<i>dexrazoxane hcl for inj 250 mg</i>	30	<i>dicloxacillin sodium cap 250 mg</i>	9
<i>dexrazoxane hcl for inj 500 mg</i>	30	<i>dicloxacillin sodium cap 500 mg</i>	9
<i>dextroamphetamine sulfate cap er 24hr 10</i>		<i>dicyclomine hcl cap 10 mg</i>	86
<i>mg</i>	79	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	86
<i>dextroamphetamine sulfate cap er 24hr 15</i>		<i>dicyclomine hcl tab 20 mg</i>	86
<i>mg</i>	79	DIFICID.....	9
<i>dextroamphetamine sulfate cap er 24hr 5</i>		DIFICID.....	9
<i>mg</i>	79	<i>difluprednate ophth emulsion 0.05%</i>	108
<i>dextroamphetamine sulfate tab 10 mg</i>	79	<i>digoxin oral soln 0.05 mg/ml</i>	69
<i>dextroamphetamine sulfate tab 5 mg</i>	79	<i>digoxin tab 125 mcg (0.125 mg)</i>	69
<i>dextrose 2.5% w/ sodium chloride</i>		<i>digoxin tab 250 mcg (0.25 mg)</i>	69
0.45%.....	85	<i>dihydroergotamine mesylate nasal spray 4 mg/</i>	
<i>dextrose 5% in lactated ringers</i>	85	<i>ml</i>	26
<i>dextrose 5% w/ sodium chloride 0.2%</i>	85	DILANTIN.....	14

diltiazem hcl cap er 12hr 120 mg.....	69	dipyridamole tab 75 mg.....	64
diltiazem hcl cap er 12hr 60 mg.....	69	disulfiram tab 250 mg.....	5
diltiazem hcl cap er 12hr 90 mg.....	69	disulfiram tab 500 mg.....	5
diltiazem hcl cap er 24hr 120 mg.....	69	divalproex sodium cap delayed release sprinkle 125 mg.....	14
diltiazem hcl cap er 24hr 180 mg.....	69	divalproex sodium tab delayed release 125 mg.....	14
diltiazem hcl cap er 24hr 240 mg.....	69	divalproex sodium tab delayed release 250 mg.....	15
diltiazem hcl coated beads cap er 24hr 120 mg.....	69	divalproex sodium tab delayed release 500 mg.....	15
diltiazem hcl coated beads cap er 24hr 180 mg.....	69	divalproex sodium tab er 24 hr 250 mg.....	15
diltiazem hcl coated beads cap er 24hr 240 mg.....	69	divalproex sodium tab er 24 hr 500 mg.....	15
diltiazem hcl coated beads cap er 24hr 300 mg.....	69	docetaxel for inj conc 160 mg/8ml (20 mg/ml).....	30
diltiazem hcl coated beads cap er 24hr 360 mg.....	69	docetaxel for inj conc 20 mg/ml.....	30
diltiazem hcl extended release beads cap er 24hr 120 mg.....	69	docetaxel for inj conc 80 mg/4ml (20 mg/ml).....	30
diltiazem hcl extended release beads cap er 24hr 180 mg.....	69	docetaxel soln for iv infusion 160 mg/16ml.....	30
diltiazem hcl extended release beads cap er 24hr 240 mg.....	69	docetaxel soln for iv infusion 20 mg/2ml.....	30
diltiazem hcl extended release beads cap er 24hr 300 mg.....	69	docetaxel soln for iv infusion 80 mg/8ml.....	30
diltiazem hcl extended release beads cap er 24hr 360 mg.....	69	dofetilide cap 125 mcg (0.125 mg).....	70
diltiazem hcl extended release beads cap er 24hr 420 mg.....	69	dofetilide cap 250 mcg (0.25 mg).....	70
diltiazem hcl tab 120 mg.....	69	dofetilide cap 500 mcg (0.5 mg).....	70
diltiazem hcl tab 30 mg.....	69	donepezil hydrochloride orally disintegrating tab 10 mg.....	18
diltiazem hcl tab 60 mg.....	69	donepezil hydrochloride orally disintegrating tab 5 mg.....	18
diltiazem hcl tab 90 mg.....	69	donepezil hydrochloride tab 10 mg.....	18
diltiazem hcl tab er 24hr 120 mg.....	69	donepezil hydrochloride tab 23 mg.....	18
diltiazem hcl tab er 24hr 180 mg.....	69	donepezil hydrochloride tab 5 mg.....	18
diltiazem hcl tab er 24hr 240 mg.....	69	dorzolamide hcl ophth soln 2%.....	108
diltiazem hcl tab er 24hr 300 mg.....	69	dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	108
diltiazem hcl tab er 24hr 360 mg.....	69	DOVATO.....	53
diltiazem hcl tab er 24hr 420 mg.....	69	doxazosin mesylate tab 1 mg.....	70
dimethyl fumarate capsule delayed release 120 mg.....	79	doxazosin mesylate tab 2 mg.....	70
dimethyl fumarate capsule delayed release 240 mg.....	79	doxazosin mesylate tab 4 mg.....	70
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	79	doxazosin mesylate tab 8 mg.....	70
DIPENTUM.....	106	doxepin hcl (sleep) tab 3 mg.....	116
diphenhydramine hcl inj 50 mg/ml.....	112	doxepin hcl (sleep) tab 6 mg.....	116
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	86	doxepin hcl cap 100 mg.....	20
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	100	doxepin hcl cap 10 mg.....	20
dipyridamole tab 25 mg.....	64	doxepin hcl cap 150 mg.....	20
dipyridamole tab 50 mg.....	64	doxepin hcl cap 25 mg.....	20
		doxepin hcl cap 50 mg.....	20
		doxepin hcl cap 75 mg.....	20
		doxepin hcl conc 10 mg/ml.....	20
		doxorubicin hcl for inj 50 mg.....	30

<i>doxorubicin hcl inj 2 mg/ml</i>	30	EDARBI.....	70
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	30	EDARBI.....	70
DOXORUBICIN HYDROCHLORIDE.....	30	EDARBYCLOR.....	70
<i>doxycycline hyclate cap 100 mg</i>	9	EDARBYCLOR.....	70
<i>doxycycline hyclate cap 50 mg</i>	9	EDURANT.....	53
<i>doxycycline hyclate for inj 100 mg</i>	9	<i>efavirenz cap 200 mg</i>	53
<i>doxycycline hyclate tab 100 mg</i>	9	<i>efavirenz cap 50 mg</i>	53
<i>doxycycline hyclate tab 20 mg</i>	9	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	53
<i>doxycycline monohydrate cap 100 mg</i>	9	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	53
<i>doxycycline monohydrate cap 150 mg</i>	10	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	53
<i>doxycycline monohydrate cap 50 mg</i>	9	<i>efavirenz tab 600 mg</i>	53
<i>doxycycline monohydrate cap 75 mg</i>	9	ELAPRASE.....	89
<i>doxycycline monohydrate tab 100 mg</i>	10	ELELYSO.....	89
<i>doxycycline monohydrate tab 150 mg</i>	10	ELIGARD.....	97
<i>doxycycline monohydrate tab 50 mg</i>	10	ELIGARD.....	97
<i>doxycycline monohydrate tab 75 mg</i>	10	ELIGARD.....	97
<i>dronabinol cap 10 mg</i>	23	ELIGARD.....	97
<i>dronabinol cap 2.5 mg</i>	23	ELIQUIS.....	64
<i>dronabinol cap 5 mg</i>	23	ELIQUIS.....	64
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	93	ELIQUIS STARTER PACK.....	64
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	93	ELITEK.....	30
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	93	ELITEK.....	30
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	93	EMCYT.....	30
<i>droxidopa cap 100 mg</i>	70	EMGALITY.....	26
<i>droxidopa cap 200 mg</i>	70	EMGALITY.....	26
<i>droxidopa cap 300 mg</i>	70	EMGALITY.....	26
DUAVEE.....	93	EMPLICITI.....	30
DULERA.....	112	EMPLICITI.....	30
DULERA.....	112	EMSAM.....	20
DULERA.....	112	EMSAM.....	20
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	20	EMSAM.....	20
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	20	<i>emtricitabine caps 200 mg</i>	53
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	53
DUPIXENT.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	53
DUPIXENT.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	53
DUPIXENT.....	100	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	53
DUPIXENT.....	100	EMTRIVA.....	53
DUPIXENT.....	100	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	70
<i>dutasteride cap 0.5 mg</i>	90	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	70
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	90	<i>enalapril maleate tab 10 mg</i>	70
E		<i>enalapril maleate tab 2.5 mg</i>	70
<i>econazole nitrate cream 1%</i>	24	<i>enalapril maleate tab 20 mg</i>	70
		<i>enalapril maleate tab 5 mg</i>	70

ENBREL.....	100	ERIVEDGE.....	31
ENBREL.....	100	ERLEADA.....	31
ENBREL.....	100	ERLEADA.....	31
ENBREL MINI.....	100	<i>erlotinib hcl tab 100 mg</i>	31
ENBREL SURECLICK.....	101	<i>erlotinib hcl tab 150 mg</i>	31
ENGERIX-B.....	101	<i>erlotinib hcl tab 25 mg</i>	31
ENGERIX-B.....	101	<i>ertapenem sodium for inj 1 gm</i>	10
ENGERIX-B.....	101	ERY.....	10
ENHERTU.....	30	ERYTHROCIN LACTOBIONATE.....	10
<i>enoxaparin sodium inj 300 mg/3ml</i>	64	ERYTHROCIN STEARATE.....	10
<i>enoxaparin sodium inj soln pref syr 100 mg/ ml</i>	64	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	10
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	64	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	10
<i>enoxaparin sodium inj soln pref syr 150 mg/ ml</i>	64	<i>erythromycin lactobionate for inj 500 mg</i>	10
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	64	<i>erythromycin ophth oint 5 mg/gm</i>	108
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	64	<i>erythromycin soln 2%</i>	10
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	64	<i>erythromycin tab 250 mg</i>	10
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	64	<i>erythromycin tab 500 mg</i>	10
<i>entacapone tab 200 mg</i>	43	<i>erythromycin tab delayed release 250 mg</i>	10
<i>entecavir tab 0.5 mg</i>	53	<i>erythromycin tab delayed release 333 mg</i>	10
<i>entecavir tab 1 mg</i>	53	<i>erythromycin tab delayed release 500 mg</i>	10
ENTRESTO.....	70	<i>erythromycin w/ delayed release particles cap 250 mg</i>	10
ENTRESTO.....	70	<i>escitalopram oxalate soln 5 mg/5ml</i>	20
ENTRESTO.....	70	<i>escitalopram oxalate tab 10 mg</i>	20
EPCLUSA.....	53	<i>escitalopram oxalate tab 20 mg</i>	20
EPCLUSA.....	53	<i>escitalopram oxalate tab 5 mg</i>	20
EPCLUSA.....	53	<i>esomeprazole magnesium cap delayed release 20 mg</i>	86
EPIDIOLEX.....	15	<i>esomeprazole magnesium cap delayed release 40 mg</i>	86
<i>epinastine hcl ophth soln 0.05%</i>	108	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	86
EPINEPHRINE.....	112	<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	87
EPINEPHRINE.....	112	<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	87
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	112	<i>esomeprazole sodium for intravenous soln 40 mg</i>	87
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	112	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	93
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ ml)</i>	31	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	93
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ ml)</i>	31	<i>estradiol tab 0.5 mg</i>	93
<i>eplerenone tab 25 mg</i>	70	<i>estradiol tab 1 mg</i>	93
<i>eplerenone tab 50 mg</i>	70	<i>estradiol tab 2 mg</i>	93
EPRONTIA.....	15		
ERBITUX.....	31		
ERBITUX.....	31		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	26		

estradiol td gel 0.25 mg/0.25gm (0.1%).....	93	etravirine tab 100 mg.....	53
estradiol td gel 0.5 mg/0.5gm (0.1%).....	93	etravirine tab 200 mg.....	53
estradiol td gel 0.75 mg/0.75gm (0.1%).....	93	EULEXIN.....	31
estradiol td gel 1.25 mg/1.25gm (0.1%).....	93	everolimus tab 0.25 mg.....	101
estradiol td gel 1 mg/gm (0.1%).....	93	everolimus tab 0.5 mg.....	101
estradiol td patch twice weekly 0.025 mg/24hr.....	93	everolimus tab 0.75 mg.....	101
estradiol td patch twice weekly 0.0375 mg/24hr.....	93	everolimus tab 10 mg.....	31
estradiol td patch twice weekly 0.05 mg/24hr.....	93	everolimus tab 1 mg.....	101
estradiol td patch twice weekly 0.075 mg/24hr.....	93	everolimus tab 2.5 mg.....	31
estradiol td patch twice weekly 0.1 mg/24hr.....	93	everolimus tab 5 mg.....	31
estradiol td patch weekly 0.025 mg/24hr.....	93	everolimus tab 7.5 mg.....	31
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	93	everolimus tab for oral susp 2 mg.....	31
estradiol td patch weekly 0.05 mg/24hr.....	93	everolimus tab for oral susp 3 mg.....	31
estradiol td patch weekly 0.06 mg/24hr.....	93	everolimus tab for oral susp 5 mg.....	31
estradiol td patch weekly 0.075 mg/24hr.....	93	EVOMELA.....	31
estradiol td patch weekly 0.1 mg/24hr.....	93	EVOTAZ.....	53
estradiol vaginal cream 0.1 mg/gm.....	93	exemestane tab 25 mg.....	31
estradiol vaginal tab 10 mcg.....	94	EXKIVITY.....	31
estradiol valerate im in oil 10 mg/ml.....	94	EYSUVIS.....	108
estradiol valerate im in oil 20 mg/ml.....	94	ezetimibe-simvastatin tab 10-10 mg.....	70
estradiol valerate im in oil 40 mg/ml.....	94	ezetimibe-simvastatin tab 10-20 mg.....	70
ESTRING.....	94	ezetimibe-simvastatin tab 10-40 mg.....	70
ethambutol hcl tab 100 mg.....	27	ezetimibe-simvastatin tab 10-80 mg.....	70
ethambutol hcl tab 400 mg.....	27	ezetimibe tab 10 mg.....	70
ethosuximide cap 250 mg.....	15	F	
ethosuximide soln 250 mg/5ml.....	15	FABRAZYME.....	89
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	94	FABRAZYME.....	89
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	94	famciclovir tab 125 mg.....	53
etodolac cap 200 mg.....	2	famciclovir tab 250 mg.....	53
etodolac cap 300 mg.....	2	famciclovir tab 500 mg.....	53
etodolac tab 400 mg.....	2	famotidine for susp 40 mg/5ml.....	87
etodolac tab 500 mg.....	2	famotidine inj 200 mg/20ml.....	87
etodolac tab er 24hr 400 mg.....	2	famotidine inj 40 mg/4ml.....	87
etodolac tab er 24hr 500 mg.....	2	famotidine preservative free inj 20 mg/2ml.....	87
etodolac tab er 24hr 600 mg.....	2	famotidine tab 20 mg.....	87
ETOPOPHOS.....	31	famotidine tab 40 mg.....	87
etoposide inj 100 mg/5ml (20 mg/ml).....	31	FANAPT.....	46
etoposide inj 1 gm/50ml (20 mg/ml).....	31	FANAPT.....	46
etoposide inj 500 mg/25ml (20 mg/ml).....	31	FANAPT.....	46
		FANAPT.....	46
		FANAPT.....	46
		FANAPT.....	46
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		FANAPT.....	46
		FANAPT.....	46
		FANAPT TITRATION PACK.....	46
		FARXIGA.....	58
		FARXIGA.....	58
		FASENRA.....	112
		FASENRA PEN.....	112
		felbamate susp 600 mg/5ml.....	15
		felbamate tab 400 mg.....	15

<i>felbamate tab 600 mg</i>	15	<i>fluconazole for susp 40 mg/ml</i>	24
<i>felodipine tab er 24hr 10 mg</i>	70	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	70	<i>mg/100ml</i>	24
<i>felodipine tab er 24hr 5 mg</i>	70	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fenofibrate micronized cap 134 mg</i>	70	<i>mg/200ml</i>	24
<i>fenofibrate micronized cap 200 mg</i>	70	<i>fluconazole tab 100 mg</i>	25
<i>fenofibrate micronized cap 67 mg</i>	70	<i>fluconazole tab 150 mg</i>	25
<i>fenofibrate tab 145 mg</i>	71	<i>fluconazole tab 200 mg</i>	25
<i>fenofibrate tab 160 mg</i>	71	<i>fluconazole tab 50 mg</i>	25
<i>fenofibrate tab 48 mg</i>	71	<i>flucytosine cap 250 mg</i>	25
<i>fenofibrate tab 54 mg</i>	71	<i>flucytosine cap 500 mg</i>	25
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fludarabine phosphate for inj 50 mg</i>	31
<i>mcg</i>	2	<i>fludarabine phosphate inj 25 mg/ml</i>	31
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>fludrocortisone acetate tab 0.1 mg</i>	91
<i>mcg</i>	2	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fentanyl citrate lozenge on a handle 200</i>		<i>(0.025%)</i>	113
<i>mcg</i>	2	<i>fluocinolone acetonide (otic) oil</i>	
<i>fentanyl citrate lozenge on a handle 400</i>		<i>0.01%</i>	110
<i>mcg</i>	2	<i>fluocinolone acetonide cream 0.01%</i>	82
<i>fentanyl citrate lozenge on a handle 600</i>		<i>fluocinolone acetonide cream 0.025%</i>	82
<i>mcg</i>	2	<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>fentanyl citrate lozenge on a handle 800</i>		<i>oil)</i>	82
<i>mcg</i>	2	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>oil)</i>	82
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluocinolone acetonide oint 0.025%</i>	82
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluocinolone acetonide soln 0.01%</i>	82
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	<i>fluocinonide cream 0.05%</i>	82
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluocinonide emulsified base cream</i>	
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	<i>0.05%</i>	82
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluocinonide gel 0.05%</i>	82
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	<i>fluocinonide oint 0.05%</i>	82
FETZIMA.....	20	<i>fluocinonide soln 0.05%</i>	82
FETZIMA.....	20	<i>fluorometholone ophth susp 0.1%</i>	108
FETZIMA.....	20	FLUOROURACIL.....	82
FETZIMA.....	20	FLUOROURACIL.....	82
FETZIMA TITRATION PACK.....	20	FLUOROURACIL.....	82
FINACEA.....	82	<i>fluorouracil cream 5%</i>	82
<i>finasteride tab 5 mg</i>	90	<i>fluorouracil iv soln 1 gm/20ml (50 mg/</i>	
<i> fingolimod hcl cap 0.5 mg</i>	79	<i>ml)</i>	31
FINTEPLA.....	15	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/</i>	
FIRMAGON.....	97	<i>ml)</i>	31
FIRMAGON.....	97	<i>fluorouracil iv soln 500 mg/10ml (50 mg/</i>	
<i>flecainide acetate tab 100 mg</i>	71	<i>ml)</i>	31
<i>flecainide acetate tab 150 mg</i>	71	<i>fluorouracil iv soln 5 gm/100ml (50 mg/</i>	
<i>flecainide acetate tab 50 mg</i>	71	<i>ml)</i>	31
FLOVENT DISKUS.....	112	FLUOXETINE DR.....	21
FLOVENT DISKUS.....	112	<i>fluoxetine hcl cap 10 mg</i>	21
FLOVENT DISKUS.....	112	<i>fluoxetine hcl cap 20 mg</i>	21
FLOVENT HFA.....	112	<i>fluoxetine hcl cap 40 mg</i>	21
FLOVENT HFA.....	113	<i>fluoxetine hcl solution 20 mg/5ml</i>	21
FLOVENT HFA.....	113	<i>fluoxetine hcl tab 10 mg</i>	21
<i>fluconazole for susp 10 mg/ml</i>	24	<i>fluoxetine hcl tab 20 mg</i>	21

GAMUNEX-C.....	101	<i>glipizide tab 10 mg.....</i>	58
GAMUNEX-C.....	101	<i>glipizide tab 5 mg.....</i>	58
GAMUNEX-C.....	101	<i>glipizide tab er 24hr 10 mg.....</i>	58
GAMUNEX-C.....	101	<i>glipizide tab er 24hr 2.5 mg.....</i>	58
GAMUNEX-C.....	102	<i>glipizide tab er 24hr 5 mg.....</i>	58
<i>ganciclovir sodium for inj 500 mg.....</i>	53	GLUCAGEN HYPOKIT.....	58
GARDASIL 9.....	102	<i>glucagon (rdna) for inj kit 1 mg.....</i>	58
GARDASIL 9.....	102	GLUCAGON EMERGENCY KIT.....	58
GATTEX.....	87	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR.....	58
GAUZE PADS 2" X 2".....	58	<i>glyburide-metformin tab 1.25-250 mg.....</i>	59
GAVILYTE-C.....	87	<i>glyburide-metformin tab 2.5-500 mg.....</i>	59
GAVRETO.....	31	<i>glyburide-metformin tab 5-500 mg.....</i>	59
GAZYVA.....	32	<i>glyburide micronized tab 1.5 mg.....</i>	58
<i>gefitinib tab 250 mg.....</i>	32	<i>glyburide micronized tab 3 mg.....</i>	58
<i>gemcitabine hcl for inj 1 gm.....</i>	32	<i>glyburide micronized tab 6 mg.....</i>	58
<i>gemcitabine hcl for inj 200 mg.....</i>	32	<i>glyburide tab 1.25 mg.....</i>	58
<i>gemcitabine hcl for inj 2 gm.....</i>	32	<i>glyburide tab 2.5 mg.....</i>	58
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ ml).....</i>	32	<i>glyburide tab 5 mg.....</i>	59
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ ml).....</i>	32	<i>glycopyrrolate tab 1 mg.....</i>	87
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ ml).....</i>	32	<i>glycopyrrolate tab 2 mg.....</i>	87
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<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	82	<i>ibuprofen tab 600 mg</i>	3
<i>hydrocortisone butyrate oint 0.1%</i>	82	<i>ibuprofen tab 800 mg</i>	3
<i>hydrocortisone butyrate soln 0.1%</i>	82	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	102
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<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i> <i>inj</i>	85	<i>lactated ringer's solution</i>	85
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225%</i> <i>inj</i>	85	<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	83
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	83
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	85	<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	87
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i> <i>inj</i>	85	<i>lactulose solution 10 gm/15ml</i>	87
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<i>ketoconazole shampoo 2%</i>	25	<i>lamotrigine tab 100 mg</i>	16
<i>ketoconazole tab 200 mg</i>	25	<i>lamotrigine tab 150 mg</i>	16
<i>ketorolac tromethamine ophth soln</i> <i>0.4%</i>	109	<i>lamotrigine tab 200 mg</i>	16
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KISQALI.....	34	<i>lamotrigine tab er 24hr 300 mg</i>	16
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KISQALI FEMARA 400 DOSE.....	34	<i>lansoprazole cap delayed release 15</i> <i>mg</i>	87

<i>lansoprazole cap delayed release 30 mg</i>	87	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	97
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<i>lapatinib ditosylate tab 250 mg</i>	34	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	16
<i>latanoprost ophth soln 0.005%</i>	109	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	16
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LATUDA.....	47	<i>levetiracetam tab 250 mg</i>	16
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<i>lenalidomide cap 15 mg</i>	34	<i>levocarnitine tab 330 mg</i>	89
<i>lenalidomide cap 20 mg</i>	34	<i>levocetirizine dihydrochloride tab 5 mg</i>	113
<i>lenalidomide cap 25 mg</i>	34	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>lenalidomide cap 5 mg</i>	34	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>lenalidomide caps 2.5 mg</i>	34	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	10
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LENVIMA 18 MG DAILY DOSE.....	34	<i>levofloxacin tab 500 mg</i>	11
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<i>leucovorin calcium for inj 50 mg</i>	35		
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	35		
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<i>leucovorin calcium tab 10 mg</i>	35		
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<i>levorphanol tartrate tab 3 mg</i>	3	<i>lisdexamfetamine dimesylate cap 10</i>	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 20</i>	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 30</i>	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 40</i>	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 50</i>	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 60</i>	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>mg</i>	79
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	96	<i>lisdexamfetamine dimesylate cap 70</i>	
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LIDOCAINE HCL.....	72	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
<i>lidocaine hcl laryngotracheal soln 4%</i>	4	<i>mg</i>	72
<i>lidocaine hcl local inj 1%</i>	4	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>lidocaine hcl local preservative free inj 1%</i>	4	<i>mg</i>	72
<i>lidocaine hcl soln 4%</i>	4	<i>lisinopril tab 10 mg</i>	72
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	4	<i>lisinopril tab 2.5 mg</i>	72
<i>lidocaine hcl viscous soln 2%</i>	4	<i>lisinopril tab 20 mg</i>	72
<i>lidocaine oint 5%</i>	4	<i>lisinopril tab 30 mg</i>	72
<i>lidocaine patch 5%</i>	4	<i>lisinopril tab 40 mg</i>	72
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	<i>lisinopril tab 5 mg</i>	72
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		<i>lorazepam conc 2 mg/ml</i>	57
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		<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	72
		<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	72

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<i>losartan potassium tab 25 mg</i>	72	<i>maraviroc tab 300 mg</i>	54
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<i>nitisinone cap 2 mg</i>	89	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35	
<i>nitisinone cap 5 mg</i>	89	mg-mcg.....	95
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<i>nitrofurantoin macrocrystalline cap 50</i>		norgestimate-eth estrad tab	
<i>mg</i>	11	0.18-25/0.215-25/0.25-25 mg-mcg.....	95
<i>nitrofurantoin monohydrate macrocrystalline cap 100</i>		norgestimate-eth estrad tab	
<i>mg</i>	11	0.18-35/0.215-35/0.25-35 mg-mcg.....	95
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<i>mcg</i>	94	<i>nystatin oint 100000 unit/gm</i>	25
<i>norethindrone & ethinyl estradiol tab 1 mg-35</i>		<i>nystatin susp 100000 unit/ml</i>	25
<i>mcg</i>	94	<i>nystatin tab 500000 unit</i>	25
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<i>mg-30 mcg</i>	95	<i>gm</i>	25
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20</i>		<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-</i>	
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<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	98	<i>olmesartan medoxomil tab 20 mg</i>	74
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<i>ofloxacin otic soln 0.3%</i>	110	<i>omega-3-acid ethyl esters cap 1 gm</i>	74
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<i>pyridostigmine bromide tab er 180 mg</i>	27	REBIF.....	80
<i>pyrimethamine tab 25 mg</i>	42	REBIF REBIDOSE.....	80
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<i>quinidine sulfate tab 200 mg</i>	76	RETACRIT.....	65
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<i>rifampin cap 150 mg.....</i>	27	<i>mg.....</i>	26
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<i>mg.....</i>	50	<i>mg.....</i>	44
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<i>mg.....</i>	50	<i>mg.....</i>	44
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<i>sapropterin dihydrochloride powder packet 100</i> <i>mg</i>	89	<i>sirolimus tab 0.5 mg</i>	105
<i>sapropterin dihydrochloride powder packet 500</i> <i>mg</i>	89	<i>sirolimus tab 1 mg</i>	105
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SECUADO.....	50	SKYRIZI.....	105
SECUADO.....	50	SKYRIZI.....	105
<i>selegiline hcl cap 5 mg</i>	44	SKYRIZI.....	105
<i>selegiline hcl tab 5 mg</i>	44	SKYRIZI PEN.....	105
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SELZENTRY.....	55	<i>sodium chloride iv soln 0.9%</i>	86
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<i>sertraline hcl oral concentrate for solution 20 mg/</i> <i>ml</i>	22	<i>sodium phenylbutyrate tab 500 mg</i>	89
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sotalol hcl (afib/af) tab 160 mg.....	76	10%.....	109
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sotalol hcl tab 120 mg.....	76	10-0.23(0.25)%.....	109
sotalol hcl tab 160 mg.....	76	sulfadiazine tab 500 mg.....	12
sotalol hcl tab 240 mg.....	76	sulfamethoxazole-trimethoprim iv soln 400-80	
sotalol hcl tab 80 mg.....	76	mg/5ml.....	12
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SOVALDI.....	55	mg/5ml.....	12
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spironolactone tab 25 mg.....	76	sulindac tab 200 mg.....	4
spironolactone tab 50 mg.....	76	sumatriptan nasal spray 20 mg/act.....	26
SPRAVATO 56MG DOSE.....	22	sumatriptan nasal spray 5 mg/act.....	26
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SPRITAM.....	17	mg/0.5ml.....	26
SPRITAM.....	17	sumatriptan succinate solution auto-injector 6	
SPRITAM.....	17	mg/0.5ml.....	26
SPRYCEL.....	39	sumatriptan succinate solution cartridge 4	
SPRYCEL.....	39	mg/0.5ml.....	26
SPRYCEL.....	39	sumatriptan succinate solution cartridge 6	
SPRYCEL.....	39	mg/0.5ml.....	26
SPRYCEL.....	39	sumatriptan succinate tab 100 mg.....	26
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SYNTHROID.....	96	<i>telmisartan-amlodipine tab 80-10 mg.....</i>	77
SYNTHROID.....	96	<i>telmisartan-amlodipine tab 80-5 mg.....</i>	77
SYNTHROID.....	96	<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>	
SYNTHROID.....	96	<i>mg.....</i>	77
SYNTHROID.....	96	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
SYNTHROID.....	96	<i>mg.....</i>	77
SYNTHROID.....	97	<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
SYNTHROID.....	97	<i>mg.....</i>	77
SYNTHROID.....	97	<i>telmisartan tab 20 mg.....</i>	76
SYNTHROID.....	97	<i>telmisartan tab 40 mg.....</i>	76
SYNTHROID.....	97	<i>telmisartan tab 80 mg.....</i>	76
		<i>temazepam cap 15 mg.....</i>	116
T		<i>temazepam cap 30 mg.....</i>	116
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TABRECTA.....	39	<i>temsirolimus soln for iv infusion 25 mg/</i>	
TABRECTA.....	39	<i>ml.....</i>	40
<i>tacrolimus cap 0.5 mg.....</i>	105	TENCON.....	4
<i>tacrolimus cap 1 mg.....</i>	105	TENIVAC.....	105
<i>tacrolimus cap 5 mg.....</i>	105	<i>tenofovir disoproxil fumarate tab 300</i>	
<i>tacrolimus oint 0.03%.....</i>	84	<i>mg.....</i>	55
<i>tacrolimus oint 0.1%.....</i>	84	TEPMETKO.....	40
<i>tadalafil tab 20 mg (pah).....</i>	114	<i>terazosin hcl cap 10 mg.....</i>	77
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TAGRISSO.....	39	<i>terbutaline sulfate tab 2.5 mg.....</i>	114
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TALZENNA.....	39	<i>terconazole vaginal cream 0.4%.....</i>	25
TALZENNA.....	39	<i>terconazole vaginal cream 0.8%.....</i>	25
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<i>tamoxifen citrate tab 20 mg.....</i>	39		

<i>testosterone cypionate im inj in oil 100 mg/ ml</i>	95	<i>timolol maleate ophth gel forming soln 0.5%</i>	110
<i>testosterone cypionate im inj in oil 200 mg/ ml</i>	95	<i>timolol maleate ophth soln 0.25%</i>	110
TESTOSTERONE ENANTHATE.....	95	<i>timolol maleate ophth soln 0.5%</i>	110
<i>testosterone td gel 12.5 mg/act (1%)</i>	95	<i>timolol maleate ophth soln 0.5% (once- daily)</i>	110
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	95	<i>timolol maleate tab 10 mg</i>	77
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	96	<i>timolol maleate tab 20 mg</i>	77
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	95	<i>timolol maleate tab 5 mg</i>	77
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	95	TIVICAY.....	55
<i>testosterone td gel 50 mg/5gm (1%)</i>	95	TIVICAY.....	55
<i>testosterone td soln 30 mg/act</i>	96	TIVICAY.....	56
<i>tetrabenazine tab 12.5 mg</i>	80	TIVICAY PD.....	56
<i>tetrabenazine tab 25 mg</i>	80	<i>tizanidine hcl tab 2 mg</i>	52
<i>tetracycline hcl cap 250 mg</i>	12	<i>tizanidine hcl tab 4 mg</i>	52
<i>tetracycline hcl cap 500 mg</i>	12	TOBRADEX.....	110
THALOMID.....	40	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	110
THALOMID.....	40	<i>tobramycin nebu soln 300 mg/5ml</i>	115
THALOMID.....	40	<i>tobramycin ophth soln 0.3%</i>	110
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THEO-24.....	114	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ ml)</i>	12
THEO-24.....	114	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ ml)</i>	12
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<i>theophylline tab er 12hr 450 mg</i>	114	<i>tolterodine tartrate cap er 24hr 2 mg</i>	91
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Multi-Language Insert

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 1-877-349-9335. Someone who speaks English 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 1-877-349-9335. 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 1-877-349-9335。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 1-877-349-9335。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-349-9335. 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 1-877-349-9335. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-349-9335 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-349-9335. 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 1-877-349-9335 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-349-9335. 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 1-877-349-9335. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-349-9335 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-349-9335. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-349-9335. 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 1-877-349-9335. 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 1-877-349-9335. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-349-9335 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。

NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

NOTICE: Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

601 Gaines Street, Little Rock, AR 72201
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-662-2276.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إتصل بالرقم 1-844-662-2276.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276 まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

توجه: اگر بہ زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-662-2276 تماس بگیرید.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

انتباه: اگر آپ اردو بولتے ہیں تو، آپ کے لئے زبان کی مدد کی خدمات بلا معاوضہ دستیاب ہیں۔ 1-844-662-2276 پر کال کریں۔

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-662-2276.

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejje!ok wōñāān. Kaalok 1-844-662-2276.

Esta lista de medicamentos aprobados se actualizó el 01 de diciembre de 2023. Para obtener información más reciente o hacer otras preguntas, comuníquese con el Servicio de atención al cliente de BlueMedicare Classic (HMO) al 1-888-249-1595 o, para usuarios de TTY, al 711, las 24 horas del día/los 7 días de la semana, o bien visite www.arkbluemedicare.com.