

# Formulario Completo 2026



**CHRISTUS HEALTH PLAN LOUISIANA HEALTH EXCHANGE CUBRE A LOS MIEMBROS EN LOS SIGUIENTES PARROQUIAS:**

- Bossier
- Caddo
- Calcasieu
- Grant
- Natchitoches
- Rapides
- Red River
- Vernon



# CHRISTUS Health Plan Louisiana

## Formulario para 2026

Este formulario se actualize el 1 de septiembre de 2025

**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Este formulario se actualizó el 1 de septiembre de 2025. Para obtener información más reciente o para otras preguntas, comuníquese con Servicios para Miembros de CHRISTUS Health Plan al 1-844-282-3025 (los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite [www.christushealthplan.org](http://www.christushealthplan.org).

**Nota para los miembros actuales:** Este Formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que sigue conteniendo los medicamentos que usted toma.

Cuando esta "Lista de Medicamentos" (Formulario) se refiere a "nosotros", "nos" o "nuestro", se refiere a los planes CHRISTUS Health Plan.

Este documento incluye una "Lista de medicamentos" (formulario) para nuestro plan, vigente a partir del 1 de septiembre de 2025. Para obtener una "Lista de medicamentos" (formulario) actualizada, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha cuando actualizamos por última vez la "Lista de medicamentos" (formulario), aparece en las páginas de la portada y la contraportada.

Por lo general, usted debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

### ¿Qué es el formulario de CHRISTUS Health Plan?

En este documento, usamos los términos "Lista de medicamentos" y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por CHRISTUS Health Plan en consulta con un equipo de proveedores del cuidado de la salud, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. El plan CHRISTUS Health generalmente cubrirá los medicamentos listados en nuestro formulario siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red de CHRISTUS Health Plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, por favor repase su Evidencia de cobertura.

Formulario actualizado 1 de septiembre de 2025.

## Formulario de CHRISTUS Health Plan 2026

Para obtener una lista completa de todos los medicamentos recetados cubiertos por CHRISTUS Health Plan, por favor visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

### ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero el CHRISTUS Health Plan puede agregar o eliminar medicamentos en el formulario durante el año, puede moverlos a diferentes niveles de costos compartidos o puede agregar nuevas restricciones. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí:

<https://www.christushealthplan.org/member-resources/coverage/individual-family-plans/medications-covered>.

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

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Nosotros podríamos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir si mantendremos el medicamento de marca o el producto biológico original en nuestro formulario, pero lo moveremos inmediatamente a un nivel diferente de costos compartidos o agregaremos nuevas restricciones.

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

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

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?"

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

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento a la venta o si la Administración de Alimentos y Medicamentos (FDA, en inglés) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y más tarde notificaremos a los miembros que toman ese medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podríamos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente, o ambos. Podríamos hacer cambios en base a las nuevas directrices clínicas. Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de CHRISTUS Health Plan?"

**Cambios que no lo afectarán si actualmente está tomando el medicamento.** Por lo general, si está tomando un medicamento en nuestro formulario de 2026 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2026, excepto como se describió anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Usted no recibirá este año ninguna notificación directa sobre cambios que no lo afecten. Sin embargo, el 1º de enero del próximo año, dichos cambios le afectarían y es importante revisar el formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado a partir del 1 de septiembre de 2025. Para obtener información actualizada sobre los medicamentos cubiertos por CHRISTUS Health Plan, por favor comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada.

## ¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

### Condición médica

El formulario comienza en la página 3. Los medicamentos de este formulario se agrupan en categorías según el tipo de condición médica para la que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición del corazón se listan en la categoría de Terapia Antihipertensiva. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. A continuación, busque su medicamento bajo el nombre de la categoría.

### Lista por orden alfabético

Si no está seguro de en qué categoría buscar, busque su medicamento en el Índice que comienza en la página 83. El Índice le da una lista alfabética de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Diríjase a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

### **¿Qué son los medicamentos genéricos?**

CHRISTUS Health Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden ser sustituidos por el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Ya que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una receta nueva, del mismo modo que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

### **¿Hay alguna restricción en mi cobertura?**

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

- **Autorización previa:** CHRISTUS Health Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CHRISTUS Health Plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CHRISTUS Health Plan no cubra el medicamento.
- **Límites en la cantidad:** Para ciertos medicamentos, CHRISTUS Health Plan limita la cantidad del medicamento que CHRISTUS Health Plan cubrirá. Por ejemplo, CHRISTUS Health Plan concede 10 tabletas por receta de 30 días para un medicamento específico. Esto puede ser adicional al suministro regular de un mes o tres meses.
- **Terapia de pasos (también conocida como terapia escalonada):** En algunos casos, CHRISTUS Health Plan requiere que primero pruebe ciertos medicamentos para tratar su condición médica.

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antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que CHRISTUS Health Plan no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el medicamento A no le hace efecto, CHRISTUS Health Plan cubrirá entonces el medicamento B.

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 3. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia a pasos. Usted también puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a estas restricciones o límites o que le de una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?" en la página vi para obtener información sobre cómo solicitar una excepción.

### **¿Qué sucede si mi medicamento no está en el formulario?**

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

Si se entera de que CHRISTUS Health Plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por CHRISTUS Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CHRISTUS Health Plan.
- Puede pedirle a CHRISTUS Health Plan que haga una excepción y cubra su medicamento. Vea la información a continuación sobre cómo solicitar una excepción.

### **¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?**

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y no podrá pedirnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que eliminemos una restricción de cobertura, incluyendo la autorización previa, la terapia de pasos o el límite a la cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, CHRISTUS Health Plan 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.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo.

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Por lo general, CHRISTUS Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o el médico que le receta el medicamento debe comunicarse con nosotros para solicitar un cambio del nivel o una excepción al formulario, incluyendo una excepción a una restricción de la cobertura.

**Cuando solicite una excepción, el médico que le receta el medicamento deberá explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas luego de recibir la declaración de respaldo del médico que le receta el medicamento. Usted puede solicitar una decisión acelerada (rápida) si usted cree, y nosotros estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo o si el médico que le receta el medicamento solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo del médico que le receta el medicamento.

## Para más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de CHRISTUS Health Plan, por favor repase su Evidencia de Cobertura y otros materiales del plan.

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

## Formulario de CHRISTUS Health

El formulario que comienza en la página siguiente le proporciona información de cobertura sobre los medicamentos cubiertos por CHRISTUS Health Plan. Si tiene problemas para encontrar su medicamento en la lista, vaya al índice que comienza en la página 83.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (por ejemplo, AFINITOR) y los medicamentos genéricos se listan en cursiva minúscula (por ejemplo, *atorvastatin*).

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

**ATTENTION:** If you speak another language, free language assistance services are available to you.

Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-282-3025 (TTY: 711) or speak to your provider.

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|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Español<br>Spanish  | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-282-3025 (TTY: 711) o hable con su proveedor.                             |
| العربية<br>Arabic   | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-282-3025 (TTY: 711) أو تحدث إلى مقدم الخدمة.                                                                                           |
| 中文<br>Chinese       | 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-282-3025（文本电话：711）或咨询您的服务提供商。                                                                                                                                                                                                                                      |
| Français<br>French  | ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-282-3025 (TTY : 711) ou parlez à votre fournisseur. |
| Deutsch<br>German   | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-282-3025 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.     |
| ગુજરાતી<br>Gujarati | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 844-282-3025 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.                                                                        |
| हिंदी<br>Hindi      | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 844-282-3025 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।                                                                      |
| 日本語<br>Japanese     | 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-282-3025(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。                                                                                                                                                                              |
| 한국어<br>Korean       | 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 844-282-3025 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.                                                                                                                                                                                  |

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|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ລາວ<br>Laotian           | ເລື່ອງລາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3025 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.                                                                              |
| فارسی<br>Farsi           | توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-844-282-3025 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.                          |
| Português<br>Portuguese  | ATENÇÃO: Se você fala Português, serviços gratuitos de assistência lingüística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-282-3025 (TTY: 711) ou fale com seu provedor.           |
| РУССКИЙ<br>Russian       | ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-282-3025 (TTY: 711) или обратитесь к своему поставщику услуг. |
| Tagalog<br>Tagalog       | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon sa tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-282-3025 (TTY: 711) o makipag-usap sa iyong provider.       |
| ไทย<br>Thai              | หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-282-3025 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ                                                                                  |
| اردو<br>Urdu             | توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-844-282-3025 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔                                                               |
| Tiếng Việt<br>Vietnamese | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-282-3025 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.       |

Este formulario se actualize el 1 de septiembre de 2025. Para obtener información más reciente o para otras preguntas, por favor comuníquese con CHRISTUS Health Plan Member Service a1 1-844-282-3025

Formulario actualizado 1 de septiembre de 2025.

Formulario de CHRISTUS Health Plan 2026

(los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite [www.christushealthplan.org](http://www.christushealthplan.org)

**Este guía incluye información actual y fue recibida por el sistema de Express Scripts'. Es posible que no refleje los detalles reales de configuración de los beneficios en momentos posteriores.**

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A continuación, se muestra una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna de Requisitos/Límites que le indica si existen requisitos especiales para la cobertura de su medicamento.

## **Lista de Abreviaciones**

**ACA:** (Affordable Care Act) La ley del Cuidado de Salud a Bajo Precio contiene reformas abarcadoras de seguro médico e incluye disposiciones tributarias que afectan a los individuos, familias, negocios, agentes de seguro, organizaciones exentas de impuestos y entidades gubernamentales.

**LA:** (Limited Availability) Disponibilidad Limitada. Esta receta puede estar disponible solo en farmacias determinadas. Para obtener más información, llame a Servicios para miembros al 1-844-282-3025 (Los usuarios de TTY deben llamar al 711) o visite [christushealthplan.org](http://christushealthplan.org)

**OTC:** (Over-the-Counter) Medicina que no requiere receta y está disponible a venta libre.

**PA:** (Prior Authorization) Autorización previa. El Plan exige que usted o su médico obtenga una autorización para medicamentos determinados. Esto significa que necesitará contar con la aprobación antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nosotros no cubramos el medicamento.

**QL:** (Quantity Limit) Límite de cantidad. Para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos.

**ST:** (Step Therapy) Terapia escalonada. En algunos casos, el Plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, cubriremos el medicamento B.

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| <b>ANTI - INFECTIVES</b>                              |       |                         |
| <b>ANTIFUNGAL AGENTS</b>                              |       |                         |
| ANCOBON                                               | 4     |                         |
| BREXAFEMME                                            | 4     | QL                      |
| <i>clotrimazole mucous membrane</i>                   | 2     |                         |
| CRESEMBA ORAL                                         | 3     | PA                      |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML  | 4     |                         |
| <i>fluconazole oral suspension for reconstitution</i> | 2     |                         |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | 2     |                         |
| <i>fluconazole oral tablet 150 mg</i>                 | 2     | QL                      |
| <i>flucytosine</i>                                    | 2     |                         |
| <i>griseofulvin microsize</i>                         | 2     |                         |
| <i>griseofulvin ultramicrosize</i>                    | 2     |                         |
| <i>itraconazole</i>                                   | 2     | QL                      |
| <i>ketoconazole oral</i>                              | 2     |                         |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON          | 3     | PA                      |
| NOXAFIL ORAL SUSPENSION                               | 4     | PA                      |
| <i>nystatin oral</i>                                  | 2     |                         |
| ORAVIG                                                | 4     |                         |
| <i>posaconazole oral</i>                              | 2     | PA                      |

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| SPORANOX ORAL CAPSULE                        | 4     | QL                      |
| <i>terbinafine hcl oral</i>                  | 2     |                         |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION     | 4     | PA                      |
| VIVJOA                                       | 5     | PA; QL                  |
| <i>voriconazole oral</i>                     | 2     | PA                      |
| <b>ANTIVIRALS</b>                            |       |                         |
| <i>abacavir</i>                              | 2     |                         |
| <i>abacavir-lamivudine</i>                   | 2     |                         |
| <i>acyclovir oral capsule</i>                | 2     |                         |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 2     |                         |
| <i>acyclovir oral tablet</i>                 | 2     |                         |
| <i>adefovir</i>                              | 2     |                         |
| <i>amantadine hcl</i>                        | 2     |                         |
| APRETUDE                                     | 5     | ACA                     |
| APTIVUS                                      | 3     |                         |
| <i>atazanavir</i>                            | 2     |                         |
| BARACLUDE ORAL SOLUTION                      | 3     |                         |
| BEYFORTUS                                    | 3     | ACA                     |
| BIKTARVY                                     | 3     |                         |
| CIMDUO                                       | 3     |                         |
| <i>darunavir</i>                             | 2     |                         |
| DELSTRIGO                                    | 3     |                         |
| DESCOVY ORAL TABLET 120-15 MG                | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                            | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------------------|-------|-------------------------|
| DESCOVY ORAL TABLET 200-25 MG                                                     | 3     | ACA                     |
| DOVATO                                                                            | 3     |                         |
| EDURANT                                                                           | 3     |                         |
| EDURANT PED                                                                       | 3     |                         |
| <i>efavirenz oral tablet</i>                                                      | 2     |                         |
| <i>efavirenz-emtricitabin-tenofov</i>                                             | 2     |                         |
| <i>efavirenz-lamivu-tenofov disop</i>                                             | 2     |                         |
| <i>emtricitabine</i>                                                              | 2     |                         |
| <i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 2     |                         |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>                         | 1     | ACA                     |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>                         | 2     |                         |
| EMTRIVA ORAL CAPSULE                                                              | 4     |                         |
| EMTRIVA ORAL SOLUTION                                                             | 3     |                         |
| <i>entecavir</i>                                                                  | 2     |                         |
| EPCLUSA ORAL PELLETS IN PACKET                                                    | 3     | PA; QL                  |
| EPCLUSA ORAL TABLET 200-50 MG                                                     | 3     | PA; QL                  |
| EPCLUSA ORAL TABLET 400-100 MG                                                    | 3     | PA; \$; QL              |
| EPIVIR                                                                            | 4     |                         |

| Nombre del Medicamento                 | Nivel | Restricciones / Límites |
|----------------------------------------|-------|-------------------------|
| <i>etravirine</i>                      | 2     |                         |
| EVOTAZ                                 | 4     |                         |
| <i>famciclovir</i>                     | 2     | QL                      |
| FLUMADINE ORAL TABLET                  | 4     |                         |
| <i>fosamprenavir</i>                   | 2     |                         |
| FUZEON SUBCUTANEOUS RECON SOLN         | 3     | \$; QL                  |
| GENVOYA                                | 3     |                         |
| HARVONI ORAL PELLETS IN PACKET         | 3     | PA; QL                  |
| HARVONI ORAL TABLET 45-200 MG          | 3     | PA; QL                  |
| HARVONI ORAL TABLET 90-400 MG          | 3     | PA; \$; QL              |
| INTELENCE ORAL TABLET 100 MG, 200 MG   | 4     |                         |
| INTELENCE ORAL TABLET 25 MG            | 3     |                         |
| ISENTRESS                              | 3     |                         |
| ISENTRESS HD                           | 3     |                         |
| JULUCA                                 | 3     |                         |
| KALETRA                                | 4     |                         |
| LAGEVRIO (EUA)                         | 3     | QL                      |
| <i>lamivudine</i>                      | 2     |                         |
| <i>lamivudine-zidovudine</i>           | 2     |                         |
| LIVTENCITY                             | 4     | PA; QL                  |
| <i>lopinavir-ritonavir oral tablet</i> | 2     |                         |
| <i>maraviroc</i>                       | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------|-------|-------------------------|
| <i>nevirapine</i>                                        | 2     |                         |
| NORVIR ORAL POWDER IN PACKET                             | 3     |                         |
| NORVIR ORAL TABLET                                       | 4     |                         |
| ODEFSEY                                                  | 3     |                         |
| <i>oseltamivir</i>                                       | 2     | QL                      |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | 3     | QL                      |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)   | 3     |                         |
| PIFELTRO                                                 | 3     |                         |
| PREVYMIS ORAL PELLETS IN PACKET                          | 3     |                         |
| PREVYMIS ORAL TABLET                                     | 3     | QL                      |
| PREZISTA ORAL SUSPENSION                                 | 3     |                         |
| PREZISTA ORAL TABLET 150 MG, 75 MG                       | 3     |                         |
| PREZISTA ORAL TABLET 600 MG, 800 MG                      | 4     |                         |
| RELENZA DISKHALER                                        | 4     | QL                      |
| RETROVIR ORAL CAPSULE                                    | 4     |                         |
| RETROVIR ORAL SYRUP                                      | 4     |                         |

| Nombre del Medicamento               | Nivel | Restricciones / Límites |
|--------------------------------------|-------|-------------------------|
| REYATAZ ORAL CAPSULE 200 MG, 300 MG  | 4     |                         |
| REYATAZ ORAL POWDER IN PACKET        | 3     |                         |
| <i>ribavirin inhalation</i>          | 2     | PA                      |
| <i>ribavirin oral capsule</i>        | 5     | \$                      |
| <i>ribavirin oral tablet 200 mg</i>  | 5     | \$                      |
| <i>rimantadine</i>                   | 2     |                         |
| <i>ritonavir</i>                     | 2     |                         |
| SELZENTRY ORAL SOLUTION              | 3     |                         |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 4     |                         |
| SUNLENCA ORAL                        | 5     | PA                      |
| SYMFI                                | 3     |                         |
| SYMTUZA                              | 3     |                         |
| TAMIFLU                              | 4     | QL                      |
| TEMBEXA                              | 4     |                         |
| <i>tenofovir disoproxil fumarate</i> | 2     |                         |
| TIVICAY ORAL TABLET 50 MG            | 3     |                         |
| TIVICAY PD                           | 3     |                         |
| TRIUMEQ                              | 3     |                         |
| TRIUMEQ PD                           | 3     |                         |
| TYBOST                               | 4     |                         |
| <i>valacyclovir</i>                  | 2     | QL                      |
| VALCYTE                              | 4     |                         |
| <i>valganciclovir</i>                | 2     |                         |
| VEMLIDY                              | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                   | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------------------|-------|-------------------------|
| VIRACEPT ORAL TABLET                                                                     | 3     |                         |
| VIREAD ORAL POWDER                                                                       | 3     |                         |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                                | 3     |                         |
| VIREAD ORAL TABLET 300 MG                                                                | 4     |                         |
| VOSEVI                                                                                   | 5     | PA; \$; QL              |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                         | 4     | QL                      |
| YEZTUGO                                                                                  | 5     | ACA                     |
| ZEPATIER                                                                                 | 3     | PA; \$; QL              |
| ZIAGEN ORAL SOLUTION                                                                     | 4     |                         |
| <i>zidovudine</i>                                                                        | 2     |                         |
| <b>CEPHALOSPORINS</b>                                                                    |       |                         |
| <i>cefactor oral capsule</i>                                                             | 2     |                         |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 2     |                         |
| <i>cefactor oral tablet extended release 12 hr</i>                                       | 2     |                         |
| <i>cefadroxil oral capsule</i>                                                           | 2     |                         |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 2     |                         |
| <i>cefadroxil oral tablet</i>                                                            | 2     |                         |
| <i>cefdinir</i>                                                                          | 2     |                         |

| Nombre del Medicamento                                                | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------|-------|-------------------------|
| <i>cefixime</i>                                                       | 2     |                         |
| <i>cefpodoxime</i>                                                    | 2     |                         |
| <i>cefprozil</i>                                                      | 2     |                         |
| <i>cefuroxime axetil oral tablet</i>                                  | 2     |                         |
| <i>cephalexin</i>                                                     | 2     |                         |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                           |       |                         |
| <i>azithromycin oral</i>                                              | 2     |                         |
| <i>clarithromycin</i>                                                 | 2     |                         |
| DIFICID                                                               | 4     | QL                      |
| <i>e.e.s. 400 oral tablet</i>                                         | 2     |                         |
| E.E.S. GRANULES                                                       | 4     |                         |
| ERYPED 200                                                            | 4     |                         |
| ERYPED 400                                                            | 4     |                         |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>    | 2     |                         |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                   | 4     |                         |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | 2     |                         |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 2     |                         |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 2     |                         |
| <i>erythromycin oral</i>                                              | 2     |                         |
| <i>fidaxomicin</i>                                                    | 2     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION | 4     |                         |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG         | 4     |                         |
| ZITHROMAX TRI-PAK                            | 4     |                         |
| ZITHROMAX Z-PAK                              | 4     |                         |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>          |       |                         |
| <i>albendazole</i>                           | 2     | QL                      |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION    | 3     | QL                      |
| ARAKODA                                      | 4     | QL                      |
| ARIKAYCE                                     | 5     | PA; LA                  |
| <i>atovaquone</i>                            | 2     |                         |
| <i>atovaquone-proguanil</i>                  | 1     | QL                      |
| BENZNIDAZOLE                                 | 3     | QL                      |
| BETHKIS                                      | 5     | PA; \$; QL              |
| BILTRICIDE                                   | 4     |                         |
| CAYSTON                                      | 5     | \$; LA; QL              |
| <i>chloroquine phosphate</i>                 | 1     |                         |
| CLEOCIN HCL                                  | 4     |                         |
| CLEOCIN PEDIATRIC                            | 4     |                         |
| <i>clindamycin hcl</i>                       | 2     |                         |
| <i>clindamycin pediatric</i>                 | 2     |                         |

| Nombre del Medicamento                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------|-------|-------------------------|
| COARTEM                                                  | 3     | QL                      |
| <i>cycloserine</i>                                       | 2     |                         |
| <i>dapsone oral</i>                                      | 2     |                         |
| DARAPRIM                                                 | 5     | PA                      |
| EMVERM                                                   | 3     | QL                      |
| <i>ethambutol</i>                                        | 2     |                         |
| HUMATIN                                                  | 5     |                         |
| <i>hydroxychloroquine</i>                                | 2     |                         |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> | 2     |                         |
| IMPAVIDO                                                 | 3     | QL                      |
| <i>isoniazid oral</i>                                    | 2     |                         |
| <i>ivermectin oral</i>                                   | 2     | PA; QL                  |
| KITABIS PAK                                              | 5     | PA; \$; QL              |
| KRINTAFEL                                                | 4     | QL                      |
| <i>linezolid</i>                                         | 2     | PA                      |
| MALARONE                                                 | 4     | QL                      |
| MALARONE PEDIATRIC                                       | 4     | QL                      |
| <i>mefloquine</i>                                        | 1     | QL                      |
| MEPRON                                                   | 4     |                         |
| <i>metronidazole oral capsule</i>                        | 2     |                         |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>          | 2     |                         |
| NEBUPENT                                                 | 4     | QL                      |
| <i>neomycin</i>                                          | 2     |                         |
| <i>nitazoxanide</i>                                      | 2     | QL                      |
| PASER                                                    | 4     |                         |
| <i>pentamidine inhalation</i>                            | 2     | QL                      |
| <i>praziquantel</i>                                      | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| PRETOMANID                                              | 4     | PA                      |
| PRIFTIN                                                 | 3     |                         |
| <i>primaquine</i>                                       | 1     | QL                      |
| <i>pyrazinamide</i>                                     | 2     |                         |
| <i>pyrimethamine</i>                                    | 2     | PA                      |
| <i>quinine sulfate</i>                                  | 2     | QL                      |
| <i>rifabutin</i>                                        | 2     |                         |
| <i>rifampin oral</i>                                    | 2     |                         |
| SIRTURO                                                 | 3     | PA; LA                  |
| SOLOSEC                                                 | 3     | QL                      |
| STROMEKTOL                                              | 4     | PA; QL                  |
| <i>tinidazole</i>                                       | 2     | QL                      |
| TOBI PODHALER                                           | 5     | PA; \$; QL              |
| <i>tobramycin in 0.225 % nacl</i>                       | 5     | PA; \$; QL              |
| <i>tobramycin inhalation</i>                            | 5     | PA; QL                  |
| TOBRAMYCIN WITH NEBULIZER                               | 5     | PA; \$; QL              |
| XENLETA ORAL                                            | 4     |                         |
| XIFAXAN                                                 | 3     | QL                      |
| ZYVOX ORAL                                              | 4     | PA                      |
| <b>PENICILLINS</b>                                      |       |                         |
| <i>amoxicillin oral capsule</i>                         | 2     |                         |
| <i>amoxicillin oral suspension for reconstitution</i>   | 2     |                         |
| <i>amoxicillin oral tablet</i>                          | 2     |                         |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 2     |                         |
| <i>amoxicillin-pot clavulanate</i>                      | 2     |                         |

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| <i>ampicillin oral capsule 500 mg</i>                          | 2     |                         |
| AUGMENTIN ES-600                                               | 4     |                         |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3     |                         |
| AUGMENTIN XR                                                   | 4     |                         |
| <i>dicloxacillin</i>                                           | 2     |                         |
| MOXATAG                                                        | 4     |                         |
| <i>penicillin v potassium</i>                                  | 2     |                         |
| <b>QUINOLONES</b>                                              |       |                         |
| BAXDELA ORAL                                                   | 3     | QL                      |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON                      | 4     |                         |
| CIPRO ORAL TABLET 250 MG, 500 MG                               | 4     |                         |
| <i>ciprofloxacin</i>                                           | 2     |                         |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>    | 2     |                         |
| <i>levofloxacin oral</i>                                       | 2     |                         |
| <i>moxifloxacin oral</i>                                       | 2     |                         |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                    | 2     |                         |
| <b>SULFA'S &amp; RELATED AGENTS</b>                            |       |                         |
| BACTRIM                                                        | 4     |                         |
| BACTRIM DS                                                     | 4     |                         |
| <i>sulfadiazine</i>                                            | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                               | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>sulfamethoxazole-trimethoprim oral</i>                                                            | 2     |                         |
| <i>sulfatrim</i>                                                                                     | 2     |                         |
| <b>TETRACYCLINES</b>                                                                                 |       |                         |
| <i>avidoxy</i>                                                                                       | 2     |                         |
| AVIDOXY DK                                                                                           | 4     | ST                      |
| <i>demeclocycline</i>                                                                                | 2     |                         |
| <i>doxycycline hyclate oral capsule</i>                                                              | 2     |                         |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                 | 2     |                         |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                          | 2     | ST                      |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 2     | ST                      |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                            | 2     |                         |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                            | 2     | ST                      |
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>                                 | 2     | ST                      |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>                                    | 2     |                         |
| <i>doxycycline monohydrate oral tablet</i>                                                           | 2     |                         |

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| <i>minocycline oral capsule</i>                       | 2     |                         |
| <i>minocycline oral tablet</i>                        | 2     | ST                      |
| <i>minocycline oral tablet extended release 24 hr</i> | 2     | ST                      |
| <i>mondoxyne nl oral capsule 100 mg</i>               | 2     |                         |
| <i>mondoxyne nl oral capsule 75 mg</i>                | 2     | ST                      |
| MORGIDOX 1X 50                                        | 4     | ST                      |
| MORGIDOX 1X100                                        | 4     | ST                      |
| NUZYRA ORAL                                           | 4     | QL                      |
| SEYSARA                                               | 4     | ST                      |
| TARGADOX                                              | 4     | ST                      |
| <i>tetracycline oral capsule</i>                      | 2     |                         |
| <i>tetracycline oral tablet</i>                       | 2     | ST                      |
| <b>URINARY TRACT AGENTS</b>                           |       |                         |
| <i>fosfomycin tromethamine</i>                        | 2     |                         |
| FURADANTIN                                            | 4     |                         |
| MACROBID                                              | 4     |                         |
| <i>methenamine hippurate</i>                          | 2     |                         |
| <i>methenamine mandelate</i>                          | 2     |                         |
| <i>nitrofurantoin macrocrystal</i>                    | 2     |                         |
| <i>nitrofurantoin monohyd/m-cryst</i>                 | 2     |                         |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>      | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                              | Nivel | Restricciones / Límites |
|-----------------------------------------------------|-------|-------------------------|
| PRIMSOL                                             | 4     |                         |
| <i>trimethoprim</i>                                 | 2     |                         |
| <b>VANCOMYCIN</b>                                   |       |                         |
| VANCOCIN                                            | 4     | QL                      |
| <i>vancomycin oral</i>                              | 2     | QL                      |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |       |                         |
| <b>ADJUNCTIVE AGENTS</b>                            |       |                         |
| <i>leucovorin calcium oral</i>                      | 2     |                         |
| MESNEX ORAL                                         | 3     |                         |
| VISTOGARD                                           | 5     | PA; QL                  |
| XGEVA                                               | 5     | PA; \$; QL              |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |       |                         |
| <i>abiraterone</i>                                  | 5     | PA; QL                  |
| <i>abirtega</i>                                     | 2     | PA; QL                  |
| ALECENSA                                            | 5     | PA; \$; QL              |
| ALKERAN                                             | 4     |                         |
| ALUNBRIG                                            | 5     | PA; \$; QL              |
| <i>anastrozole</i>                                  | 2     | ACA                     |
| AROMASIN                                            | 4     |                         |
| ASTAGRAF XL                                         | 4     | PA                      |
| AUGTYRO                                             | 5     | PA                      |
| AVMAPKI-FAKZYNJA                                    | 5     | PA                      |
| AYVAKIT                                             | 5     | PA; LA; QL              |
| AZASAN                                              | 4     |                         |
| <i>azathioprine</i>                                 | 2     |                         |
| BALVERSA                                            | 5     | PA; LA                  |

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| <i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i> | 2     |                         |
| <i>bexarotene</i>                                       | 5     |                         |
| <i>bicalutamide</i>                                     | 2     |                         |
| BOSULIF ORAL CAPSULE                                    | 5     | PA; QL                  |
| BOSULIF ORAL TABLET                                     | 5     | PA; \$; QL              |
| BRAFTOVI                                                | 5     | PA; LA; QL              |
| BRUKINSA                                                | 5     | PA; LA                  |
| CABOMETYX                                               | 5     | PA; \$; LA; QL          |
| CALQUENCE (ACALABRUTINIB MAL)                           | 5     | PA; LA; QL              |
| <i>capecitabine</i>                                     | 5     | \$; QL                  |
| CAPRELSA                                                | 5     | PA; LA; QL              |
| CASODEX                                                 | 4     |                         |
| CELLCEPT                                                | 4     |                         |
| COMETRIQ                                                | 5     | PA; QL                  |
| COPIKTRA                                                | 5     | PA; LA; QL              |
| COTELLIC                                                | 5     | PA; \$; LA; QL          |
| <i>cyclophosphamide oral capsule</i>                    | 2     |                         |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                      | 4     |                         |
| <i>cyclosporine modified</i>                            | 2     |                         |
| <i>cyclosporine oral capsule</i>                        | 2     |                         |
| DANZITEN                                                | 5     | PA                      |
| <i>dasatinib</i>                                        | 5     | QL                      |
| DAURISMO                                                | 5     | PA; QL                  |
| DROXIA                                                  | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| ELIGARD                               | 5     | PA; \$                  |
| ELIGARD (3 MONTH)                     | 5     | PA; \$                  |
| ELIGARD (4 MONTH)                     | 5     | PA; \$                  |
| ELIGARD (6 MONTH)                     | 5     | PA; \$                  |
| ENSPRYNG                              | 5     | PA                      |
| ERIVEDGE                              | 5     | PA; \$; QL              |
| ERLEADA ORAL TABLET 240 MG            | 5     | PA; QL                  |
| ERLEADA ORAL TABLET 60 MG             | 5     | PA; \$; QL              |
| <i>erlotinib</i>                      | 5     | PA; QL                  |
| <i>etoposide oral</i>                 | 2     |                         |
| EULEXIN                               | 4     |                         |
| <i>everolimus (antineoplastic)</i>    | 5     | PA; QL                  |
| <i>everolimus (immunosuppressive)</i> | 2     |                         |
| <i>exemestane</i>                     | 2     | ACA                     |
| FARESTON                              | 4     |                         |
| FEMARA                                | 4     |                         |
| FENSOLVI                              | 5     | PA                      |
| FRUZAQLA                              | 5     | PA                      |
| GAVRETO                               | 5     | PA; LA; QL              |
| <i>gefitinib</i>                      | 5     | PA; QL                  |
| <i>gengraf</i>                        | 2     |                         |
| GILOTRIF                              | 5     | PA; \$; QL              |
| GLEOSTINE                             | 3     |                         |
| GLIADEL WAFER                         | 4     |                         |
| GOMEKLI                               | 5     | PA                      |

| Nombre del Medicamento                               | Nivel | Restricciones / Límites |
|------------------------------------------------------|-------|-------------------------|
| HYCAMPIN ORAL CAPSULE 0.25 MG                        | 5     | PA; \$                  |
| HYCAMPIN ORAL CAPSULE 1 MG                           | 5     | PA                      |
| HYDREA                                               | 4     |                         |
| <i>hydroxyurea</i>                                   | 2     |                         |
| IBRANCE ORAL CAPSULE                                 | 5     | PA; \$; QL              |
| IBRANCE ORAL TABLET                                  | 5     | PA; QL                  |
| ICLUSIG                                              | 5     | PA; QL                  |
| IDHIFA                                               | 5     | PA; \$; LA; QL          |
| <i>imatinib</i>                                      | 5     | \$; QL                  |
| IMBRUVICA ORAL CAPSULE                               | 5     | PA; QL                  |
| IMBRUVICA ORAL SUSPENSION                            | 5     | PA; QL                  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG         | 5     | PA; QL                  |
| IMKELDI                                              | 5     |                         |
| IMURAN                                               | 4     |                         |
| INLYTA                                               | 5     | PA; \$; QL              |
| IRESSA                                               | 5     | PA; \$; QL              |
| IWILFIN                                              | 5     | PA; LA                  |
| JAKAFI                                               | 5     | ST; \$; QL              |
| JELMYTO                                              | 5     | PA                      |
| KISQALI                                              | 5     | PA; \$; QL              |
| KOSELUGO                                             | 5     | PA                      |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | 5     | PA; QL                  |
| <i>lapatinib</i>                                     | 5     | PA; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                               | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------------|-------|-------------------------|
| LAZCLUZE                                                                             | 5     | PA; LA                  |
| <i>lenalidomide</i>                                                                  | 5     | PA; QL                  |
| LENVIMA                                                                              | 5     | PA; \$; QL              |
| <i>letrozole</i>                                                                     | 2     |                         |
| LEUKERAN                                                                             | 3     |                         |
| <i>leuprolide subcutaneous kit</i>                                                   | 5     | PA; \$                  |
| LONSURF                                                                              | 5     | PA; \$                  |
| LORBRENA                                                                             | 5     | PA; QL                  |
| LUMAKRAS                                                                             | 5     | PA                      |
| LUPKYNIS                                                                             | 5     | PA; QL                  |
| LUPRON DEPOT                                                                         | 5     | PA; \$                  |
| LUPRON DEPOT (3 MONTH)                                                               | 5     | PA; \$                  |
| LUPRON DEPOT (4 MONTH)                                                               | 5     | PA; \$                  |
| LUPRON DEPOT (6 MONTH)                                                               | 5     | PA; \$                  |
| LUTRATE DEPOT (3 MONTH)                                                              | 5     | PA                      |
| LYNPARZA                                                                             | 5     | PA; \$; QL              |
| LYSODREN                                                                             | 5     |                         |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5     | PA; LA                  |
| MATULANE                                                                             | 5     |                         |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>    | 2     |                         |
| <i>megestrol oral tablet</i>                                                         | 2     |                         |

| Nombre del Medicamento                  | Nivel | Restricciones / Límites |
|-----------------------------------------|-------|-------------------------|
| MEKINIST ORAL RECON SOLN                | 5     | PA; QL                  |
| MEKINIST ORAL TABLET                    | 5     | PA; \$; QL              |
| MEKTOVI                                 | 5     | PA; LA; QL              |
| <i>mercaptopurine oral suspension</i>   | 5     |                         |
| <i>mercaptopurine oral tablet</i>       | 2     |                         |
| <i>methotrexate sodium</i>              | 2     |                         |
| <i>methotrexate sodium (pf)</i>         | 2     |                         |
| MYCAPSSA                                | 5     | PA; LA; QL              |
| <i>mycophenolate mofetil</i>            | 2     |                         |
| <i>mycophenolate sodium</i>             | 2     |                         |
| MYFORTIC                                | 4     |                         |
| MYHIBBIN                                | 3     |                         |
| MYLERAN                                 | 3     |                         |
| NEMLUVIO                                | 5     | PA; QL                  |
| NEORAL                                  | 4     |                         |
| NERLYNX                                 | 5     | PA; \$; LA              |
| NEXAVAR                                 | 5     | \$; LA; QL              |
| NILANDRON                               | 4     | PA                      |
| <i>nilotinib hcl oral capsule 50 mg</i> | 5     | PA; QL                  |
| <i>nilutamide</i>                       | 2     | PA                      |
| NINLARO                                 | 5     | PA; \$; QL              |
| NUBEQA                                  | 5     | PA; LA; QL              |
| <i>octreotide acetate</i>               | 5     | PA                      |
| ODOMZO                                  | 5     | PA; \$; LA; QL          |
| OGSIVEO                                 | 5     | PA                      |
| OJEMDA                                  | 5     | PA                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| ORGOVYX                                               | 5     | PA; LA; QL              |
| ORSERDU                                               | 5     | PA; QL                  |
| <i>pazopanib</i>                                      | 5     | QL                      |
| PEMAZYRE                                              | 5     | PA; LA; QL              |
| PIQRAY                                                | 5     | PA                      |
| POMALYST                                              | 5     | PA; \$; LA              |
| PROGRAF ORAL CAPSULE                                  | 4     |                         |
| PROGRAF ORAL GRANULES IN PACKET                       | 3     |                         |
| PURIXAN                                               | 5     |                         |
| RETEVMO ORAL TABLET                                   | 5     | PA; LA; QL              |
| REVLIMID                                              | 5     | PA; \$; LA; QL          |
| REVUFORJ                                              | 5     | PA                      |
| REZUROCK                                              | 4     | PA; QL                  |
| ROMVIMZA                                              | 5     | PA; LA; QL              |
| ROZLYTREK                                             | 5     | PA; LA; QL              |
| RYDAPT                                                | 5     | PA; \$; QL              |
| SANDIMMUNE ORAL CAPSULE                               | 4     |                         |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML | 5     | PA                      |
| SANDOSTATIN INJECTION SOLUTION 50 MCG/ML              | 5     | PA; \$                  |
| SCSEMBLIX                                             | 5     | PA; QL                  |
| SIGNIFOR                                              | 5     | PA; \$                  |
| <i>sirolimus</i>                                      | 2     |                         |
| SOLTAMOX                                              | 4     | ACA                     |

| Nombre del Medicamento              | Nivel | Restricciones / Límites |
|-------------------------------------|-------|-------------------------|
| SOMATULINE DEPOT                    | 5     | PA; \$; QL              |
| <i>sorafenib</i>                    | 5     | QL                      |
| STIVARGA                            | 5     | PA; \$; QL              |
| <i>sunitinib malate</i>             | 5     | QL                      |
| SUPPRELIN LA                        | 5     | PA; \$                  |
| SUTENT                              | 5     | \$; QL                  |
| TABLOID                             | 4     |                         |
| TABRECTA                            | 5     | PA                      |
| <i>tacrolimus oral capsule</i>      | 2     |                         |
| TAFINLAR ORAL CAPSULE               | 5     | PA; \$; QL              |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 5     | PA; QL                  |
| TAGRISSO                            | 5     | PA; \$; LA; QL          |
| TALZENNA                            | 5     | PA; QL                  |
| <i>tamoxifen</i>                    | 2     | ACA                     |
| TARGRETIN TOPICAL                   | 5     |                         |
| TASIGNA                             | 5     | PA; \$; QL              |
| TAZVERIK                            | 5     | PA; LA                  |
| <i>temozolomide</i>                 | 5     | PA; \$                  |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 5     | PA; \$; QL              |
| TIBSOVO                             | 5     | PA                      |
| <i>toremifene</i>                   | 2     |                         |
| <i>torpenz</i>                      | 5     | PA; QL                  |
| <i>tretinoin (antineoplastic)</i>   | 2     |                         |
| TREXALL                             | 4     |                         |
| TRIPTODUR                           | 5     | PA                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento      | Nivel | Restricciones / Límites |
|-----------------------------|-------|-------------------------|
| TRUQAP                      | 5     | PA                      |
| TUKYSA                      | 5     | PA; LA; QL              |
| TURALIO ORAL CAPSULE 125 MG | 5     | PA; LA; QL              |
| VENCLEXTA                   | 5     | PA; LA; QL              |
| VENCLEXTA STARTING PACK     | 5     | PA; QL                  |
| VERZENIO                    | 5     | PA; \$; LA; QL          |
| VIJOICE                     | 5     | PA; QL                  |
| VITRAKVI                    | 5     | PA; LA; QL              |
| VIZIMPRO                    | 5     | PA; QL                  |
| VONJO                       | 5     | PA; QL                  |
| VORANIGO                    | 5     | PA                      |
| VOTRIENT                    | 5     | \$; QL                  |
| WELIREG                     | 5     | PA; LA                  |
| XALKORI ORAL CAPSULE        | 5     | PA; \$; QL              |
| XALKORI ORAL PELLET         | 5     | PA; QL                  |
| XELODA                      | 5     | \$; QL                  |
| XERMELO                     | 5     | PA; LA; QL              |
| XOSPATA                     | 5     | PA; LA; QL              |
| XTANDI ORAL CAPSULE         | 5     | PA; \$; QL              |
| XTANDI ORAL TABLET          | 5     | PA; QL                  |
| YONSA                       | 5     | PA; \$; QL              |
| ZELBORAF                    | 5     | PA; \$; QL              |
| ZOLINZA                     | 5     | PA; \$; QL              |
| ZORTRESS                    | 4     |                         |
| ZYDELIG                     | 5     | PA; \$; QL              |
| ZYKADIA                     | 5     | PA; QL                  |

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>        |       |                         |
| <b>ANTICONVULSANTS</b>                                         |       |                         |
| APTIOM                                                         | 4     |                         |
| BRIVIACT ORAL                                                  | 4     | ST                      |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>         | 2     |                         |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i> | 2     |                         |
| <i>carbamazepine oral tablet</i>                               | 2     |                         |
| <i>carbamazepine oral tablet extended release 12 hr</i>        | 2     |                         |
| <i>carbamazepine oral tablet, chewable 100 mg</i>              | 2     |                         |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG                     | 4     |                         |
| CARBATROL                                                      | 4     |                         |
| CELONTIN ORAL CAPSULE 300 MG                                   | 4     |                         |
| <i>clobazam oral suspension</i>                                | 2     | PA                      |
| <i>clobazam oral tablet</i>                                    | 2     | PA                      |
| <i>clonazepam</i>                                              | 2     |                         |
| DEPAKOTE                                                       | 4     | ST                      |
| DEPAKOTE ER                                                    | 4     | ST                      |
| DEPAKOTE SPRINKLES                                             | 4     | ST                      |
| DIACOMIT                                                       | 5     | PA                      |
| <i>diazepam rectal</i>                                         | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                          | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------|-------|-------------------------|
| DILANTIN                                                        | 3     |                         |
| DILANTIN EXTENDED                                               | 4     |                         |
| DILANTIN INFATABS                                               | 4     |                         |
| DILANTIN-125                                                    | 4     |                         |
| <i>divalproex</i>                                               | 2     |                         |
| ELEPSIA XR                                                      | 4     | ST                      |
| EPIDIOLEX                                                       | 5     | PA; LA                  |
| <i>epitol</i>                                                   | 2     |                         |
| EQUETRO                                                         | 4     |                         |
| <i>eslicarbazepine</i>                                          | 2     |                         |
| <i>ethosuximide</i>                                             | 2     |                         |
| <i>felbamate</i>                                                | 2     |                         |
| FELBATOL ORAL TABLET                                            | 4     |                         |
| FYCOMPA                                                         | 3     |                         |
| <i>gabapentin oral capsule</i>                                  | 2     |                         |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 2     |                         |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                    | 2     |                         |
| <i>gabapentin oral tablet extended release 24 hr</i>            | 2     | ST                      |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                      | 4     | ST                      |
| <i>lacosamide oral</i>                                          | 2     |                         |
| LAMICTAL XR STARTER (BLUE)                                      | 4     | ST                      |

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| LAMICTAL XR STARTER (GREEN)                             | 4     | ST                      |
| LAMICTAL XR STARTER (ORANGE)                            | 4     | ST                      |
| <i>lamotrigine</i>                                      | 2     |                         |
| <i>levetiracetam oral solution</i>                      | 2     |                         |
| <i>levetiracetam oral tablet</i>                        | 2     |                         |
| <i>levetiracetam oral tablet extended release 24 hr</i> | 2     |                         |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION                | 4     | ST                      |
| <i>methsuximide</i>                                     | 2     |                         |
| MYSOLINE                                                | 4     |                         |
| NAYZILAM                                                | 3     | PA; QL                  |
| <i>oxcarbazepine</i>                                    | 2     |                         |
| OXTELLAR XR                                             | 4     | ST                      |
| <i>perampanel</i>                                       | 2     |                         |
| <i>phenobarbital</i>                                    | 2     |                         |
| PHENYTEK                                                | 4     |                         |
| <i>phenytoin oral suspension 125 mg/5 ml</i>            | 2     |                         |
| <i>phenytoin oral tablet, chewable</i>                  | 2     |                         |
| <i>phenytoin sodium extended</i>                        | 2     |                         |
| <i>pregabalin oral capsule</i>                          | 2     |                         |
| <i>pregabalin oral solution</i>                         | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| <i>pregabalin oral tablet extended release 24 hr</i>  | 2     | PA                      |
| <i>primidone oral tablet 250 mg, 50 mg</i>            | 2     |                         |
| <i>roweepra oral tablet 500 mg</i>                    | 2     |                         |
| <i>rufinamide</i>                                     | 2     | PA                      |
| SPRITAM                                               | 4     | ST                      |
| <i>subvenite</i>                                      | 2     |                         |
| <i>subvenite starter (blue) kit</i>                   | 2     |                         |
| <i>subvenite starter (green) kit</i>                  | 2     |                         |
| <i>subvenite starter (orange) kit</i>                 | 2     |                         |
| SYMPAZAN                                              | 4     | PA                      |
| TEGRETOL ORAL SUSPENSION                              | 4     |                         |
| TEGRETOL ORAL TABLET                                  | 4     |                         |
| TEGRETOL XR                                           | 4     |                         |
| <i>tiagabine</i>                                      | 2     |                         |
| <i>topiramate oral capsule, sprinkle</i>              | 2     |                         |
| <i>topiramate oral capsule, extended release 24hr</i> | 2     | ST                      |
| <i>topiramate oral capsule, sprinkle, er 24hr</i>     | 2     | ST                      |
| <i>topiramate oral solution</i>                       | 2     |                         |
| <i>topiramate oral tablet</i>                         | 2     |                         |
| TROKENDI XR                                           | 4     | ST                      |

| Nombre del Medicamento                                                                | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------------------|-------|-------------------------|
| <i>valproic acid</i>                                                                  | 2     |                         |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 2     |                         |
| VALTOCO                                                                               | 3     | PA; QL                  |
| <i>vigabatrin oral powder in packet</i>                                               | 5     | PA; \$; LA; QL          |
| <i>vigabatrin oral tablet</i>                                                         | 5     | PA; LA; QL              |
| <i>vigadrone oral powder in packet</i>                                                | 5     | PA; \$; QL              |
| <i>vigadrone oral tablet</i>                                                          | 5     | PA; QL                  |
| XCOPRI                                                                                | 4     | QL                      |
| XCOPRI MAINTENANCE PACK                                                               | 4     | QL                      |
| XCOPRI TITRATION PACK                                                                 | 4     | QL                      |
| ZARONTIN                                                                              | 4     |                         |
| <i>zonisamide</i>                                                                     | 2     |                         |
| ZTALMY                                                                                | 5     | PA; LA                  |
| <b>ANTIPARKINSONISM AGENTS</b>                                                        |       |                         |
| <i>apomorphine</i>                                                                    | 5     | QL                      |
| AZILECT                                                                               | 4     | ST                      |
| <i>benztropine oral</i>                                                               | 2     |                         |
| <i>bromocriptine</i>                                                                  | 2     |                         |
| <i>carbidopa</i>                                                                      | 2     |                         |
| <i>carbidopa-levodopa</i>                                                             | 2     |                         |
| <i>carbidopa-levodopa-entacapone</i>                                                  | 2     |                         |
| CREXONT                                                                               | 4     |                         |
| DUOPA                                                                                 | 5     | \$                      |
| <i>entacapone</i>                                                                     | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                          | Nivel | Restricciones / Límites |
|-------------------------------------------------|-------|-------------------------|
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 5     | PA; QL                  |
| LODOSYN                                         | 4     |                         |
| NEUPRO                                          | 4     |                         |
| NOURIANZ                                        | 5     | PA; LA; QL              |
| ONGENTYS                                        | 4     | PA; QL                  |
| <i>pramipexole</i>                              | 2     |                         |
| <i>rasagiline</i>                               | 2     |                         |
| <i>ropinirole</i>                               | 2     |                         |
| RYTARY                                          | 4     |                         |
| <i>selegiline hcl</i>                           | 2     |                         |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG        | 4     |                         |
| TASMAR ORAL TABLET 100 MG                       | 4     |                         |
| <i>tolcapone</i>                                | 2     |                         |
| <i>trihexyphenidyl</i>                          | 2     |                         |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>  |       |                         |
| AIMOVIG AUTOINJECTOR                            | 3     | PA; QL                  |
| AJOVY AUTOINJECTOR                              | 3     | PA; QL                  |
| AJOVY SYRINGE                                   | 3     | PA; QL                  |
| <i>almotriptan malate</i>                       | 2     | QL                      |
| <i>dihydroergotamine injection</i>              | 2     |                         |
| <i>dihydroergotamine nasal</i>                  | 2     | ST; QL                  |
| <i>eletriptan</i>                               | 2     | QL                      |
| EMGALITY PEN                                    | 3     | PA; QL                  |

| Nombre del Medicamento                                             | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------|-------|-------------------------|
| EMGALITY SYRINGE                                                   | 3     | PA; QL                  |
| ERGOMAR                                                            | 4     |                         |
| <i>ergotamine-caffeine</i>                                         | 2     |                         |
| FROVA                                                              | 4     | ST; QL                  |
| <i>frovatriptan</i>                                                | 2     | QL                      |
| <i>migergot</i>                                                    | 2     |                         |
| MIGRANAL                                                           | 4     | ST; QL                  |
| <i>naratriptan</i>                                                 | 2     | QL                      |
| NURTEC ODT                                                         | 3     | PA; QL                  |
| QULIPTA                                                            | 3     | PA; QL                  |
| REYVOW                                                             | 4     | PA; QL                  |
| <i>rizatriptan</i>                                                 | 2     | QL                      |
| <i>sumatriptan</i>                                                 | 2     | QL                      |
| <i>sumatriptan succinate oral</i>                                  | 2     | QL                      |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>    | 2     | QL                      |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 2     | QL                      |
| <i>sumatriptan succinate subcutaneous solution</i>                 | 2     | QL                      |
| TOSYMRA                                                            | 4     | ST; QL                  |
| UBRELVY                                                            | 3     | PA; QL                  |
| ZEMBRACE SYMTOUCH                                                  | 4     | ST; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                            | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------------------|-------|-------------------------|
| ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG                                      | 4     | ST; QL                  |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i>                                 | 2     | ST; QL                  |
| <i>zolmitriptan oral</i>                                                          | 2     | QL                      |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG                                             | 3     | ST; QL                  |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG                                               | 4     | ST; QL                  |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                                         |       |                         |
| ADLARITY                                                                          | 4     | ST                      |
| ARICEPT                                                                           | 4     | ST                      |
| AUSTEDO                                                                           | 5     | PA; \$; LA; QL          |
| AUSTEDO XR                                                                        | 5     | PA; QL                  |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 5     | PA; QL                  |
| <i>dalfampridine</i>                                                              | 5     | PA; QL                  |
| <i>dichlorphenamide</i>                                                           | 5     |                         |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                          | 2     |                         |
| <i>donepezil oral tablet 23 mg</i>                                                | 2     | ST                      |
| <i>donepezil oral tablet, disintegrating</i>                                      | 2     |                         |
| EVRYSDI                                                                           | 5     | PA; LA; QL              |
| EXELON PATCH                                                                      | 4     | ST                      |
| FIRDAPSE                                                                          | 5     | PA; LA                  |

| Nombre del Medicamento                           | Nivel | Restricciones / Límites |
|--------------------------------------------------|-------|-------------------------|
| <i>galantamine</i>                               | 2     |                         |
| HORIZANT                                         | 4     | ST                      |
| INGREZZA INITIATION PK(TARDIV)                   | 5     | PA; QL                  |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG               | 5     | PA; LA; QL              |
| INGREZZA ORAL CAPSULE 80 MG                      | 5     | PA; \$; LA; QL          |
| INGREZZA SPRINKLE                                | 5     | PA; LA; QL              |
| <i>memantine oral capsule, sprinkle, er 24hr</i> | 2     |                         |
| <i>memantine oral solution</i>                   | 2     |                         |
| <i>memantine oral tablet</i>                     | 2     |                         |
| MEMANTINE ORAL TABLETS, DOSE PACK                | 4     |                         |
| <i>memantine-donepezil</i>                       | 2     | ST                      |
| NAMENDA TITRATION PAK                            | 4     |                         |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK | 4     |                         |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR         | 3     | ST                      |
| NUEDEXTA                                         | 3     | PA                      |
| NULIBRY                                          | 5     | PA                      |
| <i>ormalvi</i>                                   | 5     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                     | Nivel | Restricciones / Límites |
|------------------------------------------------------------|-------|-------------------------|
| RADICAVA ORS STARTER KIT SUSP                              | 5     |                         |
| <i>rivastigmine</i>                                        | 2     |                         |
| <i>rivastigmine tartrate</i>                               | 2     |                         |
| SKYCLARYS                                                  | 5     | PA; LA                  |
| <i>tetrabenazine</i>                                       | 5     | PA; \$; QL              |
| ZEPOSIA                                                    | 5     | PA; QL                  |
| ZEPOSIA STARTER KIT (28-DAY)                               | 5     | PA; QL                  |
| ZEPOSIA STARTER PACK (7-DAY)                               | 5     | PA; QL                  |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>        |       |                         |
| <i>baclofen oral</i>                                       | 2     |                         |
| <i>carisoprodol</i>                                        | 2     |                         |
| <i>carisoprodol-aspirin</i>                                | 2     |                         |
| <i>carisoprodol-aspirin-codeine</i>                        | 2     | ST; QL                  |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>    | 2     | PA                      |
| <i>chlorzoxazone oral tablet 500 mg</i>                    | 2     |                         |
| <i>cyclobenzaprine oral capsule, extended release 24hr</i> | 2     | PA                      |
| <i>cyclobenzaprine oral tablet</i>                         | 2     |                         |
| DANTRIUM ORAL CAPSULE 25 MG                                | 4     |                         |
| <i>dantrolene oral</i>                                     | 2     |                         |
| FEXMID                                                     | 4     | PA                      |
| LORZONE                                                    | 4     | PA                      |

| Nombre del Medicamento                                                   | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------|-------|-------------------------|
| <i>meprobamate</i>                                                       | 2     |                         |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                             | 2     |                         |
| <i>methocarbamol oral</i>                                                | 2     |                         |
| <i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i> | 2     |                         |
| NORGESIC                                                                 | 4     |                         |
| NORGESIC FORTE                                                           | 4     |                         |
| <i>orphenadrine citrate oral</i>                                         | 2     |                         |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>                | 2     |                         |
| <i>orphengesic forte</i>                                                 | 2     |                         |
| <i>pyridostigmine bromide oral syrup</i>                                 | 2     |                         |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                                 | 4     |                         |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                          | 2     |                         |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>        | 2     |                         |
| SOMA                                                                     | 4     |                         |
| <i>tanlor</i>                                                            | 2     |                         |
| <i>tizanidine</i>                                                        | 2     |                         |
| <i>vanadom</i>                                                           | 2     |                         |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE                                     | 5     | PA; LA                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                           | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------|-------|-------------------------|
| ZANAFLEX                                                                         | 4     |                         |
| <b>NARCOTIC ANALGESICS</b>                                                       |       |                         |
| <i>acetaminophen-caff-dihydrocod</i>                                             | 2     | ST; QL                  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 2     | ST; QL                  |
| <i>acetaminophen-codeine oral tablet</i>                                         | 2     | ST; QL                  |
| <i>ascomp with codeine</i>                                                       | 2     | ST; QL                  |
| BELBUCA                                                                          | 3     | ST; QL                  |
| <i>buprenorphine</i>                                                             | 2     | ST                      |
| <i>buprenorphine hcl sublingual</i>                                              | 2     |                         |
| <i>butalbital-acetaminop-caf-cod</i>                                             | 2     | ST; QL                  |
| <i>butalbital-acetaminophen</i>                                                  | 2     |                         |
| <i>butalbital-acetaminophen-caff</i>                                             | 2     |                         |
| <i>butalbital-aspirin-caffeine</i>                                               | 2     |                         |
| <i>codeine sulfate</i>                                                           | 2     | ST; QL                  |
| <i>codeine-bitalbital-asa-caff</i>                                               | 2     | ST; QL                  |
| DILAUDID                                                                         | 4     | ST; QL                  |
| <i>diskets</i>                                                                   | 2     | QL                      |
| DSUVIA                                                                           | 4     |                         |
| <i>endocet</i>                                                                   | 2     | ST; QL                  |
| <i>fentanyl</i>                                                                  | 2     | ST; QL                  |
| FIORICET                                                                         | 4     | PA                      |
| FIORICET WITH CODEINE                                                            | 4     | ST; QL                  |

| Nombre del Medicamento                                                                        | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>hydrocodone bitartrate</i>                                                                 | 2     | ST; QL                  |
| <i>hydrocodone-acetaminophen</i>                                                              | 2     | ST; QL                  |
| <i>hydrocodone-ibuprofen</i>                                                                  | 2     | ST; QL                  |
| <i>hydromorphone oral</i>                                                                     | 2     | ST; QL                  |
| <i>hydromorphone rectal</i>                                                                   | 2     | ST; QL                  |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3     | ST; QL                  |
| <i>levorphanol tartrate</i>                                                                   | 2     | ST; QL                  |
| <i>meperidine oral solution</i>                                                               | 2     | ST; QL                  |
| <i>meperidine oral tablet 50 mg</i>                                                           | 2     | ST; QL                  |
| <i>methadone oral concentrate</i>                                                             | 2     | QL                      |
| <i>methadone oral solution</i>                                                                | 2     | QL                      |
| <i>methadone oral tablet</i>                                                                  | 2     | QL                      |
| <i>methadone oral tablet, soluble</i>                                                         | 2     | QL                      |
| <i>methadose oral concentrate</i>                                                             | 2     | QL                      |
| <i>methadose oral tablet, soluble</i>                                                         | 2     | QL                      |
| <i>morphine concentrate oral solution</i>                                                     | 2     | ST; QL                  |
| <i>morphine oral</i>                                                                          | 2     | ST; QL                  |
| <i>morphine rectal</i>                                                                        | 2     | ST; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                      | Nivel | Restricciones / Límites |
|-------------------------------------------------------------|-------|-------------------------|
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG  | 4     | ST; QL                  |
| NALOCET                                                     | 4     | ST; QL                  |
| <i>oxycodone oral capsule</i>                               | 2     | ST; QL                  |
| <i>oxycodone oral concentrate</i>                           | 2     | ST; QL                  |
| <i>oxycodone oral solution</i>                              | 2     | ST; QL                  |
| <i>oxycodone oral tablet</i>                                | 2     | ST; QL                  |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i> | 2     | ST; QL                  |
| <i>oxycodone-acetaminophen oral tablet</i>                  | 2     | ST; QL                  |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR           | 3     | ST; QL                  |
| <i>oxymorphone</i>                                          | 2     | ST; QL                  |
| <i>prolact oral tablet</i>                                  | 2     | ST; QL                  |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                         | 4     | ST; QL                  |
| <i>tencon</i>                                               | 2     |                         |
| TREZIX                                                      | 4     | ST; QL                  |
| <b>NON-NARCOTIC ANALGESICS</b>                              |       |                         |
| <i>adult aspirin regimen</i>                                | 1     | ACA; OTC                |
| ANAPROX DS                                                  | 4     | ST                      |
| ARTHROTEC 50                                                | 4     | ST                      |

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| ARTHROTEC 75                                                   | 4     | ST                      |
| <i>aspirin childrens</i>                                       | 1     | ACA; OTC                |
| <i>aspirin oral tablet 81 mg</i>                               | 1     | ACA; OTC                |
| <i>aspirin oral tablet, chewable</i>                           | 1     | ACA; OTC                |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>      | 1     | ACA; OTC                |
| <i>bayer low dose aspirin</i>                                  | 1     | ACA; OTC                |
| <i>buprenorphine-naloxone sublingual tablet</i>                | 2     |                         |
| <i>butorphanol</i>                                             | 2     | ST; QL                  |
| <i>celecoxib</i>                                               | 2     |                         |
| <i>diclofenac potassium oral capsule</i>                       | 2     | ST                      |
| <i>diclofenac potassium oral powder in packet</i>              | 2     | ST; QL                  |
| <i>diclofenac potassium oral tablet 25 mg</i>                  | 2     | ST                      |
| <i>diclofenac potassium oral tablet 50 mg</i>                  | 2     |                         |
| <i>diclofenac sodium oral</i>                                  | 2     |                         |
| <i>diclofenac sodium topical drops</i>                         | 2     | QL                      |
| <i>diclofenac sodium topical solution in metered-dose pump</i> | 2     | ST; QL                  |
| <i>diclofenac-misoprostol</i>                                  | 2     |                         |
| <i>diflunisal</i>                                              | 2     |                         |
| DISALCID                                                       | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                        | Nivel | Restricciones / Límites |
|---------------------------------------------------------------|-------|-------------------------|
| EC-NAPROSYN                                                   | 4     | ST                      |
| <i>ecotrin low strength</i>                                   | 1     | ACA; OTC                |
| <i>etodolac</i>                                               | 2     |                         |
| <i>fenoprofen oral capsule 400 mg</i>                         | 2     | ST                      |
| <i>fenoprofen oral tablet</i>                                 | 2     | ST                      |
| FLECTOR                                                       | 3     | ST; QL                  |
| <i>flurbiprofen oral tablet 100 mg</i>                        | 2     |                         |
| <i>ibu</i>                                                    | 2     |                         |
| <i>ibuprofen oral suspension</i>                              | 2     |                         |
| <i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>   | 2     |                         |
| <i>indomethacin oral capsule</i>                              | 2     |                         |
| <i>indomethacin oral capsule, extended release</i>            | 2     |                         |
| <i>indomethacin rectal suppository 50 mg</i>                  | 2     |                         |
| JOURNAVX                                                      | 4     | QL                      |
| <i>ketoprofen oral capsule 25 mg</i>                          | 2     | ST                      |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                   | 2     |                         |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 2     | ST                      |
| <i>ketorolac oral</i>                                         | 2     | QL                      |
| <i>kiprofen</i>                                               | 2     | ST                      |
| KLOXXADO                                                      | 3     | QL                      |
| LICART                                                        | 3     | ST; QL                  |

| Nombre del Medicamento                                      | Nivel | Restricciones / Límites |
|-------------------------------------------------------------|-------|-------------------------|
| LODINE ORAL TABLET                                          | 4     | ST                      |
| <i>lofena</i>                                               | 2     | ST                      |
| <i>meclofenamate</i>                                        | 2     |                         |
| <i>mefenamic acid</i>                                       | 2     |                         |
| <i>meloxicam oral tablet</i>                                | 2     | QL                      |
| <i>nabumetone</i>                                           | 2     |                         |
| NALFON ORAL TABLET                                          | 4     | ST                      |
| <i>naloxone injection solution</i>                          | 2     |                         |
| <i>naloxone injection syringe</i>                           | 2     |                         |
| <i>naltrexone</i>                                           | 2     |                         |
| NAPRELAN CR                                                 | 4     | ST                      |
| NAPROSYN ORAL SUSPENSION                                    | 4     | ST                      |
| NAPROSYN ORAL TABLET 500 MG                                 | 4     | ST                      |
| <i>naproxen oral suspension</i>                             | 2     | ST                      |
| <i>naproxen oral tablet</i>                                 | 2     |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 2     |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 2     | ST                      |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>           | 2     |                         |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i>     | 2     | ST                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                             | Nivel | Restricciones / Límites |
|----------------------------------------------------|-------|-------------------------|
| NARCAN                                             | 4     | QL                      |
| OPVEE                                              | 4     |                         |
| <i>oxaprozin oral tablet</i>                       | 2     |                         |
| <i>pentazocine-naloxone</i>                        | 2     | ST; QL                  |
| <i>piroxicam</i>                                   | 2     |                         |
| REXTOVY                                            | 3     | QL                      |
| <i>salsalate</i>                                   | 2     |                         |
| SPRIX                                              | 5     | ST; QL                  |
| <i>st joseph aspirin</i>                           | 1     | ACA; OTC                |
| <i>st. joseph aspirin</i>                          | 1     | ACA; OTC                |
| <i>sulindac</i>                                    | 2     |                         |
| TOLECTIN 600                                       | 4     | ST                      |
| <i>tolmetin oral capsule</i>                       | 2     | ST                      |
| <i>tolmetin oral tablet 600 mg</i>                 | 2     | ST                      |
| <i>tramadol oral tablet 100 mg, 50 mg</i>          | 2     | ST; QL                  |
| <i>tramadol oral tablet extended release 24 hr</i> | 2     | ST; QL                  |
| <i>tramadol oral tablet, er multiphase 24 hr</i>   | 2     | ST; QL                  |
| <i>tramadol-acetaminophen</i>                      | 2     | ST; QL                  |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                     |       |                         |
| ADASUVE                                            | 4     |                         |
| ADDYI                                              | 4     | PA                      |
| ADZENYS XR-ODT                                     | 4     | ST                      |
| <i>alprazolam</i>                                  | 2     |                         |
| <i>alprazolam intensol</i>                         | 2     |                         |
| <i>amitriptyline</i>                               | 2     |                         |

| Nombre del Medicamento                                                 | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------|-------|-------------------------|
| <i>amitriptyline-chlordiazepoxide</i>                                  | 2     |                         |
| <i>amoxapine</i>                                                       | 2     |                         |
| <i>amphetamine sulfate</i>                                             | 2     | PA                      |
| ANAFRANIL                                                              | 4     |                         |
| <i>aripiprazole oral solution</i>                                      | 2     |                         |
| <i>aripiprazole oral tablet</i>                                        | 2     | QL                      |
| <i>aripiprazole oral tablet, disintegrating</i>                        | 2     | QL                      |
| <i>armodafinil</i>                                                     | 2     | PA; QL                  |
| <i>asenapine maleate</i>                                               | 2     | QL                      |
| ATIVAN ORAL                                                            | 4     |                         |
| <i>atomoxetine</i>                                                     | 2     | PA                      |
| AUVELITY                                                               | 4     | QL                      |
| AZSTARYS                                                               | 3     | ST                      |
| BELSOMRA                                                               | 4     | ST; QL                  |
| <i>bupropion hcl oral tablet</i>                                       | 2     |                         |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2     | QL                      |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>               | 2     | QL                      |
| <i>buspirone</i>                                                       | 2     |                         |
| CAPLYTA                                                                | 4     | QL                      |
| <i>chlordiazepoxide hcl</i>                                            | 2     |                         |
| <i>chlorpromazine oral</i>                                             | 2     |                         |
| <i>citalopram oral solution</i>                                        | 1     |                         |
| <i>citalopram oral tablet</i>                                          | 1     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| <i>clomipramine</i>                                            | 2     |                         |
| <i>clonidine hcl oral tablet extended release 12 hr</i>        | 2     | PA                      |
| <i>clorazepate dipotassium</i>                                 | 2     |                         |
| <i>clozapine</i>                                               | 2     |                         |
| CLOZARIL ORAL TABLET 100 MG, 25 MG                             | 4     |                         |
| COTEMPLA XR-ODT                                                | 4     | ST                      |
| DAYTRANA                                                       | 4     | ST                      |
| DAYVIGO                                                        | 4     | ST; QL                  |
| <i>desipramine</i>                                             | 2     |                         |
| DESOXYN                                                        | 4     | PA                      |
| DESVENLAFAXIN E                                                | 4     | QL                      |
| <i>desvenlafaxine succinate</i>                                | 2     | QL                      |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG | 4     | ST                      |
| <i>dexmethylphenidate</i>                                      | 2     | PA                      |
| <i>dextroamphetamine sulfate</i>                               | 2     | PA                      |
| <i>dextroamphetamine-amphetamine</i>                           | 2     | PA                      |
| <i>diazepam intensol</i>                                       | 2     |                         |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>              | 2     |                         |
| <i>diazepam oral tablet</i>                                    | 2     |                         |
| <i>doxepin oral capsule</i>                                    | 2     |                         |

| Nombre del Medicamento                                           | Nivel | Restricciones / Límites |
|------------------------------------------------------------------|-------|-------------------------|
| <i>doxepin oral concentrate</i>                                  | 2     |                         |
| <i>doxepin oral tablet</i>                                       | 2     | ST; QL                  |
| <i>duloxetine</i>                                                | 2     | QL                      |
| EDLUAR                                                           | 4     | ST; QL                  |
| EMSAM                                                            | 4     |                         |
| <i>ergoloid</i>                                                  | 2     |                         |
| <i>escitalopram oxalate oral solution</i>                        | 1     |                         |
| <i>escitalopram oxalate oral tablet</i>                          | 1     | QL                      |
| <i>estazolam</i>                                                 | 2     | QL                      |
| <i>eszopiclone</i>                                               | 2     | QL                      |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 3     | QL                      |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR                      | 3     | QL                      |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>                      | 1     | QL                      |
| <i>fluoxetine oral capsule 20 mg</i>                             | 1     |                         |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i>           | 1     | QL                      |
| <i>fluoxetine oral solution</i>                                  | 1     |                         |
| <i>fluoxetine oral tablet 10 mg</i>                              | 1     | ST; QL                  |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>                       | 1     | ST                      |
| <i>fluphenazine hcl oral</i>                                     | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                    | Nivel | Restricciones / Límites |
|-----------------------------------------------------------|-------|-------------------------|
| <i>flurazepam</i>                                         | 2     | QL                      |
| <i>fluvoxamine oral capsule, extended release 24hr</i>    | 1     | ST; QL                  |
| <i>fluvoxamine oral tablet</i>                            | 1     | QL                      |
| GEODON ORAL                                               | 4     | QL                      |
| <i>guanfacine oral tablet extended release 24 hr</i>      | 2     | PA                      |
| HALCION ORAL TABLET 0.25 MG                               | 4     | QL                      |
| <i>haloperidol</i>                                        | 2     |                         |
| <i>haloperidol lactate oral</i>                           | 2     |                         |
| HETLIOZ                                                   | 5     | PA; \$; QL              |
| HETLIOZ LQ                                                | 5     | PA; QL                  |
| IGALMI                                                    | 4     |                         |
| <i>imipramine hcl</i>                                     | 2     |                         |
| <i>imipramine pamoate</i>                                 | 2     |                         |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG | 4     | QL                      |
| JORNAY PM                                                 | 4     | ST                      |
| <i>lisdexamfetamine oral capsule</i>                      | 2     | PA                      |
| <i>lisdexamfetamine oral tablet, chewable</i>             | 2     | ST                      |
| <i>lithium carbonate</i>                                  | 2     |                         |
| <i>lithium citrate</i>                                    | 2     |                         |
| LITHOBID                                                  | 4     |                         |
| <i>lorazepam intensol</i>                                 | 2     |                         |
| <i>lorazepam oral</i>                                     | 2     |                         |
| <i>loxapine succinate</i>                                 | 2     |                         |

| Nombre del Medicamento                                                                         | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------------------------|-------|-------------------------|
| LUMRYZ                                                                                         | 5     | ST; QL                  |
| LUMRYZ STARTER PACK                                                                            | 5     | ST                      |
| <i>lurasidone</i>                                                                              | 2     | QL                      |
| LYBALVI                                                                                        | 4     | QL                      |
| MARPLAN                                                                                        | 4     |                         |
| METADATE CD                                                                                    | 4     | ST                      |
| <i>methamphetamine</i>                                                                         | 2     | PA                      |
| METHYLIN ORAL SOLUTION                                                                         | 4     | PA                      |
| <i>methylphenidate</i>                                                                         | 2     | ST                      |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>                               | 2     | ST                      |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>                                     | 2     | PA                      |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50</i>                                     | 2     | PA                      |
| <i>methylphenidate hcl oral solution</i>                                                       | 2     | PA                      |
| <i>methylphenidate hcl oral tablet</i>                                                         | 2     | PA                      |
| <i>methylphenidate hcl oral tablet extended release</i>                                        | 2     | PA                      |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i> | 2     | PA                      |
| <i>methylphenidate hcl oral tablet, chewable</i>                                               | 2     | PA                      |
| <i>midazolam oral syrup 2 mg/ml</i>                                                            | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------|-------|-------------------------|
| <i>mirtazapine</i>                                       | 2     |                         |
| MKO (MIDAZOLAM-KETAMINE-ONDAN)                           | 4     |                         |
| <i>modafinil</i>                                         | 2     | PA; QL                  |
| <i>molindone</i>                                         | 2     |                         |
| MYDAYIS                                                  | 4     | ST                      |
| NARDIL                                                   | 4     |                         |
| <i>nefazodone</i>                                        | 2     |                         |
| <i>nortriptyline</i>                                     | 2     |                         |
| NUPLAZID                                                 | 5     | PA; \$; QL              |
| <i>olanzapine oral</i>                                   | 2     | QL                      |
| <i>olanzapine-fluoxetine</i>                             | 2     |                         |
| <i>oxazepam</i>                                          | 2     |                         |
| <i>paliperidone</i>                                      | 2     | QL                      |
| PAMELOR                                                  | 4     |                         |
| PARNATE                                                  | 4     |                         |
| <i>paroxetine hcl oral suspension</i>                    | 1     |                         |
| <i>paroxetine hcl oral tablet</i>                        | 1     | QL                      |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 1     | ST; QL                  |
| <i>paroxetine mesylate(menop.sym)</i>                    | 2     | ST; QL                  |
| PAXIL CR                                                 | 4     | ST; QL                  |
| PAXIL ORAL SUSPENSION                                    | 4     | ST                      |
| PAXIL ORAL TABLET                                        | 4     | ST; QL                  |
| <i>perphenazine</i>                                      | 2     |                         |

| Nombre del Medicamento                                                     | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------|-------|-------------------------|
| <i>perphenazine-amitriptyline</i>                                          | 2     |                         |
| <i>phenelzine</i>                                                          | 2     |                         |
| <i>pimozide</i>                                                            | 2     |                         |
| <i>procentra</i>                                                           | 2     | PA                      |
| <i>protriptyline</i>                                                       | 2     |                         |
| QELBREE                                                                    | 4     | ST                      |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2     | QL                      |
| <i>quetiapine oral tablet extended release 24 hr</i>                       | 2     | QL                      |
| QUVIVIQ                                                                    | 4     | ST; QL                  |
| <i>ramelteon</i>                                                           | 2     | QL                      |
| REMERON ORAL TABLET 15 MG, 30 MG                                           | 4     |                         |
| REMERON SOLTAB                                                             | 4     |                         |
| RESTORIL                                                                   | 4     | QL                      |
| REXULTI ORAL TABLET                                                        | 4     | QL                      |
| RISPERDAL ORAL SOLUTION                                                    | 4     |                         |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                       | 4     | QL                      |
| <i>risperidone oral solution</i>                                           | 2     |                         |
| <i>risperidone oral tablet</i>                                             | 2     | QL                      |
| <i>risperidone oral tablet, disintegrating</i>                             | 2     | QL                      |
| SECUADO                                                                    | 4     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                 | Nivel | Restricciones / Límites |
|----------------------------------------|-------|-------------------------|
| <i>sertraline oral capsule</i>         | 1     | QL                      |
| <i>sertraline oral concentrate</i>     | 1     |                         |
| <i>sertraline oral tablet</i>          | 1     | QL                      |
| SILENOR                                | 4     | ST; QL                  |
| SODIUM OXYBATE                         | 5     | ST; LA; QL              |
| SUNOSI                                 | 3     | PA; QL                  |
| <i>tasimelteon</i>                     | 5     | PA; QL                  |
| <i>temazepam</i>                       | 2     | QL                      |
| <i>thioridazine</i>                    | 2     |                         |
| <i>thiothixene</i>                     | 2     |                         |
| <i>tranylcypromine</i>                 | 2     |                         |
| <i>trazodone</i>                       | 2     |                         |
| <i>triazolam</i>                       | 2     | QL                      |
| <i>trifluoperazine</i>                 | 2     |                         |
| <i>trimipramine</i>                    | 2     |                         |
| TRINTELLIX                             | 4     | ST; QL                  |
| <i>venlafaxine</i>                     | 2     | QL                      |
| VERSACLOZ                              | 4     |                         |
| <i>vilazodone</i>                      | 2     | QL                      |
| VRAYLAR ORAL CAPSULE                   | 4     | QL                      |
| VYLEESI                                | 5     | PA; QL                  |
| VYVANSE                                | 4     | ST                      |
| WAKIX                                  | 5     | PA; LA; QL              |
| XYWAV                                  | 5     | ST; LA; QL              |
| <i>zaleplon</i>                        | 2     | QL                      |
| <i>zenzedi oral tablet 10 mg, 5 mg</i> | 2     | PA                      |

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 4     | PA                      |
| <i>ziprasidone hcl</i>                                  | 2     | QL                      |
| <i>zolpidem oral tablet</i>                             | 2     | QL                      |
| <i>zolpidem oral tablet, ext release multiphase</i>     | 2     | QL                      |
| <i>zolpidem sublingual</i>                              | 2     | QL                      |
| ZURZUVAE                                                | 5     | QL                      |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG                 | 4     | QL                      |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

|                                       |   |            |
|---------------------------------------|---|------------|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 5 | PA; \$; QL |
| AVONEX INTRAMUSCULAR SYRINGE KIT      | 5 | PA; \$; QL |
| BAFIERTAM                             | 5 | PA; QL     |
| BETASERON SUBCUTANEOUS KIT            | 5 | PA; \$; QL |
| <i>dimethyl fumarate</i>              | 5 | PA; QL     |
| <i>fingolimod</i>                     | 5 | PA; QL     |
| <i>glatiramer</i>                     | 5 | PA; \$; QL |
| <i>glatopa</i>                        | 5 | PA; \$; QL |
| KESIMPTA PEN                          | 5 | PA; QL     |
| MAVENCLAD (10 TABLET PACK)            | 5 | PA; LA; QL |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                           | Nivel | Restricciones / Límites |
|--------------------------------------------------|-------|-------------------------|
| MAVENCLAD (4 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAVENCLAD (5 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAVENCLAD (6 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAVENCLAD (7 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAVENCLAD (8 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAVENCLAD (9 TABLET PACK)                        | 5     | PA; LA; QL              |
| MAYZENT                                          | 5     | PA; QL                  |
| MAYZENT STARTER(FOR 1MG MAINT)                   | 5     | PA; QL                  |
| MAYZENT STARTER(FOR 2MG MAINT)                   | 5     | PA; QL                  |
| PLEGRIDY INTRAMUSCULAR                           | 5     | PA; QL                  |
| PLEGRIDY SUBCUTANEOUS                            | 5     | PA; \$; QL              |
| REBIF (WITH ALBUMIN)                             | 5     | PA; \$; QL              |
| REBIF REBIDOSE                                   | 5     | PA; \$; QL              |
| REBIF TITRATION PACK                             | 5     | PA; \$; QL              |
| <i>teriflunomide</i>                             | 5     | PA; QL                  |
| VUMERITY                                         | 5     | PA; QL                  |
| <b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b> |       |                         |
| <b>ANTIARRHYTHMIC AGENTS</b>                     |       |                         |
| <i>amiodarone oral</i>                           | 2     |                         |
| BETAPACE                                         | 4     | ST                      |

| Nombre del Medicamento                     | Nivel | Restricciones / Límites |
|--------------------------------------------|-------|-------------------------|
| BETAPACE AF                                | 4     | ST                      |
| <i>disopyramide phosphate oral capsule</i> | 2     |                         |
| <i>dofetilide</i>                          | 2     |                         |
| <i>flecainide</i>                          | 2     |                         |
| <i>mexiletine</i>                          | 2     |                         |
| MULTAQ                                     | 3     |                         |
| <i>pacerone oral tablet 100 mg, 200 mg</i> | 2     |                         |
| <i>propafenone</i>                         | 2     |                         |
| <i>quinidine gluconate oral</i>            | 2     |                         |
| <i>quinidine sulfate oral tablet</i>       | 2     |                         |
| <i>sotalol af</i>                          | 2     |                         |
| <i>sotalol oral</i>                        | 2     |                         |
| SOTYLIZE                                   | 3     |                         |
| <b>ANTIHYPERTENSIVE THERAPY</b>            |       |                         |
| ACCUPRIL                                   | 4     |                         |
| ACCURETIC                                  | 4     |                         |
| <i>acebutolol</i>                          | 1     |                         |
| ALDACTONE                                  | 4     |                         |
| <i>aliskiren</i>                           | 2     |                         |
| ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG  | 4     |                         |
| <i>amiloride</i>                           | 2     |                         |
| <i>amiloride-hydrochlorothiazide</i>       | 2     |                         |
| <i>amlodipine</i>                          | 1     |                         |
| <i>amlodipine-benazepril</i>               | 1     |                         |
| <i>amlodipine-olmesartan</i>               | 1     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                             | Nivel | Restricciones / Límites |
|----------------------------------------------------|-------|-------------------------|
| <i>amlodipine-valsartan</i>                        | 1     |                         |
| <i>amlodipine-valsartan-hcthiazyd</i>              | 1     |                         |
| <i>atenolol</i>                                    | 1     |                         |
| <i>atenolol-chlorthalidone</i>                     | 1     |                         |
| <i>benazepril</i>                                  | 1     |                         |
| <i>benazepril-hydrochlorothiazide</i>              | 1     |                         |
| <i>betaxolol oral</i>                              | 1     |                         |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1     |                         |
| <i>bisoprolol-hydrochlorothiazide</i>              | 1     |                         |
| <i>bumetanide oral</i>                             | 2     |                         |
| <i>candesartan</i>                                 | 1     |                         |
| <i>candesartan-hydrochlorothiazid</i>              | 1     |                         |
| <i>captopril</i>                                   | 1     |                         |
| <i>captopril-hydrochlorothiazide</i>               | 1     |                         |
| CARDIZEM CD                                        | 4     |                         |
| CARDIZEM LA                                        | 4     |                         |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG          | 4     |                         |
| CARDURA                                            | 4     | ST; QL                  |
| CARDURA XL                                         | 4     | ST; QL                  |
| <i>cartia xt</i>                                   | 1     |                         |
| <i>carvedilol</i>                                  | 2     |                         |
| <i>carvedilol phosphate</i>                        | 2     |                         |
| CATAPRES-TTS-1                                     | 4     | QL                      |
| CATAPRES-TTS-2                                     | 4     | QL                      |

| Nombre del Medicamento                                                                          | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------------------------------------|-------|-------------------------|
| CATAPRES-TTS-3                                                                                  | 4     | QL                      |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                  | 1     |                         |
| <i>clonidine</i>                                                                                | 2     | QL                      |
| <i>clonidine hcl oral tablet</i>                                                                | 2     |                         |
| CONSENSI                                                                                        | 4     |                         |
| COREG CR                                                                                        | 4     | ST                      |
| DEMSER                                                                                          | 4     | PA                      |
| DIBENZYLINE                                                                                     | 4     | PA                      |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>                                        | 1     |                         |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i>                                        | 1     |                         |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1     |                         |
| <i>diltiazem hcl oral capsule,extended release 24hr</i>                                         | 1     |                         |
| <i>diltiazem hcl oral tablet</i>                                                                | 1     |                         |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>                                         | 1     |                         |
| <i>dilt-xr</i>                                                                                  | 1     |                         |
| DIURIL                                                                                          | 4     |                         |
| <i>doxazosin</i>                                                                                | 2     | QL                      |
| DYRENIUM                                                                                        | 4     |                         |
| EDECRIN                                                                                         | 4     | ST                      |
| <i>enalapril maleate</i>                                                                        | 1     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| <i>enalapril-hydrochlorothiazide</i>                           | 1     |                         |
| <i>eplerenone</i>                                              | 2     |                         |
| <i>eprosartan</i>                                              | 1     |                         |
| <i>ethacrynic acid</i>                                         | 2     |                         |
| <i>felodipine</i>                                              | 1     |                         |
| <i>fosinopril</i>                                              | 1     |                         |
| <i>fosinopril-hydrochlorothiazide</i>                          | 1     |                         |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 2     |                         |
| <i>furosemide oral tablet</i>                                  | 2     |                         |
| <i>guanfacine oral tablet</i>                                  | 2     |                         |
| HEMANGEOL                                                      | 5     |                         |
| <i>hydralazine oral</i>                                        | 2     |                         |
| <i>hydrochlorothiazide</i>                                     | 1     |                         |
| <i>indapamide</i>                                              | 1     |                         |
| INSPIRA                                                        | 4     |                         |
| <i>irbesartan</i>                                              | 1     |                         |
| <i>irbesartan-hydrochlorothiazide</i>                          | 1     |                         |
| <i>isosorbide-hydralazine</i>                                  | 2     |                         |
| <i>isradipine</i>                                              | 1     |                         |
| KERENDIA ORAL TABLET 10 MG, 20 MG                              | 3     | PA; QL                  |
| KERENDIA ORAL TABLET 40 MG                                     | 3     | PA                      |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>            | 2     |                         |

| Nombre del Medicamento                   | Nivel | Restricciones / Límites |
|------------------------------------------|-------|-------------------------|
| LASIX                                    | 4     | ST                      |
| <i>lisinopril</i>                        | 1     |                         |
| <i>lisinopril-hydrochlorothiazide</i>    | 1     |                         |
| LOPRESSOR ORAL TABLET                    | 4     | ST                      |
| <i>losartan</i>                          | 1     |                         |
| <i>losartan-hydrochlorothiazide</i>      | 1     |                         |
| LOTENSIN HCT                             | 4     |                         |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 4     |                         |
| <i>matzim la</i>                         | 1     |                         |
| <i>methyldopa</i>                        | 2     |                         |
| <i>methyldopa-hydrochlorothiazide</i>    | 2     |                         |
| <i>metolazone</i>                        | 1     |                         |
| <i>metoprolol succinate</i>              | 1     |                         |
| <i>metoprolol ta-hydrochlorothiaz</i>    | 1     |                         |
| <i>metoprolol tartrate oral</i>          | 1     |                         |
| <i>metryrosine</i>                       | 2     | PA                      |
| <i>minoxidil oral</i>                    | 2     |                         |
| <i>moexipril</i>                         | 1     |                         |
| <i>nadolol</i>                           | 1     |                         |
| <i>nebivolol</i>                         | 1     |                         |
| <i>nicardipine oral</i>                  | 1     |                         |
| <i>nifedipine</i>                        | 1     |                         |
| <i>nimodipine</i>                        | 2     |                         |
| <i>nisoldipine</i>                       | 1     |                         |
| NYMALIZE                                 | 4     |                         |
| <i>olmesartan</i>                        | 1     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                        | Nivel | Restricciones / Límites |
|---------------------------------------------------------------|-------|-------------------------|
| <i>olmesartan-amlodipin-hcthiazid</i>                         | 1     |                         |
| <i>olmesartan-hydrochlorothiazide</i>                         | 1     |                         |
| ORENITRAM                                                     | 5     | PA; \$; QL              |
| ORENITRAM MONTH 1 TITRATION KT                                | 5     | PA; QL                  |
| ORENITRAM MONTH 2 TITRATION KT                                | 5     | PA; QL                  |
| ORENITRAM MONTH 3 TITRATION KT                                | 5     | PA; QL                  |
| <i>perindopril erbumine</i>                                   | 1     |                         |
| <i>phenoxybenzamine</i>                                       | 2     | PA                      |
| <i>pindolol</i>                                               | 1     |                         |
| <i>prazosin</i>                                               | 2     |                         |
| PRESTALIA                                                     | 4     | ST                      |
| PROCARDIA XL                                                  | 4     | ST                      |
| <i>propranolol oral</i>                                       | 1     |                         |
| <i>propranolol-hydrochlorothiazid</i>                         | 1     |                         |
| <i>quinapril</i>                                              | 1     |                         |
| <i>quinapril-hydrochlorothiazide</i>                          | 1     |                         |
| <i>ramipril</i>                                               | 1     |                         |
| <i>spironolactone</i>                                         | 2     |                         |
| <i>spironolacton-hydrochlorothiaz</i>                         | 2     |                         |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 4     | ST                      |

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| <i>telmisartan</i>                    | 1     |                         |
| <i>telmisartan-amlodipine</i>         | 1     |                         |
| <i>telmisartan-hydrochlorothiazid</i> | 1     |                         |
| TENORETIC 100                         | 4     | ST                      |
| TENORETIC 50                          | 4     | ST                      |
| TENORMIN                              | 4     | ST                      |
| <i>terazosin</i>                      | 2     | QL                      |
| <i>tiadylt er</i>                     | 1     |                         |
| TIAZAC                                | 4     |                         |
| <i>timolol maleate oral</i>           | 1     |                         |
| <i>torse mide oral</i>                | 2     |                         |
| <i>trandolapril</i>                   | 1     |                         |
| <i>trandolapril-verapamil</i>         | 1     |                         |
| <i>triamterene</i>                    | 2     |                         |
| <i>triamterene-hydrochlorothiazid</i> | 2     |                         |
| UPTRAVI ORAL                          | 5     | PA; \$; LA; QL          |
| <i>valsartan</i>                      | 1     |                         |
| <i>valsartan-hydrochlorothiazide</i>  | 1     |                         |
| VASERETIC                             | 4     |                         |
| VASOTEC                               | 4     |                         |
| <i>verapamil oral</i>                 | 1     |                         |
| ZESTORETIC                            | 4     |                         |
| ZESTRIL                               | 4     |                         |
| <b>CARDIAC GLYCOSIDES</b>             |       |                         |
| <i>digoxin oral</i>                   | 2     |                         |
| LANOXIN ORAL                          | 4     |                         |
| <b>COAGULATION THERAPY</b>            |       |                         |
| ADVATE                                | 5     | PA; \$                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                           | Nivel | Restricciones / Límites |
|--------------------------------------------------|-------|-------------------------|
| ADYNOVATE                                        | 5     | PA; \$                  |
| AFSTYLA                                          | 5     | PA; \$                  |
| ALHEMO PEN                                       | 5     | PA                      |
| ALPROLIX                                         | 5     | \$                      |
| ALTUVIIIO                                        | 5     | PA                      |
| AMICAR                                           | 4     |                         |
| <i>aminocaproic acid oral</i>                    | 2     |                         |
| ARIXTRA                                          | 5     | \$                      |
| <i>aspirin-dipyridamole</i>                      | 1     |                         |
| BENEFIX                                          | 5     | \$                      |
| BRILINTA                                         | 4     | ST                      |
| CABLIVI INJECTION KIT                            | 5     | PA; LA                  |
| CEPROTIN (BLUE BAR)                              | 5     |                         |
| CEPROTIN (GREEN BAR)                             | 5     |                         |
| <i>cilostazol</i>                                | 2     |                         |
| <i>clopidogrel</i>                               | 1     |                         |
| COAGADEX                                         | 5     | PA                      |
| <i>dabigatran etexilate</i>                      | 1     |                         |
| <i>dipyridamole oral</i>                         | 1     |                         |
| DOPTelet (15 TAB PACK)                           | 5     | PA; \$; LA; QL          |
| EFFIENT                                          | 4     |                         |
| ELIQUIS                                          | 3     |                         |
| ELIQUIS DVT-PE TREAT 30D START                   | 3     |                         |
| ELOCTATE                                         | 5     | PA; \$                  |
| <i>eltrombopag olamine oral powder in packet</i> | 5     | PA                      |

| Nombre del Medicamento                                                                              | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>eltrombopag olamine oral tablet</i>                                                              | 5     |                         |
| <i>enoxaparin</i>                                                                                   | 5     | \$                      |
| ESPEROCT                                                                                            | 5     | PA                      |
| <i>fondaparinux</i>                                                                                 | 5     | \$                      |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML                                                 | 5     |                         |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML                                                | 5     | \$                      |
| FRAGMIN SUBCUTANEOUS SYRINGE                                                                        | 5     | \$                      |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML                     | 5     | PA; \$                  |
| HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML, 300 MG/2 ML (150 MG/ML)                                | 5     | PA                      |
| <i>hep flush-10 (pf)</i>                                                                            | 2     |                         |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i> | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                                                   | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) | 4     |                         |
| <i>heparin (porcine) in 5 % dex</i>                                                                                                      | 2     |                         |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>                                                                    | 2     |                         |
| HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE                                                                                       | 4     |                         |
| <i>heparin (porcine) injection cartridge</i>                                                                                             | 2     |                         |
| <i>heparin (porcine) injection solution</i>                                                                                              | 2     |                         |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                                 | 2     |                         |
| <i>heparin lock flush (porcine)</i>                                                                                                      | 2     |                         |
| <i>heparin lockflush(porcine)(pf )</i>                                                                                                   | 2     |                         |
| <i>heparin sodium 5,000 unit/0.5 ml carpuject inner, p/f, sdv</i>                                                                        | 2     |                         |

| Nombre del Medicamento                                                                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                            | 4     |                         |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 2     |                         |
| <i>heparin, porcine (pf) injection solution</i>                                                              | 2     |                         |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML                                     | 4     |                         |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>                                         | 2     |                         |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>                                      | 2     |                         |
| HYMPAVZI PEN                                                                                                 | 5     | PA                      |
| IDELVION                                                                                                     | 5     | \$                      |
| <i>jantoven</i>                                                                                              | 1     |                         |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT             | 5     | PA; \$                  |
| JIVI INTRAVENOUS RECON SOLN 4,000 (+/-) UNIT                                                                 | 5     | PA                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                              | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------------------------|-------|-------------------------|
| KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | 5     | PA; \$                  |
| KOVALTRY                                                                            | 5     | PA; \$                  |
| NOVOEIGHT                                                                           | 5     | PA; \$                  |
| <i>pentoxifylline</i>                                                               | 2     |                         |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML                            | 3     |                         |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>                        | 2     |                         |
| <i>phytonadione (vitamin k1) injection syringe</i>                                  | 2     |                         |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                                   | 2     | QL                      |
| <i>prasugrel hcl</i>                                                                | 1     |                         |
| PROMACTA ORAL POWDER IN PACKET                                                      | 5     | PA; LA                  |
| PROMACTA ORAL TABLET                                                                | 5     | PA; \$; LA              |
| <i>rivaroxaban oral suspension for reconstitution</i>                               | 1     |                         |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                               | 1     |                         |
| SEVENFACT                                                                           | 5     | PA                      |
| TAVALISSE                                                                           | 5     | PA; LA; QL              |
| <i>ticagrelor</i>                                                                   | 1     |                         |

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| <i>vitamin k</i>                             | 2     |                         |
| <i>vitamin k1 injection</i>                  | 2     |                         |
| <i>warfarin</i>                              | 1     |                         |
| WILATE                                       | 5     | PA; \$                  |
| XARELTO                                      | 3     |                         |
| XARELTO DVT-PE TREAT 30D START               | 3     |                         |
| XYNTHA                                       | 5     | PA; \$                  |
| XYNTHA SOLOFUSE                              | 5     | PA; \$                  |
| ZONTIVITY                                    | 4     | PA                      |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>     |       |                         |
| <i>amlodipine-atorvastatin</i>               | 1     | QL                      |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | 1     | ACA; QL                 |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> | 1     | QL                      |
| CADUET                                       | 4     | ST; QL                  |
| <i>cholestyramine (with sugar)</i>           | 1     |                         |
| <i>cholestyramine light</i>                  | 1     |                         |
| <i>colesevelam</i>                           | 1     |                         |
| COLESTID ORAL GRANULES                       | 4     | ST                      |
| COLESTID ORAL TABLET                         | 4     | ST                      |
| <i>colestipol</i>                            | 1     |                         |
| <i>ezetimibe</i>                             | 1     |                         |
| <i>ezetimibe-simvastatin</i>                 | 1     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                  | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------------|-------|-------------------------|
| <i>fenofibrate micronized oral capsule 130 mg</i>                       | 1     | ST                      |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 1     |                         |
| <i>fenofibrate nanocrystallized</i>                                     | 1     |                         |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                            | 1     | ST                      |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                            | 1     |                         |
| <i>fenofibric acid</i>                                                  | 1     |                         |
| <i>fenofibric acid (choline)</i>                                        | 1     |                         |
| FIBRICOR ORAL TABLET 105 MG                                             | 4     | ST                      |
| FLOLIPID                                                                | 4     | ST; QL                  |
| <i>fluvastatin</i>                                                      | 1     | ACA; QL                 |
| <i>gemfibrozil</i>                                                      | 1     |                         |
| <i>icosapent ethyl</i>                                                  | 1     | PA                      |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG                                | 5     | §; LA                   |
| JUXTAPID ORAL CAPSULE 30 MG                                             | 5     | LA                      |
| LESCOL XL                                                               | 4     | ST; QL                  |
| LOPID                                                                   | 4     |                         |
| <i>lovastatin</i>                                                       | 1     | ACA; QL                 |
| NEXLETOL                                                                | 3     | PA                      |
| NEXLIZET                                                                | 3     | PA                      |
| <i>niacin oral tablet 500 mg</i>                                        | 1     |                         |

| Nombre del Medicamento                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------|-------|-------------------------|
| <i>niacin oral tablet extended release 24 hr</i>         | 1     |                         |
| <i>omega-3 acid ethyl esters</i>                         | 2     | PA                      |
| <i>pitavastatin calcium</i>                              | 1     | ACA; QL                 |
| <i>pravastatin</i>                                       | 1     | ACA; QL                 |
| <i>prevalite</i>                                         | 1     |                         |
| QUESTRAN                                                 | 4     | ST                      |
| QUESTRAN LIGHT                                           | 4     | ST                      |
| REPATHA PUSHTRONEX                                       | 3     | §; QL                   |
| REPATHA SURECLICK                                        | 3     | §; QL                   |
| REPATHA SYRINGE                                          | 3     | §; QL                   |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>              | 1     | ACA; QL                 |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>             | 1     | QL                      |
| ROSZET                                                   | 4     | ST; QL                  |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1     | ACA; QL                 |
| <i>simvastatin oral tablet 80 mg</i>                     | 1     | QL                      |
| TRYNGOLZA                                                | 5     | PA; LA                  |
| VASCEPA                                                  | 3     | PA                      |
| ZYPITAMAG                                                | 4     | ST; QL                  |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>               |       |                         |
| ATTRUBY                                                  | 5     | PA                      |
| CAMZYOS                                                  | 5     | PA; QL                  |
| ENTRESTO                                                 | 3     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                         | Nivel | Restricciones / Límites |
|------------------------------------------------|-------|-------------------------|
| ENTRESTO SPRINKLE                              | 3     | QL                      |
| FILSPARI                                       | 5     | PA; QL                  |
| <i>ivabradine</i>                              | 2     | PA                      |
| <i>ranolazine</i>                              | 2     |                         |
| VANRAFIA                                       | 5     | PA                      |
| VECAMYL                                        | 4     |                         |
| VERQUVO                                        | 3     | QL                      |
| VYNDAMAX                                       | 5     | PA                      |
| VYNDAQEL                                       | 5     | PA                      |
| <b>NITRATES</b>                                |       |                         |
| GONITRO                                        | 4     |                         |
| ISORDIL                                        | 4     |                         |
| ISORDIL TITRADOSE ORAL TABLET 5 MG             | 4     |                         |
| <i>isosorbide dinitrate oral tablet</i>        | 2     |                         |
| <i>isosorbide mononitrate</i>                  | 2     |                         |
| <i>nitro-bid</i>                               | 2     |                         |
| NITRO-DUR                                      | 4     |                         |
| <i>nitroglycerin sublingual</i>                | 2     |                         |
| <i>nitroglycerin transdermal patch 24 hour</i> | 2     |                         |
| <i>nitroglycerin translingual</i>              | 2     |                         |
| NITROLINGUAL                                   | 4     |                         |
| NITROMIST                                      | 4     |                         |
| NITROSTAT                                      | 4     |                         |
| <i>nitro-time</i>                              | 2     |                         |

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                |       |                         |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                 |       |                         |
| <i>acitretin</i>                                      | 2     |                         |
| ANALPRAM-HC TOPICAL                                   | 4     | ST                      |
| <i>calcipotriene scalp</i>                            | 2     | QL                      |
| <i>calcipotriene topical cream</i>                    | 2     | QL                      |
| <i>calcipotriene topical ointment</i>                 | 2     | QL                      |
| <i>calcipotriene-betamethasone</i>                    | 2     | QL                      |
| <i>calcitriol topical</i>                             | 2     |                         |
| ENSTILAR                                              | 3     | QL                      |
| EPIFOAM                                               | 4     | ST                      |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> | 2     | ST                      |
| OVACE                                                 | 4     |                         |
| OVACE PLUS                                            | 4     |                         |
| OVACE PLUS SHAMPOO                                    | 4     |                         |
| OVACE PLUS WASH                                       | 4     |                         |
| PLEXION NS                                            | 4     |                         |
| PRAMOSONE TOPICAL CREAM 1-1 %                         | 4     | ST                      |
| PRAMOSONE TOPICAL LOTION                              | 4     | ST                      |
| PRAMOSONE TOPICAL OINTMENT                            | 4     | ST                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------|-------|-------------------------|
| SELARSDI SUBCUTANEOUS                                          | 5     | PA; QL                  |
| <i>selenium sulfide topical lotion</i>                         | 2     |                         |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>          | 2     |                         |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                              | 5     | PA; QL                  |
| SKYRIZI SUBCUTANEOUS SYRINGE                                   | 5     | PA; QL                  |
| SOTYKTU                                                        | 5     | PA; QL                  |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML                         | 5     | PA                      |
| STELARA SUBCUTANEOUS                                           | 5     | PA; \$; QL              |
| <i>sulfacetamide sodium topical</i>                            | 2     |                         |
| TALTZ AUTOINJECTOR                                             | 5     | PA; \$; QL              |
| TALTZ AUTOINJECTOR (2 PACK)                                    | 5     | PA; \$; QL              |
| TALTZ AUTOINJECTOR (3 PACK)                                    | 5     | PA; \$; QL              |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML | 5     | PA; QL                  |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML                    | 5     | PA; \$; QL              |

| Nombre del Medicamento                   | Nivel | Restricciones / Límites |
|------------------------------------------|-------|-------------------------|
| TERSI FOAM                               | 4     |                         |
| TREMFYA PEN                              | 5     | PA; QL                  |
| TREMFYA PEN INDUCTION PK-CROHN           | 5     | PA; QL                  |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR       | 5     | PA; QL                  |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5     | PA; \$; QL              |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | 5     | PA; QL                  |
| USTEKINUMAB-TTWE SUBCUTANEOUS            | 5     | PA; QL                  |
| VECTICAL                                 | 4     |                         |
| VTAMA                                    | 3     | QL                      |
| WYNZORA                                  | 4     | QL                      |
| YESINTEK SUBCUTANEOUS                    | 5     | PA; QL                  |
| ZORYVE TOPICAL CREAM 0.15 %              | 3     | QL                      |
| ZORYVE TOPICAL CREAM 0.3 %               | 4     | QL                      |
| ZORYVE TOPICAL FOAM                      | 4     | QL                      |
| <b>BURN THERAPY</b>                      |       |                         |
| SILVADENE                                | 4     |                         |
| <i>silver sulfadiazine</i>               | 2     |                         |
| <i>ssd</i>                               | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                               | Nivel | Restricciones / Límites |
|------------------------------------------------------|-------|-------------------------|
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                 |       |                         |
| ADBRY                                                | 5     | PA; QL                  |
| AMELUZ                                               | 4     |                         |
| <i>ammonium lactate</i>                              | 2     |                         |
| CANTHARIDIN IN ACETONE                               | 4     |                         |
| CIBINQO                                              | 5     | PA; QL                  |
| CORTANE-B                                            | 4     |                         |
| <i>diclofenac sodium topical gel 3 %</i>             | 2     | PA; QL                  |
| DUPIXENT PEN                                         | 5     | PA; QL                  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5     | PA; QL                  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML    | 5     | PA; \$; QL              |
| EBGLYSS PEN                                          | 5     | PA; QL                  |
| EBGLYSS SYRINGE                                      | 5     | PA                      |
| EFUDEX TOPICAL CREAM                                 | 4     |                         |
| EUCRISA                                              | 3     | ST; QL                  |
| <i>fluorouracil topical cream 5 %</i>                | 2     |                         |
| <i>fluorouracil topical solution</i>                 | 2     |                         |
| HYFTOR                                               | 5     | PA                      |
| <i>imiquimod</i>                                     | 2     |                         |
| IODOFLEX                                             | 4     |                         |
| IODOSORB                                             | 4     |                         |

| Nombre del Medicamento                  | Nivel | Restricciones / Límites |
|-----------------------------------------|-------|-------------------------|
| LEVULAN                                 | 4     |                         |
| <i>methoxsalen</i>                      | 2     |                         |
| <i>methyl salicylate</i>                | 2     |                         |
| <i>methyl salicylate topical liquid</i> | 2     |                         |
| NORMLGEL AG                             | 4     |                         |
| OPZELURA                                | 4     | PA; QL                  |
| PANRETIN                                | 4     | PA                      |
| <i>pimecrolimus</i>                     | 2     | QL                      |
| <i>podofilox topical gel</i>            | 2     | QL                      |
| <i>podofilox topical solution</i>       | 2     |                         |
| REGRANEX                                | 3     | QL                      |
| <i>tacrolimus topical</i>               | 2     | ST; QL                  |
| VALCHLOR                                | 5     | PA; \$                  |
| VYJUVEK                                 | 5     | PA                      |
| <i>wintergreen oil</i>                  | 2     |                         |
| YCANTH                                  | 5     |                         |
| ZEVASKYN                                | 5     |                         |
| ZONALON                                 | 4     | ST; QL                  |
| <b>THERAPY FOR ACNE</b>                 |       |                         |
| ABSORICA                                | 4     |                         |
| <i>acutane</i>                          | 2     |                         |
| ACZONE                                  | 4     | ST                      |
| <i>adapalene topical cream</i>          | 2     |                         |
| <i>adapalene topical gel 0.3 %</i>      | 2     |                         |
| <i>adapalene topical gel with pump</i>  | 2     |                         |
| ADAPALENE TOPICAL LOTION                | 4     | ST                      |
| <i>adapalene topical solution</i>       | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| <i>adapalene topical swab</i>                | 2     | ST                      |
| <i>adapalene-benzoyl peroxide</i>            | 2     |                         |
| AKLIEF                                       | 4     | ST                      |
| ALTRENO                                      | 4     |                         |
| <i>amnesteem</i>                             | 2     |                         |
| AMZEEQ                                       | 4     | ST                      |
| ARAZLO                                       | 4     | PA                      |
| <i>avar</i>                                  | 2     | ST                      |
| AVAR LS                                      | 4     | ST                      |
| AVAR-E                                       | 4     | ST                      |
| <i>azelaic acid</i>                          | 2     |                         |
| AZELEX                                       | 4     | ST                      |
| BENZAMYCIN                                   | 4     | ST                      |
| BENZEPRO (MICROSPHERES)                      | 4     | ST                      |
| <i>benzeapro topical towelette</i>           | 2     |                         |
| <i>benzoyl peroxide topical cleanser 7 %</i> | 2     |                         |
| <i>benzoyl peroxide topical foam</i>         | 2     |                         |
| <i>bp 10-1</i>                               | 2     | ST                      |
| <i>brimonidine topical</i>                   | 2     | PA                      |
| <i>claravis</i>                              | 2     |                         |
| CLEOCIN T TOPICAL LOTION                     | 4     | ST; QL                  |
| <i>clindacin</i>                             | 2     | ST; QL                  |
| CLINDACIN ETZ TOPICAL KIT                    | 4     | ST                      |
| <i>clindacin etz topical swab</i>            | 2     |                         |
| <i>clindacin p</i>                           | 2     |                         |

| Nombre del Medicamento                               | Nivel | Restricciones / Límites |
|------------------------------------------------------|-------|-------------------------|
| CLINDACIN PAC                                        | 4     | ST                      |
| <i>clindamycin phosphate topical foam</i>            | 2     | ST; QL                  |
| <i>clindamycin phosphate topical gel</i>             | 2     | QL                      |
| <i>clindamycin phosphate topical gel, once daily</i> | 2     | ST; QL                  |
| <i>clindamycin phosphate topical lotion</i>          | 2     | QL                      |
| <i>clindamycin phosphate topical solution</i>        | 2     | QL                      |
| <i>clindamycin phosphate topical swab</i>            | 2     |                         |
| <i>clindamycin-benzoyl peroxide</i>                  | 2     |                         |
| <i>clindamycin-tretinoin</i>                         | 2     |                         |
| <i>dapsone topical gel 5 %</i>                       | 2     |                         |
| <i>dapsone topical gel with pump</i>                 | 2     |                         |
| DIFFERIN TOPICAL CREAM                               | 4     | ST                      |
| DIFFERIN TOPICAL GEL WITH PUMP                       | 4     | ST                      |
| DIFFERIN TOPICAL LOTION                              | 4     | ST                      |
| EPIDUO FORTE                                         | 4     | ST                      |
| EPSOLAY                                              | 4     | ST                      |
| <i>ery pads</i>                                      | 2     |                         |
| <i>erygel</i>                                        | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| <i>erythromycin with ethanol topical gel</i>            | 2     |                         |
| <i>erythromycin with ethanol topical solution</i>       | 2     |                         |
| <i>erythromycin-benzoyl peroxide</i>                    | 2     |                         |
| EVOClin                                                 | 4     | ST; QL                  |
| FINACEA TOPICAL FOAM                                    | 3     | ST                      |
| <i>isotretinoin</i>                                     | 2     |                         |
| <i>ivermectin topical cream</i>                         | 2     | QL                      |
| METROCREAM                                              | 4     | ST                      |
| METROGEL TOPICAL GEL 1 %                                | 4     | ST                      |
| <i>metronidazole topical</i>                            | 2     |                         |
| MIRVASO                                                 | 3     | PA                      |
| <i>neuac</i>                                            | 2     |                         |
| NEUAC KIT                                               | 4     | ST                      |
| ONEXTON TOPICAL GEL WITH PUMP                           | 4     | ST                      |
| PACNEX                                                  | 4     | ST                      |
| PLEXION                                                 | 4     | ST                      |
| PLEXION CLEANSING CLOTHS                                | 4     | ST                      |
| PR BENZOYL PEROXIDE                                     | 4     | ST                      |
| RETIN-A                                                 | 4     |                         |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 4     |                         |

| Nombre del Medicamento                                                                | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------------------|-------|-------------------------|
| RHOFADE                                                                               | 4     | PA                      |
| <i>rosadan topical cream</i>                                                          | 2     |                         |
| <i>rosadan topical gel</i>                                                            | 2     |                         |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL                                                 | 4     | ST                      |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM                                               | 4     | ST                      |
| ROSULA                                                                                | 4     | ST                      |
| <i>rosula cleansing cloths</i>                                                        | 2     |                         |
| SOOLANTRA                                                                             | 4     | ST; QL                  |
| <i>sss 10-5 topical cream</i>                                                         | 2     |                         |
| <i>sss 10-5 topical foam</i>                                                          | 2     | ST                      |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i> | 2     | ST                      |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>                      | 2     |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>                    | 2     | ST                      |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                         | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                              | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------|-------|-------------------------|
| <i>sulfacetamide sodium-sulfur topical lotion</i>                   | 2     | ST                      |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>   | 2     |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i> | 2     | ST                      |
| <i>sulfacleanse 8-4</i>                                             | 2     | ST                      |
| SUMADAN                                                             | 4     | ST                      |
| SUMADAN XLT                                                         | 4     | ST                      |
| SUMAXIN                                                             | 4     | ST                      |
| SUMAXIN CP                                                          | 4     | ST                      |
| SUMAXIN TS                                                          | 4     | ST                      |
| <i>tazarotene topical cream</i>                                     | 2     | PA                      |
| <i>tazarotene topical gel</i>                                       | 2     | PA                      |
| <i>tretinoin</i>                                                    | 2     |                         |
| <i>tretinoin microspheres</i>                                       | 2     |                         |
| TWYNEO                                                              | 4     | ST                      |
| VANOXIDE-HC                                                         | 4     | ST                      |
| <i>zenatane</i>                                                     | 2     |                         |
| ZIANA                                                               | 4     | ST                      |
| <b>TOPICAL ANESTHETICS</b>                                          |       |                         |
| COCAINE                                                             | 4     |                         |
| <i>dermacinrx lidocan</i>                                           | 2     | ST                      |
| GOPRELTO                                                            | 4     |                         |
| <i>lidocaine hcl laryngotracheal</i>                                | 2     |                         |

| Nombre del Medicamento                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------|-------|-------------------------|
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 2     |                         |
| <i>lidocaine hcl-hydrocortison ac topical</i>                | 2     |                         |
| <i>lidocaine topical adhesive patch, medicated 5 %</i>       | 2     | ST                      |
| <i>lidocaine topical ointment</i>                            | 2     | QL                      |
| <i>lidocaine viscous</i>                                     | 2     |                         |
| <i>lidocaine-prilocaine topical cream</i>                    | 2     | QL                      |
| <i>lidocaine-prilocaine topical kit</i>                      | 2     |                         |
| <i>lidocan iii</i>                                           | 2     | ST                      |
| <i>lidocan iv</i>                                            | 2     | ST                      |
| <i>lidocan v</i>                                             | 2     | ST                      |
| <i>lidocort</i>                                              | 2     |                         |
| NUMBRINO                                                     | 4     |                         |
| XARACOLL                                                     | 4     |                         |
| ZTLIDO                                                       | 3     | ST                      |
| <b>TOPICAL ANTIBACTERIALS</b>                                |       |                         |
| ALTABAX                                                      | 4     | ST; QL                  |
| CENTANY                                                      | 4     | ST; QL                  |
| CENTANY AT                                                   | 4     | ST; QL                  |
| <i>gentamicin topical</i>                                    | 2     | QL                      |
| KLARON                                                       | 4     | ST                      |
| <i>lugols topical</i>                                        | 2     |                         |
| <i>mupirocin</i>                                             | 2     | QL                      |
| <i>mupirocin calcium</i>                                     | 2     | ST; QL                  |
| NEO-SYNALAR                                                  | 4     |                         |
| NEO-SYNALAR KIT                                              | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| <i>strong iodine topical</i>          | 2     |                         |
| <i>sulfacetamide sodium (acne)</i>    | 2     |                         |
| SULFAMYLON TOPICAL CREAM              | 3     |                         |
| XEPI                                  | 4     | ST; QL                  |
| <b>TOPICAL ANTIFUNGALS</b>            |       |                         |
| CICLODAN KIT TOPICAL COMBO PACK       | 4     |                         |
| CICLODAN KIT TOPICAL SOLUTION         | 4     | ST                      |
| <i>ciclodan topical cream</i>         | 2     | QL                      |
| <i>ciclodan topical solution</i>      | 2     |                         |
| <i>ciclopirox topical cream</i>       | 2     | QL                      |
| <i>ciclopirox topical gel</i>         | 2     | QL                      |
| <i>ciclopirox topical shampoo</i>     | 2     | QL                      |
| <i>ciclopirox topical solution</i>    | 2     |                         |
| <i>ciclopirox topical suspension</i>  | 2     | QL                      |
| <i>ciclopirox-ure-camph-menth-euc</i> | 2     |                         |
| <i>clotrimazole topical</i>           | 2     | QL                      |
| <i>clotrimazole-betamethasone</i>     | 2     | QL                      |
| <i>econazole nitrate</i>              | 2     | QL                      |
| EXELDERM                              | 4     | QL                      |
| EXTINA                                | 4     | QL                      |
| JUBLIA                                | 4     | ST                      |

| Nombre del Medicamento             | Nivel | Restricciones / Límites |
|------------------------------------|-------|-------------------------|
| <i>ketoconazole topical</i>        | 2     | QL                      |
| <i>ketodan</i>                     | 2     | QL                      |
| <i>ketodan kit</i>                 | 2     |                         |
| <i>klayesta</i>                    | 2     | QL                      |
| LOPROX (AS OLAMINE)                | 4     | QL                      |
| LOPROX KIT                         | 4     | QL                      |
| <i>naftifine</i>                   | 2     | QL                      |
| NAFTIN TOPICAL GEL 2 %             | 4     | QL                      |
| <i>nyamyc</i>                      | 2     | QL                      |
| <i>nystatin topical</i>            | 2     | QL                      |
| <i>nystatin-triamcinolone</i>      | 2     | QL                      |
| <i>nystop</i>                      | 2     | QL                      |
| <i>oxiconazole</i>                 | 2     | QL                      |
| <i>tavaborole</i>                  | 2     | ST                      |
| <b>TOPICAL ANTIVIRALS</b>          |       |                         |
| <i>acyclovir topical</i>           | 2     | PA; QL                  |
| DENAVIR                            | 4     |                         |
| <i>penciclovir</i>                 | 2     |                         |
| ZOVIRAX TOPICAL CREAM              | 4     | PA; QL                  |
| <b>TOPICAL CORTICOSTEROIDS</b>     |       |                         |
| <i>ala-cort topical cream 1 %</i>  | 2     |                         |
| ALA-SCALP                          | 4     | ST                      |
| <i>alclometasone</i>               | 2     |                         |
| <i>amcinonide topical cream</i>    | 2     | ST                      |
| <i>amcinonide topical ointment</i> | 2     | ST                      |
| <i>beser</i>                       | 2     | ST                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                         | Nivel | Restricciones / Límites |
|------------------------------------------------|-------|-------------------------|
| <i>betamethasone dipropionate</i>              | 2     |                         |
| <i>betamethasone valerate topical cream</i>    | 2     |                         |
| <i>betamethasone valerate topical foam</i>     | 2     | ST                      |
| <i>betamethasone valerate topical lotion</i>   | 2     |                         |
| <i>betamethasone valerate topical ointment</i> | 2     |                         |
| <i>betamethasone, augmented</i>                | 2     |                         |
| BRYHALI                                        | 4     | ST                      |
| CAPEX                                          | 4     | ST                      |
| <i>clobetasol scalp</i>                        | 2     | QL                      |
| <i>clobetasol topical cream 0.05 %</i>         | 2     | QL                      |
| <i>clobetasol topical foam</i>                 | 2     | ST; QL                  |
| <i>clobetasol topical gel</i>                  | 2     | QL                      |
| <i>clobetasol topical lotion</i>               | 2     | ST; QL                  |
| <i>clobetasol topical ointment</i>             | 2     | QL                      |
| <i>clobetasol topical shampoo</i>              | 2     | ST; QL                  |
| <i>clobetasol topical spray, non-aerosol</i>   | 2     | ST; QL                  |
| <i>clobetasol-emollient topical cream</i>      | 2     | QL                      |
| <i>clobetasol-emollient topical foam</i>       | 2     | ST; QL                  |

| Nombre del Medicamento                   | Nivel | Restricciones / Límites |
|------------------------------------------|-------|-------------------------|
| CLOBEX TOPICAL SHAMPOO                   | 4     | ST; QL                  |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL        | 4     | ST; QL                  |
| <i>clodan</i>                            | 2     | ST; QL                  |
| CLODAN KIT                               | 4     | ST; QL                  |
| CORDRAN TAPE LARGE ROLL                  | 4     | ST                      |
| DERMA-SMOOTH/FS BODY OIL                 | 4     | ST                      |
| DERMA-SMOOTH/FS SCALP OIL                | 4     | ST                      |
| <i>desonide topical cream</i>            | 2     |                         |
| <i>desonide topical gel</i>              | 2     | ST                      |
| <i>desonide topical lotion</i>           | 2     | ST                      |
| <i>desonide topical ointment</i>         | 2     |                         |
| DESOWEN TOPICAL CREAM                    | 4     | ST                      |
| <i>desoximetasone</i>                    | 2     | ST                      |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT   | 4     | ST                      |
| DUOBRII                                  | 4     | QL                      |
| <i>fluocinolone</i>                      | 2     |                         |
| <i>fluocinolone and shower cap</i>       | 2     |                         |
| <i>fluocinonide topical cream 0.05 %</i> | 2     | QL                      |
| <i>fluocinonide topical cream 0.1 %</i>  | 2     | ST; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                          | Nivel | Restricciones / Límites |
|-------------------------------------------------|-------|-------------------------|
| <i>fluocinonide topical gel</i>                 | 2     | QL                      |
| <i>fluocinonide topical ointment</i>            | 2     | QL                      |
| <i>fluocinonide topical solution</i>            | 2     | QL                      |
| <i>fluocinonide-e</i>                           | 2     | QL                      |
| <i>fluticasone propionate topical cream</i>     | 2     |                         |
| <i>fluticasone propionate topical lotion</i>    | 2     | ST                      |
| <i>fluticasone propionate topical ointment</i>  | 2     |                         |
| <i>halobetasol propionate topical cream</i>     | 2     |                         |
| <i>halobetasol propionate topical foam</i>      | 2     | ST                      |
| <i>halobetasol propionate topical ointment</i>  | 2     |                         |
| HALOG TOPICAL CREAM                             | 4     | ST                      |
| HALOG TOPICAL OINTMENT                          | 4     | ST                      |
| <i>hydrocortisone butyrate topical cream</i>    | 2     | QL                      |
| <i>hydrocortisone butyrate topical lotion</i>   | 2     | ST; QL                  |
| <i>hydrocortisone butyrate topical ointment</i> | 2     | ST; QL                  |

| Nombre del Medicamento                            | Nivel | Restricciones / Límites |
|---------------------------------------------------|-------|-------------------------|
| <i>hydrocortisone butyrate topical solution</i>   | 2     | ST; QL                  |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>    | 2     |                         |
| <i>hydrocortisone topical lotion 2 %, 2.5 %</i>   | 2     |                         |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 2     |                         |
| <i>hydrocortisone topical solution</i>            | 2     |                         |
| <i>hydrocortisone valerate</i>                    | 2     |                         |
| KENALOG TOPICAL                                   | 4     | ST; QL                  |
| <i>mometasone topical</i>                         | 2     |                         |
| NUCORT                                            | 4     | ST                      |
| OLUX                                              | 4     | ST; QL                  |
| PANDEL                                            | 4     | ST                      |
| <i>prednicarbate</i>                              | 2     |                         |
| PROCTOCORT TOPICAL                                | 4     | ST                      |
| <i>scalacort</i>                                  | 2     |                         |
| SCALACORT DK                                      | 4     | ST                      |
| SYNALAR                                           | 4     | ST                      |
| SYNALAR CREAM KIT                                 | 4     | ST                      |
| SYNALAR OINTMENT KIT                              | 4     | ST                      |
| SYNALAR TS                                        | 4     | ST                      |
| TEXACORT                                          | 4     | ST                      |
| TOPICORT TOPICAL CREAM                            | 4     | ST                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------|-------|-------------------------|
| TOPICORT TOPICAL GEL                                                  | 4     | ST                      |
| TOPICORT TOPICAL OINTMENT                                             | 4     | ST                      |
| <i>tovet emollient</i>                                                | 2     | ST; QL                  |
| <i>triamcinolone acetonide topical aerosol</i>                        | 2     | ST; QL                  |
| <i>triamcinolone acetonide topical cream</i>                          | 2     |                         |
| <i>triamcinolone acetonide topical lotion</i>                         | 2     |                         |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2     |                         |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | 2     | ST                      |
| <i>triderm topical cream 0.5 %</i>                                    | 2     | ST                      |
| <b>TOPICAL ENZYMES</b>                                                |       |                         |
| NEXOBRID                                                              | 4     |                         |
| SANTYL                                                                | 3     | QL                      |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |       |                         |
| <i>crotan</i>                                                         | 2     |                         |
| ELIMITE                                                               | 4     |                         |
| EURAX                                                                 | 4     |                         |
| <i>malathion</i>                                                      | 2     |                         |
| OVIDE                                                                 | 4     |                         |
| <i>permethrin</i>                                                     | 2     |                         |
| <i>pruradik</i>                                                       | 2     |                         |

| Nombre del Medicamento                        | Nivel | Restricciones / Límites |
|-----------------------------------------------|-------|-------------------------|
| <i>spinosad</i>                               | 2     |                         |
| ULESFIA                                       | 4     |                         |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> |       |                         |
| <b>IRRIGATING SOLUTIONS</b>                   |       |                         |
| <i>lactated ringers irrigation</i>            | 2     |                         |
| <i>neomycin-polymyxin b gu</i>                | 2     |                         |
| PHYSIOLYTE                                    | 4     |                         |
| PHYSIOSOL IRRIGATION                          | 4     |                         |
| <i>ringer's irrigation</i>                    | 2     |                         |
| SORBITOL IRRIGATION                           | 4     |                         |
| SORBITOL-MANNITOL                             | 4     |                         |
| <b>MISCELLANEOUS AGENTS</b>                   |       |                         |
| <i>acamprosate</i>                            | 2     |                         |
| <i>acetic acid irrigation</i>                 | 2     |                         |
| AGRYLIN                                       | 4     |                         |
| <i>anagrelide</i>                             | 2     |                         |
| BUPHENYL                                      | 5     |                         |
| <i>caffeine citrate oral</i>                  | 2     |                         |
| CARBAGLU                                      | 5     | \$; LA                  |
| <i>carglumic acid</i>                         | 5     |                         |
| CARNITOR (SUGAR-FREE)                         | 4     |                         |
| CARNITOR ORAL                                 | 4     |                         |
| <i>cevimeline</i>                             | 2     |                         |
| CHEMET                                        | 3     | PA                      |
| <i>deferasirox</i>                            | 5     | PA                      |
| <i>deferiprone</i>                            | 5     | PA                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| <i>disulfiram</i>                            | 2     |                         |
| <i>droxidopa</i>                             | 5     | PA                      |
| EMPAVELI                                     | 5     | PA; LA                  |
| EVOXAC                                       | 4     |                         |
| FABHALTA                                     | 5     | PA                      |
| FERRIPROX                                    | 5     | PA                      |
| FERRIPROX (2 TIMES A DAY)                    | 5     | PA                      |
| GLASSIA 1 GM/50 ML VIAL                      | 5     | PA; LA                  |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)  | 3     | LA                      |
| <i>glutamine (sickle cell)</i>               | 5     | PA                      |
| INCRELEX                                     | 5     | PA; \$; LA              |
| JOENJA                                       | 5     | PA; QL                  |
| <i>levocarnitine (with sugar)</i>            | 2     |                         |
| <i>levocarnitine oral solution 100 mg/ml</i> | 2     |                         |
| <i>levocarnitine oral tablet</i>             | 2     |                         |
| LITFULO                                      | 5     | PA; QL                  |
| LITHOSTAT                                    | 4     |                         |
| METOPIRONE                                   | 4     |                         |
| <i>midodrine</i>                             | 2     |                         |
| <i>nitisinone</i>                            | 5     | PA; LA                  |
| NITYR                                        | 5     | PA; LA                  |
| OLPRUVA                                      | 5     |                         |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG       | 5     | PA; LA                  |

| Nombre del Medicamento               | Nivel | Restricciones / Límites |
|--------------------------------------|-------|-------------------------|
| ORFADIN ORAL CAPSULE 20 MG           | 5     | PA; \$; LA              |
| ORFADIN ORAL SUSPENSION              | 5     | PA; LA                  |
| PHEBURANE                            | 5     |                         |
| PYRUKYND                             | 5     | PA; LA; QL              |
| RADIOGARDASE                         | 4     |                         |
| REZDIFFRA                            | 5     | PA; QL                  |
| RILUTEK                              | 4     | PA                      |
| <i>riluzole</i>                      | 2     | PA                      |
| <i>risedronate oral tablet 30 mg</i> | 1     | QL                      |
| <i>sodium chloride 0.9 %</i>         | 2     |                         |
| <i>sodium chloride injection</i>     | 2     |                         |
| <i>sodium chloride irrigation</i>    | 2     |                         |
| <i>sodium phenylbutyrate</i>         | 2     |                         |
| SOHONOS                              | 5     | PA; LA; QL              |
| SYPRINE                              | 4     | PA                      |
| TAVNEOS                              | 5     | PA; QL                  |
| TEGLUTIK                             | 5     | PA                      |
| THIOLA EC                            | 5     | PA                      |
| TIGLUTIK                             | 5     | PA                      |
| <i>tiopronin</i>                     | 5     | PA                      |
| <i>trientine oral capsule 250 mg</i> | 2     | PA                      |
| <i>venxxiva</i>                      | 5     | PA                      |
| VOYDEYA                              | 5     | PA; LA                  |
| VYKAT XR                             | 5     | PA                      |
| <i>water for irrigation, sterile</i> | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                        | Nivel | Restricciones / Límites |
|---------------------------------------------------------------|-------|-------------------------|
| XURIDEN                                                       | 5     |                         |
| ZYNRELEF                                                      | 4     |                         |
| <b>SMOKING DETERRENTS</b>                                     |       |                         |
| <i>bupropion hcl (smoking deter)</i>                          | 1     | ACA                     |
| CHANTIX                                                       | 4     | ACA                     |
| CHANTIX CONTINUING MONTH BOX                                  | 4     | ACA                     |
| CHANTIX STARTING MONTH BOX                                    | 4     | ACA                     |
| <i>nicorette buccal gum 4 mg</i>                              | 1     | ACA; OTC                |
| <i>nicotine</i>                                               | 1     | ACA; OTC                |
| <i>nicotine (polacrilex)</i>                                  | 1     | ACA; OTC                |
| NICOTROL NS                                                   | 4     | ACA                     |
| <i>quit 2</i>                                                 | 1     | ACA; OTC                |
| <i>quit 4</i>                                                 | 1     | ACA; OTC                |
| <i>stop smoking aid</i>                                       | 1     | ACA; OTC                |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                     |       |                         |
| <b>MISCELLANEOUS AGENTS</b>                                   |       |                         |
| ARESTIN                                                       | 5     |                         |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>    | 2     | QL                      |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> | 2     |                         |
| <i>chlorhexidine gluconate mucous membrane</i>                | 2     |                         |
| CLINPRO 5000                                                  | 4     |                         |
| <i>denta 5000 plus</i>                                        | 1     |                         |

| Nombre del Medicamento           | Nivel | Restricciones / Límites |
|----------------------------------|-------|-------------------------|
| <i>denta 5000 plus sensitive</i> | 1     |                         |
| <i>dentagel</i>                  | 1     |                         |
| <i>fluoride (sodium) dental</i>  | 1     |                         |
| FLUORIDEX DAILY DEFENSE          | 4     |                         |
| FLUORIDEX SENSITIVITY RELIEF     | 4     |                         |
| FLUORIMAX 5000                   | 4     |                         |
| FLUORIMAX 5000 SENSITIVE         | 4     |                         |
| <i>fraiche 5000</i>              | 1     |                         |
| FRAICHE 5000 PREVI               | 4     |                         |
| GELCLAIR                         | 4     |                         |
| <i>ipratropium bromide nasal</i> | 2     | QL                      |
| JUST RIGHT 5000                  | 4     |                         |
| <i>kourzeq</i>                   | 2     |                         |
| MUGARD                           | 5     |                         |
| <i>olopatadine nasal</i>         | 2     | QL                      |
| <i>oralone</i>                   | 2     |                         |
| ORAMAGICRX                       | 4     |                         |
| <i>paroex oral rinse</i>         | 2     |                         |
| PERIDEX                          | 4     |                         |
| <i>periogard</i>                 | 2     |                         |
| <i>pilocarpine hcl oral</i>      | 2     |                         |
| PREVIDENT                        | 4     |                         |
| PREVIDENT 5000 BOOSTER PLUS      | 4     |                         |
| PREVIDENT 5000 ENAMEL PROTECT    | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                 | Nivel | Restricciones / Límites |
|----------------------------------------|-------|-------------------------|
| PREVIDENT 5000 ORTHO DEFENSE           | 4     |                         |
| PREVIDENT 5000 PLUS                    | 4     |                         |
| PREVIDENT 5000 SENSITIVE               | 4     |                         |
| PREVIDENT KIDS                         | 4     |                         |
| PROTHELIAL                             | 5     |                         |
| SALAGEN (PILOCARPINE)                  | 4     |                         |
| <i>sf</i>                              | 1     |                         |
| <i>sf 5000 plus</i>                    | 1     |                         |
| <i>sodium fluoride 5000 plus</i>       | 1     |                         |
| <i>sodium fluoride-pot nitrate</i>     | 1     |                         |
| <i>triamcinolone acetonide dental</i>  | 2     |                         |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b> |       |                         |
| <i>acetic acid otic (ear)</i>          | 2     |                         |
| <i>ciprofloxacin hcl otic (ear)</i>    | 2     |                         |
| DERMOTIC OIL                           | 4     |                         |
| <i>flac otic oil</i>                   | 2     |                         |
| <i>fluocinolone acetonide oil</i>      | 2     |                         |
| <i>hydrocortisone-acetic acid</i>      | 2     |                         |
| <i>ofloxacin otic (ear)</i>            | 2     |                         |
| <b>OTIC STEROID / ANTIBIOTIC</b>       |       |                         |
| <i>ciprofloxacin-dexamethasone</i>     | 2     |                         |
| CORTISPORIN-TC                         | 4     |                         |

| Nombre del Medicamento                                                          | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------------|-------|-------------------------|
| <i>neomycin-polymyxin-hc otic (ear)</i>                                         | 2     |                         |
| OTOVEL                                                                          | 4     |                         |
| <b>ENDOCRINE/DIABETES</b>                                                       |       |                         |
| <b>ADRENAL HORMONES</b>                                                         |       |                         |
| ACTHAR                                                                          | 5     | PA                      |
| ACTHAR SELFJECT                                                                 | 5     | PA                      |
| CORTEF                                                                          | 4     |                         |
| <i>cortisone</i>                                                                | 2     |                         |
| <i>deflazacort</i>                                                              | 5     |                         |
| <i>dexabliss</i>                                                                | 2     | PA                      |
| <i>dexamethasone intensol</i>                                                   | 2     |                         |
| <i>dexamethasone oral elixir</i>                                                | 2     |                         |
| <i>dexamethasone oral solution</i>                                              | 2     |                         |
| <i>dexamethasone oral tablet</i>                                                | 2     |                         |
| <i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i> | 2     | PA                      |
| <i>fludrocortisone</i>                                                          | 2     |                         |
| <i>hydrocortisone oral</i>                                                      | 2     |                         |
| MEDROL (PAK)                                                                    | 4     |                         |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG                                      | 4     |                         |
| <i>methylprednisolone</i>                                                       | 2     |                         |
| <i>millipred dp</i>                                                             | 2     |                         |
| <i>millipred oral tablet</i>                                                    | 2     |                         |
| ORAPRED ODT                                                                     | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                                                                        | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>prednisolone</i>                                                                                                                                           | 2     |                         |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2     |                         |
| <i>prednisolone sodium phosphate oral tablet, disintegrating</i>                                                                                              | 2     |                         |
| <i>prednisone</i>                                                                                                                                             | 2     |                         |
| <i>prednisone intensol</i>                                                                                                                                    | 2     |                         |
| RAYOS                                                                                                                                                         | 4     | PA                      |
| TAPERDEX                                                                                                                                                      | 4     | PA                      |
| TARPEYO                                                                                                                                                       | 5     | PA; QL                  |
| TRIESENCE (PF)                                                                                                                                                | 4     |                         |
| XIPERE (PF)                                                                                                                                                   | 5     |                         |
| ZCORT                                                                                                                                                         | 4     | PA                      |
| <b>ANTITHYROID AGENTS</b>                                                                                                                                     |       |                         |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                    | 2     |                         |
| <i>potassium iodide oral solution</i>                                                                                                                         | 2     |                         |
| <i>propylthiouracil</i>                                                                                                                                       | 2     |                         |
| SSKI                                                                                                                                                          | 4     |                         |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>                                                                                                        |       |                         |
| ACCU-CHEK AVIVA CONTROL SOLN                                                                                                                                  | 4     | OTC                     |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                                                                                                                                | 4     | OTC                     |

| Nombre del Medicamento          | Nivel | Restricciones / Límites |
|---------------------------------|-------|-------------------------|
| ACCU-CHEK SMARTVIEW CTRL SOL    | 4     | OTC                     |
| ACCUTREND GLUCOSE CONTROL       | 4     | OTC                     |
| ADVOCATE REDI-CODE PLUS CTRL L  | 4     | OTC                     |
| AGAMATRIX CONTROL SOLN-HIGH     | 4     | OTC                     |
| AGAMATRIX CONTROL SOLN-NORMAL   | 4     | OTC                     |
| ASSURE 4 CONTROL SOLUTION       | 4     | OTC                     |
| ASSURE DOSE NORMAL CONTROL      | 4     | OTC                     |
| ASSURE PRISM CONTROL 1-2 SOLN   | 4     | OTC                     |
| AT HOME A1C                     | 4     | OTC                     |
| BLOOD GLUCOSE CONTROL, NORMAL   | 4     | OTC                     |
| BREEZE 2 CONTROL SOLUTION, HIGH | 4     | OTC                     |
| CARESENS CONTROL A AND B        | 4     | OTC                     |
| CARETOUCH CONTROL SOLN L2-L3    | 4     | OTC                     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| CLEVER CHOICE LEVEL 2 CONTROL  | 4     | OTC                     |
| CONTOUR CONTROL SOLUTION, NML  | 4     | OTC                     |
| CONTOUR NEXT LEV 2 CONTROL SOL | 4     | OTC                     |
| DEXCOM G6 RECEIVER             | 3     | ST; QL                  |
| DEXCOM G6 SENSOR               | 3     | ST; QL                  |
| DEXCOM G6 TRANSMITTER          | 3     | ST; QL                  |
| DEXCOM G7 RECEIVER             | 3     | ST; QL                  |
| DEXCOM G7 SENSOR               | 3     | ST; QL                  |
| DIATRUE CONTROL SOLN NORMAL    | 4     | OTC                     |
| EASY PLUS II HIGH CONTROL      | 4     | OTC                     |
| EASY STEP HIGH CONTROL SOLN    | 4     | OTC                     |
| EASY TALK HIGH CONTROL         | 4     | OTC                     |
| EASY TALK PLUS II LOW CONTROL  | 4     | OTC                     |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 4     | OTC                     |
| EASY TRAK II CTRL SOLN-NORMAL  | 4     | OTC                     |
| EASY TRAK LOW CONTROL          | 4     | OTC                     |

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| EASYMAX 15 LEVEL 2             | 4     | OTC                     |
| EASYMAX NORMAL CONTROL         | 4     | OTC                     |
| ELEMENT COMPACT NORMAL CONTROL | 4     | OTC                     |
| ELEMENT NORMAL CONTROL         | 4     | OTC                     |
| EMBRACE EVO LEVEL 1            | 4     | OTC                     |
| EMBRACE GLUCOSE CONTROL LOW    | 4     | OTC                     |
| EMBRACE TALK CONTROL-LOW (L1)  | 4     | OTC                     |
| EVOLUTION NORMAL CONTROL       | 4     | OTC                     |
| FORA GTEL MULTI-FUNCTN MONITOR | 4     | OTC                     |
| FORA KETONE CONTROL SOLN-L1    | 4     | OTC                     |
| FORA NORMAL CONTROL            | 4     | OTC                     |
| FORA TN'G ADV MOBILE MULTI MTR | 4     | OTC                     |
| FORA TN'G ADVANCE MULTI-FN MTR | 4     | OTC                     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| FORA TN'G ADVANCE PRO MONITOR  | 4     | OTC                     |
| FORACARE GDH LOW CONTROL       | 4     | OTC                     |
| FREESTYLE CONTROL              | 3     | OTC                     |
| FREESTYLE FREEDOM              | 3     | OTC                     |
| FREESTYLE FREEDOM LITE         | 3     | OTC                     |
| FREESTYLE INSULINX             | 3     | OTC                     |
| FREESTYLE INSULINX TEST STRIPS | 3     | OTC                     |
| FREESTYLE LIBRE 14 DAY READER  | 3     | ST                      |
| FREESTYLE LIBRE 14 DAY SENSOR  | 3     | ST; QL                  |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 3     | ST; QL                  |
| FREESTYLE LIBRE 2 READER       | 3     | ST; QL                  |
| FREESTYLE LIBRE 2 SENSOR       | 3     | ST; QL                  |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 3     | ST; QL                  |
| FREESTYLE LIBRE 3 READER       | 3     | ST; QL                  |
| FREESTYLE LIBRE 3 SENSOR       | 3     | ST; QL                  |
| FREESTYLE LITE METER           | 3     | OTC                     |

| Nombre del Medicamento           | Nivel | Restricciones / Límites |
|----------------------------------|-------|-------------------------|
| FREESTYLE LITE STRIPS            | 3     | OTC                     |
| FREESTYLE PRECISION NEO STRIPS   | 3     | OTC                     |
| FREESTYLE TEST                   | 3     | OTC                     |
| GE100 CONTROL SOLUTION NORMAL    | 4     | OTC                     |
| GLUCOCARD 01 NORMAL CONTROL      | 4     | OTC                     |
| GLUCOCOM CONTROL NORMAL          | 4     | OTC                     |
| GLUCOSE CONTROL                  | 4     | OTC                     |
| GOJJI GLUCOSE CNTRL SOL-NORMAL   | 4     | OTC                     |
| GOJJI KETONE CONTROL SOLN-L1     | 4     | OTC                     |
| GOJJI MULTI-FUNCTIONAL METER KIT | 4     | OTC                     |
| GUARDIAN 4 GLUCOSE SENSOR        | 4     | ST; QL                  |
| GUARDIAN 4 TRANSMITTER           | 4     | ST; QL                  |
| GUARDIAN LINK 3 TRANSMITTER      | 4     | ST; QL                  |
| GUARDIAN SENSOR 3                | 4     | ST; QL                  |
| HEALTHPRO HIGH-LOW CONTROL       | 4     | OTC                     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| IHEALTH CONTROL SOLN LEVEL 2   | 4     | OTC                     |
| INFINITY CONTROL SOLUTION NORM | 4     | OTC                     |
| MEDISENSE                      | 3     | OTC                     |
| MEDISENSE GLUCOSE KETONE       | 3     | OTC                     |
| MYGLUCOHEALTH CONTROL SOLUTION | 4     | OTC                     |
| NOVA MAX PLUS GLUC-KETON METER | 4     | OTC                     |
| NOVAMAX PLUS GLU-KET           | 4     | OTC                     |
| ON CALL EXPRESS CONTROL        | 4     | OTC                     |
| ONETOUCH ULTRA CONTROL         | 3     | OTC                     |
| ONETOUCH ULTRA TEST            | 3     | OTC                     |
| ONETOUCH ULTRA2 METER          | 3     | OTC                     |
| ONETOUCH VERIO FLEX METER      | 3     | OTC                     |
| ONETOUCH VERIO MID CONTROL     | 3     | OTC                     |
| ONETOUCH VERIO REFLECT METER   | 3     | OTC                     |
| ONETOUCH VERIO TEST STRIPS     | 3     | OTC                     |

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| PIP GLUCOSE CONTROL SOLN L1-L2 | 4     | OTC                     |
| PRECISION XTRA KETONE-GLUCOSE  | 3     | OTC                     |
| PRECISION XTRA MONITOR         | 3     | OTC                     |
| PRECISION XTRA TEST            | 3     | OTC                     |
| PRODIGY CONTROL SOLUTION, LOW  | 4     | OTC                     |
| PRODIGY CONTROL SOLUTION,HIGH  | 4     | OTC                     |
| REFUAH PLUS GLUCOSE CONTROL    | 4     | OTC                     |
| RIGHTEST CONTROL SOLUTION HIGH | 4     | OTC                     |
| SMARTEST CONTROL               | 4     | OTC                     |
| SOLUS V2 CONTROL SOLUTION,HIGH | 4     | OTC                     |
| TELCARE CONTROL                | 4     | OTC                     |
| TRUE METRIX LEVEL 1            | 4     | OTC                     |
| UNISTRIIP LOW CONTROL          | 4     | OTC                     |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 4     | OTC                     |

## DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------|-------|-------------------------|
| GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML                    | 4     |                         |
| INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2" | 3     |                         |
| <b>GLUCOSE ELEVATING AGENTS</b>                              |       |                         |
| BAQSIMI                                                      | 3     | QL                      |
| <i>diazoxide</i>                                             | 2     |                         |
| <i>glucagon emergency kit (human)</i>                        | 2     | QL                      |
| GVOKE                                                        | 3     | QL                      |
| GVOKE HYPOPEN 2-PACK                                         | 3     | QL                      |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML    | 3     | QL                      |
| PROGLYCEM                                                    | 4     |                         |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>    |       |                         |
| AUTOJECT 2 INJECTION DEVICE                                  | 3     | OTC                     |
| AUTOPEN 1 TO 21 UNITS                                        | 3     | OTC                     |
| AUTOSOFT 30                                                  | 3     |                         |
| AUTOSOFT 90                                                  | 3     |                         |
| AUTOSOFT XC INFUSION SET 32"                                 | 3     |                         |
| BD INTEGRA NEEDLE                                            | 3     |                         |

| Nombre del Medicamento                          | Nivel | Restricciones / Límites |
|-------------------------------------------------|-------|-------------------------|
| BD MICROTAINER LANCET 30 GAUGE                  | 3     | OTC                     |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 3     |                         |
| CEQUR SIMPLICITY                                | 3     |                         |
| GENTEEL VACUUM LANCING DEVICE                   | 4     | OTC                     |
| ILET INFUSION KIT-INSET 23"                     | 3     |                         |
| ILET INFUSION-CONTACT DTCH 23"                  | 3     |                         |
| ILET STARTER KIT-INSET                          | 3     |                         |
| INPEN (FOR HUMALOG) PINK                        | 4     |                         |
| INPEN (NOVOLOG OR FIASP) BLUE                   | 4     |                         |
| LANCETS 33 GAUGE                                | 3     | OTC                     |
| LANCING DEVICE                                  | 3     | OTC                     |
| MEDTRONIC EXT INFUSION SET 23"                  | 3     |                         |
| MINIMED MIO ADVANCE INF SET23"                  | 3     |                         |
| MINIMED QUICK SET 43"                           | 3     |                         |
| MINIMED SILHOUETTE 23"                          | 3     |                         |
| MINIMED SURE T 32"                              | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento          | Nivel | Restricciones / Límites |
|---------------------------------|-------|-------------------------|
| NOVOPEN ECHO                    | 4     |                         |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)     | 3     | QL                      |
| OMNIPOD 5 G6-G7 PODS (GEN 5)    | 3     | QL                      |
| OMNIPOD DASH PODS (GEN 4)       | 3     | QL                      |
| T:FLEX                          | 3     |                         |
| T:SLIM X2                       | 3     |                         |
| TANDEM MOBI AUTOSOFT 30 KT 23"  | 3     |                         |
| TANDEM MOBI AUTOSOFT XC KIT 5"  | 3     |                         |
| TANDEM MOBI TRUSTEEL KIT 23"    | 3     |                         |
| TRUSTEEL INFUSION SET 32"       | 3     |                         |
| TWIIIST REFILL KT(CSST-NDL-SYR) | 3     |                         |
| TWIIIST RFL(INFUS-CSST-NDL-SYR) | 3     |                         |
| TWIIIST STARTER KIT             | 3     |                         |
| VARISOFT INFUSION SET 43"       | 3     |                         |
| V-GO 20                         | 3     |                         |
| V-GO 30                         | 3     |                         |
| V-GO 40                         | 3     |                         |
| <b>INSULIN THERAPY</b>          |       |                         |
| HUMALOG JUNIOR KWIKPEN U-100    | 3     |                         |

| Nombre del Medicamento                       | Nivel | Restricciones / Límites |
|----------------------------------------------|-------|-------------------------|
| HUMALOG KWIKPEN INSULIN                      | 3     |                         |
| HUMALOG MIX 50-50 KWIKPEN                    | 3     |                         |
| HUMALOG MIX 75-25 KWIKPEN                    | 3     |                         |
| HUMALOG MIX 75-25(U-100)INSULN               | 3     |                         |
| HUMALOG TEMPO PEN(U-100)INSULN               | 3     | ST                      |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE | 3     |                         |
| HUMULIN 70/30 U-100 INSULIN                  | 3     |                         |
| HUMULIN 70/30 U-100 KWIKPEN                  | 3     |                         |
| HUMULIN N NPH INSULIN KWIKPEN                | 3     |                         |
| HUMULIN N NPH U-100 INSULIN                  | 3     |                         |
| HUMULIN R REGULAR U-100 INSULN               | 3     |                         |
| HUMULIN R U-500 (CONC) INSULIN               | 3     |                         |
| HUMULIN R U-500 (CONC) KWIKPEN               | 3     |                         |
| INSULIN ASPART U-100                         | 4     | ST                      |
| INSULIN GLARGINE-YFGN                        | 3     |                         |
| INSULIN LISPRO                               | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                 | Nivel | Restricciones / Límites |
|----------------------------------------|-------|-------------------------|
| INSULIN LISPRO<br>PROTAMIN-<br>LISPRO  | 3     |                         |
| LYUMJEV<br>KWIKPEN U-100<br>INSULIN    | 3     |                         |
| LYUMJEV<br>KWIKPEN U-200<br>INSULIN    | 3     |                         |
| LYUMJEV TEMPO<br>PEN(U-<br>100)INSULN  | 3     | ST                      |
| LYUMJEV U-100<br>INSULIN               | 3     |                         |
| SEMGLEE(INSULI<br>N GLARGINE-<br>YFGN) | 3     |                         |
| SEMGLEE(INSULI<br>N GLARG-<br>YFGN)PEN | 3     |                         |
| SOLIQUA 100/33                         | 3     | QL                      |
| TOUJEO MAX U-<br>300 SOLOSTAR          | 3     |                         |
| TOUJEO<br>SOLOSTAR U-300<br>INSULIN    | 3     |                         |
| TRESIBA<br>FLEXTOUCH U-<br>100         | 3     |                         |
| TRESIBA<br>FLEXTOUCH U-<br>200         | 3     |                         |
| TRESIBA U-100<br>INSULIN               | 3     |                         |
| XULTOPHY<br>100/3.6                    | 4     | QL                      |
| <b>MISCELLANEOUS HORMONES</b>          |       |                         |
| <i>cabergoline</i>                     | 2     | QL                      |

| Nombre del Medicamento                                                         | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------|-------|-------------------------|
| <i>calcitonin (salmon)</i>                                                     | 2     |                         |
| <i>calcitriol<br/>intravenous solution<br/>1 mcg/ml</i>                        | 2     |                         |
| <i>calcitriol oral</i>                                                         | 2     |                         |
| CERDELGA                                                                       | 5     | PA; \$; QL              |
| <i>cinacalcet</i>                                                              | 2     | ST                      |
| CRENESSITY                                                                     | 5     | PA; LA                  |
| <i>danazol</i>                                                                 | 2     |                         |
| DDAVP ORAL                                                                     | 4     |                         |
| DEPO-<br>TESTOSTERONE                                                          | 4     |                         |
| <i>desmopressin<br/>injection</i>                                              | 5     |                         |
| <i>desmopressin nasal<br/>spray, non-aerosol<br/>10 mcg/spray (0.1<br/>ml)</i> | 2     |                         |
| DESMOPRESSIN<br>NASAL<br>SPRAY, NON-<br>AEROSOL 150<br>MCG/SPRAY (0.1<br>ML)   | 3     |                         |
| <i>desmopressin oral</i>                                                       | 2     |                         |
| <i>doxercalciferol oral</i>                                                    | 2     |                         |
| GALAFOLD                                                                       | 5     | PA; \$; LA; QL          |
| JATENZO                                                                        | 4     | QL                      |
| <i>javygtor</i>                                                                | 5     | PA                      |
| JYNARQUE                                                                       | 5     | PA; LA; QL              |
| METHITEST                                                                      | 3     |                         |
| <i>methyltestosterone<br/>oral capsule</i>                                     | 2     |                         |
| MIACALCIN<br>INJECTION                                                         | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                            | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------|-------|-------------------------|
| <i>mifepristone oral tablet 300 mg</i>                            | 5     |                         |
| <i>miglustat</i>                                                  | 5     | PA; \$; LA; QL          |
| MYALEPT                                                           | 5     | PA; \$; LA              |
| OPFOLDA                                                           | 5     | PA; QL                  |
| ORILISSA                                                          | 3     | ST; QL                  |
| PALYNZIQ                                                          | 5     | PA; \$; LA; QL          |
| <i>paricalcitol intravenous</i>                                   | 2     |                         |
| <i>paricalcitol oral</i>                                          | 2     |                         |
| RAYALDEE                                                          | 4     |                         |
| ROCALTROL ORAL SOLUTION                                           | 4     |                         |
| <i>sapropterin</i>                                                | 5     | PA                      |
| SOMAVERT                                                          | 5     | \$                      |
| STRENSIQ                                                          | 5     | PA; LA                  |
| SYNAREL                                                           | 3     | PA                      |
| TESTOPEL                                                          | 5     |                         |
| <i>testosterone cypionate</i>                                     | 2     |                         |
| <i>testosterone enanthate</i>                                     | 2     |                         |
| TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG                 | 4     |                         |
| <i>testosterone transdermal</i>                                   | 2     | QL                      |
| <i>tolvaptan</i>                                                  | 5     | PA; LA; QL              |
| <i>tolvaptan (polycystic kidney dis) oral tablet</i>              | 5     | PA; LA; QL              |
| <i>tolvaptan (polycystic kidney dis) oral tablets, sequential</i> | 5     | PA; LA                  |
| VOGELXO                                                           | 4     | QL                      |

| Nombre del Medicamento                             | Nivel | Restricciones / Límites |
|----------------------------------------------------|-------|-------------------------|
| VOXZOGO                                            | 5     | PA                      |
| XYOSTED                                            | 3     | QL                      |
| YORVIPATH                                          | 5     | PA                      |
| ZEMPLAR INTRAVENOUS                                | 4     |                         |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG                  | 4     |                         |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>             |       |                         |
| <i>acarbose</i>                                    | 1     |                         |
| ACTOPLUS MET                                       | 4     | QL                      |
| ACTOS                                              | 4     | QL                      |
| BYDUREON BCISE                                     | 3     | ST; QL                  |
| CYCLOSET                                           | 4     |                         |
| DUETACT                                            | 4     | QL                      |
| <i>exenatide</i>                                   | 1     | ST; QL                  |
| FARXIGA                                            | 3     | ST; QL                  |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>    | 1     |                         |
| <i>glipizide oral tablet 10 mg, 5 mg</i>           | 1     |                         |
| <i>glipizide oral tablet extended release 24hr</i> | 1     |                         |
| <i>glipizide-metformin</i>                         | 1     |                         |
| <i>glyburide</i>                                   | 1     |                         |
| <i>glyburide micronized</i>                        | 1     |                         |
| <i>glyburide-metformin</i>                         | 1     |                         |
| GLYXAMBI                                           | 3     | ST; QL                  |
| JANUMET                                            | 3     | QL                      |
| JANUMET XR                                         | 3     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                        | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| JANUVIA                                                                                                       | 3     | QL                      |
| JARDIANCE                                                                                                     | 3     | ST; QL                  |
| <i>liraglutide</i>                                                                                            | 1     | ST; QL                  |
| <i>metformin oral solution</i>                                                                                | 1     | ST                      |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                                         | 1     |                         |
| <i>metformin oral tablet 750 mg</i>                                                                           | 1     | ST                      |
| <i>metformin oral tablet extended release 24 hr</i>                                                           | 1     | QL                      |
| <i>metformin oral tablet extended release 24hr</i>                                                            | 1     | PA; QL                  |
| <i>metformin oral tablet,er gast.retention 24 hr</i>                                                          | 1     | PA; QL                  |
| <i>miglitol</i>                                                                                               | 1     |                         |
| MOUNJARO                                                                                                      | 3     | ST; QL                  |
| <i>nateglinide</i>                                                                                            | 1     |                         |
| OSENI ORAL TABLET 25-45 MG                                                                                    | 4     | QL                      |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3     | ST; QL                  |
| <i>pioglitazone</i>                                                                                           | 1     | QL                      |
| <i>pioglitazone-glimepiride</i>                                                                               | 1     | QL                      |
| <i>pioglitazone-metformin</i>                                                                                 | 1     | QL                      |
| PRECOSE                                                                                                       | 4     |                         |

| Nombre del Medicamento                                                                                                   | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>repaglinide</i>                                                                                                       | 1     |                         |
| RIOMET                                                                                                                   | 4     | ST                      |
| RYBELSUS                                                                                                                 | 3     | ST; QL                  |
| <i>saxagliptin</i>                                                                                                       | 1     | QL                      |
| <i>saxagliptin-metformin</i>                                                                                             | 1     | QL                      |
| SYNJARDY                                                                                                                 | 3     | ST; QL                  |
| SYNJARDY XR                                                                                                              | 3     | ST; QL                  |
| TRIJARDY XR                                                                                                              | 3     | ST                      |
| TRULICITY                                                                                                                | 3     | ST; QL                  |
| XIGDUO XR                                                                                                                | 3     | ST; QL                  |
| <b>THYROID HORMONES</b>                                                                                                  |       |                         |
| <i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                            | 2     |                         |
| ARMOUR THYROID                                                                                                           | 3     |                         |
| ERMEZA                                                                                                                   | 4     | ST                      |
| <i>euthyrox</i>                                                                                                          | 2     |                         |
| <i>levo-t</i>                                                                                                            | 2     |                         |
| <i>levothyroxine oral tablet</i>                                                                                         | 2     |                         |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 2     |                         |
| <i>liothyronine oral</i>                                                                                                 | 2     |                         |
| <i>niva thyroid</i>                                                                                                      | 2     |                         |
| <i>np thyroid</i>                                                                                                        | 2     |                         |
| <i>renthyroid</i>                                                                                                        | 2     |                         |
| <i>thyroid (pork)</i>                                                                                                    | 2     |                         |
| <i>unithroid</i>                                                                                                         | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                           | Nivel | Restricciones / Límites |
|--------------------------------------------------|-------|-------------------------|
| <b>GASTROENTEROLOGY</b>                          |       |                         |
| <b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>       |       |                         |
| <i>anaspaz</i>                                   | 2     |                         |
| <i>belladonna alkaloids-opium</i>                | 2     | ST; QL                  |
| <i>chlordiazepoxide-clidinium</i>                | 2     |                         |
| <i>dicyclomine oral capsule</i>                  | 2     |                         |
| <i>dicyclomine oral solution</i>                 | 2     |                         |
| <i>dicyclomine oral tablet 20 mg</i>             | 2     |                         |
| <i>diphenoxylate-atropine</i>                    | 2     |                         |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML | 4     |                         |
| DONNATAL ORAL TABLET                             | 4     |                         |
| <i>ed-spaz</i>                                   | 2     |                         |
| GLYCATE                                          | 4     |                         |
| <i>glycopyrrolate oral solution</i>              | 2     |                         |
| <i>glycopyrrolate oral tablet</i>                | 2     |                         |
| <i>hyoscyamine sulfate oral</i>                  | 2     |                         |
| <i>hyoscyamine sulfate sublingual</i>            | 2     |                         |
| <i>hyosyne</i>                                   | 2     |                         |
| LEVBID                                           | 4     |                         |
| LEVSIN ORAL                                      | 4     |                         |
| LEVSIN/SL                                        | 4     |                         |

| Nombre del Medicamento                                     | Nivel | Restricciones / Límites |
|------------------------------------------------------------|-------|-------------------------|
| LOMOTIL                                                    | 4     |                         |
| <i>loperamide oral capsule</i>                             | 2     |                         |
| <i>methscopolamine</i>                                     | 2     |                         |
| MOTOFEN                                                    | 4     |                         |
| NULEV                                                      | 4     |                         |
| <i>opium tincture</i>                                      | 2     |                         |
| <i>oscimin</i>                                             | 2     |                         |
| <i>oscimin sl</i>                                          | 2     |                         |
| <i>phenobarb-hyoscy-atropine-scop</i>                      | 2     |                         |
| <i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | 2     |                         |
| <i>phenohydro oral tablet</i>                              | 2     |                         |
| ROBINUL FORTE                                              | 4     |                         |
| ROBINUL ORAL                                               | 4     |                         |
| SYMAX DUOTAB                                               | 4     |                         |
| <i>symax fastabs</i>                                       | 2     |                         |
| <i>symax-sl</i>                                            | 2     |                         |
| <i>symax-sr</i>                                            | 2     |                         |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>               |       |                         |
| <i>alosetron</i>                                           | 2     |                         |
| <i>alvimopan</i>                                           | 2     |                         |
| ANALPRAM-HC RECTAL CREAM 1-1 %                             | 4     |                         |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %                           | 4     | ST                      |
| <i>anucort-hc</i>                                          | 2     |                         |
| <i>aprepitant</i>                                          | 2     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| APRISO                                | 4     | ST                      |
| AZULFIDINE                            | 4     | ST                      |
| AZULFIDINE EN-TABS                    | 4     | ST                      |
| <i>balsalazide</i>                    | 2     |                         |
| <i>betaine</i>                        | 5     |                         |
| <i>bisacodyl oral</i>                 | 2     | ACA; OTC                |
| <i>budesonide oral</i>                | 2     |                         |
| <i>budesonide rectal</i>              | 2     |                         |
| BYLVAY                                | 5     | PA; LA; QL              |
| CHENODAL                              | 5     | PA; LA                  |
| CHOLBAM ORAL CAPSULE 250 MG           | 5     | PA                      |
| CHOLBAM ORAL CAPSULE 50 MG            | 5     | PA; QL                  |
| <i>citrate of magnesia</i>            | 2     | ACA; OTC                |
| <i>citroma</i>                        | 2     | ACA; OTC                |
| <i>clearlax oral powder</i>           | 2     | ACA; OTC                |
| COLAZAL                               | 4     | ST                      |
| COMPAZINE                             | 4     |                         |
| <i>compro</i>                         | 2     |                         |
| <i>constulose</i>                     | 2     |                         |
| CORTENEMA                             | 4     |                         |
| CREON                                 | 3     |                         |
| <i>cromolyn oral</i>                  | 2     |                         |
| CTEXLI                                | 5     | PA                      |
| DICLEGIS                              | 4     | QL                      |
| DIPENTUM                              | 4     | ST                      |
| <i>doxylamine-pyridoxine (vit b6)</i> | 2     | QL                      |
| <i>dronabinol</i>                     | 2     | PA                      |

| Nombre del Medicamento                                             | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------|-------|-------------------------|
| <i>dulcolax (magnesium hydroxide) oral suspension</i>              | 2     | ACA; OTC                |
| <i>enulose</i>                                                     | 2     |                         |
| GASTROCROM                                                         | 4     |                         |
| GATTEX 30-VIAL                                                     | 5     | \$                      |
| <i>gavilax oral powder</i>                                         | 2     | ACA; OTC                |
| <i>gavilyte-c</i>                                                  | 1     | ACA                     |
| <i>gavilyte-g</i>                                                  | 1     | ACA                     |
| <i>gavilyte-n</i>                                                  | 1     | ACA                     |
| <i>generlac</i>                                                    | 2     |                         |
| <i>gentle laxative (bisacodyl) oral</i>                            | 2     | ACA; OTC                |
| <i>gentle laxative (mag hydrox)</i>                                | 2     | ACA; OTC                |
| <i>gentlelax</i>                                                   | 2     | ACA; OTC                |
| GOLYTELY                                                           | 4     |                         |
| <i>granisetron hcl oral</i>                                        | 2     | QL                      |
| <i>hemmorex-hc</i>                                                 | 2     |                         |
| <i>hydrocortisone acetate rectal</i>                               | 2     |                         |
| <i>hydrocortisone rectal</i>                                       | 2     |                         |
| <i>hydrocortisone topical cream with perineal applicator</i>       | 2     |                         |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                 | 2     |                         |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 2     | ST                      |
| IQIRVO                                                             | 5     | PA                      |
| KRISTALOSE                                                         | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                       | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>lactulose</i>                                                                             | 2     |                         |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>                             | 2     | ACA; OTC                |
| <i>laxative peg 3350</i>                                                                     | 2     | ACA; OTC                |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i>                                           | 2     |                         |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL                                                    | 4     |                         |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-2.5 % (7 gram)</i> | 2     |                         |
| <i>lidocaine-hydrocortisone-aloe</i>                                                         | 2     |                         |
| LINZESS                                                                                      | 3     | QL                      |
| LIVDELZI                                                                                     | 5     | PA                      |
| LIVMARLI                                                                                     | 5     | PA; LA                  |
| <i>lubiprostone</i>                                                                          | 2     | QL                      |
| <i>magnesium citrate oral solution</i>                                                       | 2     | ACA; OTC                |
| MARINOL                                                                                      | 4     | PA                      |
| <i>meclizine oral tablet</i>                                                                 | 2     |                         |
| <i>mesalamine</i>                                                                            | 2     |                         |
| <i>mesalamine with cleansing wipe</i>                                                        | 2     |                         |
| <i>metoclopramide hcl oral solution</i>                                                      | 2     |                         |
| <i>metoclopramide hcl oral tablet</i>                                                        | 2     |                         |
| <i>milk of magnesia</i>                                                                      | 2     | ACA; OTC                |
| <i>milk of magnesia concentrated</i>                                                         | 2     | ACA; OTC                |

| Nombre del Medicamento                                                         | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------|-------|-------------------------|
| MOVANTIK                                                                       | 3     | QL                      |
| <i>natura-lax</i>                                                              | 2     | ACA; OTC                |
| <i>nitroglycerin rectal</i>                                                    | 2     |                         |
| OCALIVA                                                                        | 5     | PA; \$; LA; QL          |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 5     | PA; QL                  |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)          | 5     | PA; QL                  |
| <i>ondansetron hcl oral solution</i>                                           | 2     | QL                      |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                  | 2     | QL                      |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                      | 2     | QL                      |
| <i>onelax magnesium citrate</i>                                                | 2     | ACA; OTC                |
| <i>oral saline laxative</i>                                                    | 2     | ACA; OTC                |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                                                                                                                         | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 3     |                         |
| <i>peg 3350-electrolytes</i>                                                                                                                                                                                   | 1     | ACA                     |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                                                                                                                                                                          | 1     | ACA                     |
| <i>peg-electrolyte soln</i>                                                                                                                                                                                    | 1     | ACA                     |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                                                                                                                                  | 3     |                         |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                                                                                                                                                                  | 4     |                         |
| <i>phosphate laxative</i>                                                                                                                                                                                      | 2     | ACA; OTC                |
| <i>polyethylene glycol 3350 oral powder</i>                                                                                                                                                                    | 2     | ACA; OTC                |
| <i>powderlax oral powder</i>                                                                                                                                                                                   | 2     | ACA; OTC                |
| <i>prochlorperazine</i>                                                                                                                                                                                        | 2     |                         |
| <i>prochlorperazine maleate</i>                                                                                                                                                                                | 2     |                         |
| PROCORT                                                                                                                                                                                                        | 4     |                         |
| PROCTOCORT RECTAL                                                                                                                                                                                              | 4     | ST                      |

| Nombre del Medicamento                 | Nivel | Restricciones / Límites |
|----------------------------------------|-------|-------------------------|
| <i>procto-med hc</i>                   | 2     |                         |
| <i>proctosol hc topical</i>            | 2     |                         |
| <i>proctozone-hc</i>                   | 2     |                         |
| <i>prucalopride</i>                    | 2     | QL                      |
| <i>purelax oral powder</i>             | 2     | ACA; OTC                |
| REBYOTA                                | 5     |                         |
| RECTIV                                 | 3     |                         |
| REGLAN ORAL                            | 4     |                         |
| RELISTOR SUBCUTANEOUS SOLUTION         | 3     | ST                      |
| RELISTOR SUBCUTANEOUS SYRINGE          | 3     | ST                      |
| ROWASA RECTAL ENEMA KIT                | 4     |                         |
| SANCUSO                                | 4     | QL                      |
| <i>scopolamine base</i>                | 2     |                         |
| SFROWASA                               | 4     |                         |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR | 5     | PA; QL                  |
| <i>smoothlax oral powder</i>           | 2     | ACA; OTC                |
| <i>sodium,potassium,mag sulfates</i>   | 1     | ACA                     |
| SUCRAID                                | 5     |                         |
| <i>sulfasalazine</i>                   | 2     |                         |
| SYMPROIC                               | 3     |                         |
| SYNDROS                                | 4     | PA                      |
| <i>trimethobenzamide oral</i>          | 2     |                         |
| TRULANCE                               | 3     |                         |
| UCERIS                                 | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                                                                                                                                                                                           | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| URSO FORTE                                                                                                                                                                                                                                                                       | 4     |                         |
| <i>ursodiol</i>                                                                                                                                                                                                                                                                  | 2     |                         |
| VARUBI                                                                                                                                                                                                                                                                           | 3     | QL                      |
| VELSIPITY                                                                                                                                                                                                                                                                        | 5     | PA; QL                  |
| VIBERZI                                                                                                                                                                                                                                                                          | 3     |                         |
| VIOKACE                                                                                                                                                                                                                                                                          | 3     |                         |
| VOWST                                                                                                                                                                                                                                                                            | 5     |                         |
| <i>women's gentle laxative(bisac)</i>                                                                                                                                                                                                                                            | 2     | ACA; OTC                |
| ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3     |                         |
| ZYMFENTRA                                                                                                                                                                                                                                                                        | 5     | PA; QL                  |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                                                             |       |                         |
| <i>amoxicil-clarithromy-lansopraz</i>                                                                                                                                                                                                                                            | 2     | QL                      |
| <i>bismuth subcit k-metronidz-tcn</i>                                                                                                                                                                                                                                            | 2     |                         |
| <i>cimetidine</i>                                                                                                                                                                                                                                                                | 2     |                         |
| <i>cimetidine hcl oral</i>                                                                                                                                                                                                                                                       | 2     |                         |

| Nombre del Medicamento                                                                       | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------------------|-------|-------------------------|
| CYTOTEC                                                                                      | 4     |                         |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>                      | 2     |                         |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 2     | ST; QL                  |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>                      | 2     | ST                      |
| <i>famotidine oral suspension for reconstitution</i>                                         | 2     |                         |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                   | 2     |                         |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>                                | 2     | QL                      |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>                                | 2     |                         |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>                                 | 2     | ST; QL                  |
| <i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>                                 | 2     | ST                      |
| <i>misoprostol</i>                                                                           | 2     |                         |
| <i>nizatidine oral capsule</i>                                                               | 2     |                         |
| OMECLAMOX-PAK                                                                                | 4     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                              | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------|-------|-------------------------|
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i> | 2     | QL                      |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>        | 2     |                         |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>    | 2     | PA; QL                  |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>    | 2     | PA                      |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>        | 2     | PA; QL                  |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>        | 2     | PA                      |
| <i>pantoprazole oral granules dr for susp in packet</i>             | 2     | ST                      |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>      | 2     | QL                      |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>      | 2     |                         |
| PEPCID ORAL TABLET                                                  | 4     |                         |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i>             | 2     |                         |
| <i>sucralfate</i>                                                   | 2     |                         |
| TALICIA                                                             | 3     | QL                      |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|------------------------|-------|-------------------------|
| VOQUEZNA               | 4     | ST                      |
| VOQUEZNA DUAL PAK      | 4     |                         |
| VOQUEZNA TRIPLE PAK    | 4     |                         |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                              |   |            |
|------------------------------|---|------------|
| ARCALYST                     | 5 | PA; \$; QL |
| FULPHILA                     | 5 | PA; \$; QL |
| LEUKINE INJECTION RECON SOLN | 5 | \$         |
| MOZOBIL                      | 5 | \$         |
| NIVESTYM                     | 5 | PA         |
| <i>plerixafor</i>            | 5 |            |
| PROCRT                       | 5 | PA         |
| PROLEUKIN                    | 5 | PA; \$     |
| RETACRIT                     | 5 | PA         |
| XOLREMDI                     | 5 | PA         |
| ZIEXTENZO                    | 5 | PA; QL     |

### GROWTH HORMONES

|                                                   |   |        |
|---------------------------------------------------|---|--------|
| EGRIFTA SV                                        | 5 | PA     |
| GENOTROPIN                                        | 5 | PA; \$ |
| GENOTROPIN MINISQUICK                             | 5 | PA; \$ |
| NGENLA                                            | 5 |        |
| OMNITROPE                                         | 5 | PA; \$ |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; \$ |

### INTERFERONS

|           |   |    |
|-----------|---|----|
| ACTIMMUNE | 5 | \$ |
|-----------|---|----|

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                             | Nivel | Restricciones / Límites |
|----------------------------------------------------|-------|-------------------------|
| ALFERON N                                          | 3     |                         |
| PEGASYS                                            | 5     | \$; QL                  |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b> |       |                         |
| ABRYSVO (PF)                                       | 3     | ACA                     |
| ACTHIB (PF)                                        | 3     | ACA                     |
| ADACEL(TDAP ADOLESN/ADULT )(PF)                    | 3     | ACA                     |
| AFLURIA 2025-2026 (3YR UP)(PF)                     | 3     | ACA                     |
| AFLURIA 2025-2026 (6MO UP)                         | 3     | ACA                     |
| AREXVY (PF)                                        | 3     | ACA                     |
| BEXSERO                                            | 3     | ACA                     |
| BIOTHRAX                                           | 3     | ACA                     |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE                | 3     | ACA                     |
| CAPVAXIVE                                          | 3     | ACA                     |
| COMIRNATY 2024-25 (12Y UP)(PF)                     | 3     | ACA                     |
| DAPTACEL (DTAP PEDIATRIC) (PF)                     | 3     | ACA                     |
| DENGVAIXA (PF)                                     | 3     | ACA                     |
| ENGRIX-B (PF)                                      | 3     | ACA                     |
| ENGRIX-B PEDIATRIC (PF)                            | 3     | ACA                     |
| FLUAD 2025-2026 (65 YR UP)(PF)                     | 3     | ACA                     |
| FLUARIX 2025-2026 (PF)                             | 3     | ACA                     |
| FLUBLOK 2025-2026 (PF)                             | 3     | ACA                     |

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| FLUCELVAX 2025-2026            | 3     | ACA                     |
| FLUCELVAX 2025-2026 (PF)       | 3     | ACA                     |
| FLULAVAL 2025-2026 (PF)        | 3     | ACA                     |
| FLUMIST 2025-2026              | 3     | ACA                     |
| FLUMIST HOME 2025-2026         | 3     | ACA                     |
| FLUZONE 2025-2026              | 3     | ACA                     |
| FLUZONE 2025-2026 (PF)         | 3     | ACA                     |
| FLUZONE HIGH-DOSE 2025-26 (PF) | 3     | ACA                     |
| GAMMAGARD LIQUID               | 5     | PA; \$                  |
| GARDASIL 9 (PF)                | 3     | ACA                     |
| HAVRIX (PF)                    | 3     | ACA                     |
| HEPLISAV-B (PF)                | 3     | ACA                     |
| HIBERIX (PF)                   | 3     | ACA                     |
| IMOVAX RABIES VACCINE (PF)     | 3     | ACA                     |
| INFANRIX (DTAP) (PF)           | 3     | ACA                     |
| IPOLE                          | 3     | ACA                     |
| IXCHIQ (PF)                    | 3     | ACA                     |
| IXIARO (PF)                    | 3     | ACA                     |
| JYNNEOS (PF)                   | 3     | ACA                     |
| KINRIX (PF)                    | 3     | ACA                     |
| MENQUADFI (PF)                 | 3     | ACA                     |
| MENVEO A-C-Y-W-135-DIP (PF)    | 3     | ACA                     |
| M-M-R II (PF)                  | 3     | ACA                     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------|-------|-------------------------|
| MODERNA COVID 24-25(6M-11Y)PF                                | 3     | ACA                     |
| MRESVIA (PF)                                                 | 3     | ACA                     |
| NOVAVAX COVID 2024-25(PF)(EUA)                               | 3     | ACA                     |
| PEDIARIX (PF)                                                | 3     | ACA                     |
| PEDVAX HIB (PF)                                              | 3     | ACA                     |
| PENBRAYA (PF)                                                | 3     | ACA                     |
| PENMENVY MEN A-B-C-W-Y (PF)                                  | 3     |                         |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 3     | ACA                     |
| PFIZER COVID 2024-25(5Y-11Y)PF                               | 3     | ACA                     |
| PFIZER COVID 2024-25(6MO-4Y)PF                               | 3     | ACA                     |
| PNEUMOVAX-23 INJECTION SYRINGE                               | 3     | ACA                     |
| PREVNAR 20 (PF)                                              | 3     | ACA                     |
| PRIORIX (PF)                                                 | 3     | ACA                     |
| PROQUAD (PF)                                                 | 3     | ACA                     |
| QUADRACEL (PF)                                               | 3     | ACA                     |
| RABAVERT (PF)                                                | 3     | ACA                     |
| RECOMBIVAX HB (PF)                                           | 3     | ACA                     |
| ROTARIX ORAL SUSPENSION                                      | 3     | ACA                     |
| ROTATEQ VACCINE                                              | 3     | ACA                     |
| SHINGRIX (PF)                                                | 3     | ACA                     |

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| SPIKEVAX 2024-2025(12Y UP)(PF) | 3     | ACA                     |
| STAMARIL (PF)                  | 3     | ACA                     |
| TENIVAC (PF)                   | 3     | ACA                     |
| TICOVAC                        | 3     | ACA                     |
| TRUMENBA                       | 3     | ACA                     |
| TWINRIX (PF)                   | 3     | ACA                     |
| TYPHIM VI                      | 3     | ACA                     |
| VAQTA (PF)                     | 3     | ACA                     |
| VARIVAX (PF)                   | 3     | ACA                     |
| VAXCHORA VACCINE               | 3     | ACA                     |
| VAXELIS (PF)                   | 3     | ACA                     |
| VAXNEUVANCE (PF)               | 3     | ACA                     |
| VIMKUNYA                       | 3     | ACA                     |
| VIVOTIF                        | 3     | ACA                     |
| YF-VAX (PF)                    | 3     | ACA                     |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                |   |    |
|--------------------------------|---|----|
| <i>allopurinol</i>             | 2 |    |
| <i>colchicine oral capsule</i> | 2 | ST |
| <i>colchicine oral tablet</i>  | 2 |    |
| <i>febuxostat</i>              | 2 | ST |
| GLOPERBA                       | 4 |    |
| MITIGARE                       | 3 | ST |
| <i>probenecid</i>              | 2 |    |
| <i>probenecid-colchicine</i>   | 2 |    |
| ZYLOPRIM ORAL TABLET 100 MG    | 4 |    |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                    | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------------|-------|-------------------------|
| <b>OSTEOPOROSIS THERAPY</b>                                               |       |                         |
| ACTONEL ORAL TABLET 150 MG, 35 MG                                         | 4     | ST; QL                  |
| <i>alendronate oral solution</i>                                          | 1     | QL                      |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>                  | 1     | QL                      |
| AELVIA                                                                    | 4     | ST; QL                  |
| BINOSTO                                                                   | 4     | ST; QL                  |
| BONSITY                                                                   | 5     | PA; QL                  |
| EVISTA                                                                    | 4     |                         |
| FOSAMAX ORAL TABLET 70 MG                                                 | 4     | ST; QL                  |
| FOSAMAX PLUS D                                                            | 4     | ST; QL                  |
| <i>ibandronate oral</i>                                                   | 1     | QL                      |
| <i>raloxifene</i>                                                         | 1     | ACA                     |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>                        | 1     | QL                      |
| <i>risedronate oral tablet, delayed release (dr/ec)</i>                   | 1     | QL                      |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | 5     | PA; QL                  |
| TYMLOS                                                                    | 5     | PA; \$; QL              |
| <b>OTHER RHEUMATOLOGICALS</b>                                             |       |                         |
| ACTEMRA ACTPEN                                                            | 5     | PA; QL                  |
| ACTEMRA SUBCUTANEOUS                                                      | 5     | PA; \$; QL              |
| ADALIMUMAB-ADAZ                                                           | 5     | PA; QL                  |

| Nombre del Medicamento         | Nivel | Restricciones / Límites |
|--------------------------------|-------|-------------------------|
| ADALIMUMAB-ADBM                | 5     | PA; QL                  |
| ADALIMUMAB-ADBM(CF) PEN CROHNS | 5     | PA; QL                  |
| ADALIMUMAB-ADBM(CF) PEN PS-UV  | 5     | PA; QL                  |
| ADALIMUMAB-RYVK                | 5     | PA; QL                  |
| ARAVA                          | 4     | QL                      |
| AURANOFIN                      | 3     |                         |
| BENLYSTA SUBCUTANEOUS          | 5     | PA; \$; QL              |
| CYLTEZO(CF)                    | 5     | PA; QL                  |
| CYLTEZO(CF) PEN                | 5     | PA; QL                  |
| CYLTEZO(CF) PEN CROHN'S-UC-HS  | 5     | PA; QL                  |
| CYLTEZO(CF) PEN PSORIASIS-UV   | 5     | PA; QL                  |
| DEPEN TITRATABS                | 4     | PA                      |
| ENBREL MINI                    | 5     | PA; \$; QL              |
| ENBREL SUBCUTANEOUS SOLUTION   | 5     | PA; QL                  |
| ENBREL SUBCUTANEOUS SYRINGE    | 5     | PA; \$; QL              |
| ENBREL SURECLICK               | 5     | PA; \$; QL              |
| <i>leflunomide</i>             | 2     | QL                      |
| OTEZLA ORAL TABLET 20 MG       | 5     | PA; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                               | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------|-------|-------------------------|
| OTEZLA ORAL TABLET 30 MG                                             | 5     | PA; \$; QL              |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)           | 5     | PA; QL                  |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 5     | PA; \$; QL              |
| <i>penicillamine</i>                                                 | 2     | PA                      |
| RASUVO (PF)                                                          | 3     | ST                      |
| RIDAURA                                                              | 3     |                         |
| RINVOQ                                                               | 5     | PA; QL                  |
| RINVOQ LQ                                                            | 5     | PA; QL                  |
| SAVELLA                                                              | 3     | QL                      |
| SIMLANDI(CF)                                                         | 5     | PA; QL                  |
| SIMLANDI(CF) AUTOINJECTOR                                            | 5     | PA; QL                  |
| SIMPONI ARIA                                                         | 5     | PA; \$                  |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                          | 5     | PA; \$; QL              |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                               | 5     | PA; \$; QL              |
| TYENNE AUTOINJECTOR                                                  | 5     | PA; QL                  |
| TYENNE SUBCUTANEOUS                                                  | 5     | PA; QL                  |
| XELJANZ ORAL SOLUTION                                                | 5     | PA; QL                  |

| Nombre del Medicamento                              | Nivel | Restricciones / Límites |
|-----------------------------------------------------|-------|-------------------------|
| XELJANZ ORAL TABLET                                 | 5     | PA; \$; QL              |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | 5     | PA; \$; QL              |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG | 5     | PA; QL                  |
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                  |       |                         |
| <b>ESTROGENS &amp; PROGESTINS</b>                   |       |                         |
| <i>abigale</i>                                      | 2     |                         |
| <i>abigale lo</i>                                   | 2     |                         |
| ACTIVELLA                                           | 4     |                         |
| ANGELIQ                                             | 4     |                         |
| CLIMARA                                             | 4     | QL                      |
| COMBIPATCH                                          | 3     |                         |
| <i>covaryx</i>                                      | 2     |                         |
| <i>covaryx h.s.</i>                                 | 2     |                         |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML    | 4     |                         |
| DEPO-ESTRADIOL                                      | 3     |                         |
| <i>dotti</i>                                        | 2     | QL                      |
| DUAVEE                                              | 3     |                         |
| <i>eemt</i>                                         | 2     |                         |
| <i>eemt hs</i>                                      | 2     |                         |
| ESTRACE ORAL                                        | 4     |                         |
| ESTRADIOL IMPLANT PELLET 6 MG                       | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                       | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------|-------|-------------------------|
| <i>estradiol oral</i>                                                        | 2     |                         |
| <i>estradiol transdermal</i>                                                 | 2     | QL                      |
| <i>estradiol vaginal</i>                                                     | 2     |                         |
| <i>estradiol valerate</i>                                                    | 2     |                         |
| <i>estradiol-norethindrone acet</i>                                          | 2     |                         |
| ESTRATEST F.S.                                                               | 4     |                         |
| ESTRATEST H.S.                                                               | 4     |                         |
| <i>estrogens-methyltestosterone</i>                                          | 2     |                         |
| EVAMIST                                                                      | 4     | QL                      |
| <i>fyavolv</i>                                                               | 2     |                         |
| <i>gallifrey</i>                                                             | 2     |                         |
| <i>jinteli</i>                                                               | 2     |                         |
| <i>lyllana</i>                                                               | 2     | QL                      |
| <i>medroxyprogesterone oral</i>                                              | 2     |                         |
| MENOSTAR                                                                     | 4     | QL                      |
| <i>mimvey</i>                                                                | 2     |                         |
| <i>norethindrone acetate</i>                                                 | 2     |                         |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2     |                         |
| PREMARIN VAGINAL                                                             | 3     |                         |
| <i>progesterone</i>                                                          | 5     |                         |
| <i>progesterone micronized</i>                                               | 2     |                         |
| PROMETRIUM                                                                   | 4     |                         |
| PROVERA                                                                      | 4     |                         |
| <i>yuvaferm</i>                                                              | 2     |                         |
| <b>MISCELLANEOUS OB/GYN</b>                                                  |       |                         |

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| CERVIDIL                                                | 4     |                         |
| CLEOCIN VAGINAL                                         | 4     |                         |
| <i>clindamycin phosphate vaginal</i>                    | 2     |                         |
| CLINDESSE                                               | 4     |                         |
| <i>fem ph</i>                                           | 2     |                         |
| GYNAZOLE-1                                              | 4     |                         |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 2     |                         |
| <i>miconazole-3 vaginal suppository</i>                 | 2     |                         |
| MYFEMBREE                                               | 3     | PA                      |
| NUVESSA                                                 | 4     |                         |
| ORIAHNN                                                 | 3     | PA                      |
| OSPHENA                                                 | 4     |                         |
| PREPIDIL                                                | 4     |                         |
| RELAGARD                                                | 4     |                         |
| <i>terconazole</i>                                      | 2     |                         |
| <i>tranexamic acid oral</i>                             | 2     |                         |
| TRIMO-SAN JELLY                                         | 3     |                         |
| <i>vandazole</i>                                        | 2     |                         |
| VEOZAH                                                  | 4     |                         |
| XACIATO                                                 | 3     |                         |
| <b>OXYTOCICS</b>                                        |       |                         |
| <i>methylergonovine oral</i>                            | 2     | QL                      |
| <b>OPHTHALMOLOGY</b>                                    |       |                         |
| <b>ANTIBIOTICS</b>                                      |       |                         |
| AZASITE                                                 | 3     |                         |
| <i>bacitracin ophthalmic (eye)</i>                      | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                      | Nivel | Restricciones / Límites |
|---------------------------------------------|-------|-------------------------|
| <i>bacitracin-polymyxin b</i>               | 2     |                         |
| BETADINE OPHTHALMIC PREP                    | 4     |                         |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>   | 2     |                         |
| <i>erythromycin ophthalmic (eye)</i>        | 2     |                         |
| <i>gatifloxacin</i>                         | 2     |                         |
| <i>gentamicin ophthalmic (eye) drops</i>    | 2     |                         |
| <i>levofloxacin ophthalmic (eye)</i>        | 2     |                         |
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION | 4     |                         |
| <i>moxifloxacin ophthalmic (eye)</i>        | 2     |                         |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF)              | 4     |                         |
| NATACYN                                     | 3     |                         |
| <i>neomycin-bacitracin-polymyxin</i>        | 2     |                         |
| <i>neomycin-polymyxin-gramicidin</i>        | 2     |                         |
| <i>neo-polycin</i>                          | 2     |                         |
| OCUFLOX                                     | 4     |                         |
| <i>ofloxacin ophthalmic (eye)</i>           | 2     |                         |
| <i>polycin</i>                              | 2     |                         |
| <i>polymyxin b sulf-trimethoprim</i>        | 2     |                         |

| Nombre del Medicamento                               | Nivel | Restricciones / Límites |
|------------------------------------------------------|-------|-------------------------|
| <i>povidone-iodine ophthalmic (eye)</i>              | 2     |                         |
| <i>tobramycin ophthalmic (eye)</i>                   | 2     |                         |
| TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 % | 4     |                         |
| TOBREX OPHTHALMIC (EYE) OINTMENT                     | 4     |                         |
| VIGAMOX                                              | 4     |                         |
| <b>ANTIVIRALS</b>                                    |       |                         |
| <i>trifluridine</i>                                  | 2     |                         |
| ZIRGAN                                               | 4     |                         |
| <b>BETA-BLOCKERS</b>                                 |       |                         |
| <i>betaxolol ophthalmic (eye)</i>                    | 2     |                         |
| BETOPTIC S                                           | 4     |                         |
| <i>carteolol</i>                                     | 2     |                         |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>      | 2     |                         |
| <i>timolol</i>                                       | 2     |                         |
| <i>timolol maleate (pf)</i>                          | 2     |                         |
| <i>timolol maleate ophthalmic (eye)</i>              | 2     |                         |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>              |       |                         |
| PHOSPHOLINE IODIDE                                   | 5     |                         |
| <b>CYCLOPLEGIC MYDRIATICS</b>                        |       |                         |
| <i>atropine ophthalmic (eye) drops 0.01 %, 1 %</i>   | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                              | Nivel | Restricciones / Límites |
|---------------------------------------------------------------------|-------|-------------------------|
| ATROPINE<br>OPHTHALMIC<br>(EYE) DROPS<br>0.025 %, 0.05 %            | 4     |                         |
| CYCLOGYL                                                            | 4     |                         |
| <i>cyclopentolate<br/>ophthalmic (eye)<br/>drops 1 %</i>            | 2     |                         |
| <i>cyclopen-tropic-<br/>phenyleph-watr</i>                          | 2     |                         |
| CYCLOPENT-<br>TROPIC-PHEN-<br>KETR-WAT                              | 4     |                         |
| CYCLOP-TROP-<br>PROPA-PHEN-<br>KET-WAT                              | 4     |                         |
| <i>homatropaire</i>                                                 | 2     |                         |
| MYDCOMBI                                                            | 4     |                         |
| MYDRIACYL                                                           | 4     |                         |
| <i>phenyleph-<br/>tropicamide in water</i>                          | 2     |                         |
| <i>tropicamide</i>                                                  | 2     |                         |
| <b>DIRECT ACTING MIOTICS</b>                                        |       |                         |
| MIOCHOL-E                                                           | 4     |                         |
| <i>pilocarpine hcl<br/>ophthalmic (eye)<br/>drops 1 %, 2 %, 4 %</i> | 2     |                         |
| <b>MISCELLANEOUS<br/>OPHTHALMOLOGICS</b>                            |       |                         |
| AKTEN (PF)                                                          | 4     |                         |
| ALCAINE                                                             | 4     |                         |
| <i>altacaine</i>                                                    | 2     |                         |
| ALTAFLUOR<br>BENOX                                                  | 4     |                         |
| <i>azelastine<br/>ophthalmic (eye)</i>                              | 2     |                         |

| Nombre del Medicamento                                                                                                               | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| BEOVU<br>INTRAVITREAL<br>SYRINGE                                                                                                     | 5     |                         |
| <i>bepotastine besilate</i>                                                                                                          | 2     | ST                      |
| BEVACIZUMAB<br>INTRAVITREAL<br>SYRINGE 2<br>MG/0.08 ML, 2.25<br>MG/0.09 ML, 2.5<br>MG/0.1 ML, 2.75<br>MG/0.11 ML, 3.25<br>MG/0.13 ML | 4     |                         |
| BYOOVIZ                                                                                                                              | 5     |                         |
| CEQUA                                                                                                                                | 4     | PA; QL                  |
| CIMERLI                                                                                                                              | 5     |                         |
| <i>cromolyn<br/>ophthalmic (eye)</i>                                                                                                 | 2     |                         |
| <i>cyclosporine<br/>ophthalmic (eye)</i>                                                                                             | 2     | PA; QL                  |
| CYSTARAN                                                                                                                             | 5     |                         |
| DEXAMET-<br>MOXIFL-<br>KETORO-<br>NACL(PF)                                                                                           | 4     |                         |
| ENCELTO                                                                                                                              | 5     | PA                      |
| <i>epinastine</i>                                                                                                                    | 2     |                         |
| FLUORESCEIN-<br>BENOXINATE                                                                                                           | 4     |                         |
| <i>fluorescein-<br/>proparacaine</i>                                                                                                 | 2     |                         |
| IHEEZO (PF)                                                                                                                          | 4     |                         |
| KLARITY<br>(CHONDROITIN)<br>(PF)                                                                                                     | 4     |                         |
| MIEBO (PF)                                                                                                                           | 3     | PA; QL                  |
| MOXIFLOXACIN-<br>BROMFENAC                                                                                                           | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| MYDRIATIC4(TROP-PROP-PE-KTRLC)        | 4     |                         |
| <i>olopatadine ophthalmic (eye)</i>   | 2     |                         |
| OMIDRIA                               | 4     |                         |
| OXERVATE                              | 5     | PA                      |
| PAVBLU                                | 5     |                         |
| PHOTREXA CROSS-LINKING KIT            | 4     |                         |
| <i>prednisoln sp-moxiflox-bromfen</i> | 2     |                         |
| PREDNISOLONE ACETATE-BROMFENAC        | 4     |                         |
| PREDNISOLONE ACETATE-NEPAFENAC        | 4     |                         |
| <i>prednisolone sod ph-bromfenac</i>  | 2     |                         |
| PREDNISOLONE-MOXIFLO-NEPAFENAC        | 4     |                         |
| PREDNISOLONE-MOXIFLOX-BROMFEN         | 4     |                         |
| PREDNISOLON-MOXIFLOX-KETOROLAC        | 4     |                         |
| <i>proparacaine</i>                   | 2     |                         |
| RESTASIS                              | 4     | PA; QL                  |
| RESTASIS MULTIDOSE                    | 3     | PA; QL                  |
| <i>tetracaine hcl</i>                 | 2     |                         |

| Nombre del Medicamento                        | Nivel | Restricciones / Límites |
|-----------------------------------------------|-------|-------------------------|
| TETRACAINE HCL (PF) OPHTHALMIC (EYE)          | 4     |                         |
| TYRVAYA                                       | 4     | PA                      |
| VEVYE                                         | 4     | PA; QL                  |
| XDEMVY                                        | 5     | QL                      |
| XIIDRA                                        | 3     | PA; QL                  |
| ZERVIAE                                       | 4     | ST                      |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |       |                         |
| ACULAR                                        | 4     |                         |
| ACULAR LS                                     | 4     |                         |
| <i>bromfenac</i>                              | 2     |                         |
| <i>diclofenac sodium ophthalmic (eye)</i>     | 2     |                         |
| <i>flurbiprofen sodium</i>                    | 2     |                         |
| ILEVRO                                        | 4     |                         |
| <i>ketorolac ophthalmic (eye)</i>             | 2     |                         |
| PROLENSA                                      | 4     |                         |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                |       |                         |
| <i>acetazolamide</i>                          | 2     |                         |
| <i>methazolamide</i>                          | 2     |                         |
| <b>OTHER GLAUCOMA DRUGS</b>                   |       |                         |
| <i>bimatoprost ophthalmic (eye)</i>           | 2     | ST                      |
| BRIMONIDINE-DORZOLAMIDE                       | 4     |                         |
| BRIMONIDINE-DORZOLAMIDE (PF)                  | 4     |                         |
| <i>brimonidine-timolol</i>                    | 2     |                         |
| <i>brinzolamide</i>                           | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------|-------|-------------------------|
| COMBIGAN                                                     | 4     |                         |
| <i>dorzolamide</i>                                           | 2     |                         |
| DORZOLAMIDE (PF)                                             | 4     |                         |
| <i>dorzolamide-timolol</i>                                   | 2     |                         |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 2     |                         |
| <i>latanoprost</i>                                           | 2     | ST                      |
| <i>miostat</i>                                               | 2     |                         |
| RHOPRESSA                                                    | 4     | ST                      |
| ROCKLATAN                                                    | 4     | ST                      |
| SIMBRINZA                                                    | 4     |                         |
| <i>tafluprost (pf)</i>                                       | 2     | ST                      |
| TIMOL-BRIMON-DORZOL-BIMATO(PF)                               | 4     |                         |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF)                               | 4     |                         |
| TIMOLOL-DORZOLAM-BIMATOPRO(PF)                               | 4     |                         |
| <i>travoprost</i>                                            | 2     | ST                      |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                       |       |                         |
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO                               | 4     |                         |
| MAXITROL                                                     | 4     |                         |
| <i>neomycin-bacitracin-poly-hc</i>                           | 2     |                         |
| <i>neomycin-polymyxin b-dexameth</i>                         | 2     |                         |

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>           | 2     |                         |
| <i>neo-polycin hc</i>                                   | 2     |                         |
| PREDNISOLONE SOD PH-MOXIFLOX                            | 4     |                         |
| PREDNISOLONE-MOXIFLOXACIN HCL                           | 4     |                         |
| TOBRADEX OPTHALMIC (EYE) OINTMENT                       | 4     |                         |
| <i>tobramycin-dexamethasone</i>                         | 2     |                         |
| <b>STEROIDS</b>                                         |       |                         |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>  | 2     |                         |
| DEXTENZA                                                | 4     |                         |
| <i>difluprednate</i>                                    | 2     |                         |
| EYSUVIS                                                 | 3     | PA; QL                  |
| <i>fluorometholone</i>                                  | 2     |                         |
| FML LIQUIFILM                                           | 4     |                         |
| ILUVIEN                                                 | 5     | \$                      |
| INVELTYS                                                | 4     |                         |
| LOTEMAX OPTHALMIC (EYE) DROPS,GEL                       | 4     |                         |
| LOTEMAX OPTHALMIC (EYE) OINTMENT                        | 4     |                         |
| LOTEMAX SM                                              | 4     |                         |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i> | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                               | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------|-------|-------------------------|
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> | 2     | ST                      |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | 2     |                         |
| OZURDEX                                                              | 5     | \$                      |
| PRED FORTE                                                           | 4     |                         |
| <i>prednisolone acetate</i>                                          | 2     |                         |
| PREDNISOLONE ACETATE (PF)                                            | 4     |                         |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>                | 2     |                         |
| RETISERT                                                             | 5     | \$                      |
| YUTIQ                                                                | 5     |                         |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                              |       |                         |
| <i>sulfacetamide-prednisolone</i>                                    | 2     |                         |
| <b>SULFONAMIDES</b>                                                  |       |                         |
| <i>sulfacetamide sodium ophthalmic (eye)</i>                         | 2     |                         |
| <b>SYMPATHOMIMETICS</b>                                              |       |                         |
| ALPHAGAN P                                                           | 4     |                         |
| <i>apraclonidine</i>                                                 | 2     |                         |
| <i>brimonidine ophthalmic (eye)</i>                                  | 2     |                         |
| IOPIDINE OPTHALMIC (EYE) DROPPERETTE                                 | 4     |                         |

| Nombre del Medicamento                                                   | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------|-------|-------------------------|
| <b>VASOCONSTRICTOR DECONGESTANTS</b>                                     |       |                         |
| CYCLOMYDRIL                                                              | 4     |                         |
| <i>phenylephrine hcl ophthalmic (eye)</i>                                | 2     |                         |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>                            |       |                         |
| <b>ANTI HISTAMINE &amp; ANTIALLERGENIC AGENTS</b>                        |       |                         |
| AUVI-Q                                                                   | 3     | QL                      |
| <i>carbinoxamine maleate oral liquid</i>                                 | 2     |                         |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                            | 2     |                         |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                            | 2     | ST                      |
| <i>carbzah</i>                                                           | 2     | ST                      |
| <i>cetirizine oral solution 1 mg/ml</i>                                  | 2     |                         |
| CLARINEX ORAL TABLET                                                     | 4     | QL                      |
| <i>cypheptadine</i>                                                      | 2     |                         |
| <i>desloratadine</i>                                                     | 2     | QL                      |
| <i>dexchlorpheniramine maleate oral solution</i>                         | 2     |                         |
| DIPHEN ORAL ELIXIR                                                       | 4     |                         |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2     | QL                      |
| EPIPEN                                                                   | 3     | QL                      |
| EPIPEN JR                                                                | 3     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                | Nivel | Restricciones / Límites |
|-------------------------------------------------------|-------|-------------------------|
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>       | 2     |                         |
| <i>hydroxyzine hcl oral tablet</i>                    | 2     |                         |
| <i>hydroxyzine pamoate</i>                            | 2     |                         |
| <i>levocetirizine oral solution</i>                   | 2     |                         |
| <i>levocetirizine oral tablet</i>                     | 2     | QL                      |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)    | 3     |                         |
| NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)    | 3     | QL                      |
| <i>promethazine oral</i>                              | 2     |                         |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | 2     |                         |
| <i>promethegan</i>                                    | 2     |                         |
| RYCLORA                                               | 4     |                         |
| RYVENT                                                | 4     | ST                      |
| <b>COUGH &amp; COLD THERAPY</b>                       |       |                         |
| <i>benzonatate</i>                                    | 2     |                         |
| BROMFED DM                                            | 4     |                         |
| <i>brompheniramine-pseudoeph-dm</i>                   | 2     |                         |
| CLARINEX-D 12 HOUR                                    | 4     | QL                      |
| <i>codeine-guaifenesin</i>                            | 2     | QL                      |
| CODITUSSIN AC                                         | 4     | QL                      |
| CODITUSSIN DAC                                        | 4     | QL                      |

| Nombre del Medicamento                                     | Nivel | Restricciones / Límites |
|------------------------------------------------------------|-------|-------------------------|
| <i>g tussin ac</i>                                         | 2     | QL                      |
| HISTEX-AC                                                  | 4     | QL                      |
| HYCODAN (WITH HOMATROPINE)                                 | 4     | QL                      |
| <i>hydrocodone-chlorpheniramine</i>                        | 2     | QL                      |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> | 2     | QL                      |
| <i>hydrocodone-homatropine oral tablet</i>                 | 2     | QL                      |
| <i>hydromet</i>                                            | 2     | QL                      |
| MAR-COF CG                                                 | 4     | QL                      |
| <i>maxi-tuss ac</i>                                        | 2     | QL                      |
| MAXI-TUSS CD                                               | 4     | QL                      |
| NINJACOF-XG                                                | 4     | QL                      |
| POLY-TUSSIN AC                                             | 4     | QL                      |
| <i>promethazine-codeine</i>                                | 2     | QL                      |
| <i>promethazine-dm</i>                                     | 2     |                         |
| <i>promethazine-phenylephrine</i>                          | 2     |                         |
| RESPA-AR                                                   | 4     |                         |
| TUXARIN ER                                                 | 4     | QL                      |
| <b>PULMONARY AGENTS</b>                                    |       |                         |
| ACCOLATE                                                   | 4     |                         |
| <i>acetylcysteine</i>                                      | 1     |                         |
| ADEMPAS                                                    | 5     | PA; \$; LA; QL          |
| ADVAIR HFA                                                 | 3     | ST; QL                  |
| AIRSUPRA                                                   | 3     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                                                                                                                                    | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| <i>albuterol sulfate (generic proventil hfa/proair hfa) inhalation hfa aerosol inhaler</i>                                                                                                | 1     | QL                      |
| <i>albuterol sulfate inhalation solution for nebulization</i>                                                                                                                             | 1     |                         |
| <i>albuterol sulfate oral</i>                                                                                                                                                             | 1     |                         |
| ALYFTREK                                                                                                                                                                                  | 5     | PA; QL                  |
| <i>alyq</i>                                                                                                                                                                               | 5     | PA; QL                  |
| <i>ambrisentan</i>                                                                                                                                                                        | 5     | PA; LA; QL              |
| <i>aminophylline intravenous solution 250 mg/10 ml</i>                                                                                                                                    | 2     |                         |
| ANORO ELLIPTA                                                                                                                                                                             | 3     | QL                      |
| <i>arformoterol</i>                                                                                                                                                                       | 1     | QL                      |
| ARNUITY ELLIPTA                                                                                                                                                                           | 3     | QL                      |
| ASMANEX HFA                                                                                                                                                                               | 3     | QL                      |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 3     | QL                      |
| ATROVENT HFA                                                                                                                                                                              | 4     | QL                      |
| <i>azelastine-fluticasone</i>                                                                                                                                                             | 2     | QL                      |

| Nombre del Medicamento                                               | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------|-------|-------------------------|
| <i>bosentan oral tablet</i>                                          | 5     | PA; QL                  |
| BREO ELLIPTA                                                         | 3     | ST; QL                  |
| <i>breyana</i>                                                       | 1     | ST; QL                  |
| BREZTRI AEROSPHERE                                                   | 3     | QL                      |
| BRONCHITOL                                                           | 5     | PA                      |
| BROVANA                                                              | 4     | QL                      |
| <i>budesonide inhalation</i>                                         | 1     | QL                      |
| <i>budesonide-formoterol</i>                                         | 1     | ST; QL                  |
| CINRYZE                                                              | 5     | PA; \$; QL              |
| COMBIVENT RESPIMAT                                                   | 3     | QL                      |
| <i>cromolyn inhalation</i>                                           | 1     |                         |
| DULERA                                                               | 3     | ST; QL                  |
| FASENRA PEN                                                          | 5     | PA; QL                  |
| <i>flunisolide</i>                                                   | 2     | QL                      |
| <i>fluticasone propionate nasal</i>                                  | 2     | QL                      |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 1     | ST; QL                  |
| <i>formoterol fumarate</i>                                           | 1     | QL                      |
| HAEGARDA                                                             | 5     | PA; \$; LA; QL          |
| HYPER-SAL                                                            | 4     |                         |
| <i>icatibant</i>                                                     | 5     | PA; QL                  |
| INCRUSE ELLIPTA                                                      | 3     | QL                      |
| <i>ipratropium bromide inhalation</i>                                | 1     |                         |
| <i>ipratropium-albuterol</i>                                         | 1     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                  | Nivel | Restricciones / Límites |
|---------------------------------------------------------|-------|-------------------------|
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG | 5     | PA; QL                  |
| KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG           | 5     | PA; \$; QL              |
| KALYDECO ORAL TABLET                                    | 5     | PA; \$; QL              |
| <i>levalbuterol hcl</i>                                 | 1     |                         |
| <i>mometasone nasal</i>                                 | 2     | QL                      |
| <i>montelukast</i>                                      | 1     |                         |
| <i>nebusal inhalation solution for nebulization 3 %</i> | 2     |                         |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %        | 4     |                         |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                       | 5     | PA; LA; QL              |
| NUCALA SUBCUTANEOUS SYRINGE                             | 5     | PA; LA; QL              |
| OFEV                                                    | 5     | PA; \$; QL              |
| OPSUMIT                                                 | 5     | PA; \$; LA; QL          |
| OPSYNVI                                                 | 5     | PA; QL                  |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG  | 5     | PA; \$; QL              |
| ORKAMBI ORAL GRANULES IN PACKET 75-94 MG                | 5     | PA; QL                  |

| Nombre del Medicamento                                                   | Nivel | Restricciones / Límites |
|--------------------------------------------------------------------------|-------|-------------------------|
| ORKAMBI ORAL TABLET                                                      | 5     | PA; \$; QL              |
| ORLADEYO                                                                 | 5     | PA; LA; QL              |
| <i>pirfenidone oral capsule</i>                                          | 5     | QL                      |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>                            | 5     | QL                      |
| <i>pulmosal</i>                                                          | 2     |                         |
| PULMOZYME                                                                | 5     | \$                      |
| QVAR REDIHALER                                                           | 3     | QL                      |
| REVATIO ORAL TABLET                                                      | 5     | PA; \$; QL              |
| <i>roflumilast oral tablet 250 mcg</i>                                   | 1     | PA; QL                  |
| <i>roflumilast oral tablet 500 mcg</i>                                   | 1     | PA                      |
| RUCONEST                                                                 | 5     | PA; \$; QL              |
| RYALTRIS                                                                 | 4     | QL                      |
| <i>sajazir</i>                                                           | 5     | PA; QL                  |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | 5     | PA; QL                  |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                        | 5     | PA; \$; QL              |
| SINUVA                                                                   | 5     |                         |
| <i>sodium chloride inhalation</i>                                        | 2     |                         |
| SPIRIVA RESPIMAT                                                         | 3     | QL                      |
| SPIRIVA WITH HANDIHALER                                                  | 4     | QL                      |
| STIOLTO RESPIMAT                                                         | 3     | QL                      |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------------|-------|-------------------------|
| STRIVERDI RESPIMAT                                                    | 3     | QL                      |
| SYMBICORT                                                             | 4     | ST; QL                  |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)           | 5     | PA; \$; QL              |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)              | 5     | PA; QL                  |
| <i>tadalafil (pulm. hypertension)</i>                                 | 5     | PA; \$; QL              |
| TAKHZYRO                                                              | 5     | PA; LA; QL              |
| <i>terbutaline oral</i>                                               | 1     |                         |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR                                    | 5     | PA; QL                  |
| THEO-24                                                               | 4     |                         |
| <i>theophylline oral elixir</i>                                       | 1     |                         |
| <i>theophylline oral solution</i>                                     | 1     |                         |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | 1     |                         |
| <i>theophylline oral tablet extended release 24 hr</i>                | 1     |                         |
| <i>tiotropium bromide</i>                                             | 1     |                         |
| TRACLEER                                                              | 5     | PA; \$; LA; QL          |
| TRELEGY ELLIPTA                                                       | 3     | QL                      |
| TRIKAFTA                                                              | 5     | PA; QL                  |
| TYVASO                                                                | 5     | PA; \$                  |

| Nombre del Medicamento                                                                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------------------------------------------------------|-------|-------------------------|
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG | 5     | PA                      |
| TYVASO REFILL KIT                                                                                        | 5     | PA; \$                  |
| TYVASO STARTER KIT                                                                                       | 5     | PA; \$                  |
| VENTAVIS                                                                                                 | 5     | PA; \$                  |
| WINREVAIR                                                                                                | 5     | PA                      |
| <i>wixela inhub</i>                                                                                      | 1     | ST; QL                  |
| XHANCE                                                                                                   | 3     | QL                      |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR                                                                        | 5     | PA; LA; QL              |
| XOLAIR SUBCUTANEOUS RECON SOLN                                                                           | 5     | PA; \$; LA; QL          |
| XOLAIR SUBCUTANEOUS SYRINGE                                                                              | 5     | PA; LA; QL              |
| YUPELRI                                                                                                  | 3     | QL                      |
| <i>zafirlukast</i>                                                                                       | 1     |                         |
| ZYFLO                                                                                                    | 4     | PA                      |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|                     |   |  |
|---------------------|---|--|
| <i>darifenacin</i>  | 2 |  |
| <i>fesoterodine</i> | 2 |  |
| <i>flavoxate</i>    | 2 |  |
| GEMTESA             | 4 |  |
| <i>mirabegron</i>   | 2 |  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                       | Nivel | Restricciones / Límites |
|--------------------------------------------------------------|-------|-------------------------|
| MYRBETRIQ                                                    | 3     |                         |
| <i>oxybutynin chloride oral syrup</i>                        | 2     |                         |
| <i>oxybutynin chloride oral tablet 5 mg</i>                  | 2     |                         |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2     |                         |
| OXYTROL                                                      | 4     | ST; QL                  |
| <i>solifenacin</i>                                           | 2     |                         |
| <i>tolterodine</i>                                           | 2     |                         |
| <i>trospium</i>                                              | 2     |                         |
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>            |       |                         |
| <i>alfuzosin</i>                                             | 2     |                         |
| <i>dutasteride</i>                                           | 2     | ST                      |
| <i>dutasteride-tamsulosin</i>                                | 2     | ST                      |
| <i>finasteride oral tablet 5 mg</i>                          | 2     |                         |
| FLOMAX                                                       | 4     | ST                      |
| JALYN                                                        | 4     | ST                      |
| PROSCAR                                                      | 4     | ST                      |
| <i>silodosin</i>                                             | 2     |                         |
| <i>tadalafil</i>                                             | 2     | ST; QL                  |
| <i>tamsulosin</i>                                            | 2     |                         |
| <b>CHOLINERGIC STIMULANTS</b>                                |       |                         |
| <i>bethanechol chloride</i>                                  | 2     |                         |
| <b>MISCELLANEOUS UROLOGICALS</b>                             |       |                         |
| <i>avanafil</i>                                              | 2     | ST; QL                  |
| CAVERJECT                                                    | 3     | PA; QL                  |
| CAVERJECT IMPULSE                                            | 3     | PA; QL                  |
| CYSTAGON                                                     | 5     | LA                      |

| Nombre del Medicamento                                          | Nivel | Restricciones / Límites |
|-----------------------------------------------------------------|-------|-------------------------|
| EDEX                                                            | 4     | PA; QL                  |
| ELMIRON                                                         | 3     |                         |
| IFE-BIMIX 30/1                                                  | 4     |                         |
| K-PHOS NO 2                                                     | 4     |                         |
| K-PHOS ORIGINAL                                                 | 3     |                         |
| <i>mb caps</i>                                                  | 2     |                         |
| <i>methen-sod phos-meth blue-hyos</i>                           | 2     |                         |
| ORACIT                                                          | 4     |                         |
| <i>potassium citrate oral tablet extended release</i>           | 2     |                         |
| RENACIDIN                                                       | 3     |                         |
| <i>sildenafil</i>                                               | 2     | ST; QL                  |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> | 2     |                         |
| STENDRA                                                         | 4     | ST; QL                  |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1)                                  | 4     |                         |
| URELLE                                                          | 4     |                         |
| <i>uretron d-s</i>                                              | 2     |                         |
| URIBEL TABS                                                     | 4     |                         |
| <i>urimar-t oral tablet</i>                                     | 2     |                         |
| UROCIT-K 10                                                     | 4     |                         |
| UROCIT-K 15                                                     | 4     |                         |
| <i>urogesic-blue</i>                                            | 2     |                         |
| <i>uro-mp</i>                                                   | 2     |                         |
| UROQID-ACID NO.2                                                | 4     |                         |
| <i>uro-sp</i>                                                   | 2     |                         |
| <i>uryl</i>                                                     | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                   | Nivel | Restricciones / Límites |
|----------------------------------------------------------|-------|-------------------------|
| <i>vardenafil</i>                                        | 2     | ST; QL                  |
| <b>URINARY ANESTHETICS</b>                               |       |                         |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>        | 2     |                         |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>           |       |                         |
| <b>ELECTROLYTES</b>                                      |       |                         |
| AURYXIA                                                  | 4     |                         |
| <i>calcium acetate(phosphat bind)</i>                    | 2     | QL                      |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ         | 4     |                         |
| <i>effer-k oral tablet, effervescent 25 meq</i>          | 2     |                         |
| GALZIN                                                   | 5     |                         |
| <i>klor-con</i>                                          | 2     |                         |
| <i>klor-con 10</i>                                       | 2     |                         |
| <i>klor-con 8</i>                                        | 2     |                         |
| <i>klor-con m10</i>                                      | 2     |                         |
| <i>klor-con m15</i>                                      | 2     |                         |
| <i>klor-con m20</i>                                      | 2     |                         |
| <i>klor-con/ef</i>                                       | 2     |                         |
| <i>lanthanum</i>                                         | 2     | QL                      |
| LOKELMA                                                  | 3     | QL                      |
| <i>lugols oral</i>                                       | 2     |                         |
| <i>potassium chloride oral capsule, extended release</i> | 2     |                         |
| <i>potassium chloride oral liquid</i>                    | 2     |                         |

| Nombre del Medicamento                                                       | Nivel | Restricciones / Límites |
|------------------------------------------------------------------------------|-------|-------------------------|
| <i>potassium chloride oral packet</i>                                        | 2     |                         |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 2     |                         |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ                       | 4     |                         |
| <i>potassium chloride oral tablet,er particles/crystals</i>                  | 2     |                         |
| RENVELA                                                                      | 4     | QL                      |
| <i>sevelamer carbonate</i>                                                   | 2     | QL                      |
| <i>sevelamer hcl</i>                                                         | 2     | QL                      |
| <i>sodium polystyrene sulfonate oral powder</i>                              | 2     |                         |
| <i>sps (with sorbitol)</i>                                                   | 2     |                         |
| <i>strong iodine oral</i>                                                    | 2     |                         |
| VELPHORO                                                                     | 3     | QL                      |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM                                        | 3     |                         |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM                           | 3     | §; QL                   |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>                |       |                         |
| DOJOLVI                                                                      | 5     | PA; LA                  |
| <b>VITAMINS &amp; HEMATINICS</b>                                             |       |                         |
| ACCRUFER                                                                     | 4     |                         |
| <i>b complex 1 (with folic acid)</i>                                         | 2     | ACA; OTC                |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                                                  | Nivel | Restricciones / Límites |
|-------------------------------------------------------------------------|-------|-------------------------|
| <i>b complex-vitamin c-folic acid oral tablet</i>                       | 2     | ACA; OTC                |
| <i>balanced b-100 oral tablet</i>                                       | 2     | ACA; OTC                |
| <i>bal-care dha</i>                                                     | 1     |                         |
| BAL-CARE DHA ESSENTIAL                                                  | 4     |                         |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>              | 2     | ACA; OTC                |
| <i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>    | 2     | OTC                     |
| <i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>     | 2     | OTC                     |
| <i>classic prenatal</i>                                                 | 1     | ACA; OTC                |
| <i>c-nate dha</i>                                                       | 1     |                         |
| <i>complete natal dha</i>                                               | 1     |                         |
| CONCEPT DHA                                                             | 4     |                         |
| CONCEPT OB                                                              | 4     |                         |
| <i>cyanocobalamin (vitamin b-12) injection</i>                          | 2     |                         |
| <i>cyanocobalamin (vitamin b-12) nasal</i>                              | 2     | ST; QL                  |
| <i>dialyvite 800 oral tablet</i>                                        | 2     | ACA; OTC                |
| <i>dodex</i>                                                            | 2     |                         |
| <i>elite-ob</i>                                                         | 2     |                         |
| ENBRACE HR                                                              | 4     |                         |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 2     |                         |

| Nombre del Medicamento                         | Nivel | Restricciones / Límites |
|------------------------------------------------|-------|-------------------------|
| FLORIVA (FLUORIDE-VITAMIN D3)                  | 4     | OTC                     |
| <i>flotrex</i>                                 | 1     | ACA; OTC                |
| <i>fluoride (sodium) oral drops</i>            | 1     | ACA; OTC                |
| <i>fluoride (sodium) oral tablet, chewable</i> | 1     | ACA; OTC                |
| <i>folic acid oral tablet 1 mg</i>             | 1     |                         |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | 1     | ACA; OTC                |
| <i>folitab</i>                                 | 2     | ACA; OTC                |
| <i>folivane-ob</i>                             | 2     |                         |
| <i>foltabs 800</i>                             | 2     | ACA; OTC                |
| <i>full spectrum b-vitamin c</i>               | 2     | ACA; OTC                |
| <i>hydroxocobalamin</i>                        | 2     |                         |
| <i>kobee</i>                                   | 2     | ACA; OTC                |
| KOSHER PRENATAL PLUS IRON                      | 4     |                         |
| <i>ludent fluoride</i>                         | 1     | ACA; OTC                |
| MARNATAL-F                                     | 4     |                         |
| MECOBALAMIN (VITAMIN B12) INJECTION            | 4     |                         |
| <i>m-natal plus</i>                            | 1     |                         |
| <i>multi-vitamin with fluoride</i>             | 1     | ACA; OTC                |
| <i>mvc-fluoride</i>                            | 1     | ACA; OTC                |
| <i>mynatal</i>                                 | 1     |                         |
| <i>mynatal plus</i>                            | 1     |                         |
| <i>mynatal-z</i>                               | 1     |                         |
| NASCOBAL                                       | 3     | ST; QL                  |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento    | Nivel | Restricciones / Límites |
|---------------------------|-------|-------------------------|
| NEEVODHA (WITH ALGAL OIL) | 4     |                         |
| NEONATAL COMPLETE         | 4     |                         |
| NEONATAL FE               | 4     |                         |
| NEONATAL PLUS VITAMIN     | 4     |                         |
| NEONATAL-DHA              | 4     |                         |
| <i>neo-vital rx</i>       | 1     |                         |
| NESTABS                   | 4     |                         |
| NESTABS ABC               | 4     |                         |
| NESTABS DHA               | 4     |                         |
| NESTABS ONE               | 4     |                         |
| <i>newgen</i>             | 1     |                         |
| OB COMPLETE               | 4     |                         |
| OB COMPLETE ONE           | 4     |                         |
| OB COMPLETE PETITE        | 4     |                         |
| OB COMPLETE PREMIER       | 4     |                         |
| OB COMPLETE WITH DHA      | 4     |                         |
| <i>one daily prenatal</i> | 1     | ACA; OTC                |
| <i>pnv-dha</i>            | 2     |                         |
| <i>pnv-omega</i>          | 2     |                         |
| <i>pnv-select</i>         | 1     |                         |
| <i>pr natal 400</i>       | 1     |                         |
| <i>pr natal 400 ec</i>    | 1     |                         |
| <i>pr natal 430</i>       | 1     |                         |
| <i>pr natal 430 ec</i>    | 1     |                         |
| PRENATA                   | 4     |                         |
| <i>prenatabs fa</i>       | 1     |                         |

| Nombre del Medicamento                                 | Nivel | Restricciones / Límites |
|--------------------------------------------------------|-------|-------------------------|
| <i>prenatabs rx</i>                                    | 1     |                         |
| <i>prenatal complete</i>                               | 1     | ACA; OTC                |
| <i>prenatal multi-dha (algal oil)</i>                  | 1     | ACA; OTC                |
| <i>prenatal multivitamins</i>                          | 1     | ACA; OTC                |
| <i>prenatal one daily</i>                              | 1     | ACA; OTC                |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>        | 1     | ACA; OTC                |
| <i>prenatal plus</i>                                   | 1     |                         |
| <i>prenatal plus (calcium carb)</i>                    | 1     |                         |
| PRENATAL PLUS DHA                                      | 4     |                         |
| PRENATAL PLUS VITAMIN-MINERAL                          | 4     |                         |
| <i>prenatal vit no.179-iron-folic</i>                  | 1     | ACA; OTC                |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 1     | ACA; OTC                |
| <i>prenatal vitamin with minerals</i>                  | 1     | ACA; OTC                |
| <i>prenatal-u</i>                                      | 2     |                         |
| PRENATE AM                                             | 4     |                         |
| PRENATE CHEWABLE                                       | 4     |                         |
| PRENATE DHA (FERR ASP GLYCIN)                          | 4     |                         |
| PRENATE ELITE (IRON ASP GLYC)                          | 4     |                         |
| PRENATE ENHANCE                                        | 4     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

| Nombre del Medicamento                | Nivel | Restricciones / Límites |
|---------------------------------------|-------|-------------------------|
| PRENATE ESSENTIAL(IRON-ASP-GL)        | 4     |                         |
| PRENATE MINI (FERR ASP GLYCIN)        | 4     |                         |
| PRENATE PIXIE                         | 4     |                         |
| PRENATE RESTORE                       | 4     |                         |
| PRENATE STAR                          | 4     |                         |
| PRIMACARE                             | 4     |                         |
| PROVIDA OB                            | 4     |                         |
| <i>rena-vite</i>                      | 2     | ACA; OTC                |
| R-NATAL OB                            | 4     |                         |
| SELECT-OB                             | 4     |                         |
| SELECT-OB (FOLIC ACID)                | 4     |                         |
| SELECT-OB + DHA                       | 4     |                         |
| <i>se-natal 19</i>                    | 1     |                         |
| <i>se-natal 19 chewable</i>           | 1     |                         |
| <i>soluvita</i>                       | 1     | ACA; OTC                |
| <i>soluvita a,c,d with fluoride</i>   | 1     | ACA; OTC                |
| <i>stress formula with iron</i>       | 2     | ACA; OTC                |
| <i>stress formula with iron(sulf)</i> | 2     | ACA; OTC                |
| <i>super b-50 complex</i>             | 2     | ACA; OTC                |
| <i>super quints</i>                   | 2     | ACA; OTC                |
| <i>taron-c dha</i>                    | 2     |                         |
| THRIVITE RX                           | 4     |                         |
| TRICARE                               | 4     |                         |
| <i>tricon</i>                         | 2     | ACA; OTC                |
| TRIFERIC                              | 4     |                         |

| Nombre del Medicamento                                     | Nivel | Restricciones / Límites |
|------------------------------------------------------------|-------|-------------------------|
| <i>trinatal rx 1</i>                                       | 1     |                         |
| <i>trinate</i>                                             | 1     |                         |
| TRISTART DHA                                               | 4     |                         |
| <i>tri-vitamin with fluoride</i>                           | 1     | ACA; OTC                |
| VITAFOL FE PLUS                                            | 4     |                         |
| VITAFOL GUMMIES                                            | 4     |                         |
| VITAFOL ULTRA                                              | 4     |                         |
| VITAFOL-OB                                                 | 4     |                         |
| VITAFOL-OB+DHA                                             | 4     |                         |
| VITAFOL-ONE                                                | 4     |                         |
| VITAMEDMD ONE RX                                           | 4     |                         |
| <i>vitamin b complex-folic acid oral tablet</i>            | 2     | ACA; OTC                |
| <i>vitamin d3 oral tablet 10 mcg (400 unit)</i>            | 2     | OTC                     |
| <i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i> | 2     | OTC                     |
| <i>vitamins a,c,d and fluoride</i>                         | 1     | ACA; OTC                |
| <i>wescap-c dha</i>                                        | 2     |                         |
| <i>wescap-pn dha</i>                                       | 2     |                         |
| <i>wesnatal dha complete</i>                               | 1     |                         |
| <i>wesnate dha</i>                                         | 1     |                         |
| <i>westab plus</i>                                         | 1     |                         |
| <i>westgel dha</i>                                         | 1     |                         |
| <i>zatean-pn dha</i>                                       | 2     |                         |
| <i>zatean-pn plus</i>                                      | 2     |                         |
| <i>zingiber</i>                                            | 2     |                         |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

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| <i>cyanocobalamin (vitamin b-12)</i>    |            | <i>deferiprone</i> .....                 | 45     | DEXCOM G6                              |        |
| .....                                   | 79         | <i>deflazacort</i> .....                 | 48     | TRANSMITTER .....                      | 49     |
| <i>cyclobenzaprine</i> .....            | 19         | DELESTROGEN .....                        | 66     | DEXCOM G7 RECEIVER ..                  | 49     |
| CYCLOGYL .....                          | 69         | DELSTRIGO.....                           | 3      | DEXCOM G7 SENSOR.....                  | 49     |
| CYCLOMYDRIL.....                        | 72         | <i>demeclocycline</i> .....              | 9      | DEXEDRINE SPANSULE ..                  | 24     |
| <i>cyclopentolate</i> .....             | 69         | DEMSE.....                               | 29     | <i>dexmethylphenidate</i> .....        | 24     |
| <i>cyclophen-tropic-phenyleph-</i>      |            | DENAVIR.....                             | 42     | DEXTENZA.....                          | 71     |
| <i>watr</i> .....                       | 69         | DENGVAIA (PF).....                       | 63     | <i>dextroamphetamine sulfate</i> ...24 |        |
| CYCLOPENT-TROPIC-                       |            | <i>denta 5000 plus</i> .....             | 46     | <i>dextroamphetamine-</i>              |        |
| PHEN-KETR-WAT .....                     | 69         | <i>denta 5000 plus sensitive</i> .....   | 46     | <i>amphetamine</i> .....               | 24     |
| <i>cyclophosphamide</i> .....           | 10         | <i>dentagel</i> .....                    | 46     | DIACOMIT .....                         | 14     |
| CYCLOPHOSPHAMIDE....                    | 10         | DEPAKOTE.....                            | 14     | <i>dialyvite 800</i> .....             | 79     |
|                                         |            | DEPAKOTE ER.....                         | 14     |                                        |        |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                       |                                           |                                                |
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| DIATRUE CONTROL SOLN<br>NORMAL.....49 | DORZOLAMIDE (PF).....71                   | EASYMAX NORMAL<br>CONTROL .....49              |
| diazepam..... 14, 24                  | dorzolamide-timolol .....71               | EBGLYSS PEN.....37                             |
| diazepam intensol.....24              | dorzolamide-timolol (pf).....71           | EBGLYSS SYRINGE.....37                         |
| diazoxide.....52                      | dotti.....66                              | EC-NAPROSYN .....21                            |
| DIBENZYLINE .....29                   | DOVATO .....4                             | econazole nitrate .....41                      |
| dichlorphenamide.....18               | doxazosin .....29                         | ecotrin low strength.....21                    |
| DICLEGIS.....58                       | doxepin .....24                           | EDECRIN.....29                                 |
| diclofenac potassium.....21           | doxercalciferol.....55                    | EDEX .....77                                   |
| diclofenac sodium.....21, 37, 70      | doxycycline hyclate.....9                 | EDLUAR.....24                                  |
| diclofenac-misoprostol.....21         | doxycycline monohydrate.....9             | ed-spaz.....57                                 |
| dicloxacillin .....8                  | doxylamine-pyridoxine (vit b6)<br>.....58 | EDURANT .....4                                 |
| dicyclomine.....57                    | dronabinol .....58                        | EDURANT PED .....4                             |
| DIFFERIN.....39                       | DROXIA .....10                            | eemt.....66                                    |
| DIFICID .....6                        | droxidopa.....45                          | eemt hs .....66                                |
| DIFLUCAN.....3                        | DSUVIA.....20                             | efavirenz .....4                               |
| diflunisal.....21                     | DUAVEE.....66                             | efavirenz-emtricitabin-tenofovir<br>4          |
| difluprednate .....71                 | DUETACT .....55                           | efavirenz-lamivudine-tenofovir disoproxil<br>4 |
| digoxin.....31                        | dulcolax (magnesium<br>hydroxide).....58  | effer-k.....78                                 |
| dihydroergotamine .....17             | DULERA.....74                             | EFFER-K.....78                                 |
| DILANTIN.....14                       | duloxetine .....24                        | EFFIENT .....32                                |
| DILANTIN EXTENDED ... 14              | DUOBRII .....43                           | EFUDEX .....37                                 |
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| DILANTIN-125 ..... 14                 | DUPIXENT PEN .....37                      | ELEMENT COMPACT<br>NORMAL CONTROL.....49       |
| DILAUDID .....20                      | DUPIXENT SYRINGE.....37                   | ELEMENT NORMAL<br>CONTROL .....49              |
| diltiazem .....29                     | dutasteride .....77                       | ELEPSIA XR.....14                              |
| dilt-xr.....29                        | dutasteride-tamsulosin .....77            | eletriptan.....17                              |
| dimethyl fumarate.....27              | DYRENIUM .....29                          | ELIGARD.....10                                 |
| DIPENTUM .....58                      | <b>E</b>                                  | ELIGARD (3 MONTH) .....10                      |
| DIPHEN .....72                        | e.e.s. 400.....6                          | ELIGARD (4 MONTH) .....10                      |
| diphenoxylate-atropine.....57         | E.E.S. GRANULES.....6                     | ELIGARD (6 MONTH) .....10                      |
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| dipyridamole.....31                   | EASY STEP HIGH<br>CONTROL SOLN.....49     | ELIQUIS.....32                                 |
| DISALCID .....21                      | EASY TALK HIGH<br>CONTROL .....49         | ELIQUIS DVT-PE TREAT<br>30D START.....32       |
| diskets .....20                       | EASY TALK PLUS II LOW<br>CONTROL .....49  | elite-ob .....79                               |
| disopyramide phosphate.....28         | EASY TOUCH BLU CTRL<br>SOLN-L1,L3 .....49 | ELMIRON.....77                                 |
| disulfiram .....45                    | EASY TRAK II CTRL SOLN-<br>NORMAL.....49  | ELOCTATE .....32                               |
| DIURIL .....29                        | EASY TRAK LOW<br>CONTROL .....49          | eltrombopag olamine.....32                     |
| divalproex.....14                     | EASYMAX 15 LEVEL 2.....49                 | EMBRACE EVO LEVEL 1.49                         |
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| dofetilide.....28                     |                                           | EMBRACE TALK<br>CONTROL-LOW (L1).....50        |
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| donepezil.....18                      |                                           |                                                |
| DONNATAL.....57                       |                                           |                                                |
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| dorzolamide .....71                   |                                           |                                                |

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|                                               |    |                                                |       |                                         |    |
|-----------------------------------------------|----|------------------------------------------------|-------|-----------------------------------------|----|
| EMGALITY SYRINGE.....                         | 17 | <i>erlotinib</i> .....                         | 11    | EVRYSDI.....                            | 18 |
| EMPAVELI.....                                 | 45 | ERMEZA.....                                    | 56    | EXELDERM .....                          | 41 |
| EMSAM .....                                   | 24 | <i>ery pads</i> .....                          | 39    | EXELON PATCH.....                       | 18 |
| <i>emtricitabine</i> .....                    | 4  | <i>erygel</i> .....                            | 39    | <i>exemestane</i> .....                 | 11 |
| <i>emtricitabine-tenofovir (tdf)</i> ...      | 4  | ERYPED 200 .....                               | 6     | <i>exenatide</i> .....                  | 55 |
| <i>emtricitabine-tenofovir (tdf)</i> ..       | 4  | ERYPED 400 .....                               | 6     | EXTINA .....                            | 41 |
| EMTRIVA.....                                  | 4  | <i>ery-tab</i> .....                           | 6     | EYSUVIS .....                           | 71 |
| EMVERM .....                                  | 7  | ERY-TAB.....                                   | 6     | <i>ezetimibe</i> .....                  | 34 |
| <i>enalapril maleate</i> .....                | 29 | <i>erythrocin (as stearate)</i> .....          | 6     | <i>ezetimibe-simvastatin</i> .....      | 34 |
| <i>enalapril-hydrochlorothiazide</i><br>..... | 29 | <i>erythromycin</i> .....                      | 6, 68 | <b>F</b>                                |    |
| ENBRACE HR.....                               | 79 | <i>erythromycin ethylsuccinate</i> ...6        |       | FABHALTA.....                           | 45 |
| ENBREL .....                                  | 65 | <i>erythromycin with ethanol</i> ....39        |       | <i>famciclovir</i> .....                | 4  |
| ENBREL MINI.....                              | 65 | <i>erythromycin-benzoyl peroxide</i><br>.....  | 39    | <i>famotidine</i> .....                 | 61 |
| ENBREL SURECLICK .....                        | 65 | <i>escitalopram oxalate</i> .....              | 24    | FARESTON .....                          | 11 |
| ENCELTO.....                                  | 69 | <i>eslicarbazepine</i> .....                   | 15    | FARXIGA .....                           | 56 |
| <i>endocet</i> .....                          | 20 | <i>esomeprazole magnesium</i> .....61          |       | FASENRA PEN .....                       | 74 |
| ENERGIX-B (PF) .....                          | 63 | ESPEROCT .....                                 | 32    | <i>febuxostat</i> .....                 | 64 |
| ENERGIX-B PEDIATRIC<br>(PF).....              | 63 | <i>estazolam</i> .....                         | 24    | <i>felbamate</i> .....                  | 15 |
| <i>enoxaparin</i> .....                       | 32 | ESTRACE .....                                  | 66    | FELBATOL.....                           | 15 |
| ENSPRYNG.....                                 | 11 | <i>estradiol</i> .....                         | 67    | <i>felodipine</i> .....                 | 29 |
| ENSTILAR.....                                 | 36 | ESTRADIOL.....                                 | 66    | <i>fem ph</i> .....                     | 67 |
| <i>entacapone</i> .....                       | 16 | <i>estradiol valerate</i> .....                | 67    | FEMARA .....                            | 11 |
| <i>entecavir</i> .....                        | 4  | <i>estradiol-norethindrone acet</i> 67         |       | <i>fenofibrate</i> .....                | 34 |
| ENTRESTO .....                                | 35 | ESTRATEST F.S. ....                            | 67    | <i>fenofibrate micronized</i> .....     | 34 |
| ENTRESTO SPRINKLE .....                       | 35 | ESTRATEST H.S.....                             | 67    | <i>fenofibrate nanocrystallized</i> .34 |    |
| <i>enulose</i> .....                          | 58 | <i>estrogens-methyltestosterone</i> 67         |       | <i>fenofibric acid</i> .....            | 34 |
| EPCLUSA .....                                 | 4  | <i>eszopiclone</i> .....                       | 24    | <i>fenofibric acid (choline)</i> .....  | 34 |
| EPIDIOLEX.....                                | 14 | <i>ethacrynic acid</i> .....                   | 29    | <i>fenopropfen</i> .....                | 21 |
| EPIDUO FORTE.....                             | 39 | <i>ethambutol</i> .....                        | 7     | FENSOLVI.....                           | 11 |
| EPIFOAM .....                                 | 36 | <i>ethosuximide</i> .....                      | 15    | <i>fentanyl</i> .....                   | 20 |
| <i>epinastine</i> .....                       | 69 | <i>etodolac</i> .....                          | 21    | FERRIPROX .....                         | 45 |
| <i>epinephrine</i> .....                      | 72 | <i>etoposide</i> .....                         | 11    | FERRIPROX (2 TIMES A<br>DAY) .....      | 45 |
| EPIPEN .....                                  | 72 | <i>etravirine</i> .....                        | 4     | <i>fesoterodine</i> .....               | 76 |
| EPIPEN JR .....                               | 72 | EUCRISA.....                                   | 37    | FETZIMA.....                            | 24 |
| <i>epitol</i> .....                           | 15 | EULEXIN.....                                   | 11    | FEXMID.....                             | 19 |
| EPIVIR.....                                   | 4  | EURAX .....                                    | 44    | FIBRICOR.....                           | 34 |
| <i>eplerenone</i> .....                       | 29 | <i>euthyrox</i> .....                          | 57    | <i>fidaxomicin</i> .....                | 6  |
| <i>eprosartan</i> .....                       | 29 | EVAMIST .....                                  | 67    | FILSPARI.....                           | 35 |
| EPSOLAY .....                                 | 39 | <i>everolimus (antineoplastic)</i> ..11        |       | FINACEA.....                            | 39 |
| EQUETRO .....                                 | 15 | <i>everolimus</i><br>(immunosuppressive) ..... | 11    | <i>finasteride</i> .....                | 77 |
| <i>ergocalciferol (vitamin d2)</i> ...79      |    | EVISTA.....                                    | 65    | <i>finbolimod</i> .....                 | 27 |
| <i>ergoloid</i> .....                         | 24 | EVOCLIN .....                                  | 39    | FIORICET .....                          | 20 |
| ERGOMAR.....                                  | 17 | EVOLUTION NORMAL<br>CONTROL .....              | 50    | FIORICET WITH CODEINE<br>.....          | 20 |
| <i>ergotamine-caffeine</i> .....              | 17 | EVOTAZ .....                                   | 4     | FIRDAPSE .....                          | 18 |
| ERIVEDGE.....                                 | 11 | EVOXAC .....                                   | 45    | <i>flac otic oil</i> .....              | 47 |
| ERLEADA .....                                 | 11 |                                                |       | <i>flavoxate</i> .....                  | 76 |

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|                                         |        |                                                |    |                                        |    |
|-----------------------------------------|--------|------------------------------------------------|----|----------------------------------------|----|
| <i>flecainide</i> .....                 | 28     | <i>fluticasone propion-salmeterol</i><br>..... | 74 | FREESTYLE LIBRE 14 DAY<br>SENSOR.....  | 50 |
| FLECTOR .....                           | 21     | <i>fluvastatin</i> .....                       | 34 | FREESTYLE LIBRE 2 PLUS<br>SENSOR.....  | 50 |
| FLOLIPID .....                          | 34     | <i>fluvoxamine</i> .....                       | 24 | FREESTYLE LIBRE 2<br>READER.....       | 50 |
| FLOMAX .....                            | 77     | FLUZONE 2025-2026 .....                        | 63 | FREESTYLE LIBRE 2<br>SENSOR.....       | 50 |
| FLORIVA (FLUORIDE-<br>VITAMIN D3) ..... | 79     | FLUZONE 2025-2026 (PF) ..                      | 63 | FREESTYLE LIBRE 3 PLUS<br>SENSOR.....  | 50 |
| <i>flotrex</i> .....                    | 79     | FLUZONE HIGH-DOSE<br>2025-26 (PF).....         | 63 | FREESTYLE LIBRE 3<br>READER.....       | 50 |
| FLUAD 2025-2026 (65 YR<br>UP)(PF) ..... | 63     | FML LIQUIFILM .....                            | 71 | FREESTYLE LIBRE 3<br>SENSOR.....       | 50 |
| FLUARIX 2025-2026 (PF) ..               | 63     | <i>folic acid</i> .....                        | 79 | FREESTYLE LITE METER                   | 50 |
| FLUBLOK 2025-2026 (PF) ..               | 63     | <i>folitab</i> .....                           | 79 | FREESTYLE LITE STRIPS                  | 50 |
| FLUCELVAX 2025-2026 ....                | 63     | <i>folivane-ob</i> .....                       | 79 | FREESTYLE PRECISION<br>NEO STRIPS..... | 50 |
| FLUCELVAX 2025-2026 (PF)<br>.....       | 63     | <i>foltabs 800</i> .....                       | 79 | FREESTYLE TEST .....                   | 50 |
| <i>fluconazole</i> .....                | 3      | <i>fondaparinux</i> .....                      | 32 | FROVA.....                             | 17 |
| <i>flucytosine</i> .....                | 3      | FORA GTEL MULTI-<br>FUNCTN MONITOR .....       | 50 | <i>frovatriptan</i> .....              | 17 |
| <i>fludrocortisone</i> .....            | 48     | FORA KETONE CONTROL<br>SOLN-L1 .....           | 50 | FRUZAQLA.....                          | 11 |
| FLULAVAL 2025-2026 (PF)<br>.....        | 63     | FORA NORMAL CONTROL<br>.....                   | 50 | <i>full spectrum b-vitamin c</i> ..... | 79 |
| FLUMADINE .....                         | 4      | FORA TN'G ADV MOBILE<br>MULTI MTR.....         | 50 | FULPHILA.....                          | 62 |
| FLUMIST 2025-2026 .....                 | 63     | FORA TN'G ADVANCE<br>MULTI-FN MTR .....        | 50 | FURADANTIN .....                       | 9  |
| FLUMIST HOME 2025-2026<br>.....         | 63     | FORA TN'G ADVANCE PRO<br>MONITOR .....         | 50 | <i>furosemide</i> .....                | 29 |
| <i>flunisolide</i> .....                | 74     | FORACARE GDH LOW<br>CONTROL .....              | 50 | FUZEON .....                           | 4  |
| <i>fluocinolone</i> .....               | 43     | <i>formoterol fumarate</i> .....               | 74 | <i>fyavolv</i> .....                   | 67 |
| <i>fluocinolone acetone oil</i> ....    | 47     | FOSAMAX .....                                  | 65 | FYCOMPA.....                           | 15 |
| <i>fluocinolone and shower cap</i>      | 43     | FOSAMAX PLUS D.....                            | 65 | <b>G</b>                               |    |
| <i>fluocinonide</i> .....               | 43     | <i>fosamprenavir</i> .....                     | 4  | <i>g tussin ac</i> .....               | 73 |
| <i>fluocinonide-e</i> .....             | 43     | <i>fosfomycin tromethamine</i> .....           | 9  | <i>gabapentin</i> .....                | 15 |
| FLUORESC EIN-<br>BENOXINATE .....       | 69     | <i>fosinopril</i> .....                        | 29 | GALAFOLD.....                          | 55 |
| <i>fluorescein-proparacaine</i> ....    | 69     | <i>fosinopril-hydrochlorothiazide</i><br>..... | 29 | <i>galantamine</i> .....               | 18 |
| <i>fluoride (sodium)</i> .....          | 46, 79 | FRAGMIN.....                                   | 32 | <i>gallifrey</i> .....                 | 67 |
| FLUORIDEX DAILY<br>DEFENSE .....        | 46     | <i>fraiche 5000</i> .....                      | 47 | GALZIN .....                           | 78 |
| FLUORIDEX SENSITIVITY<br>RELIEF .....   | 46     | FRAICHE 5000 PREVI .....                       | 47 | GAMMAGARD LIQUID ....                  | 63 |
| FLUORIMAX 5000 .....                    | 47     | FREESTYLE CONTROL ....                         | 50 | GARDASIL 9 (PF).....                   | 63 |
| FLUORIMAX 5000<br>SENSITIVE.....        | 47     | FREESTYLE FREEDOM....                          | 50 | GASTROCROM .....                       | 58 |
| <i>fluorometholone</i> .....            | 71     | FREESTYLE FREEDOM<br>LITE .....                | 50 | <i>gatifloxacin</i> .....              | 68 |
| <i>fluorouracil</i> .....               | 37     | FREESTYLE INSULINX....                         | 50 | GATTEX 30-VIAL .....                   | 58 |
| <i>flouxetine</i> .....                 | 24     | FREESTYLE INSULINX<br>TEST STRIPS .....        | 50 | <i>gavilax</i> .....                   | 58 |
| <i>fluphenazine hcl</i> .....           | 24     | FREESTYLE LIBRE 14 DAY<br>READER.....          | 50 | <i>gavilyte-c</i> .....                | 58 |
| <i>flurazepam</i> .....                 | 24     |                                                |    | <i>gavilyte-g</i> .....                | 58 |
| <i>flurbiprofen</i> .....               | 21     |                                                |    | <i>gavilyte-n</i> .....                | 58 |
| <i>flurbiprofen sodium</i> .....        | 70     |                                                |    | GAVRETO .....                          | 11 |
| <i>fluticasone propionate</i> ....      | 43, 74 |                                                |    | GE100 CONTROL<br>SOLUTION NORMAL....   | 50 |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                        |        |                                          |        |                                       |    |
|----------------------------------------|--------|------------------------------------------|--------|---------------------------------------|----|
| <i>gefitinib</i> .....                 | 11     | GOLYTELY.....                            | 58     | <i>heparin lockflush(porcine)(pf)</i> |    |
| GELCLAIR.....                          | 47     | GOMEKLI.....                             | 11     | .....                                 | 33 |
| <i>gemfibrozil</i> .....               | 34     | GONITRO.....                             | 35     | <i>heparin(porcine) in 0.45% nacl</i> |    |
| GEMTESA.....                           | 76     | GOPRELTO.....                            | 40     | .....                                 | 33 |
| <i>generlac</i> .....                  | 58     | GRALISE.....                             | 15     | HEPARIN(PORCINE) IN                   |    |
| <i>gengraf</i> .....                   | 11     | <i>granisetron hcl</i> .....             | 58     | 0.45% NACL.....                       | 33 |
| GENOTROPIN.....                        | 62     | <i>griseofulvin microsize</i> .....      | 3      | <i>heparin, porcine (pf)</i> .....    | 33 |
| GENOTROPIN MINISQUICK                  |        | <i>griseofulvin ultramicrosize</i> ..... | 3      | HEPARIN, PORCINE (PF)..               | 33 |
| .....                                  | 62     | <i>guanfacine</i> .....                  | 24, 29 | HEPLISAV-B (PF).....                  | 63 |
| <i>gentamicin</i> .....                | 41, 68 | GUARDIAN 4 GLUCOSE                       |        | HETLIOZ.....                          | 24 |
| GENTEEL VACUUM                         |        | SENSOR.....                              | 51     | HETLIOZ LQ.....                       | 24 |
| LANCING DEVICE.....                    | 52     | GUARDIAN 4                               |        | HIBERIX (PF).....                     | 63 |
| <i>gentle laxative (bisacodyl)</i> ... | 58     | TRANSMITTER.....                         | 51     | HISTEX-AC.....                        | 73 |
| <i>gentle laxative (mag hydrox)</i>    | 58     | GUARDIAN LINK 3                          |        | <i>homatropaire</i> .....             | 69 |
| <i>gentlelax</i> .....                 | 58     | TRANSMITTER.....                         | 51     | HORIZANT.....                         | 18 |
| GENVOYA.....                           | 4      | GUARDIAN SENSOR 3.....                   | 51     | HUMALOG JUNIOR                        |    |
| GEODON.....                            | 24     | GVOKE.....                               | 52     | KWIKPEN U-100.....                    | 53 |
| GILOTRIF.....                          | 11     | GVOKE HYOPEN 2-PACK                      |        | HUMALOG KWIKPEN                       |    |
| GLASSIA.....                           | 45     | .....                                    | 52     | INSULIN.....                          | 53 |
| <i>glatiramer</i> .....                | 27     | GVOKE PFS 2-PACK                         |        | HUMALOG MIX 50-50                     |    |
| <i>glatopa</i> .....                   | 27     | SYRINGE.....                             | 52     | KWIKPEN.....                          | 53 |
| GLEOSTINE.....                         | 11     | GYNAZOLE-1.....                          | 67     | HUMALOG MIX 75-25                     |    |
| GLIADEL WAFER.....                     | 11     | <b>H</b>                                 |        | KWIKPEN.....                          | 53 |
| <i>glimepiride</i> .....               | 56     | HAEGARDA.....                            | 74     | HUMALOG MIX 75-25(U-                  |    |
| <i>glipizide</i> .....                 | 56     | HALCION.....                             | 24     | 100)INSULN.....                       | 53 |
| <i>glipizide-metformin</i> .....       | 56     | <i>halobetasol propionate</i> .....      | 43     | HUMALOG TEMPO PEN(U-                  |    |
| GLOPERBA.....                          | 64     | HALOG.....                               | 43     | 100)INSULN.....                       | 53 |
| <i>glucagon emergency kit</i>          |        | <i>haloperidol</i> .....                 | 24     | HUMALOG U-100 INSULIN                 |    |
| (human).....                           | 52     | <i>haloperidol lactate</i> .....         | 24     | .....                                 | 53 |
| GLUCAGON HCL.....                      | 52     | HARVONI.....                             | 4      | HUMATIN.....                          | 7  |
| GLUCOCARD 01 NORMAL                    |        | HAVRIX (PF).....                         | 63     | HUMULIN 70/30 U-100                   |    |
| CONTROL.....                           | 50     | HEALTHPRO HIGH-LOW                       |        | INSULIN.....                          | 53 |
| GLUCOCOM CONTROL                       |        | CONTROL.....                             | 51     | HUMULIN 70/30 U-100                   |    |
| NORMAL.....                            | 50     | HEMANGEOL.....                           | 29     | KWIKPEN.....                          | 53 |
| GLUCOSE CONTROL.....                   | 50     | HEMLIBRA.....                            | 32     | HUMULIN N NPH INSULIN                 |    |
| <i>glutamine (sickle cell)</i> .....   | 45     | <i>hemmorex-hc</i> .....                 | 58     | KWIKPEN.....                          | 53 |
| <i>glyburide</i> .....                 | 56     | <i>hep flush-10 (pf)</i> .....           | 32     | HUMULIN N NPH U-100                   |    |
| <i>glyburide micronized</i> .....      | 56     | <i>heparin (porcine)</i> .....           | 32     | INSULIN.....                          | 54 |
| <i>glyburide-metformin</i> .....       | 56     | <i>heparin (porcine) in 0.9% nacl</i>    |        | HUMULIN R REGULAR U-                  |    |
| GLYCATE.....                           | 57     | .....                                    | 32     | 100 INSULN.....                       | 54 |
| <i>glycopyrrolate</i> .....            | 57     | HEPARIN (PORCINE) IN                     |        | HUMULIN R U-500 (CONC)                |    |
| GLYXAMBI.....                          | 56     | 0.9% NACL.....                           | 32     | INSULIN.....                          | 54 |
| GOJJI GLUCOSE CNTRL                    |        | <i>heparin (porcine) in 5 % dex</i>      | 32     | HUMULIN R U-500 (CONC)                |    |
| SOL-NORMAL.....                        | 50     | <i>heparin (porcine) in nacl (pf)</i>    |        | KWIKPEN.....                          | 54 |
| GOJJI KETONE CONTROL                   |        | .....                                    | 32     | HYCANTIN.....                         | 11 |
| SOLN-L1.....                           | 51     | HEPARIN (PORCINE) IN                     |        | HYCODAN (WITH                         |    |
| GOJJI MULTI-FUNCTIONAL                 |        | NACL (PF).....                           | 32     | HOMATROPINE).....                     | 73 |
| METER.....                             | 51     | <i>heparin lock flush (porcine)</i>      | 33     | <i>hydralazine</i> .....              | 29 |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                           |    |                                      |    |                                             |        |
|-------------------------------------------|----|--------------------------------------|----|---------------------------------------------|--------|
| HYDREA .....                              | 11 | ILET STARTER KIT-INSET .....         | 52 | <i>ipratropium bromide</i> .....            | 47, 74 |
| <i>hydrochlorothiazide</i> .....          | 29 | ILEVRO .....                         | 70 | <i>ipratropium-albuterol</i> .....          | 74     |
| <i>hydrocodone bitartrate</i> .....       | 20 | ILUVIEN .....                        | 71 | IQIRVO .....                                | 59     |
| <i>hydrocodone-acetaminophen</i> .....    | 20 | <i>imatinib</i> .....                | 11 | <i>irbesartan</i> .....                     | 30     |
| <i>hydrocodone-chlorpheniramine</i> ..... | 73 | IMBRUVICA .....                      | 11 | <i>irbesartan-hydrochlorothiazide</i> ..... | 30     |
| <i>hydrocodone-homatropine</i> .....      | 73 | <i>imipenem-cilastatin</i> .....     | 7  | IRESSA .....                                | 11     |
| <i>hydrocodone-ibuprofen</i> .....        | 20 | <i>imipramine hcl</i> .....          | 25 | ISENTRESS .....                             | 4      |
| <i>hydrocortisone</i> .... 43, 44, 48, 59 |    | <i>imipramine pamoate</i> .....      | 25 | ISENTRESS HD .....                          | 4      |
| <i>hydrocortisone acetate</i> .....       | 58 | <i>imiquimod</i> .....               | 37 | <i>isoniazid</i> .....                      | 7      |
| <i>hydrocortisone butyrate</i> .....      | 43 | IMKELDI .....                        | 11 | ISORDIL .....                               | 35     |
| <i>hydrocortisone valerate</i> .....      | 44 | IMOVAX RABIES VACCINE (PF) .....     | 63 | ISORDIL TITRADOSE .....                     | 35     |
| <i>hydrocortisone-acetic acid</i> .....   | 47 | IMPAVIDO .....                       | 7  | <i>isosorbide dinitrate</i> .....           | 35     |
| <i>hydrocortisone-pramoxine</i> .. 36, 59 |    | IMURAN .....                         | 11 | <i>isosorbide mononitrate</i> .....         | 35     |
| <i>hydromet</i> .....                     | 73 | INBRIJA .....                        | 16 | <i>isosorbide-hydralazine</i> .....         | 30     |
| <i>hydromorphone</i> .....                | 20 | INCRELEX .....                       | 45 | <i>isotretinoin</i> .....                   | 39     |
| <i>hydroxocobalamin</i> .....             | 79 | INCRUSE ELLIPTA .....                | 74 | <i>isradipine</i> .....                     | 30     |
| <i>hydroxychloroquine</i> .....           | 7  | <i>indapamide</i> .....              | 29 | <i>itraconazole</i> .....                   | 3      |
| <i>hydroxyurea</i> .....                  | 11 | <i>indomethacin</i> .....            | 22 | <i>ivabradine</i> .....                     | 35     |
| <i>hydroxyzine hcl</i> .....              | 72 | INFANRIX (DTAP) (PF) ....            | 63 | <i>ivermectin</i> .....                     | 7, 39  |
| <i>hydroxyzine pamoate</i> .....          | 72 | INFINITY CONTROL SOLUTION NORM ..... | 51 | IWILFIN .....                               | 11     |
| HYFTOR .....                              | 37 | INGREZZA .....                       | 18 | IXCHIQ (PF) .....                           | 63     |
| HYMPAVZI PEN .....                        | 33 | INGREZZA INITIATION PK(TARDIV) ..... | 18 | IXIARO (PF) .....                           | 63     |
| <i>hyoscyamine sulfate</i> .....          | 57 | INGREZZA SPRINKLE .....              | 18 | <b>J</b>                                    |        |
| <i>hyosyne</i> .....                      | 57 | INLYTA .....                         | 11 | JAKAFI .....                                | 11     |
| HYPER-SAL .....                           | 74 | INPEN (FOR HUMALOG) PINK .....       | 52 | JALYN .....                                 | 77     |
| HYSINGLA ER .....                         | 20 | INPEN (NOVOLOG OR FIASP) BLUE .....  | 52 | <i>jantoven</i> .....                       | 33     |
| <b>I</b>                                  |    | INSPIRA .....                        | 29 | JANUMET .....                               | 56     |
| <i>ibandronate</i> .....                  | 65 | INSULIN ASPART U-100 ..              | 54 | JANUMET XR .....                            | 56     |
| IBRANCE .....                             | 11 | INSULIN GLARGINE-YFGN .....          | 54 | JANUVIA .....                               | 56     |
| <i>ibu</i> .....                          | 21 | INSULIN LISPRO .....                 | 54 | JARDIANCE .....                             | 56     |
| <i>ibuprofen</i> .....                    | 21 | INSULIN LISPRO PROTAMIN-LISPRO ..... | 54 | JATENZO .....                               | 55     |
| <i>icatibant</i> .....                    | 74 | INSULIN SYRINGE-NEEDLE U-100 .....   | 52 | <i>javygtor</i> .....                       | 55     |
| ICLUSIG .....                             | 11 | INTELENCE .....                      | 4  | JELMYTO .....                               | 11     |
| <i>icosapent ethyl</i> .....              | 34 | INVEGA .....                         | 25 | <i>jinteli</i> .....                        | 67     |
| IDELVION .....                            | 33 | INVELTYS .....                       | 71 | JIVI .....                                  | 33     |
| IDHIFA .....                              | 11 | IODOFLEX .....                       | 38 | JOENJA .....                                | 45     |
| IFE-BIMIX 30/1 .....                      | 77 | IODOSORB .....                       | 38 | JORNAY PM .....                             | 25     |
| IGALMI .....                              | 24 | IOPIDINE .....                       | 72 | JOURNAVX .....                              | 22     |
| IHEALTH CONTROL SOLN LEVEL 2 .....        | 51 | IPOL .....                           | 63 | JUBLIA .....                                | 41     |
| IHEEZO (PF) .....                         | 69 |                                      |    | JULUCA .....                                | 4      |
| ILET INFUSION KIT-INSET 23 .....          | 52 |                                      |    | JUST RIGHT 5000 .....                       | 47     |
| ILET INFUSION-CONTACT DTCH 23 .....       | 52 |                                      |    | JUXTAPID .....                              | 34     |
|                                           |    |                                      |    | JYNARQUE .....                              | 55     |
|                                           |    |                                      |    | JYNNEOS (PF) .....                          | 63     |
|                                           |    |                                      |    | <b>K</b>                                    |        |
|                                           |    |                                      |    | KALETRA .....                               | 4      |
|                                           |    |                                      |    | KALYDECO .....                              | 74     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                        |        |                                 |        |                                |        |
|------------------------|--------|---------------------------------|--------|--------------------------------|--------|
| KENALOG.....           | 44     | lamivudine-zidovudine.....      | 4      | lidocaine-hydrocortisone-aloe  |        |
| KERENDIA .....         | 30     | lamotrigine .....               | 15     | .....                          | 59     |
| KESIMPTA PEN .....     | 27     | LANCETS .....                   | 53     | lidocaine-prilocaine .....     | 41     |
| ketoconazole .....     | 3, 41  | LANCING DEVICE .....            | 53     | lidocan iii.....               | 41     |
| ketodan .....          | 41     | LANOXIN.....                    | 31     | lidocan iv .....               | 41     |
| ketodan kit .....      | 41     | lanreotide.....                 | 11     | lidocan v .....                | 41     |
| ketoprofen.....        | 22     | lansoprazole .....              | 61     | lidocort .....                 | 41     |
| ketorolac.....         | 22, 70 | lanthanum .....                 | 78     | linezolid .....                | 7      |
| KINRIX (PF).....       | 63     | lapatinib.....                  | 11     | LINZESS .....                  | 59     |
| kiprofen.....          | 22     | LASIX .....                     | 30     | liothyronine.....              | 57     |
| KISQALI.....           | 11     | latanoprost.....                | 71     | liraglutide .....              | 56     |
| KITABIS PAK .....      | 7      | laxative (bisacodyl) .....      | 59     | lisdexamfetamine .....         | 25     |
| KLARITY (CHONDROITIN)  |        | laxative peg 3350.....          | 59     | lisinopril .....               | 30     |
| (PF).....              | 69     | LAZCLUZE .....                  | 11     | lisinopril-hydrochlorothiazide |        |
| KLARON .....           | 41     | leflunomide .....               | 65     | .....                          | 30     |
| klayesta.....          | 42     | lenalidomide .....              | 11     | LITFULO .....                  | 45     |
| klor-con .....         | 78     | LENVIMA.....                    | 11     | lithium carbonate.....         | 25     |
| klor-con 10 .....      | 78     | LESCOL XL.....                  | 34     | lithium citrate .....          | 25     |
| klor-con 8 .....       | 78     | letrozole .....                 | 11     | LITHOBID .....                 | 25     |
| klor-con m10 .....     | 78     | leucovorin calcium .....        | 10     | LITHOSTAT .....                | 45     |
| klor-con m15 .....     | 78     | LEUKERAN .....                  | 11     | LIVDELZI.....                  | 59     |
| klor-con m20 .....     | 78     | LEUKINE.....                    | 62     | LIVMARLI.....                  | 59     |
| klor-con/ef.....       | 78     | leuprolide.....                 | 11     | LIVTENCITY .....               | 4      |
| KLOXXADO .....         | 22     | levallbuterol hcl.....          | 74     | LODINE .....                   | 22     |
| kobee.....             | 79     | LEVBID .....                    | 57     | LODOSYN .....                  | 16     |
| KOGENATE FS.....       | 33     | levetiracetam .....             | 15     | lofena .....                   | 22     |
| KOSELUGO .....         | 11     | LEVETIRACETAM .....             | 15     | LOKELMA.....                   | 78     |
| KOSHER PRENATAL PLUS   |        | levobunolol .....               | 68     | LOMOTIL .....                  | 57     |
| IRON .....             | 79     | levocarnitine .....             | 45     | LONSURF .....                  | 12     |
| kourzeq .....          | 47     | levocarnitine (with sugar) .... | 45     | loperamide .....               | 57     |
| KOVALTRY .....         | 33     | levocetirizine .....            | 73     | LOPID .....                    | 34     |
| K-PHOS NO 2.....       | 77     | levofloxacin .....              | 8, 68  | lopinavir-ritonavir .....      | 4      |
| K-PHOS ORIGINAL .....  | 77     | levorphanol tartrate .....      | 20     | LOPRESSOR .....                | 30     |
| KRINTAFEL.....         | 7      | levo-t.....                     | 57     | LOPROX (AS OLAMINE)..          | 42     |
| KRISTALOSE .....       | 59     | levothyroxine .....             | 57     | LOPROX KIT .....               | 42     |
| <b>L</b>               |        | levoxyl.....                    | 57     | lorazepam .....                | 25     |
| labetalol.....         | 30     | LEVSIN.....                     | 57     | lorazepam intensol.....        | 25     |
| lacosamide.....        | 15     | LEVSIN/SL .....                 | 57     | LORBRENA.....                  | 12     |
| lactated ringers ..... | 45     | LEVULAN .....                   | 38     | LORZONE .....                  | 19     |
| lactulose .....        | 59     | LICART.....                     | 22     | losartan.....                  | 30     |
| LAGEVRIO (EUA).....    | 4      | lidocaine .....                 | 41     | losartan-hydrochlorothiazide   |        |
| LAMICTAL XR STARTER    |        | lidocaine hcl .....             | 40     | .....                          | 30     |
| (BLUE).....            | 15     | lidocaine hcl-hydrocortison ac  |        | LOTEMAX.....                   | 71     |
| LAMICTAL XR STARTER    |        | .....                           | 41, 59 | LOTEMAX SM.....                | 71     |
| (GREEN).....           | 15     | LIDOCAINE HCL-                  |        | LOTENSIN.....                  | 30     |
| LAMICTAL XR STARTER    |        | HYDROCORTISON AC .....          | 59     | LOTENSIN HCT.....              | 30     |
| (ORANGE).....          | 15     | lidocaine viscous .....         | 41     | loteprednol etabonate .....    | 71, 72 |
| lamivudine .....       | 4      |                                 |        | lovastatin .....               | 35     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                          |        |                                         |    |                                                   |    |
|------------------------------------------|--------|-----------------------------------------|----|---------------------------------------------------|----|
| <i>loxapine succinate</i> .....          | 25     | MAVENCLAD (4 TABLET<br>PACK) .....      | 27 | MEPRON .....                                      | 7  |
| <i>lubiprostone</i> .....                | 59     | MAVENCLAD (5 TABLET<br>PACK) .....      | 27 | <i>mercaptapurine</i> .....                       | 12 |
| <i>ludent fluoride</i> .....             | 79     | MAVENCLAD (6 TABLET<br>PACK) .....      | 27 | <i>mesalamine</i> .....                           | 59 |
| <i>lugols</i> .....                      | 41, 78 | MAVENCLAD (7 TABLET<br>PACK) .....      | 27 | <i>mesalamine with cleansing<br/>wipe</i> .....   | 59 |
| LUMAKRAS .....                           | 12     | MAVENCLAD (8 TABLET<br>PACK) .....      | 27 | MESNEX .....                                      | 10 |
| LUMRYZ .....                             | 25     | MAVENCLAD (9 TABLET<br>PACK) .....      | 27 | METADATE CD .....                                 | 25 |
| LUMRYZ STARTER PACK<br>.....             | 25     | MAXITROL .....                          | 71 | <i>metaxalone</i> .....                           | 19 |
| LUPKYNIS .....                           | 12     | <i>maxi-tuss ac</i> .....               | 73 | <i>metformin</i> .....                            | 56 |
| LUPRON DEPOT .....                       | 12     | MAXI-TUSS CD .....                      | 73 | <i>methadone</i> .....                            | 20 |
| LUPRON DEPOT (3<br>MONTH) .....          | 12     | MAYZENT .....                           | 27 | <i>methadose</i> .....                            | 20 |
| LUPRON DEPOT (4<br>MONTH) .....          | 12     | MAYZENT STARTER(FOR<br>1MG MAINT) ..... | 27 | <i>methamphetamine</i> .....                      | 25 |
| LUPRON DEPOT (6<br>MONTH) .....          | 12     | MAYZENT STARTER(FOR<br>2MG MAINT) ..... | 27 | <i>methazolamide</i> .....                        | 70 |
| <i>lurasidone</i> .....                  | 25     | <i>mb caps</i> .....                    | 77 | <i>methenamine hippurate</i> .....                | 9  |
| LUTRATE DEPOT (3<br>MONTH) .....         | 12     | <i>meclizine</i> .....                  | 59 | <i>methenamine mandelate</i> .....                | 9  |
| LYBALVI .....                            | 25     | <i>meclofenamate</i> .....              | 22 | <i>methen-sod phos-meth blue-<br/>hyos</i> .....  | 77 |
| <i>lyllana</i> .....                     | 67     | MECOBALAMIN (VITAMIN<br>B12) .....      | 79 | <i>methimazole</i> .....                          | 48 |
| LYNPARZA .....                           | 12     | MEDISENSE .....                         | 51 | METHITEST .....                                   | 55 |
| LYSODREN .....                           | 12     | MEDISENSE GLUCOSE<br>KETONE .....       | 51 | <i>methocarbamol</i> .....                        | 19 |
| LYTGOBI .....                            | 12     | MEDROL .....                            | 48 | <i>methotrexate sodium</i> .....                  | 12 |
| LYUMJEV KWIKPEN U-100<br>INSULIN .....   | 54     | MEDROL (PAK) .....                      | 48 | <i>methotrexate sodium (pf)</i> .....             | 12 |
| LYUMJEV KWIKPEN U-200<br>INSULIN .....   | 54     | <i>medroxyprogesterone</i> .....        | 67 | <i>methoxsalen</i> .....                          | 38 |
| LYUMJEV TEMPO PEN(U-<br>100)INSULN ..... | 54     | MEDTRONIC EXT<br>INFUSION SET 23 .....  | 53 | <i>methscopolamine</i> .....                      | 57 |
| LYUMJEV U-100 INSULIN<br>.....           | 54     | <i>mefenamic acid</i> .....             | 22 | <i>methsuximide</i> .....                         | 15 |
| <b>M</b>                                 |        | <i>mefloquine</i> .....                 | 7  | <i>methyl salicylate</i> .....                    | 38 |
| MACROBID .....                           | 9      | <i>megestrol</i> .....                  | 12 | <i>methyl dopa</i> .....                          | 30 |
| <i>magnesium citrate</i> .....           | 59     | MEKINIST .....                          | 12 | <i>methyl dopa-<br/>hydrochlorothiazide</i> ..... | 30 |
| MALARONE .....                           | 7      | MEKTOVI .....                           | 12 | <i>methylergonovine</i> .....                     | 67 |
| MALARONE PEDIATRIC ...                   | 7      | <i>meloxicam</i> .....                  | 22 | METHYLIN .....                                    | 25 |
| <i>malathion</i> .....                   | 44     | <i>memantine</i> .....                  | 18 | <i>methylphenidate</i> .....                      | 25 |
| <i>maraviroc</i> .....                   | 4      | MEMANTINE .....                         | 18 | <i>methylphenidate hcl</i> .....                  | 25 |
| MAR-COF CG .....                         | 73     | <i>memantine-donepezil</i> .....        | 18 | <i>methylprednisolone</i> .....                   | 48 |
| MARINOL .....                            | 59     | MENOSTAR .....                          | 67 | <i>methytestosterone</i> .....                    | 55 |
| MARNATAL-F .....                         | 79     | MENQUADFI (PF) .....                    | 63 | <i>metoclopramide hcl</i> .....                   | 59 |
| MARPLAN .....                            | 25     | MENVEO A-C-Y-W-135-DIP<br>(PF) .....    | 63 | <i>metolazone</i> .....                           | 30 |
| MATULANE .....                           | 12     | <i>meperidine</i> .....                 | 20 | METOPIRON .....                                   | 45 |
| <i>matzim la</i> .....                   | 30     | <i>meprobamate</i> .....                | 19 | <i>metoprolol succinate</i> .....                 | 30 |
| MAVENCLAD (10 TABLET<br>PACK) .....      | 27     |                                         |    | <i>metoprolol ta-hydrochlorothiaz</i><br>.....    | 30 |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                      |        |                                       |       |                                       |        |
|--------------------------------------|--------|---------------------------------------|-------|---------------------------------------|--------|
| <i>miconazole-3</i> .....            | 67     | MOVANTIK .....                        | 59    | NAMENDA TITRATION                     |        |
| <i>midazolam</i> .....               | 25     | MOXATAG .....                         | 8     | PAK .....                             | 18     |
| <i>midodrine</i> .....               | 45     | <i>moxifloxacin</i> .....             | 8, 68 | NAMENDA XR .....                      | 18     |
| MIEBO (PF) .....                     | 69     | MOXIFLOXACIN (PF)-BSS                 |       | NAMZARIC .....                        | 18     |
| <i>mifepristone</i> .....            | 55     | .....                                 | 68    | NAPRELAN CR .....                     | 22     |
| <i>migergot</i> .....                | 17     | MOXIFLOXACIN-                         |       | NAPROSYN .....                        | 22     |
| <i>miglitol</i> .....                | 56     | BROMFENAC .....                       | 69    | <i>naproxen</i> .....                 | 22     |
| <i>miglustat</i> .....               | 55     | MOXIFLOXACIN-SOD                      |       | <i>naproxen sodium</i> .....          | 22     |
| MIGRANAL .....                       | 17     | CHLOR,ISO(PF) .....                   | 68    | <i>naratriptan</i> .....              | 17     |
| <i>milk of magnesia</i> .....        | 59     | MOZOBIL .....                         | 62    | NARCAN .....                          | 22     |
| <i>milk of magnesia concentrated</i> |        | MRESVIA (PF) .....                    | 64    | NARDIL .....                          | 25     |
| .....                                | 59     | MS CONTIN .....                       | 20    | NASCOBAL .....                        | 79     |
| <i>millipred</i> .....               | 48     | MUGARD .....                          | 47    | NATACYN .....                         | 68     |
| <i>millipred dp</i> .....            | 48     | MULTAQ .....                          | 28    | <i>nateglinide</i> .....              | 56     |
| <i>mimvey</i> .....                  | 67     | <i>multi-vitamin with fluoride</i> .. | 79    | <i>natura-lax</i> .....               | 59     |
| MINIMED MIO ADVANCE                  |        | <i>mupirocin</i> .....                | 41    | NAYZILAM .....                        | 15     |
| INF SET23 .....                      | 53     | <i>mupirocin calcium</i> .....        | 41    | <i>nebivolol</i> .....                | 30     |
| MINIMED QUICK SET 43 ..              | 53     | <i>mvc-fluoride</i> .....             | 79    | NEBUPENT .....                        | 7      |
| MINIMED SILHOUETTE 23                |        | MYALEPT .....                         | 55    | <i>nebusal</i> .....                  | 75     |
| .....                                | 53     | MYCAPSSA .....                        | 12    | NEBUSAL .....                         | 75     |
| MINIMED SURE T 32 .....              | 53     | <i>mycophenolate mofetil</i> .....    | 12    | NEEVODHA (WITH ALGAL                  |        |
| <i>minocycline</i> .....             | 9      | <i>mycophenolate sodium</i> .....     | 12    | OIL) .....                            | 79     |
| <i>minoxidil</i> .....               | 30     | MYDAYIS .....                         | 25    | <i>nefazodone</i> .....               | 25     |
| MIOCHOL-E .....                      | 69     | MYDCOMBI .....                        | 69    | NEFFY .....                           | 73     |
| <i>miostat</i> .....                 | 71     | MYDRIACYL .....                       | 69    | NEMPLUVIO .....                       | 12     |
| <i>mirabegron</i> .....              | 76     | MYDRIATIC4(TROP-PROP-                 |       | <i>neomycin</i> .....                 | 7      |
| <i>mirtazapine</i> .....             | 25     | PE-KTRLC) .....                       | 70    | <i>neomycin-bacitracin-poly-hc</i> .. | 71     |
| MIRVASO .....                        | 39     | MYFEMBREE .....                       | 67    | <i>neomycin-bacitracin-</i>           |        |
| <i>misoprostol</i> .....             | 61     | MYFORTIC .....                        | 12    | <i>polymyxin</i> .....                | 68     |
| MITIGARE .....                       | 64     | MYGLUCOHEALTH                         |       | <i>neomycin-polymyxin b gu</i> .....  | 45     |
| MKO (MIDAZOLAM-                      |        | CONTROL SOLUTION ..                   | 51    | <i>neomycin-polymyxin b-</i>          |        |
| KETAMINE-ONDAN) ..                   | 25     | MYHIBBIN .....                        | 12    | <i>dexameth</i> .....                 | 71     |
| M-M-R II (PF) .....                  | 63     | MYLERAN .....                         | 12    | <i>neomycin-polymyxin-</i>            |        |
| <i>m-natal plus</i> .....            | 79     | <i>mynatal</i> .....                  | 79    | <i>gramicidin</i> .....               | 68     |
| <i>modafinil</i> .....               | 25     | <i>mynatal plus</i> .....             | 79    | <i>neomycin-polymyxin-hc</i> ..       | 47, 71 |
| MODERNA COVID 24-                    |        | <i>mynatal-z</i> .....                | 79    | NEONATAL COMPLETE ..                  | 79     |
| 25(6M-11Y)PF .....                   | 64     | MYRBETRIQ .....                       | 76    | NEONATAL FE .....                     | 79     |
| <i>moexipril</i> .....               | 30     | MYSOLINE .....                        | 15    | NEONATAL PLUS                         |        |
| <i>molindone</i> .....               | 25     | N                                     |       | VITAMIN .....                         | 79     |
| <i>mometasone</i> .....              | 44, 74 | <i>nabumetone</i> .....               | 22    | NEONATAL-DHA .....                    | 79     |
| <i>mondoxyne nl</i> .....            | 9      | <i>nadolol</i> .....                  | 30    | <i>neo-polycin</i> .....              | 68     |
| <i>montelukast</i> .....             | 75     | <i>naftifine</i> .....                | 42    | <i>neo-polycin hc</i> .....           | 71     |
| MORGIDOX 1X 50 .....                 | 9      | NAFTIN .....                          | 42    | NEORAL .....                          | 12     |
| MORGIDOX 1X100 .....                 | 9      | NALFON .....                          | 22    | <i>neostigmine methylsulfate</i> .... | 19     |
| <i>morphine</i> .....                | 20     | NALOCET .....                         | 20    | NEO-SYNALAR .....                     | 41     |
| <i>morphine concentrate</i> .....    | 20     | <i>naloxone</i> .....                 | 22    | NEO-SYNALAR KIT .....                 | 41     |
| MOTOFEN .....                        | 57     | <i>naltrexone</i> .....               | 22    | <i>neo-vital rx</i> .....             | 79     |
| MOUNJARO .....                       | 56     |                                       |       | NERLYNX .....                         | 12     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                        |        |                                     |           |                                        |        |
|----------------------------------------|--------|-------------------------------------|-----------|----------------------------------------|--------|
| NESTABS .....                          | 80     | NORGESIC .....                      | 19        | <i>olanzapine</i> .....                | 25     |
| NESTABS ABC .....                      | 80     | NORGESIC FORTE .....                | 19        | <i>olanzapine-fluoxetine</i> .....     | 25     |
| NESTABS DHA .....                      | 80     | NORMLGEL AG .....                   | 38        | <i>olmesartan</i> .....                | 30     |
| NESTABS ONE.....                       | 80     | <i>nortriptyline</i> .....          | 25        | <i>olmesartan-amlodipin-</i>           |        |
| <i>neuc</i> .....                      | 39     | NORVIR.....                         | 5         | <i>hctiazid</i> .....                  | 30     |
| NEUAC KIT .....                        | 39     | NOURIANZ .....                      | 16        | <i>olmesartan-</i>                     |        |
| NEUPRO.....                            | 16     | NOVA MAX PLUS GLUC-                 |           | <i>hydrochlorothiazide</i> .....       | 30     |
| <i>nevirapine</i> .....                | 4      | KETON METER.....                    | 51        | <i>olopatadine</i> .....               | 47, 70 |
| <i>newgen</i> .....                    | 80     | NOVAMAX PLUS GLU-KET                |           | OLPRUVA .....                          | 45     |
| NEXAVAR .....                          | 12     | .....                               | 51        | OLUX .....                             | 44     |
| NEXLETOL .....                         | 35     | NOVAVAX COVID 2024-                 |           | OMECLAMOX-PAK.....                     | 62     |
| NEXLIZET.....                          | 35     | 25(PF)(EUA) .....                   | 64        | <i>omega-3 acid ethyl esters</i> ..... | 35     |
| NEXOBRID .....                         | 44     | NOVOEIGHT .....                     | 33        | <i>omeprazole</i> .....                | 62     |
| NGENLA .....                           | 62     | NOVOPEN ECHO .....                  | 53        | <i>omeprazole-sodium</i>               |        |
| <i>niacin</i> .....                    | 35     | NOXAFIL .....                       | 3         | <i>bicarbonate</i> .....               | 62     |
| <i>nicardipine</i> .....               | 30     | <i>np thyroid</i> .....             | 57        | OMIDRIA.....                           | 70     |
| <i>nicorette</i> .....                 | 46     | NUBEQA .....                        | 12        | OMNIPOD 5 (G6/LIBRE 2                  |        |
| <i>nicotine</i> .....                  | 46     | NUCALA .....                        | 75        | PLUS).....                             | 53     |
| <i>nicotine (polacrilex)</i> .....     | 46     | NUCORT.....                         | 44        | OMNIPOD 5 G6-G7 PODS                   |        |
| NICOTROL NS.....                       | 46     | NUEDEXTA .....                      | 18        | (GEN 5) .....                          | 53     |
| <i>nifedipine</i> .....                | 30     | NULEV .....                         | 57        | OMNIPOD DASH PODS                      |        |
| NILANDRON .....                        | 12     | NULIBRY .....                       | 18        | (GEN 4) .....                          | 53     |
| <i>nilotinib hcl</i> .....             | 12     | NUMBRINO .....                      | 41        | OMNITROPE.....                         | 62     |
| <i>nilutamide</i> .....                | 12     | NUPLAZID.....                       | 25        | OMVOH .....                            | 59     |
| <i>nimodipine</i> .....                | 30     | NURTEC ODT.....                     | 17        | OMVOH PEN .....                        | 59     |
| NINJACOF-XG .....                      | 73     | NUVESSA.....                        | 67        | ON CALL EXPRESS                        |        |
| NINLARO.....                           | 12     | NUZYRA .....                        | 9         | CONTROL .....                          | 51     |
| <i>nisoldipine</i> .....               | 30     | <i>nyamyc</i> .....                 | 42        | <i>ondansetron</i> .....               | 60     |
| <i>nitazoxanide</i> .....              | 7      | NYMALIZE .....                      | 30        | <i>ondansetron hcl</i> .....           | 59     |
| <i>nitisinone</i> .....                | 45     | <i>nystatin</i> .....               | 3, 42     | <i>one daily prenatal</i> .....        | 80     |
| <i>nitro-bid</i> .....                 | 35     | <i>nystatin-triamcinolone</i> ..... | 42        | <i>onelax magnesium citrate</i> .....  | 60     |
| NITRO-DUR.....                         | 35     | <i>nystop</i> .....                 | 42        | ONETOUCH ULTRA                         |        |
| <i>nitrofurantoin</i> .....            | 9      | <b>O</b>                            |           | CONTROL .....                          | 51     |
| <i>nitrofurantoin macrocrystal</i> ... | 9      | OB COMPLETE .....                   | 80        | ONETOUCH ULTRA TEST                    |        |
| <i>nitrofurantoin monohyd/m-</i>       |        | OB COMPLETE ONE .....               | 80        | .....                                  | 51     |
| <i>cryst</i> .....                     | 9      | OB COMPLETE PETITE....              | 80        | ONETOUCH ULTRA2                        |        |
| <i>nitroglycerin</i> .....             | 35, 59 | OB COMPLETE PREMIER 80              |           | METER.....                             | 51     |
| NITROLINGUAL.....                      | 36     | OB COMPLETE WITH DHA                |           | ONETOUCH VERIO FLEX                    |        |
| NITROMIST .....                        | 36     | .....                               | 80        | METER.....                             | 51     |
| NITROSTAT.....                         | 36     | OALIVA .....                        | 59        | ONETOUCH VERIO MID                     |        |
| <i>nitro-time</i> .....                | 36     | <i>octreotide acetate</i> .....     | 12        | CONTROL .....                          | 51     |
| NITYR.....                             | 45     | OCUFLOX .....                       | 68        | ONETOUCH VERIO                         |        |
| <i>niva thyroid</i> .....              | 57     | ODEFSEY .....                       | 5         | REFLECT METER .....                    | 51     |
| NIVESTYM .....                         | 62     | ODOMZO .....                        | 12        | ONETOUCH VERIO TEST                    |        |
| <i>nizatidine</i> .....                | 61     | OFEV.....                           | 75        | STRIPS .....                           | 51     |
| <i>norethindrone acetate</i> .....     | 67     | <i>ofloxacin</i> .....              | 8, 47, 68 | ONEXTON.....                           | 39     |
| <i>norethindrone ac-eth estradiol</i>  |        | OGSIVEO .....                       | 12        | ONGENTYS.....                          | 16     |
| .....                                  | 67     | OJEMDA.....                         | 12        | OPFOLDA.....                           | 55     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                      |        |                                       |     |                                         |        |
|--------------------------------------|--------|---------------------------------------|-----|-----------------------------------------|--------|
| <i>opium tincture</i> .....          | 57     | <i>oxybutynin chloride</i> .....      | 76  | <i>pentazocine-naloxone</i> .....       | 22     |
| OPSUMIT .....                        | 75     | <i>oxycodone</i> .....                | 20  | <i>pentoxifylline</i> .....             | 33     |
| OPSYNVI .....                        | 75     | <i>oxycodone-acetaminophen</i> .....  | 20, | PEPCID .....                            | 62     |
| OPVEE .....                          | 22     | 21                                    |     | <i>perampanel</i> .....                 | 15     |
| OPZELURA .....                       | 38     | OXYCONTIN .....                       | 21  | PERIDEX .....                           | 47     |
| ORACIT .....                         | 77     | <i>oxymorphone</i> .....              | 21  | <i>perindopril erbumine</i> .....       | 30     |
| <i>oral saline laxative</i> .....    | 60     | OXYTROL .....                         | 76  | <i>periogard</i> .....                  | 47     |
| <i>oralone</i> .....                 | 47     | OZEMPIC .....                         | 56  | <i>permethrin</i> .....                 | 44     |
| ORAMAGICRX .....                     | 47     | OZURDEX .....                         | 72  | <i>perphenazine</i> .....               | 26     |
| ORAPRED ODT .....                    | 48     | <b>P</b>                              |     | <i>perphenazine-amitriptyline</i> ..... | 26     |
| ORAVIG .....                         | 3      | <i>pacerone</i> .....                 | 28  | PFIZER COVID 2024-25(5Y-                |        |
| ORENITRAM .....                      | 30     | PACNEX .....                          | 39  | 11Y)PF .....                            | 64     |
| ORENITRAM MONTH 1                    |        | <i>paliperidone</i> .....             | 25  | PFIZER COVID 2024-                      |        |
| TITRATION KT .....                   | 30     | PALYNZIQ .....                        | 55  | 25(6MO-4Y)PF .....                      | 64     |
| ORENITRAM MONTH 2                    |        | PAMELOR .....                         | 25  | PHEBURANE .....                         | 45     |
| TITRATION KT .....                   | 30     | PANCREAZE .....                       | 60  | <i>phenazopyridine</i> .....            | 77     |
| ORENITRAM MONTH 3                    |        | PANDEL .....                          | 44  | <i>phenelzine</i> .....                 | 26     |
| TITRATION KT .....                   | 30     | PANRETIN .....                        | 38  | <i>phenobarb-hyoscy-atropine-</i>       |        |
| ORFADIN .....                        | 45     | <i>pantoprazole</i> .....             | 62  | <i>scop</i> .....                       | 57     |
| ORGOVYX .....                        | 12     | <i>paricalcitol</i> .....             | 55  | <i>phenobarbital</i> .....              | 15     |
| ORIAHNN .....                        | 67     | PARNATE .....                         | 26  | <i>phenohydro</i> .....                 | 57     |
| ORILISSA .....                       | 55     | <i>paroex oral rinse</i> .....        | 47  | <i>phenoxybenzamine</i> .....           | 30     |
| ORKAMBI .....                        | 75     | <i>paroxetine hcl</i> .....           | 26  | <i>phenylephrine hcl</i> .....          | 72     |
| ORLADEYO .....                       | 75     | <i>paroxetine</i>                     |     | <i>phenyleph-tropicamide in</i>         |        |
| <i>ormalvi</i> .....                 | 18     | <i>mesylate(menop.sym)</i> .....      | 26  | <i>water</i> .....                      | 69     |
| <i>orphenadrine citrate</i> .....    | 19     | PASER .....                           | 7   | PHENYTEK .....                          | 15     |
| <i>orphenadrine-asa-caffeine</i> ... | 19     | PAVBLU .....                          | 70  | <i>phenytoin</i> .....                  | 15     |
| <i>orphengesic forte</i> .....       | 19     | PAXIL .....                           | 26  | <i>phenytoin sodium extended</i> .....  | 15     |
| ORSERDU .....                        | 12     | PAXIL CR .....                        | 26  | <i>phosphate laxative</i> .....         | 60     |
| <i>oscimim</i> .....                 | 57     | PAXLOVID .....                        | 5   | PHOSPHOLINE IODIDE ...                  | 68     |
| <i>oscimim sl</i> .....              | 57     | <i>pazopanib</i> .....                | 12  | PHOTREXA CROSS-                         |        |
| <i>oseltamivir</i> .....             | 5      | PEDIARIX (PF) .....                   | 64  | LINKING KIT .....                       | 70     |
| OSENI .....                          | 56     | PEDVAX HIB (PF) .....                 | 64  | PHYSIOLYTE .....                        | 45     |
| OSPHENA .....                        | 67     | <i>peg 3350-electrolytes</i> .....    | 60  | PHYSIOSOL IRRIGATION                    | 45     |
| OTEZLA .....                         | 65, 66 | <i>peg3350-sod sul-nacl-kcl-asb-c</i> |     | <i>phytonadione (vitamin k1)</i> ...    | 33     |
| OTEZLA STARTER .....                 | 66     | .....                                 | 60  | PHYTONADIONE                            |        |
| OTOVEL .....                         | 47     | PEGASYS .....                         | 63  | (VITAMIN K1) .....                      | 33     |
| OVACE .....                          | 36     | <i>peg-electrolyte soln</i> .....     | 60  | PIFELTRO .....                          | 5      |
| OVACE PLUS .....                     | 36     | PEMAZYRE .....                        | 12  | <i>pilocarpine hcl</i> .....            | 47, 69 |
| OVACE PLUS SHAMPOO .....             | 36     | PENBRAYA (PF) .....                   | 64  | <i>pimecrolimus</i> .....               | 38     |
| OVACE PLUS WASH .....                | 36     | <i>penciclovir</i> .....              | 42  | <i>pimozide</i> .....                   | 26     |
| OVIDE .....                          | 44     | <i>penicillamine</i> .....            | 66  | <i>pindolol</i> .....                   | 30     |
| <i>oxaprozin</i> .....               | 22     | <i>penicillin v potassium</i> .....   | 8   | <i>pioglitazone</i> .....               | 56     |
| <i>oxazepam</i> .....                | 25     | PENMENVY MEN A-B-C-W-                 |     | <i>pioglitazone-glimepiride</i> .....   | 56     |
| <i>oxcarbazepine</i> .....           | 15     | Y (PF) .....                          | 64  | <i>pioglitazone-metformin</i> .....     | 56     |
| OXERVATE .....                       | 70     | PENTACEL (PF) .....                   | 64  | PIP GLUCOSE CONTROL                     |        |
| <i>oxiconazole</i> .....             | 42     | <i>pentamidine</i> .....              | 7   | SOLN L1-L2 .....                        | 51     |
| OXTELLAR XR .....                    | 15     | PENTASA .....                         | 60  | PIQRAY .....                            | 12     |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                       |        |                                       |        |                                       |        |
|---------------------------------------|--------|---------------------------------------|--------|---------------------------------------|--------|
| <i>pirfenidone</i> .....              | 75     | <i>prednisolone</i> .....             | 48     | PRENATE AM.....                       | 80     |
| <i>piroxicam</i> .....                | 22     | <i>prednisolone acetate</i> .....     | 72     | PRENATE CHEWABLE .....                | 80     |
| <i>pitavastatin calcium</i> .....     | 35     | PREDNISOLONE ACETATE                  |        | PRENATE DHA (FERR ASP                 |        |
| PLEGRIDY .....                        | 27, 28 | (PF).....                             | 72     | GLYCIN).....                          | 80     |
| <i>plerixafor</i> .....               | 62     | PREDNISOLONE ACETATE-                 |        | PRENATE ELITE (IRON ASP               |        |
| PLEXION.....                          | 39     | BROMFENAC .....                       | 70     | GLYC).....                            | 80     |
| PLEXION CLEANSING                     |        | PREDNISOLONE ACETATE-                 |        | PRENATE ENHANCE .....                 | 80     |
| CLOTHS .....                          | 39     | NEPAFENAC .....                       | 70     | PRENATE                               |        |
| PLEXION NS.....                       | 36     | <i>prednisolone sod ph-</i>           |        | ESSENTIAL(IRON-ASP-                   |        |
| PNEUMOVAX-23 .....                    | 64     | <i>bromfenac</i> .....                | 70     | GL) .....                             | 80     |
| <i>pnv-dha</i> .....                  | 80     | PREDNISOLONE SOD PH-                  |        | PRENATE MINI (FERR ASP                |        |
| <i>pnv-omega</i> .....                | 80     | MOXIFLOX.....                         | 71     | GLYCIN).....                          | 80     |
| <i>pnv-select</i> .....               | 80     | <i>prednisolone sodium</i>            |        | PRENATE PIXIE .....                   | 80     |
| <i>podofilox</i> .....                | 38     | <i>phosphate</i> .....                | 48, 72 | PRENATE RESTORE .....                 | 80     |
| <i>polycin</i> .....                  | 68     | PREDNISOLONE-                         |        | PRENATE STAR.....                     | 80     |
| <i>polyethylene glycol 3350</i> ..... | 60     | MOXIFLO-NEPAFENAC                     |        | PREPIDIL.....                         | 67     |
| <i>polymyxin b sulf-trimethoprim</i>  |        | .....                                 | 70     | PRESTALIA.....                        | 30     |
| .....                                 | 68     | PREDNISOLONE-                         |        | PRETOMANID .....                      | 7      |
| POLY-TUSSIN AC.....                   | 73     | MOXIFLOXACIN HCL ..                   | 71     | <i>prevalite</i> .....                | 35     |
| POMALYST .....                        | 12     | PREDNISOLONE-                         |        | PREVIDENT .....                       | 47     |
| <i>posaconazole</i> .....             | 3      | MOXIFLOX-BROMFEN 70                   |        | PREVIDENT 5000 BOOSTER                |        |
| <i>potassium chloride</i> .....       | 78     | PREDNISOLON-                          |        | PLUS .....                            | 47     |
| POTASSIUM CHLORIDE ..                 | 78     | MOXIFLOX-KETOROLAC                    |        | PREVIDENT 5000 ENAMEL                 |        |
| <i>potassium citrate</i> .....        | 77     | .....                                 | 70     | PROTECT .....                         | 47     |
| <i>potassium iodide</i> .....         | 48     | <i>prednisone</i> .....               | 48     | PREVIDENT 5000 ORTHO                  |        |
| <i>povidone-iodine</i> .....          | 68     | <i>prednisone intensol</i> .....      | 48     | DEFENSE.....                          | 47     |
| <i>powderlax</i> .....                | 60     | <i>pregabalin</i> .....               | 15     | PREVIDENT 5000 PLUS ....              | 47     |
| PR BENZOYL PEROXIDE.                  | 39     | PREMARIN .....                        | 67     | PREVIDENT 5000                        |        |
| <i>pr natal 400</i> .....             | 80     | PRENATA.....                          | 80     | SENSITIVE .....                       | 47     |
| <i>pr natal 400 ec</i> .....          | 80     | <i>prenatabs fa</i> .....             | 80     | PREVIDENT KIDS.....                   | 47     |
| <i>pr natal 430</i> .....             | 80     | <i>prenatabs rx</i> .....             | 80     | PREVNAR 20 (PF) .....                 | 64     |
| <i>pr natal 430 ec</i> .....          | 80     | <i>prenatal</i> .....                 | 80     | PREVYMIS .....                        | 5      |
| <i>pramipexole</i> .....              | 16     | <i>prenatal complete</i> .....        | 80     | PREZISTA .....                        | 5      |
| PRAMOSONE .....                       | 36     | <i>prenatal multi-dha (algal oil)</i> |        | PRIFTIN .....                         | 7      |
| <i>prasugrel hcl</i> .....            | 33     | .....                                 | 80     | PRIMACARE.....                        | 80     |
| <i>pravastatin</i> .....              | 35     | <i>prenatal multivitamins</i> .....   | 80     | <i>primaquine</i> .....               | 7      |
| <i>praziquantel</i> .....             | 7      | <i>prenatal one daily</i> .....       | 80     | <i>primidone</i> .....                | 15     |
| <i>prazosin</i> .....                 | 30     | <i>prenatal plus</i> .....            | 80     | PRIMSOL.....                          | 9      |
| PRECISION XTRA                        |        | <i>prenatal plus (calcium carb)</i>   | 80     | PRIORIX (PF) .....                    | 64     |
| KETONE-GLUCOSE .....                  | 51     | PRENATAL PLUS DHA.....                | 80     | <i>probenecid</i> .....               | 64     |
| PRECISION XTRA                        |        | PRENATAL PLUS                         |        | <i>probenecid-colchicine</i> .....    | 64     |
| MONITOR .....                         | 51     | VITAMIN-MINERAL ....                  | 80     | PROCARDIA XL.....                     | 30     |
| PRECISION XTRA TEST...                | 51     | <i>prenatal vit no.179-iron-folic</i> |        | <i>procentra</i> .....                | 26     |
| PRECOSE .....                         | 56     | .....                                 | 80     | <i>prochlorperazine</i> .....         | 60     |
| PRED FORTE .....                      | 72     | <i>prenatal vitamin</i> .....         | 80     | <i>prochlorperazine maleate</i> ..... | 60     |
| <i>prednicarbate</i> .....            | 44     | <i>prenatal vitamin with minerals</i> |        | PROCORT.....                          | 60     |
| <i>prednisoln sp-moxiflox-</i>        |        | .....                                 | 80     | PROCRIT .....                         | 62     |
| <i>bromfen</i> .....                  | 70     | <i>prenatal-u</i> .....               | 80     | PROCTOCORT.....                       | 44, 60 |

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla yendo al principio de la misma tabla.

|                                      |        |                                      |    |                                    |        |
|--------------------------------------|--------|--------------------------------------|----|------------------------------------|--------|
| <i>procto-med hc</i> .....           | 60     | QUESTRAN.....                        | 35 | REPATHA PUSHTRONEX                 | 35     |
| <i>proctosol hc</i> .....            | 60     | QUESTRAN LIGHT.....                  | 35 | REPATHA SURECLICK .....            | 35     |
| <i>proctozone-hc</i> .....           | 60     | <i>quetiapine</i> .....              | 26 | REPATHA SYRINGE .....              | 35     |
| PRODIGY CONTROL                      |        | <i>quinapril</i> .....               | 31 | RESPA-AR.....                      | 73     |
| SOLUTION, LOW.....                   | 51     | <i>quinapril-hydrochlorothiazide</i> |    | RESTASIS.....                      | 70     |
| PRODIGY CONTROL                      |        | .....                                | 31 | RESTASIS MULTIDOSE....             | 70     |
| SOLUTION,HIGH.....                   | 51     | <i>quinidine gluconate</i> .....     | 28 | RESTORIL .....                     | 26     |
| <i>progesterone</i> .....            | 67     | <i>quinidine sulfate</i> .....       | 28 | RETACRIT.....                      | 62     |
| <i>progesterone micronized</i> ..... | 67     | <i>quinine sulfate</i> .....         | 8  | RETEVMO.....                       | 13     |
| PROGLYCEM .....                      | 52     | <i>quit 2</i> .....                  | 46 | RETIN-A .....                      | 39     |
| PROGRAF .....                        | 13     | <i>quit 4</i> .....                  | 46 | RETIN-A MICRO PUMP ...             | 39     |
| <i>prolate</i> .....                 | 21     | QULIPTA.....                         | 17 | RETISERT .....                     | 72     |
| PROLENSA .....                       | 70     | QUVIVIQ.....                         | 26 | RETROVIR.....                      | 5      |
| PROLEUKIN .....                      | 62     | QVAR REDIHALER.....                  | 75 | REVATIO.....                       | 75     |
| PROMACTA.....                        | 33, 34 | <b>R</b>                             |    | REVLIMID.....                      | 13     |
| <i>promethazine</i> .....            | 73     | RABAVERT (PF) .....                  | 64 | REVUFORJ.....                      | 13     |
| <i>promethazine-codeine</i> .....    | 73     | <i>rabeprazole</i> .....             | 62 | REXTOVY .....                      | 22     |
| <i>promethazine-dm</i> .....         | 73     | RADICAVA ORS STARTER                 |    | REXULTI.....                       | 26     |
| <i>promethazine-phenylephrine</i>    | 73     | KIT SUSP.....                        | 18 | REYATAZ .....                      | 5      |
| <i>promethegan</i> .....             | 73     | RADIOGARDASE .....                   | 45 | REYVOW.....                        | 17     |
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| <i>propafenone</i> .....             | 28     | <i>ramelteon</i> .....               | 26 | REZUROCK.....                      | 13     |
| <i>proparacaine</i> .....            | 70     | <i>ramipril</i> .....                | 31 | RHOFADE .....                      | 40     |
| <i>propranolol</i> .....             | 30     | <i>ranolazine</i> .....              | 35 | RHOPRESSA.....                     | 71     |
| <i>propranolol-</i>                  |        | <i>rasagiline</i> .....              | 16 | <i>ribavirin</i> .....             | 5      |
| <i>hydrochlorothiazid</i> .....      | 30     | RASUVO (PF) .....                    | 66 | RIDAURA.....                       | 66     |
| <i>propylthiouracil</i> .....        | 48     | RAYALDEE .....                       | 55 | <i>rifabutin</i> .....             | 8      |
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| <i>pulmosal</i> .....                | 75     | CONTROL .....                        | 51 | RINVOQ LQ .....                    | 66     |
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| ROCKLATAN .....                      | 71 | <i>selenium sulfide</i> .....            | 36     | <i>sodium polystyrene sulfonate</i>    | 78 |
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| ROMVIMZA.....                        | 13 | SEMGLEE(INSULIN                          |        | .....                                  | 60 |
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| <i>rosadan</i> .....                 | 40 | SEMGLEE(INSULIN                          |        | <i>solifenacin</i> .....               | 76 |
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| ROSULA.....                          | 40 | <i>se-natal 19</i> .....                 | 81     | SOLOSEC .....                          | 8  |
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| <i>rosuvastatin</i> .....            | 35 | SEROSTIM .....                           | 62     | SOLUS V2 CONTROL                       |    |
| ROSZET.....                          | 35 | <i>sertraline</i> .....                  | 26     | SOLUTION,HIGH .....                    | 52 |
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| ROZLYTREK.....                       | 13 | <i>sf 5000 plus</i> .....                | 47     | SOOLANTRA.....                         | 40 |
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| RYCLORA.....                         | 73 | <i>sildenafil (pulm.hypertension)</i>    |        | <i>sotalol af</i> .....                | 28 |
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| <i>sajazir</i> .....                 | 75 | <i>silver sulfadiazine</i> .....         | 37     | UP)(PF).....                           | 64 |
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| .....                                | 47 | SIMLANDI(CF).....                        | 66     | SPIRIVA RESPIMAT .....                 | 75 |
| <i>salsalate</i> .....               | 22 | SIMLANDI(CF)                             |        | SPIRIVA WITH                           |    |
| SANCUSO .....                        | 60 | AUTOINJECTOR .....                       | 66     | HANDIHALER.....                        | 75 |
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| SANTYL .....                         | 44 | <i>simvastatin</i> .....                 | 35     | <i>hydrochlorothiaz</i> .....          | 31 |
| <i>sapropterin</i> .....             | 55 | SINEMET.....                             | 17     | SPORANOX.....                          | 3  |
| SAVELLA.....                         | 66 | SINUVA.....                              | 75     | SPRITAM.....                           | 15 |
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| <i>saxagliptin-metformin</i> .....   | 56 | SIRTURO .....                            | 8      | <i>sps (with sorbitol)</i> .....       | 78 |
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| SECUADO .....                        | 26 | <i>sodium chloride</i> .....             | 46, 75 | <i>st. joseph aspirin</i> .....        | 22 |
| SELARSDI.....                        | 36 | <i>sodium chloride 0.9 %</i> .....       | 46     | STAMARIL (PF).....                     | 64 |
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| STRENSIQ.....                               | 55     | SYMTUZA.....                                | 5      | TASIGNA.....                                | 13 |
| <i>stress formula with iron</i> .....       | 81     | SYNALAR.....                                | 44     | <i>tasimelteon</i> .....                    | 26 |
| <i>stress formula with iron(sulf)</i> ..... | 81     | SYNALAR CREAM KIT ...                       | 44     | TASMAR .....                                | 17 |
| STRIVERDI RESPIMAT ...                      | 75     | SYNALAR OINTMENT KIT .....                  | 44     | <i>tavaborole</i> .....                     | 42 |
| STROMEKTOL .....                            | 8      | SYNALAR TS .....                            | 44     | TAVALISSE .....                             | 34 |
| <i>strong iodine</i> .....                  | 41, 78 | SYNAREL.....                                | 55     | TAVNEOS .....                               | 46 |
| <i>subvenite</i> .....                      | 15     | SYNDROS .....                               | 61     | <i>tazarotene</i> .....                     | 40 |
| <i>subvenite starter (blue) kit</i> ...     | 15     | SYNJARDY .....                              | 56     | TAZVERIK .....                              | 13 |
| <i>subvenite starter (green) kit</i> .      | 16     | SYNJARDY XR.....                            | 56     | TEGLUTIK .....                              | 46 |
| <i>subvenite starter (orange) kit</i> ..... | 16     | SYPRINE .....                               | 46     | TEGRETOL .....                              | 16 |
| SUCRAID .....                               | 60     | <b>T</b>                                    |        | TEGRETOL XR.....                            | 16 |
| <i>sucralfate</i> .....                     | 62     | T                                           |        | TELCARE CONTROL .....                       | 52 |
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| <i>sulfacetamide sodium (acne)</i> .....    | 41     | TABLOID .....                               | 13     | <i>telmisartan-hydrochlorothiazid</i> ..... | 31 |
| <i>sulfacetamide sodium-sulfur</i> .....    | 40     | TABRECTA.....                               | 13     | <i>temazepam</i> .....                      | 26 |
| <i>sulfacetamide-prednisolone</i> ..        | 72     | <i>tacrolimus</i> .....                     | 13, 38 | TEMBEXA.....                                | 5  |
| <i>sulfacleanse 8-4</i> .....               | 40     | <i>tadalafil</i> .....                      | 77     | <i>temozolomide</i> .....                   | 13 |
| <i>sulfadiazine</i> .....                   | 8      | <i>tadalafil (pulm. hypertension)</i> ..... | 76     | <i>tencon</i> .....                         | 21 |
| <i>sulfamethoxazole-trimethoprim</i> .....  | 8      | TAFINLAR .....                              | 13     | TENIVAC (PF) .....                          | 64 |
| SULFAMYLON.....                             | 41     | <i>tafluprost (pf)</i> .....                | 71     | <i>tenofovir disoproxil fumarate</i> .....  | 5  |
| <i>sulfasalazine</i> .....                  | 60     | TAGRISSO .....                              | 13     | TENORETIC 100.....                          | 31 |
| <i>sulfatrim</i> .....                      | 8      | TAKHZYRO .....                              | 76     | TENORETIC 50.....                           | 31 |
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| SUMADAN XLT .....                           | 40     | TALTZ AUTOINJECTOR (2                       |        | <i>terbinafine hcl</i> .....                | 3  |
| <i>sumatriptan</i> .....                    | 17     | PACK).....                                  | 36     | <i>terbutaline</i> .....                    | 76 |
| <i>sumatriptan succinate</i> .....          | 17     | TALTZ AUTOINJECTOR (3                       |        | <i>terconazole</i> .....                    | 67 |
| SUMAXIN .....                               | 40     | PACK).....                                  | 36     | <i>teriflunomide</i> .....                  | 28 |
| SUMAXIN CP .....                            | 40     | TALTZ SYRINGE .....                         | 36, 37 | <i>teriparatide</i> .....                   | 65 |
| SUMAXIN TS.....                             | 40     | TALZENNA.....                               | 13     | TERSİ FOAM .....                            | 37 |
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| SUNLENCA.....                               | 5      | <i>tamoxifen</i> .....                      | 13     | <i>testosterone</i> .....                   | 55 |
| SUNOSI .....                                | 26     | <i>tamsulosin</i> .....                     | 77     | TESTOSTERONE.....                           | 55 |
| <i>super b-50 complex</i> .....             | 81     | TANDEM MOBI AUTOSOFT                        |        | <i>testosterone cypionate</i> .....         | 55 |
| <i>super quints</i> .....                   | 81     | 30 KT 23.....                               | 53     | <i>testosterone enanthate</i> .....         | 55 |
| SUPPRELIN LA .....                          | 13     | TANDEM MOBI AUTOSOFT                        |        | <i>tetrabenazine</i> .....                  | 18 |
| SUTENT.....                                 | 13     | XC KIT 5.....                               | 53     | <i>tetracaine hcl</i> .....                 | 70 |
| SYMAX DUOTAB.....                           | 57     | TANDEM MOBI TRUSTEEL                        |        | TETRACAIN HCL (PF)....                      | 70 |
| <i>symax fastabs</i> .....                  | 58     | KIT 23 .....                                | 53     | <i>tetracycline</i> .....                   | 9  |
| <i>symax-sl</i> .....                       | 58     | <i>tanlor</i> .....                         | 19     | TEXACORT .....                              | 44 |
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| <i>thioridazine</i> .....              | 26     | TOSYMRA .....                           | 17 | <i>trimethoprim</i> .....              | 9  |
| <i>thiothixene</i> .....               | 26     | TOUJEO MAX U-300                        |    | <i>trimipramine</i> .....              | 26 |
| THRIVITE RX.....                       | 81     | SOLOSTAR .....                          | 54 | TRI-MIX (PAPAVRN-                      |    |
| <i>thyroid (pork)</i> .....            | 57     | TOUJEO SOLOSTAR U-300                   |    | PHNTLMN-PGE1).....                     | 77 |
| <i>tiadylt er</i> .....                | 31     | INSULIN .....                           | 54 | TRIMO-SAN JELLY .....                  | 67 |
| <i>tiagabine</i> .....                 | 16     | <i>tovet emollient</i> .....            | 44 | <i>trinatal rx 1</i> .....             | 81 |
| TIAZAC .....                           | 31     | TRACLEER .....                          | 76 | <i>trinate</i> .....                   | 81 |
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| <i>ticagrelor</i> .....                | 34     | <i>tramadol-acetaminophen</i> .....     | 23 | TRIPTODUR.....                         | 13 |
| TICOVAC .....                          | 64     | <i>trandolapril</i> .....               | 31 | TRISTART DHA .....                     | 81 |
| TIGLUTIK .....                         | 46     | <i>trandolapril-verapamil</i> .....     | 31 | TRIUMEQ .....                          | 5  |
| TIMOL-BRIMON-DORZOL-                   |        | <i>tranexamic acid</i> .....            | 67 | TRIUMEQ PD.....                        | 5  |
| BIMATO(PF).....                        | 71     | <i>tranylcypromine</i> .....            | 26 | <i>tri-vitamin with fluoride</i> ..... | 81 |
| <i>timolol</i> .....                   | 68     | <i>travoprost</i> .....                 | 71 | TROKENDI XR .....                      | 16 |
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| <i>timolol maleate (pf)</i> .....      | 68     | TRELEGY ELLIPTA.....                    | 76 | <i>tropium</i> .....                   | 76 |
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| TIMOLOL-DORZOLAM-                      |        | TREMFYA PEN                             |    | TRULICITY .....                        | 56 |
| BIMATOPRO(PF) .....                    | 71     | INDUCTION PK-CROHN                      |    | TRUMENBA.....                          | 64 |
| <i>tinidazole</i> .....                | 8      | .....                                   | 37 | TRUQAP .....                           | 13 |
| <i>tiopronin</i> .....                 | 46     | TRESIBA FLEXTOUCH U-                    |    | TRUSTEEL INFUSION SET                  |    |
| <i>tiotropium bromide</i> .....        | 76     | 100 .....                               | 54 | 32 .....                               | 53 |
| TIVICAY .....                          | 5      | TRESIBA FLEXTOUCH U-                    |    | TRYNGOLZA.....                         | 35 |
| TIVICAY PD .....                       | 5      | 200 .....                               | 54 | TUKYSA.....                            | 13 |
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| <i>tobramycin</i> .....                | 8, 68  | <i>tretinoin microspheres</i> .....     | 40 | NDL-SYR) .....                         | 53 |
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| TOBRAMYCIN-                            |        | <i>triamterene-hydrochlorothiazid</i>   |    | TWYNEO.....                            | 40 |
| VANCOMYCIN .....                       | 68     | .....                                   | 31 | TYBOST.....                            | 5  |
| TOBREX.....                            | 68     | <i>triazolam</i> .....                  | 26 | TYENNE .....                           | 66 |
| <i>tolcapone</i> .....                 | 17     | TRICARE.....                            | 81 | TYENNE AUTOINJECTOR                    |    |
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| <i>topiramate</i> .....                | 16     | <i>trihexyphenidyl</i> .....            | 17 | TYVASO STARTER KIT ...                 | 76 |
| <i>toremifene</i> .....                | 13     | TRIJARDY XR.....                        | 56 | U                                      |    |
| <i>torpenz</i> .....                   | 13     | TRIKAFTA .....                          | 76 | UBRELVY .....                          | 17 |
| <i>torsemide</i> .....                 | 31     | <i>trimethobenzamide</i> .....          | 61 | UCERIS .....                           | 61 |

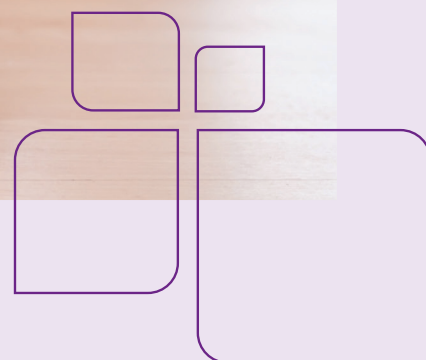
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|                                       |    |                                        |    |                                          |    |
|---------------------------------------|----|----------------------------------------|----|------------------------------------------|----|
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