

BILINGUAL

HealthSun

HEALTH PLANS

2022

HealthAdvantage Plan (HMO)
HealthAdvantage Plus (HMO)
MediMax (HMO)

FORMULARY
(LIST OF COVERED DRUGS)

FORMULARIO
(LISTA DE MEDICINAS CUBIERTAS)

MedicareRx
Prescription Drug Coverage



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

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

HPMS Approved Formulary File Submission ID 22310, Version Number 18

This formulary was updated on 09/14/2022. For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY: 1-877-206-0500), Monday through Friday from 8 am to 8 pm (closed on federal holidays) and we are open seven days a week during October 1 to March 31 from 8 am to 8 pm (closed Thanksgiving and Christmas Days), or visit www.healthsun.com. Este formulario se actualizó el 09/14/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans, Servicios al Cliente al 1-877-336-2069 (TTY: 1-877-206-0500), de lunes a viernes de 8 am a 8 pm (cerramos los días feriados federales) y durante el 1 de octubre hasta el 31 de marzo estamos abiertos siete días a la semana de 8 am a 8 pm (cerramos el Día de Acción de Gracias y en Navidad), o visite www.healthsun.com.

HealthSun Health Plans
2022 Formulary (List of Covered Drugs)
PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 22310, Version Number 18

This formulary was updated on 09/14/2022. For more recent information or other questions, please contact us, HealthSun Health Plans Member Services at 1-877-336-2069 (TTY users should call 1-877-206-0500), Monday through Friday from 8am to 8pm, EST., or visit www.healthsun.com. During October 1st through March 31st, we are open seven days a week from 8am to 8pm (our office will be closed on Thanksgiving and Christmas Day). From April 1st until September 30th, we are available Monday through Friday from 8am to 8pm (our office will be closed on federal holidays).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means HealthSun Health Plans. When it refers to “plan” or “our plan,” it means HealthSun Health Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/14/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023 and from time to time during the year.

What is the HealthSun Health Plans Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthSun Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include

information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the HealthSun Health Plans’ Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HealthSun Health Plans’ Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/14/2022. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. We will send you a notice and an updated list in the event of mid-year non- maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on **page 15**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardio vascular agents”. If you know what your drug is used for, look for the category name in the list that begins on **page 15**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 121**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthSun Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 caps a month per prescription for Tresiba. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **page 15**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthSun Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the HealthSun Health Plans' formulary?" on **page 3** for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. HealthSun Health Plans provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthSun Health Plans.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthSun Health Plans' Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

HealthSun Health Plans transition process will be maintained with respect to the following: **(1)** the transition of new members into the plan during the annual election period; **(2)** the transition of newly eligible Medicare members from other coverage into our plan; **(3)** the transition of individuals who switch from one Plan to another after the start of the contract year; **(4)** members residing in a Long Term care (LTC) Facility; **(5)** current members affected by negative formulary changes from one contract year to the next contract year; **(6)** members who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period; **(7)** members who remain in the same plan for the new plan year and are on a drug that was the result of an exception that was granted in the previous year; **(8)** current members experiencing a level of care change; **(9)** current members entering the LTC setting from other care settings; and **(10)** current members in a LTC setting requiring an emergency supply of a non-formulary drug.

For more information

For more detailed information about your HealthSun Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthSun Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare **prescription drug** coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

HealthSun Health Plans Formulary

The formulary that begins on **page 15** provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on **page 121**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NORTHERA CAP) and generic drugs are listed in lower-case italics (e.g., simvastatin tab).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Certain drugs throughout the formulary will be marked with one or more symbols to indicate their application, such as utilization management restrictions and requirements, mail order availability, drugs limited to a one month supply (even when the drug is on a tier that allows for an extended day supply), excluded Part D drugs covered by the plan, limited access, drugs covered in the coverage gap stage, tier names, and other coverage information.

| Drug Tier | Drug Tier Name |
|-----------|---------------------|
| Tier 1 | Preferred Generic |
| Tier 2 | Generic |
| Tier 3 | Preferred Brand |
| Tier 4 | Non-Preferred Brand |
| Tier 5 | Specialty Tier |
| Tier 6 | Supplemental Drugs |

| SYMBOL | NAME | DESCRIPTION |
|---------------|--|---|
| 90D | 90 Day Benefit | This drug is approved for a 90 day supply. |
| B/D PA | Part B vs. Part D Prior Authorization Review | This drug may be covered under Medicare Part B or Medicare Part D depending upon the circumstances. |
| ED | Excluded Drug | Coverage for excluded Medicare Part D Drugs. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. |

| SYMBOL | NAME | DESCRIPTION |
|---------------|--------------------------|---|
| GC | Gap Coverage | Depending on your plan, we provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. |
| HRM | High Risk Medication | PA required for ages 65 or over. |
| LA | Limited Access | This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-336-2069 (TTY users should call 1-877-206-0500), Monday through Friday from 8am to 8pm, or visit www.HealthSun.com (we are closed on Federal Holidays). |
| NM | Non-Mail-Order | This drug is not available at our mail order pharmacies. |
| NEDS | Non-Extended Days Supply | This drug is approved for no more than a 30-day supply. |
| OTC | Over-the-Counter | Non-prescription drugs that are not covered by a Medicare Prescription Drug Plan. |
| PA | Prior Authorization | You (or your physician) are required to get prior authorization before you fill your prescription for this drug; without prior approval, we may not cover this drug. |
| QL | Quantity Limit | There is a limit on the amount of this drug that is covered per prescription, or within a specific timeframe. Certain drugs marked "QL" for quantity limit will indicate the amount (days' supply or amount dispensed). |
| ST | Step Therapy | In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. |

HealthSun Health Plans

Formulario para 2022 (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 22310, Version Number 18

Este formulario resumido se actualizó el 09/14/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans Servicios para los afiliados al 1-877-336-2069. Los usuarios de TTY deben llamar al 1-877-206-0500, de lunes a viernes de 8 am a 8 pm, o visite www.healthsun.com. Nuestro horario durante el 1 de octubre hasta el 31 de marzo son los siete días a la semana de 8am a 8pm (estamos cerrados el día de thanksgiving y navidad). Desde el 1 de abril hasta el 30 de septiembre, estamos disponibles de lunes a viernes de 8am a 8pm (nuestra oficina estará cerrada los días feriados federales).

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

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a HealthSun Health Plans. Cuando dice “plan” o “nuestro plan”, hace referencia a HealthSun Health Plans.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 09/14/2022. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2023 y periódicamente durante el año.

¿Qué es el Formulario de HealthSun Health Plans?

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

¿Puede cambiar el Formulario (lista de medicamentos)?

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

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

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

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

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?”.
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente, o ambas cosas. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2022 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto es vigente a partir del 09/14/2022. Para recibir información actualizada sobre los medicamentos cubiertos por nosotros, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Le enviaremos un aviso y una lista actualizada en caso de que haya cambios a mitad de año en el formulario de medicamentos que no sean de mantenimiento.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Condición médica

El Formulario comienza en la **página 15**. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se enumeran dentro de la categoría “agentes cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza **página 15**. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la **página 121**. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

HealthSun Health Plans cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** nuestro plan exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 30 capsulas/mensual por receta para Tresiba. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que nuestro plan no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la **página 15**. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explica(n) nuestra(s) restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a HealthSun Health Plans que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?” en la **página 10** para obtener información acerca de cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. Nuestro plan paga por ciertos medicamentos de venta libre. HealthSun Health Plans le proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo para nuestro plan de estos medicamentos de venta libre no se tendrá en cuenta para los costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de venta libre no se tiene en cuenta para el período sin cobertura).

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

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que nuestro plan no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por HealthSun Health Plans.
- Puede solicitar que nuestro plan haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?

Puede solicitarle a nuestro plan que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, nuestro plan solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, [el medicamento de menor costo compartido] o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

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

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

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

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

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 34 días mientras solicita la excepción al formulario.

El procedimiento de transición de HealthSun Health Plans se mantendrá en lo que concierne a lo siguiente: **(1)** la transición de Afiliados nuevos al plan durante el periodo de elección anual; **(2)** la transición de Afiliados de Medicare que acaban de hacerse elegibles, que pasan de otra cobertura a nuestro plan; **(3)** la transición de personas que se cambian de un plan a otro después de que se inicia el año del contrato; **(4)** los Afiliados que residen en un centro de atención a largo plazo; **(5)** Afiliados actuales que se ven afectados por cambios negativos en el formulario que se dan de un año del contrato al siguiente; **(6)** Afiliados que solicitan una excepción, y para la cual no se emite una decisión oportuna al final del periodo de transición; **(7)** Afiliados que permanecen en el mismo plan para el año del plan nuevo, y que están tomando un medicamento que fue provisto como resultado de una excepción que se otorgó en el año anterior; **(8)** Afiliados actuales que experimentan un cambio en el nivel de atención; **(9)** Afiliados actuales que ingresan en el centro de atención a largo plazo provenientes de otros centros de atención; y **(10)** Afiliados actuales que están en un centro de atención a largo plazo y que requieren un suministro de emergencia de un medicamento que no está incluido en el formulario.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de HealthSun Health Plans, consulte la Evidencia de cobertura y otra documentación del plan.

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

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

Formulario de HealthSun Health Plans

El formulario que **comienza en la página 15** proporciona información acerca de la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la **página 121**.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, NORTHERA CAP), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, simvastatin tab).

La información incluida en la columna de Requisitos/límites indica si nuestro plan tiene algún requisito especial para la cobertura del medicamento.

Ciertos medicamentos en el formulario estarán marcados con uno o más símbolos para indicar su aplicación, tal como restricciones y requisitos de administración de utilización, disponibilidad por correo, medicamentos limitados a un suministro de un mes (incluso cuando el medicamento está en un nivel que permite suministro de día extendido), medicamentos excluidos de la Parte D cubiertos por el plan, acceso limitado, medicamentos cubiertos en la etapa de brecha de cobertura, nombre del nivel y otra información de cobertura.

| Nivel de Medicamento | Nombre de nivel de medicamento |
|-----------------------------|---------------------------------------|
| Nivel 1 | Genérico preferido |
| Nivel 2 | Genérico |
| Nivel 3 | Marca preferida |
| Nivel 4 | Marca no preferida |
| Nivel 5 | Nivel de especialidad |
| Nivel 6 | Medicamentos suplementarios |

| SÍMBOLO | NOMBRE | DESCRIPCIÓN |
|----------------|---|---|
| 90D | Beneficio de 90 días | Este medicamento está aprobado para un suministro de 90 días cuando obtiene su receta. |
| B/D PA | Parte B vs. Parte D Revisión de autorización previa | Este medicamento puede estar cubierto bajo de la Parte B de Medicare o de la Parte D de Medicare, dependiendo las circunstancias. |
| ED | Medicamento excluido | Cobertura de medicamentos excluidos por la Parte D de Medicare. Este medicamento, generalmente, no está cubierto en un plan de medicamentos con receta de Medicare. El monto que paga cuando obtiene uno de estos medicamentos no cuenta en sus costos totales de medicamentos (es decir, el monto que usted paga no lo ayuda a calificar para la cobertura en situaciones catastróficas). Además, si recibe ayuda adicional para pagar sus medicamentos con receta, no recibirá ninguna ayuda adicional para pagar este medicamento. |

| SÍMBOLO | NOMBRE | DESCRIPCIÓN |
|----------------|---------------------------------------|--|
| GC | Etapa sin cobertura | Dependiendo de su inscripción, proporcionamos cobertura adicional para este medicamento con receta durante la etapa de falta de cobertura. Consulte la Evidencia de cobertura para obtener más información sobre esta cobertura. |
| HRM | Medicamento de alto riesgo | Se requiere autorización previa para mayores de 65 años. |
| LA | Acceso limitado | Está limitado a ciertas farmacias. Este medicamento recetado puede estar disponible solo en ciertas farmacias. Para más información consulta con nuestro directorio de farmacias o llama a Servicios para Afiliados al 1-877-336-2069 (usuarios de TTY deben llamar al 1-877-206-0500), de lunes a viernes de 8am a 8pm, o www.HealthSun.com (nuestra oficina esta cerada los días feriados federales). |
| NM | No es elegible para pedido por correo | Este medicamento no es disponible por pedido de correo. |
| NEDS | Suministro diario no extendido | Este medicamento no se puede suministrar por un periodo mayor a 30 días |
| OTC | Venta libre | Medicamentos que no necesitan receta y generalmente no están cubiertos por un plan de medicamentos de receta de Medicare. |
| PA | Autorización previa | Se requiere que usted (o su doctor) solicite una autorización previa antes de llenar la receta de este medicamento. Sin autorización previa no podemos cubrir este medicamento. |
| QL | Límites de cantidad | Hay un límite en la cantidad cubierta para este medicamento, o en los días de suministro. Ciertos medicamentos marcados con "QL" indican el límite de cantidad en los días de suministro o en la cantidad cubierta para este medicamento. |
| ST | Terapia escalonada | En algunos casos, quizás usted tenga que probar primero cierto medicamento para su condición médica, antes de nosotros aprobar otro medicamento para esa condición. |

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List of Covered Drugs / Lista de Medicamentos

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| Analgesics/Analgésicos | | |
| Nonsteroidal Anti-Inflammatory Drugs/Medicamentos Antiinflamatorios No Esteroides | | |
| celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap | 2 | 90D; GC |
| diclofenac potassium 50 mg tab | 1 | 90D; GC |
| diclofenac sodium 1 % gel | 2 | QL (1000 per 30 days); GC |
| diclofenac sodium 1.5 % solution | 2 | QL (300 per 30 days); GC |
| diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr | 1 | 90D; GC |
| diclofenac sodium er 100 mg tab er 24h | 1 | 90D; GC |
| diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr | 2 | 90D; GC |
| diflunisal 500 mg tab | 2 | 90D; GC |
| DUEXIS 800-26.6 MG TAB | 5 | PA; QL (90 per 30 days) |
| ec-naproxen 375 mg tab dr, 500 mg tab dr | 2 | 90D; GC |
| etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab | 1 | 90D; GC |
| etodolac er 400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h | 2 | 90D; GC |
| fenoprofen calcium 600 mg tab | 2 | 90D; GC |
| flurbiprofen 100 mg tab | 1 | 90D; GC |
| ibu 600 mg tab, 800 mg tab | 1 | 90D; GC |
| ibuprofen 100 mg/5ml suspension | 1 | GC |
| ibuprofen 400 mg tab, 600 mg tab, 800 mg tab | 1 | 90D; GC |
| ibuprofen-famotidine 800-26.6 mg tab | 4 | PA; QL (90 per 30 days) |
| indomethacin 25 mg cap, 50 mg cap | 1 | PA; 90D; GC; HRM |
| indomethacin er 75 mg cap er | 2 | PA; 90D; GC; HRM |
| ketoprofen 25 mg cap | 2 | 90D; GC |
| ketoprofen er 200 mg cap er 24h | 2 | 90D; GC |
| ketorolac tromethamine 10 mg tab | 2 | PA; GC; HRM |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>meclofenamate sodium 50 mg cap, 100 mg cap</i> | 2 | 90D; GC |
| <i>meloxicam 7.5 mg tab, 15 mg tab</i> | 1 | 90D; GC |
| <i>nabumetone 500 mg tab, 750 mg tab</i> | 1 | 90D; GC |
| <i>naproxen 125 mg/5ml suspension, 375 mg tab dr, 500 mg tab dr</i> | 2 | 90D; GC |
| <i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i> | 1 | 90D; GC |
| <i>naproxen sodium 275 mg tab, 550 mg tab</i> | 2 | 90D; GC |
| <i>oxaprozin 600 mg tab</i> | 2 | 90D; GC |
| <i>piroxicam 10 mg cap, 20 mg cap</i> | 2 | 90D; GC |
| <i>relafen 500 mg tab, 750 mg tab</i> | 1 | 90D; GC |
| <i>sulindac 150 mg tab, 200 mg tab</i> | 1 | 90D; GC |
| Opioid Analgesics, Long-Acting/Analgésicos Opioides, Acción Prolongada | | |
| <i>buprenorphine 7.5 mcg/hr patch wk</i> | 2 | PA; GC |
| <i>fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr</i> | 2 | PA; QL (15 per 30 days); NEDS; GC |
| <i>methadone hcl 5 mg tab, 10 mg tab</i> | 2 | PA; QL (180 per 30 days); NEDS; GC |
| <i>methadone hcl 5 mg/5ml solution, 10 mg/5ml solution</i> | 2 | QL (900 per 30 days); NEDS; GC |
| <i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er</i> | 2 | PA; QL (60 per 30 days); NEDS; GC |
| <i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i> | 2 | PA; QL (90 per 30 days); NEDS; GC |
| <i>morphine sulfate er beads 30 mg cap er 24h, 45 mg cap er 24h, 60 mg cap er 24h, 75 mg cap er 24h, 90 mg cap er 24h, 120 mg cap er 24h</i> | 2 | PA; QL (30 per 30 days); NEDS; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| <i>tramadol hcl er (biphasic) 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h</i> | 2 | PA; QL (30 per 30 days); NEDS; GC |
| <i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h</i> | 2 | PA; QL (30 per 30 days); NEDS; GC |
| Opioid Analgesics, Short-Acting/Analgésicos Opioides, Acción Corta | | |
| <i>acetaminophen-codeine #2 300-15 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>acetaminophen-codeine #3 300-30 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>acetaminophen-codeine #4 300-60 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>acetaminophen-codeine 120-12 mg/5ml solution</i> | 2 | QL (900 per 30 days); NEDS; GC |
| <i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>ascomp-codeine 50-325-40-30 mg cap</i> | 2 | PA; QL (180 per 30 days); NEDS; GC; HRM |
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i> | 2 | PA; QL (180 per 30 days); NEDS; GC; HRM |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i> | 2 | PA; QL (180 per 30 days); NEDS; GC; HRM |
| <i>butorphanol tartrate 10 mg/ml solution</i> | 2 | QL (5 per 30 days); NEDS; GC |
| <i>duramorph 0.5 mg/ml solution, 1 mg/ml solution</i> | 4 | QL (180 per 30 days); NEDS |
| <i>endocet 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab</i> | 5 | PA; QL (120 per 30 days); NEDS |
| <i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution</i> | 2 | QL (2700 per 30 days); NEDS; GC |
| <i>hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab</i> | 2 | QL (180 per 30 days); NEDS; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| hydrocodone-ibuprofen 5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab | 2 | QL (50 per 10 days); NEDS; GC |
| hydromorphone hcl 1 mg/ml liquid | 2 | QL (720 per 30 days); NEDS; GC |
| hydromorphone hcl 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab | 2 | QL (180 per 30 days); NEDS; GC |
| meperidine hcl 25 mg/ml solution, 50 mg/ml solution, 100 mg/ml solution | 2 | PA; QL (120 per 30 days); NEDS; GC; HRM |
| meperidine hcl 50 mg tab, 100 mg tab | 2 | PA; QL (180 per 30 days); NEDS; GC; HRM |
| meperidine hcl 50 mg/5ml solution | 2 | PA; QL (900 per 30 days); NEDS; GC; HRM |
| morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution | 2 | QL (180 per 30 days); NEDS; GC |
| morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution | 4 | QL (180 per 30 days); NEDS |
| morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution | 2 | QL (900 per 30 days); NEDS; GC |
| morphine sulfate 15 mg tab | 2 | QL (180 per 30 days); NEDS; GC |
| morphine sulfate 30 mg tab | 1 | QL (180 per 30 days); NEDS; GC |
| oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc | 2 | QL (180 per 30 days); NEDS; GC |
| oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab | 2 | QL (180 per 30 days); NEDS; GC |
| oxymorphone hcl 5 mg tab, 10 mg tab | 2 | QL (180 per 30 days); NEDS; GC |
| pentazocine-naloxone hcl 50-0.5 mg tab | 2 | PA; QL (360 per 30 days); NEDS; GC; HRM |
| tramadol hcl 50 mg tab | 1 | QL (240 per 30 days); NEDS; GC |
| tramadol-acetaminophen 37.5-325 mg tab | 2 | QL (40 per 5 days); NEDS; GC |
| Anesthetics/Anestésicos | | |
| Local Anesthetics/Anestésicos Locales | | |
| glydo 2 % prsyr | 2 | GC |
| lidocaine 5 % ointment | 2 | PA; QL (150 per 30 days); GC |
| lidocaine 5 % patch | 2 | PA; QL (90 per 30 days); GC |

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|---|--------------------------|--|
| <i>lidocaine hcl 4 % solution</i> | 2 | PA; QL (300 per 30 days); GC |
| <i>lidocaine hcl urethral/mucosal 2 % gel, 2 % prsyr</i> | 2 | GC |
| <i>lidocaine viscous hcl 2 % solution</i> | 1 | GC |
| <i>lidocaine-prilocaine 2.5-2.5 % cream</i> | 2 | QL (30 per 30 days); GC |
| NAYZILAM 5 MG/0.1ML SOLUTION | 4 | |
| Anti-Addiction/Substance Abuse Treatment Agents/Agentes De Tratamientos Para Abuso De Sustancias/Contra Adicciones | | |
| Alcohol Deterrents/Anti-Craving/Disuasores Del Alcohol/Aversivos | | |
| <i>acamprosate calcium 333 mg tab dr</i> | 2 | 90D; GC |
| <i>disulfiram 250 mg tab, 500 mg tab</i> | 2 | 90D; GC |
| Opioid Dependence/Dependencia A Opioides | | |
| <i>buprenorphine hcl 2 mg sl tab</i> | 2 | QL (240 per 30 days); NEDS; GC |
| <i>buprenorphine hcl 8 mg sl tab</i> | 2 | QL (60 per 30 days); NEDS; GC |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | 2 | QL (60 per 30 days); NEDS; GC |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i> | 2 | QL (360 per 30 days); NEDS; GC |
| <i>buprenorphine hcl-naloxone hcl 4-1 mg film</i> | 2 | QL (180 per 30 days); NEDS; GC |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i> | 2 | QL (90 per 30 days); NEDS; GC |
| Opioid Reversal Agents/Agentes Reversores De Opioides | | |
| <i>naloxone hcl 0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid</i> | 2 | GC |
| <i>naloxone hcl 0.4 mg/ml solution</i> | 1 | GC |
| <i>naltrexone hcl 50 mg tab</i> | 2 | GC |
| NARCAN 4 MG/0.1ML LIQUID | 3 | |
| Smoking Cessation Agents/Agentes Para Dejar De Fumar | | |
| APO-VARENICLINE 0.5 MG TAB | 3 | PA; QL (60 per 30 days) |
| APO-VARENICLINE 1 MG TAB | 3 | PA; QL (56 per 28 days) |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | 2 | QL (60 per 30 days); GC |
| CHANTIX 0.5 MG TAB | 3 | PA; QL (60 per 30 days) |
| CHANTIX 1 MG TAB | 3 | PA; QL (56 per 28 days) |

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|---|-------------------|---|
| CHANTIX CONTINUING MONTH PAK 1 MG TAB | 3 | PA; QL (56 per 28 days) |
| CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB | 3 | PA |
| NICOTROL 10 MG INHALER | 4 | |
| varenicline tartrate 0.5 mg tab | 2 | PA; QL (60 per 30 days); GC |
| varenicline tartrate 0.5 mg x 11 & 1 mg x 42 misc | 2 | PA; GC |
| VARENICLINE TARTRATE 1 MG TAB | 3 | PA; QL (56 per 28 days) |
| varenicline tartrate 1 mg tab | 2 | PA; QL (56 per 28 days); GC |
| Antibacterials/Antibacterianos | | |
| Aminoglycosides/Aminoglucósidos | | |
| amikacin sulfate 500 mg/2ml solution | 2 | GC |
| ARIKAYCE 590 MG/8.4ML SUSPENSION | 4 | B/D PA; LA; NM |
| gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution | 2 | GC |
| gentamicin sulfate 0.1 % cream, 0.1 % ointment | 2 | QL (30 per 30 days); GC |
| gentamicin sulfate 40 mg/ml solution | 2 | GC |
| neomycin sulfate 500 mg tab | 2 | GC |
| paromomycin sulfate 250 mg cap | 2 | GC |
| streptomycin sulfate 1 gm recon soln | 2 | GC |
| tobramycin sulfate 10 mg/ml solution, 80 mg/2ml solution | 2 | GC |
| Antibacterials, Other/Antibacterianos, Otro | | |
| acetic acid 2 % solution | 1 | GC |
| aztreonam 1 gm recon soln | 2 | GC |
| CLEOCIN PHOSPHATE 300 MG/2ML SOLUTION | 4 | |
| clindacin etz 1 % swab | 2 | GC |
| clindacin-p 1 % swab | 2 | GC |
| clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap | 1 | GC |
| clindamycin palmitate hcl 75 mg/5ml recon soln | 2 | GC |

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|---|--------------------------|--|
| clindamycin phosphate 1 % swab, 2 % cream, 600 mg/4ml solution | 2 | GC |
| clindamycin phosphate in d5w 300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution | 2 | GC |
| colistimethate sodium (cba) 150 mg recon soln | 2 | GC |
| daptomycin 350 mg recon soln | 3 | |
| daptomycin 500 mg recon soln | 5 | |
| FIRVANQ 25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN | 4 | QL (1200 per 30 days) |
| linezolid 100 mg/5ml recon susp | 5 | PA; QL (1800 per 30 days) |
| linezolid 600 mg tab | 4 | PA; QL (56 per 28 days) |
| linezolid 600 mg/300ml solution | 2 | GC |
| linezolid in sodium chloride 600-0.9 mg/300ml-% solution | 2 | GC |
| methenamine hippurate 1 gm tab | 2 | GC |
| metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 375 mg cap, 500 mg/100ml solution | 2 | GC |
| metronidazole 250 mg tab, 500 mg tab | 1 | GC |
| nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap | 2 | GC |
| nitrofurantoin monohyd macro 100 mg cap | 2 | GC |
| rosadan 0.75 % cream, 0.75 % gel | 2 | GC |
| tigecycline 50 mg recon soln | 5 | |
| tinidazole 250 mg tab, 500 mg tab | 2 | GC |
| trimethoprim 100 mg tab | 1 | GC |
| vancomycin hcl 1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln | 2 | GC |
| vancomycin hcl 125 mg cap | 2 | PA; QL (240 per 30 days); GC |
| vancomycin hcl 250 mg cap | 4 | PA; QL (240 per 30 days) |
| VANCOMYCIN HCL 250 MG/5ML RECON SOLN | 2 | PA; QL (1200 per 30 days); GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| VANCOMYCIN HCL 500 MG/100ML SOLUTION, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION | 3 | |
| VANDAZOLE 0.75 % GEL | 2 | GC |
| XIFAXAN 200 MG TAB | 4 | PA; QL (9 per 3 days) |
| XIFAXAN 550 MG TAB | 5 | PA; QL (84 per 28 days) |
| Beta-Lactam, Cephalosporins/Betalactámicos, Cefalosporinas | | |
| cefaclor 250 mg cap, 500 mg cap | 2 | GC |
| CEFACLOR ER 500 MG TAB ER 12H | 3 | |
| cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp | 2 | GC |
| cefazolin sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 500 mg recon soln | 2 | GC |
| cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap | 2 | GC |
| cefepime hcl 1 gm recon soln, 2 gm recon soln | 2 | GC |
| cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap | 2 | GC |
| cefoxitin sodium 1 gm recon soln, 10 gm recon soln | 2 | GC |
| cefoxitin sodium 2 gm recon soln | 4 | |
| cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab | 2 | GC |
| cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab | 2 | GC |
| ceftazidime 1 gm recon soln, 2 gm recon soln, 6 gm recon soln | 2 | GC |
| ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln | 2 | GC |

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|--|--------------------------|--|
| ceftriaxone sodium in dextrose 20 mg/ml solution, 40 mg/ml solution | 2 | GC |
| cefuroxime axetil 250 mg tab, 500 mg tab | 2 | GC |
| cefuroxime sodium 1.5 gm recon soln, 7.5 gm recon soln, 750 mg recon soln | 2 | GC |
| cephalexin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab | 2 | GC |
| cephalexin 250 mg cap, 500 mg cap | 1 | GC |
| SUPRAX 100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP | 4 | |
| tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln | 2 | GC |
| TEFLARO 400 MG RECON SOLN, 600 MG RECON SOLN | 5 | |
| Beta-Lactam, Penicillins/Betalactámicos, Penicilinas | | |
| amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab | 1 | GC |
| amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab | 2 | GC |
| amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h | 2 | GC |
| ampicillin 500 mg cap | 1 | GC |
| ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln | 2 | GC |
| ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln | 2 | GC |

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|--|--------------------------|--|
| BICILLIN C-R 1200000 UNIT/2ML SUSPENSION | 4 | |
| BICILLIN L-A 600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION | 4 | |
| <i>dicloxacillin sodium 250 mg cap, 500 mg cap</i> | 2 | GC |
| <i>naftcillin sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln</i> | 2 | GC |
| <i>penicillin g potassium 5000000 recon soln, 20000000 recon soln</i> | 2 | GC |
| <i>penicillin g sodium 5000000 unit recon soln</i> | 2 | GC |
| <i>penicillin v potassium 125 mg/5ml recon soln, 250 mg/5ml recon soln</i> | 2 | GC |
| <i>penicillin v potassium 250 mg tab, 500 mg tab</i> | 1 | GC |
| <i>pfizerpen 20000000 unit recon soln</i> | 2 | GC |
| <i>piperacillin sod-tazobactam 2.25 (2-0.25) gm recon soln, 3-0.375 gm recon soln, 3.375 (3-0.375) gm recon soln, 4-0.5 gm recon soln, 4.5 (4-0.5) gm recon soln</i> | 2 | GC |
| Carbapenems/Carbapenemas | | |
| <i>ertapenem sodium 1 gm recon soln</i> | 2 | GC |
| <i>imipenem-cilastatin 250 mg recon soln</i> | 2 | GC |
| <i>meropenem 1 gm recon soln, 500 mg recon soln</i> | 2 | GC |
| Macrolides/Macrólidos | | |
| <i>azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 600 mg tab</i> | 2 | GC |
| <i>azithromycin 250 mg tab, 500 mg tab</i> | 1 | GC |
| <i>clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i> | 2 | GC |
| <i>clarithromycin er 500 mg tab er 24h</i> | 2 | GC |

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|---|--------------------------|--|
| DIFICID 40 MG/ML RECON SUSP, 200 MG TAB | 5 | PA |
| e.e.s. 400 400 mg tab | 2 | GC |
| ery-tab 250 mg tab dr, 500 mg tab dr | 2 | GC |
| ery-tab 333 mg tab dr | 3 | |
| ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN | 4 | |
| erythrocin lactobionate 500 mg recon soln | 2 | GC |
| erythrocin stearate 250 mg tab | 3 | |
| erythromycin 250 mg tab dr, 500 mg tab dr | 2 | GC |
| erythromycin 333 mg tab dr | 3 | |
| erythromycin base 250 mg cp dr part, 250 mg tab, 250 mg tab dr, 500 mg tab dr | 2 | GC |
| erythromycin base 333 mg tab dr | 3 | |
| erythromycin ethylsuccinate 200 mg/5ml recon susp | 1 | GC |
| erythromycin ethylsuccinate 400 mg tab, 400 mg/5ml recon susp | 2 | GC |
| erythromycin lactobionate 500 mg recon soln | 2 | GC |
| erythromycin stearate 250 mg tab | 3 | |
| Quinolones/Quinolonas | | |
| BESIVANCE 0.6 % SUSPENSION | 4 | |
| ciprofloxacin hcl 0.3 % solution, 250 mg tab, 500 mg tab | 1 | GC |
| ciprofloxacin hcl 100 mg tab, 750 mg tab | 2 | GC |
| ciprofloxacin in d5w 200 mg/100ml solution | 2 | GC |
| levofloxacin 25 mg/ml solution | 2 | GC |
| levofloxacin 250 mg tab, 500 mg tab, 750 mg tab | 1 | GC |
| levofloxacin in d5w 500 mg/100ml solution, 750 mg/150ml solution | 2 | GC |

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|--|--------------------------|--|
| moxifloxacin hcl in nacl 400 mg/250ml solution | 2 | GC |
| ofloxacin 300 mg tab, 400 mg tab | 2 | GC |
| Sulfonamides/Sulfamidas | | |
| sulfacetamide sodium (acne) 10 % lotion | 2 | GC |
| sulfadiazine 500 mg tab | 2 | GC |
| sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab | 1 | GC |
| Tetracyclines/Tetraciclinas | | |
| doxy 100 100 mg recon soln | 2 | GC |
| doxycycline hyclate 20 mg tab | 1 | GC |
| doxycycline hyclate 50 mg cap, 50 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab, 200 mg tab dr | 2 | GC |
| doxycycline monohydrate 25 mg/5ml recon susp, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab | 2 | GC |
| doxycycline monohydrate 50 mg cap | 1 | GC |
| minocycline hcl 50 mg cap | 1 | GC |
| minocycline hcl 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab | 2 | GC |
| mondoxylene nl 100 mg cap | 2 | GC |
| tetracycline hcl 250 mg cap, 500 mg cap | 2 | GC |
| Anticonvulsants/Anticonvulsivos | | |
| Anticonvulsants, Other/Anticonvulsivos, Otro | | |
| BRIVIACT 10 MG TAB | 4 | PA; QL (60 per 30 days) |
| BRIVIACT 10 MG/ML SOLUTION | 5 | PA; QL (600 per 30 days) |
| BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB | 5 | PA; QL (60 per 30 days) |
| DIACOMIT 250 MG CAP, 250 MG PACKET | 5 | PA; LA; QL (360 per 30 days); NM |
| DIACOMIT 500 MG CAP, 500 MG PACKET | 5 | PA; LA; QL (180 per 30 days); NM |
| divalproex sodium 125 mg cap dr, 250 mg tab dr, 500 mg tab dr | 2 | 90D; GC |
| divalproex sodium 125 mg tab dr | 1 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>divalproex sodium er 250 mg tab er 24h, 500 mg tab er 24h</i> | 2 | 90D; GC |
| EPIDIOLEX 100 MG/ML SOLUTION | 4 | PA; LA; NM |
| EPRONTIA 25 MG/ML SOLUTION | 4 | |
| <i>felbamate 400 mg tab, 600 mg tab</i> | 2 | 90D; GC |
| <i>felbamate 600 mg/5ml suspension</i> | 5 | |
| FINTEPLA 2.2 MG/ML SOLUTION | 5 | PA; LA; NM |
| FYCOMPA 0.5 MG/ML SUSPENSION | 4 | QL (720 per 30 days) |
| FYCOMPA 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB | 4 | QL (30 per 30 days) |
| LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT | 4 | |
| <i>lamotrigine 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i> | 1 | 90D; GC |
| <i>lamotrigine 5 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp</i> | 2 | 90D; GC |
| <i>lamotrigine er 25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h</i> | 2 | 90D; GC |
| <i>lamotrigine starter kit-blue 35 x 25 mg kit</i> | 2 | GC |
| <i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit</i> | 2 | GC |
| <i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i> | 2 | GC |
| <i>levetiracetam 100 mg/ml solution</i> | 2 | 90D; GC |
| <i>levetiracetam 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab</i> | 1 | 90D; GC |
| <i>levetiracetam er 500 mg tab er 24h</i> | 2 | QL (180 per 30 days); 90D; GC |
| <i>levetiracetam er 750 mg tab er 24h</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>roweeptra 500 mg tab</i> | 1 | 90D; GC |
| SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB | 4 | PA; QL (60 per 30 days) |
| SPRITAM 750 MG TAB | 4 | PA; QL (120 per 30 days) |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| subvenite 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab | 1 | 90D; GC |
| subvenite starter kit-blue 35 x 25 mg kit | 2 | GC |
| subvenite starter kit-green 84 x 25 mg & 14x100 mg kit | 2 | GC |
| subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit | 2 | GC |
| topiramate 15 mg cap sprink, 25 mg cap sprink | 2 | 90D; GC |
| topiramate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab | 1 | 90D; GC |
| topiramate er 25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk | 2 | 90D; GC |
| TROKENDI XR 200 MG CAP ER 24H | 5 | QL (60 per 30 days) |
| TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H | 4 | QL (30 per 30 days) |
| valproic acid 250 mg cap, 250 mg/5ml solution | 2 | 90D; GC |
| XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK, 100 & 150 MG TAB THPK | 5 | QL (56 per 28 days) |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | 5 | QL (56 per 28 days) |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | 4 | QL (56 per 365 over time); NEDS |
| XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK | 5 | QL (56 per 365 over time); NEDS |
| XCOPRI 150 MG TAB, 200 MG TAB | 5 | QL (60 per 30 days) |
| XCOPRI 50 MG TAB, 100 MG TAB | 5 | QL (30 per 30 days) |
| Calcium Channel Modifying Agents/Agentes Modificadores De Los Canales De Calcio | | |
| CELONTIN 300 MG CAP | 4 | |
| ethosuximide 250 mg cap, 250 mg/5ml solution | 2 | 90D; GC |
| Gamma-Aminobutyric Acid (GABA) Augmenting Agents/Agentes Que Potencian El Ácido Gama Aminobutírico (GABA) | | |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>clobazam 10 mg tab</i> | 2 | PA; QL (120 per 30 days); 90D; GC |
| <i>clobazam 2.5 mg/ml suspension</i> | 2 | PA; QL (480 per 30 days); 90D; GC |
| <i>clobazam 20 mg tab</i> | 2 | PA; QL (60 per 30 days); 90D; GC |
| <i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i> | 2 | GC |
| <i>gabapentin 100 mg cap</i> | 1 | QL (1080 per 30 days); 90D; GC |
| <i>gabapentin 250 mg/5ml solution, 300 mg/6ml solution</i> | 2 | QL (2160 per 30 days); 90D; GC |
| <i>gabapentin 300 mg cap</i> | 2 | QL (360 per 30 days); 90D; GC |
| <i>gabapentin 400 mg cap</i> | 2 | QL (270 per 30 days); 90D; GC |
| <i>gabapentin 600 mg tab</i> | 2 | QL (180 per 30 days); 90D; GC |
| <i>gabapentin 800 mg tab</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>phenobarbital 100 mg tab</i> | 1 | PA; QL (120 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 15 mg tab</i> | 1 | PA; QL (800 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 16.2 mg tab</i> | 1 | PA; QL (741 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 20 mg/5ml elixir</i> | 1 | PA; QL (3000 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 30 mg tab</i> | 1 | PA; QL (400 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 32.4 mg tab</i> | 1 | PA; QL (370 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 60 mg tab</i> | 1 | PA; QL (200 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 64.8 mg tab</i> | 1 | PA; QL (185 per 30 days); 90D; GC; HRM |
| <i>phenobarbital 97.2 mg tab</i> | 1 | PA; QL (123 per 30 days); 90D; GC; HRM |
| <i>primidone 50 mg tab, 250 mg tab</i> | 1 | 90D; GC |
| SYMPAZAN 10 MG FILM, 20 MG FILM | 5 | PA; QL (60 per 30 days) |
| SYMPAZAN 5 MG FILM | 4 | PA; QL (30 per 30 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>tiagabine hcl 2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab</i> | 2 | 90D; GC |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID | 5 | |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK | 4 | |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK | 4 | |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID | 4 | |
| <i>vigabatrin 500 mg packet, 500 mg tab</i> | 5 | PA; LA; QL (180 per 30 days); NM |
| <i>vigadrone 500 mg packet</i> | 5 | PA; LA; QL (180 per 30 days); NM |
| Sodium Channel Agents/Agentes De Canales De Sodio | | |
| APTIOM 200 MG TAB, 400 MG TAB, 600 MG TAB, 800 MG TAB | 5 | |
| BANZEL 200 MG TAB | 5 | PA; QL (480 per 30 days) |
| BANZEL 400 MG TAB | 5 | PA; QL (240 per 30 days) |
| <i>carbamazepine 100 mg chew tab, 200 mg tab</i> | 1 | 90D; GC |
| <i>carbamazepine 100 mg/5ml suspension</i> | 2 | 90D; GC |
| <i>carbamazepine er 100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h</i> | 2 | 90D; GC |
| DILANTIN 30 MG CAP | 4 | |
| <i>epitol 200 mg tab</i> | 1 | 90D; GC |
| LACOSAMIDE 10 MG/ML SOLUTION | 4 | QL (1200 per 30 days) |
| <i>lacosamide 10 mg/ml solution</i> | 2 | QL (1200 per 30 days); 90D; GC |
| <i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>oxcarbazepine 150 mg tab, 300 mg/5ml suspension, 600 mg tab</i> | 2 | 90D; GC |
| <i>oxcarbazepine 300 mg tab</i> | 1 | 90D; GC |
| <i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i> | 1 | 90D; GC |
| <i>phenytoin infatabs 50 mg chew tab</i> | 1 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| <i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i> | 1 | 90D; GC |
| <i>rufinamide 200 mg tab</i> | 5 | PA; QL (480 per 30 days) |
| <i>rufinamide 40 mg/ml suspension</i> | 5 | PA; QL (2400 per 30 days) |
| <i>rufinamide 400 mg tab</i> | 5 | PA; QL (240 per 30 days) |
| VIMPAT 10 MG/ML SOLUTION | 4 | QL (1200 per 30 days) |
| VIMPAT 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB | 4 | QL (60 per 30 days) |
| <i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i> | 2 | 90D; GC |
| Antidementia Agents/Agentes Antidemencia | | |
| Antidementia Agents, Other/Agentes Antidemencia, Otro | | |
| <i>ergoloid mesylates 1 mg tab</i> | 2 | PA; 90D; GC; HRM |
| NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H | 3 | |
| Cholinesterase Inhibitors/Inhibidores De La Colinesterasa | | |
| <i>donepezil hcl 5 mg tab disp, 10 mg tab disp, 23 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>donepezil hcl 5 mg tab, 10 mg tab</i> | 1 | QL (30 per 30 days); 90D; GC |
| <i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>galantamine hydrobromide 4 mg/ml solution</i> | 2 | QL (200 per 30 days); 90D; GC |
| <i>galantamine hydrobromide er 8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>rivastigmine 4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i> | 2 | QL (60 per 30 days); 90D; GC |
| N-Methyl-D-Aspartate (NMDA) Receptor Antagonist/Antagonistas De Los Receptores De N-Metil-D-Aspartato (NMDA) | | |
| <i>memantine hcl 10 mg tab</i> | 2 | PA; QL (60 per 30 days); 90D; GC |

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|--|--------------------------|--|
| memantine hcl 28 x 5 mg & 21 x 10 mg tab | 2 | PA; QL (60 per 30 days); GC |
| memantine hcl 5 mg tab | 2 | PA; QL (90 per 30 days); 90D; GC |
| memantine hcl er 7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h | 2 | PA; QL (30 per 30 days); 90D; GC |
| Antidepressants/Antidepresivos | | |
| Antidepressants, Other/Antidepresivos, Otro | | |
| APLENZIN 174 MG TAB ER 24H | 4 | QL (90 per 30 days) |
| APLENZIN 348 MG TAB ER 24H | 5 | QL (45 per 30 days) |
| APLENZIN 522 MG TAB ER 24H | 5 | QL (30 per 30 days) |
| bupropion hcl 100 mg tab | 1 | QL (135 per 30 days); 90D; GC |
| bupropion hcl 75 mg tab | 1 | QL (180 per 30 days); 90D; GC |
| bupropion hcl er (sr) 100 mg tab er 12h | 2 | QL (120 per 30 days); 90D; GC |
| bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h | 2 | QL (60 per 30 days); 90D; GC |
| bupropion hcl er (xl) 150 mg tab er 24h | 2 | QL (90 per 30 days); 90D; GC |
| bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h | 2 | QL (30 per 30 days); 90D; GC |
| chlordiazepoxide-amitriptyline 5-12.5 mg tab, 10-25 mg tab | 2 | PA; 90D; GC; HRM |
| LYBALVI 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB | 5 | QL (30 per 30 days) |
| mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp | 2 | QL (30 per 30 days); 90D; GC |
| mirtazapine 45 mg tab | 1 | QL (30 per 30 days); 90D; GC |
| mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab | 1 | 90D; GC |
| olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap | 2 | QL (90 per 30 days); 90D; GC |
| olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap | 2 | QL (30 per 30 days); 90D; GC |
| perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab | 2 | PA; 90D; GC; HRM |

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|---|-------------------|---|
| SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK | 5 | PA; QL (16 per 28 days); NM |
| SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK | 5 | PA; QL (24 per 28 days); NM |
| ZULRESSO 100 MG/20ML SOLUTION | 5 | PA; NM |
| Monoamine Oxidase Inhibitors/Inhibidores De La Monoaminooxidasa | | |
| EMSAM 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR | 5 | PA; QL (30 per 30 days) |
| MARPLAN 10 MG TAB | 4 | |
| <i>phenelzine sulfate 15 mg tab</i> | 2 | 90D; GC |
| <i>tranylcypromine sulfate 10 mg tab</i> | 2 | 90D; GC |
| SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)/SSRIS/SNRIS (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores Selectivos De La Recaptación De Serotonina Y Noradrenalina) | | |
| <i>citalopram hydrobromide 10 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>citalopram hydrobromide 10 mg/5ml solution</i> | 2 | QL (600 per 30 days); 90D; GC |
| <i>citalopram hydrobromide 20 mg tab</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>citalopram hydrobromide 40 mg tab</i> | 1 | QL (30 per 30 days); 90D; GC |
| DESVENLAFAXINE ER 50 MG TAB ER 24H, 100 MG TAB ER 24H | 2 | QL (30 per 30 days); 90D; GC |
| <i>desvenlafaxine succinate er 25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h</i> | 2 | 90D; GC |
| <i>escitalopram oxalate 10 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>escitalopram oxalate 20 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>escitalopram oxalate 5 mg tab</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | 2 | QL (600 per 30 days); 90D; GC |
| FETZIMA 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H | 3 | PA; QL (30 per 30 days) |
| FETZIMA TITRATION 20 & 40 MG CP24 THPK | 3 | PA |
| <i>fluoxetine hcl (p added) 10 mg tab</i> | 4 | QL (45 per 30 days) |
| <i>fluoxetine hcl (p added) 20 mg tab</i> | 4 | QL (120 per 30 days) |
| <i>fluoxetine hcl 10 mg cap</i> | 1 | 90D; GC |
| <i>fluoxetine hcl 10 mg tab</i> | 2 | 90D; GC |

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|---|--------------------------|--|
| <i>fluoxetine hcl 20 mg cap, 20 mg tab</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | 2 | QL (600 per 30 days); 90D; GC |
| <i>fluoxetine hcl 40 mg cap</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>fluoxetine hcl 60 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>fluoxetine hcl 90 mg cap dr</i> | 2 | QL (4 per 28 days); 90D; GC |
| <i>fluvoxamine maleate 100 mg tab</i> | 1 | QL (90 per 30 days); 90D; GC |
| <i>fluvoxamine maleate 25 mg tab, 50 mg tab</i> | 1 | 90D; GC |
| <i>fluvoxamine maleate er 100 mg cap er 24h</i> | 2 | QL (90 per 30 days); 90D; GC |
| <i>fluvoxamine maleate er 150 mg cap er 24h</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>nefazodone hcl 200 mg tab</i> | 2 | QL (90 per 30 days); 90D; GC |
| <i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>paroxetine hcl 10 mg tab, 20 mg tab</i> | 1 | 90D; GC |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | 2 | QL (900 per 30 days); 90D; GC |
| <i>paroxetine hcl 30 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>paroxetine hcl 40 mg tab</i> | 1 | QL (45 per 30 days); 90D; GC |
| <i>paroxetine hcl er 12.5 mg tab er 24h</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>paroxetine mesylate 7.5 mg cap</i> | 2 | 90D; GC |
| PAXIL 10 MG/5ML SUSPENSION | 4 | QL (900 per 30 days) |
| PEXEVA 10 MG TAB, 40 MG TAB | 4 | QL (45 per 30 days) |
| PEXEVA 20 MG TAB | 4 | QL (30 per 30 days) |
| PEXEVA 30 MG TAB | 4 | QL (60 per 30 days) |
| <i>sertraline hcl 100 mg tab</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>sertraline hcl 20 mg/ml conc</i> | 2 | QL (300 per 30 days); 90D; GC |
| <i>sertraline hcl 25 mg tab</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>sertraline hcl 50 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i> | 1 | 90D; GC |
| TRINTELLIX 5 MG TAB, 10 MG TAB, 20 MG TAB | 4 | QL (30 per 30 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab | 1 | QL (90 per 30 days); 90D; GC |
| venlafaxine hcl 75 mg tab | 1 | 90D; GC |
| venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h | 1 | 90D; GC |
| venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h | 2 | QL (30 per 30 days); 90D; GC |
| venlafaxine hcl er 75 mg tab er 24h, 150 mg tab er 24h | 2 | 90D; GC |
| VIIBRYD 10 MG TAB, 20 MG TAB, 40 MG TAB | 3 | QL (30 per 30 days) |
| VIIBRYD STARTER PACK 10 & 20 MG KIT | 3 | |
| vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| Tricyclics/Tricíclicos | | |
| amitriptyline hcl 10 mg tab, 75 mg tab, 100 mg tab, 150 mg tab | 1 | 90D; GC |
| amitriptyline hcl 25 mg tab, 50 mg tab | 2 | 90D; GC |
| amoxapine 25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab | 2 | PA; 90D; GC; HRM |
| clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap | 2 | PA; 90D; GC; HRM |
| desipramine hcl 10 mg tab, 25 mg tab | 1 | PA; 90D; GC; HRM |
| desipramine hcl 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab | 2 | PA; 90D; GC; HRM |
| doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap | 2 | PA; 90D; GC; HRM |
| imipramine hcl 10 mg tab | 1 | PA; 90D; GC; HRM |
| imipramine hcl 25 mg tab, 50 mg tab | 2 | PA; 90D; GC; HRM |
| imipramine pamoate 75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap | 2 | PA; 90D; GC; HRM |
| nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap | 1 | 90D; GC |
| nortriptyline hcl 10 mg/5ml solution | 2 | 90D; GC |
| protriptyline hcl 5 mg tab, 10 mg tab | 2 | PA; 90D; GC; HRM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| <i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i> | 2 | 90D; GC |
| Antiemetics/Antieméticos | | |
| Antiemetics, Other/Antieméticos, Otro | | |
| <i>compro 25 mg suppos</i> | 2 | GC |
| <i>meclizine hcl 12.5 mg tab, 25 mg tab</i> | 1 | GC |
| <i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution</i> | 1 | GC |
| <i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i> | 2 | 90D; GC |
| <i>prochlorperazine 25 mg suppos</i> | 2 | GC |
| <i>prochlorperazine maleate 5 mg tab, 10 mg tab</i> | 1 | 90D; GC |
| <i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i> | 2 | PA; GC; HRM |
| <i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i> | 1 | GC |
| <i>promethegan 12.5 mg suppos, 25 mg suppos, 50 mg suppos</i> | 2 | PA; GC; HRM |
| <i>scopolamine 1 mg/3days patch 72hr</i> | 2 | QL (10 per 28 days); GC |
| Emetogenic Therapy Adjuncts/Complementos De La Terapia Emetogénica | | |
| <i>aprepitant 125 mg cap</i> | 2 | B/D PA; QL (5 per 30 days); GC |
| <i>aprepitant 40 mg cap</i> | 2 | B/D PA; QL (1 per 28 days); GC |
| <i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc</i> | 2 | B/D PA; QL (15 per 30 days); GC |
| <i>aprepitant 80 mg cap</i> | 2 | B/D PA; QL (10 per 30 days); GC |
| <i>dronabinol 2.5 mg cap, 5 mg cap, 10 mg cap</i> | 2 | B/D PA; QL (120 per 30 days); GC |
| <i>fosaprepitant dimeglumine 150 mg recon soln</i> | 2 | GC |
| <i>granisetron hcl 1 mg tab</i> | 2 | B/D PA; QL (30 per 30 days); GC |
| <i>ondansetron 4 mg tab disp, 8 mg tab disp</i> | 2 | B/D PA; QL (90 per 30 days); GC |
| <i>ondansetron hcl 24 mg tab</i> | 2 | B/D PA; QL (30 per 30 days); GC |
| <i>ondansetron hcl 4 mg tab, 8 mg tab</i> | 2 | B/D PA; QL (90 per 30 days); GC |
| <i>ondansetron hcl 4 mg/5ml solution</i> | 2 | B/D PA; QL (450 per 30 days); GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| SYNDROS 5 MG/ML SOLUTION | 5 | B/D PA |
| VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK | 3 | B/D PA; QL (4 per 28 days); NM |
| Antifungals/Antifúngicos | | |
| Antifungals/Antifúngicos | | |
| AMBISOME 50 MG RECON SUSP | 4 | B/D PA |
| <i>amphotericin b 50 mg recon soln</i> | 2 | B/D PA; GC |
| <i>amphotericin b liposome 50 mg recon susp</i> | 2 | B/D PA; GC |
| <i>caspofungin acetate 50 mg recon soln, 70 mg recon soln</i> | 5 | B/D PA |
| <i>ciclopirox olamine 0.77 % cream</i> | 1 | QL (90 per 30 days); GC |
| <i>ciclopirox olamine 0.77 % suspension</i> | 1 | GC |
| <i>clotrimazole 1 % cream, 1 % solution</i> | 1 | GC |
| <i>clotrimazole 10 mg troche</i> | 1 | QL (150 per 30 days); GC |
| <i>econazole nitrate 1 % cream</i> | 2 | QL (90 per 30 days); GC |
| ERAXIS 100 MG RECON SOLN | 5 | PA |
| ERAXIS 50 MG RECON SOLN | 4 | PA |
| <i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i> | 2 | GC |
| <i>fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution</i> | 2 | GC |
| <i>flucytosine 250 mg cap, 500 mg cap</i> | 5 | |
| <i>griseofulvin microsize 125 mg/5ml suspension</i> | 2 | GC |
| <i>itraconazole 100 mg cap</i> | 2 | PA; GC |
| JUBLIA 10 % SOLUTION | 4 | PA |
| <i>ketoconazole 2 % cream</i> | 2 | QL (120 per 30 days); GC |
| <i>ketoconazole 2 % shampoo</i> | 1 | QL (120 per 30 days); GC |
| <i>ketoconazole 200 mg tab</i> | 1 | GC |
| <i>miconazole sodium 50 mg recon soln, 100 mg recon soln</i> | 5 | |
| <i>miconazole 3 200 mg suppos</i> | 2 | GC |
| <i>naftifine hcl 1 % cream, 2 % cream</i> | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| NOXAFIL 40 MG/ML SUSPENSION | 5 | PA |
| <i>nyamyc 100000 unit/gm powder</i> | 2 | GC |
| <i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 500000 unit tab</i> | 1 | GC |
| <i>nystatin 100000 unit/gm powder, 100000 unit/ml suspension</i> | 2 | GC |
| <i>nystop 100000 unit/gm powder</i> | 2 | GC |
| <i>posaconazole 100 mg tab dr</i> | 5 | PA |
| <i>terbinafine hcl 250 mg tab</i> | 1 | GC |
| <i>terconazole 0.4 % cream</i> | 1 | GC |
| <i>terconazole 80 mg suppos</i> | 2 | GC |
| <i>voriconazole 200 mg recon soln</i> | 5 | PA |
| <i>voriconazole 200 mg tab</i> | 5 | PA; QL (60 per 30 days) |
| <i>voriconazole 40 mg/ml recon susp</i> | 5 | PA; QL (300 per 30 days) |
| <i>voriconazole 50 mg tab</i> | 2 | PA; GC |
| Antigout Agents/Agentes Antigota | | |
| Antigout Agents/Agentes Antigota | | |
| <i>allopurinol 100 mg tab, 300 mg tab</i> | 1 | 90D; GC |
| <i>colchicine 0.6 mg cap, 0.6 mg tab</i> | 2 | GC |
| <i>colchicine-probenecid 0.5-500 mg tab</i> | 1 | 90D; GC |
| <i>febuxostat 40 mg tab, 80 mg tab</i> | 2 | ST; 90D; GC |
| <i>probenecid 500 mg tab</i> | 1 | 90D; GC |
| ULORIC 40 MG TAB, 80 MG TAB | 3 | ST |
| Antimigraine Agents/Agentes Antimigrañas | | |
| Antimigraine Agents, Other/Agentes Antimigrañas, Otro | | |
| NURTEC 75 MG TAB DISP | 5 | PA; QL (16 per 30 days) |
| UBRELVY 50 MG TAB, 100 MG TAB | 5 | PA; QL (16 per 30 days) |
| Ergot Alkaloids/Alcaloides Del Cornezuelo Del Centeno | | |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 5 | QL (8 per 28 days) |
| <i>ergotamine-caffeine 1-100 mg tab</i> | 2 | GC |
| <i>migergot 2-100 mg suppos</i> | 5 | |
| Prophylactic/Profilácticos | | |
| AIMOVIG 140 MG/ML SOLN A-INJ | 3 | PA; QL (1 per 28 days) |
| AIMOVIG 70 MG/ML SOLN A-INJ | 3 | PA; QL (2 per 28 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR | 5 | PA; QL (3 per 28 days) |
| EMGALITY 120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR | 3 | PA; QL (2 per 28 days) |
| Serotonin (5-HT) Receptor Agonist/Agonista Del Receptor De Serotonina (5-HT) | | |
| almotriptan malate 6.25 mg tab, 12.5 mg tab | 2 | QL (9 per 30 days); GC |
| eletriptan hydrobromide 20 mg tab, 40 mg tab | 2 | QL (9 per 30 days); GC |
| sumatriptan 5 mg/act solution, 20 mg/act solution | 2 | GC |
| sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab | 2 | QL (9 per 30 days); GC |
| sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj | 1 | QL (6 per 30 days); GC |
| sumatriptan succinate 6 mg/0.5ml solution | 2 | QL (6 per 30 days); GC |
| sumatriptan succinate refill 4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart | 1 | QL (6 per 30 days); GC |
| Antimyasthenic Agents/Agentes Antihistamínicos | | |
| Parasympathomimetics/Parasimpaticomiméticos | | |
| pyridostigmine bromide 30 mg tab, 60 mg tab | 1 | GC |
| pyridostigmine bromide 60 mg/5ml solution | 2 | GC |
| pyridostigmine bromide er 180 mg tab er | 2 | GC |
| Antimycobacterials/Antimicobacterianos | | |
| Antimycobacterials, Other/Antimicobacterianos, Otro | | |
| dapsone 25 mg tab, 100 mg tab | 2 | 90D; GC |
| rifabutin 150 mg cap | 2 | GC |
| Antituberculars/Antituberculosos | | |
| ethambutol hcl 100 mg tab | 2 | GC |
| ethambutol hcl 400 mg tab | 1 | GC |
| isoniazid 50 mg/5ml syrup, 100 mg tab, 300 mg tab | 1 | 90D; GC |
| PASER 4 GM PACKET | 4 | |
| PRIFTIN 150 MG TAB | 4 | |

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|---|--------------------------|--|
| <i>pyrazinamide 500 mg tab</i> | 2 | GC |
| <i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i> | 2 | GC |
| SIRTURO 20 MG TAB, 100 MG TAB | 5 | PA; LA; NM |
| TRECTOR 250 MG TAB | 4 | |
| Antineoplastics/Antineoplásicos | | |
| Alkylating Agents/Agentes Alquilantes | | |
| CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION | 5 | NM |
| <i>cyclophosphamide 25 mg cap, 50 mg cap</i> | 3 | B/D PA; NM |
| LEUKERAN 2 MG TAB | 3 | |
| MATULANE 50 MG CAP | 5 | LA; NM |
| PEPAXTO 20 MG RECON SOLN | 5 | NM |
| VALCHLOR 0.016 % GEL | 5 | PA; LA; NM |
| ZEPZELCA 4 MG RECON SOLN | 5 | NM |
| Antiandrogens/Antiandrógenos | | |
| <i>abiraterone acetate 250 mg tab</i> | 5 | PA; QL (120 per 30 days); NM |
| <i>abiraterone acetate 500 mg tab</i> | 5 | PA; QL (60 per 30 days); NM |
| <i>bicalutamide 50 mg tab</i> | 2 | QL (30 per 30 days); GC |
| ERLEADA 60 MG TAB | 5 | PA; LA; NM |
| <i>flutamide 125 mg cap</i> | 2 | GC |
| <i>nilutamide 150 mg tab</i> | 5 | QL (30 per 30 days) |
| NUBEQA 300 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| XTANDI 40 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| XTANDI 40 MG TAB | 5 | PA; QL (120 per 30 days); NM |
| XTANDI 80 MG TAB | 5 | PA; QL (60 per 30 days); NM |
| Antiangiogenic Agents/Agentes Antiangiogénicos | | |
| <i>lenalidomide 10 mg cap</i> | 5 | PA; LA; QL (60 per 30 days) |
| <i>lenalidomide 15 mg cap, 25 mg cap</i> | 5 | PA; LA; QL (30 per 30 days) |
| <i>lenalidomide 5 mg cap</i> | 5 | PA; LA; QL (150 per 30 days) |
| POMALYST 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP | 5 | PA; LA; QL (21 per 28 days); NM |
| REVLIMID 10 MG CAP | 5 | PA; LA; QL (60 per 30 days); NM |

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|--|--------------------------|--|
| REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| REVLIMID 5 MG CAP | 5 | PA; LA; QL (150 per 30 days); NM |
| THALOMID 150 MG CAP, 200 MG CAP | 5 | PA; QL (60 per 30 days); NM |
| THALOMID 50 MG CAP, 100 MG CAP | 5 | PA; QL (30 per 30 days); NM |
| Antiestrogens/Modifiers/Antiestrógenos/Modificadores | | |
| EMCYT 140 MG CAP | 4 | NM |
| SOLTAMOX 10 MG/5ML SOLUTION | 4 | |
| <i>tamoxifen citrate 10 mg tab, 20 mg tab</i> | 1 | 90D; GC |
| <i>toremifene citrate 60 mg tab</i> | 5 | QL (30 per 30 days); NM |
| Antimetabolites/Antimetabolitos | | |
| ALIMTA 100 MG RECON SOLN, 500 MG RECON SOLN | 5 | PA; NM |
| DROXIA 200 MG CAP, 300 MG CAP, 400 MG CAP | 4 | |
| <i>hydroxyurea 500 mg cap</i> | 1 | GC |
| INQOVI 35-100 MG TAB | 5 | PA; LA; QL (5 per 28 days); NM |
| <i>mercaptopurine 50 mg tab</i> | 2 | GC |
| <i>pemetrexed disodium 100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln</i> | 5 | PA; NM |
| PURIXAN 2000 MG/100ML SUSPENSION | 5 | PA; NM |
| TABLOID 40 MG TAB | 4 | |
| Antineoplastics, Other/Antineoplásicos, Otro | | |
| ASPARLAS 3750 UNIT/5ML SOLUTION | 5 | PA; NM |
| AYVAKIT 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| BESREMI 500 MCG/ML SOLN PRSYR | 5 | PA; LA; NM |
| BORTEZOMIB 3.5 MG RECON SOLN | 5 | PA; NM |
| BRUKINSA 80 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| EXKIVITY 40 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| FOTIVDA 0.89 MG CAP, 1.34 MG CAP | 5 | PA; QL (21 per 28 days); NM |
| IDHIFA 100 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| IDHIFA 50 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| IMLYGIC 1000000 UNIT/ML SUSPENSION | 4 | PA; NM |
| IMLYGIC 100000000 UNIT/ML SUSPENSION | 5 | PA; NM |

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|---|-------------------|---|
| INREBIC 100 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | 5 | PA; QL (70 per 28 days); NM |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | 5 | PA; QL (91 per 28 days); NM |
| KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK | 5 | PA; QL (49 per 28 days); NM |
| LONSURF 15-6.14 MG TAB, 20-8.19 MG TAB | 5 | PA; NM |
| LUMAKRAS 120 MG TAB | 5 | PA; LA; QL (240 per 30 days); NM |
| NINLARO 2.3 MG CAP, 3 MG CAP, 4 MG CAP | 5 | PA; QL (3 per 28 days); NM |
| ONUREG 200 MG TAB, 300 MG TAB | 5 | PA; LA; QL (14 per 28 days); NM |
| <i>oxaliplatin 200 mg/40ml solution</i> | 4 | B/D PA; NM |
| <i>paclitaxel 100 mg/16.7ml conc</i> | 4 | B/D PA; NM |
| PHESGO 60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION | 5 | PA; NM |
| QINLOCK 50 MG TAB | 5 | PA; QL (90 per 30 days); NM |
| RETEVMO 40 MG CAP | 5 | PA; QL (180 per 30 days); NM |
| RETEVMO 80 MG CAP | 5 | PA; QL (120 per 30 days); NM |
| ROZLYTREK 100 MG CAP | 5 | PA; LA; QL (150 per 30 days); NM |
| ROZLYTREK 200 MG CAP | 5 | PA; LA; QL (90 per 30 days); NM |
| RYBREVANT 350 MG/7ML SOLUTION | 5 | PA; NM |
| RYLAZE 10 MG/0.5ML SOLUTION | 5 | PA; NM |
| SYNRIBO 3.5 MG RECON SOLN | 5 | PA; NM |
| TABRECTA 150 MG TAB, 200 MG TAB | 5 | PA; QL (120 per 30 days); NM |
| TAZVERIK 200 MG TAB | 5 | PA; LA; QL (240 per 30 days); NM |
| WELIREG 40 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (20 per 28 days); NM |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 5 | PA; LA; QL (8 per 28 days); NM |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (8 per 28 days); NM |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | 5 | PA; LA; QL (4 per 28 days); NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|-------------------|---|
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (16 per 28 days); NM |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 5 | PA; LA; QL (8 per 28 days); NM |
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (12 per 28 days); NM |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | 5 | PA; LA; QL (4 per 28 days); NM |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (24 per 28 days); NM |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (16 per 28 days); NM |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | 5 | PA; LA; QL (8 per 28 days); NM |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | 5 | PA; LA; QL (32 per 28 days); NM |
| ZOLINZA 100 MG CAP | 5 | PA; QL (120 per 30 days); NM |
| Aromatase Inhibitors, 3rd Generation/Inhibidores De La Aromatasa, Tercera Generación | | |
| <i>anastrozole 1 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>exemestane 25 mg tab</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>letrozole 2.5 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| Molecular Target Inhibitors/Inhibidores Moleculares Dirigidos | | |
| AFINITOR 10 MG TAB | 5 | PA; NM |
| AFINITOR DISPERZ 2 MG TAB SOL, 3 MG TAB SOL, 5 MG TAB SOL | 5 | PA; NM |
| ALECENSA 150 MG CAP | 5 | PA; LA; QL (240 per 30 days); NM |
| ALUNBRIG 180 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| ALUNBRIG 30 MG TAB | 5 | PA; LA; QL (180 per 30 days); NM |
| ALUNBRIG 90 & 180 MG TAB THPK | 5 | PA; LA; QL (30 per 180 over time); NM; NEDS |
| ALUNBRIG 90 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| BALVERSA 3 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| BALVERSA 4 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| BALVERSA 5 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| BOSULIF 100 MG TAB | 5 | PA; QL (120 per 30 days); NM |
| BOSULIF 400 MG TAB, 500 MG TAB | 5 | PA; QL (30 per 30 days); NM |

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|---|-------------------|---|
| BRAFTOVI 75 MG CAP | 5 | PA; LA; QL (180 per 30 days); NM |
| CABOMETYX 20 MG TAB, 40 MG TAB, 60 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| CALQUENCE 100 MG CAP | 5 | PA; LA; NM |
| CAPRELSA 100 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| CAPRELSA 300 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT | 5 | PA; LA; QL (56 per 28 days); NM |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT | 5 | PA; LA; QL (112 per 28 days); NM |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT | 5 | PA; LA; QL (84 per 28 days); NM |
| COPIKTRA 15 MG CAP, 25 MG CAP | 5 | PA; LA; QL (60 per 30 days); NM |
| COTELLIC 20 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| CYRAMZA 100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION | 5 | PA; LA; NM |
| DAURISMO 100 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| DAURISMO 25 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| ERIVEDGE 150 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| <i>erlotinib hcl 100 mg tab, 150 mg tab</i> | 5 | PA; QL (30 per 30 days); NM |
| <i>erlotinib hcl 25 mg tab</i> | 5 | PA; QL (90 per 30 days); NM |
| <i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i> | 5 | PA; NM |
| GAVRETO 100 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| GILOTRIF 20 MG TAB, 30 MG TAB, 40 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| IBRANCE 75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB | 5 | PA; LA; QL (21 per 28 days); NM |
| ICLUSIG 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| <i>imatinib mesylate 100 mg tab, 400 mg tab</i> | 3 | PA; QL (60 per 30 days); NM |
| IMBRUVICA 140 MG CAP, 140 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| INLYTA 1 MG TAB | 5 | PA; LA; QL (180 per 30 days); NM |

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|---|-------------------|---|
| INLYTA 5 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| IRESSA 250 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| JAKAFI 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| KISQALI (200 MG DOSE) 200 MG TAB THPK | 5 | PA; QL (21 per 21 days); NM |
| KISQALI (400 MG DOSE) 200 MG TAB THPK | 5 | PA; QL (42 per 21 days); NM |
| KISQALI (600 MG DOSE) 200 MG TAB THPK | 5 | PA; QL (63 per 21 days); NM |
| <i>lapatinib ditosylate 250 mg tab</i> | 5 | PA; QL (180 per 30 days); NM |
| LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK | 5 | PA; LA; QL (30 per 30 days); NM |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK | 5 | PA; LA; QL (90 per 30 days); NM |
| LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK | 5 | PA; LA; QL (60 per 30 days); NM |
| LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK | 5 | PA; LA; QL (90 per 30 days); NM |
| LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK | 5 | PA; LA; QL (60 per 30 days); NM |
| LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK | 5 | PA; LA; QL (90 per 30 days); NM |
| LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK | 5 | PA; LA; QL (30 per 30 days); NM |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK | 5 | PA; LA; QL (60 per 30 days); NM |
| LORBRENA 100 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| LORBRENA 25 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| LYNPARZA 100 MG TAB, 150 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| MEKINIST 0.5 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| MEKINIST 2 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| MEKTOVI 15 MG TAB | 5 | PA; LA; QL (180 per 30 days); NM |
| NERLYNX 40 MG TAB | 5 | PA; LA; QL (180 per 30 days); NM |
| NEXAVAR 200 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| ODOMZO 200 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| PEMAZYRE 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB | 5 | PA; LA; QL (14 per 21 days); NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK | 5 | PA; QL (28 per 28 days); NM |
| PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK | 5 | PA; QL (56 per 28 days); NM |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK | 5 | PA; QL (56 per 28 days); NM |
| RUBRACA 200 MG TAB, 250 MG TAB, 300 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| RYDAPT 25 MG CAP | 5 | PA; QL (240 per 30 days); NM |
| SCEMBLIX 20 MG TAB | 5 | PA; QL (60 per 30 days); NM |
| SCEMBLIX 40 MG TAB | 5 | PA; QL (300 per 30 days); NM |
| sorafenib tosylate 200 mg tab | 5 | PA; QL (120 per 30 days) |
| SPRYCEL 20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB | 5 | PA; QL (30 per 30 days); NM |
| STIVARGA 40 MG TAB | 5 | PA; LA; QL (84 per 28 days); NM |
| sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap | 5 | PA; QL (30 per 30 days); NM |
| SUTENT 12.5 MG CAP, 25 MG CAP, 37.5 MG CAP, 50 MG CAP | 5 | PA; QL (30 per 30 days); NM |
| TAFINLAR 50 MG CAP, 75 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| TAGRISSE 40 MG TAB, 80 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| TALZENNA 0.25 MG CAP | 5 | PA; LA; QL (90 per 30 days); NM |
| TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| TASIGNA 50 MG CAP, 150 MG CAP, 200 MG CAP | 5 | PA; QL (112 per 28 days); NM |
| TEPMETKO 225 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| TIBSOVO 250 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK | 5 | PA; LA; QL (21 per 28 days); NM |
| TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK | 5 | PA; LA; QL (42 per 28 days); NM |
| TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK | 5 | PA; LA; QL (42 per 28 days); NM |
| TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK | 5 | PA; LA; QL (63 per 28 days); NM |

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|--|-------------------|---|
| TUKYSA 50 MG TAB, 150 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| TURALIO 200 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| VENCLEXTA 10 MG TAB | 3 | PA; LA; QL (60 per 30 days); NM |
| VENCLEXTA 100 MG TAB | 3 | PA; LA; QL (180 per 30 days); NM |
| VENCLEXTA 50 MG TAB | 3 | PA; LA; QL (30 per 30 days); NM |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | 3 | PA; LA; NM |
| VERZENIO 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| VITRAKVI 100 MG CAP | 5 | PA; LA; QL (60 per 30 days); NM |
| VITRAKVI 20 MG/ML SOLUTION | 5 | PA; LA; QL (300 per 30 days); NM |
| VITRAKVI 25 MG CAP | 5 | PA; LA; QL (180 per 30 days); NM |
| VIZIMPRO 15 MG TAB, 30 MG TAB, 45 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| VOTRIENT 200 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| XALKORI 200 MG CAP, 250 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| XOSPATA 40 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| ZEJULA 100 MG CAP | 5 | PA; LA; QL (90 per 30 days); NM |
| ZELBORAF 240 MG TAB | 5 | PA; LA; QL (240 per 30 days); NM |
| ZYDELIG 100 MG TAB, 150 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| ZYKADIA 150 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| Monoclonal Antibody/Antibody-Drug Conjugate/Fármaco Inmunoconjugado/Anticuerpo Monoclonal | | |
| BAVENCIO 200 MG/10ML SOLUTION | 5 | PA; LA; NM |
| BLENREP 100 MG RECON SOLN | 5 | PA; NM |
| DARZALEX 400 MG/20ML SOLUTION | 5 | PA; LA; NM |
| DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION | 5 | PA; NM |
| ENHERTU 100 MG RECON SOLN | 5 | PA; NM |
| GAZYVA 1000 MG/40ML SOLUTION | 5 | PA; LA; NM |
| HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION | 5 | B/D PA; NM |
| JEMPERLI 500 MG/10ML SOLUTION | 5 | PA; NM |
| KADCYLA 100 MG RECON SOLN, 160 MG RECON SOLN | 5 | PA; NM |
| MONJUVI 200 MG RECON SOLN | 5 | PA; NM |

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|--|--------------------------|--|
| PADCEV 20 MG RECON SOLN, 30 MG RECON SOLN | 5 | PA; NM |
| POLIVY 30 MG RECON SOLN, 140 MG RECON SOLN | 5 | B/D PA; NM |
| RIABNI 100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION | 5 | B/D PA; NM |
| RITUXAN 100 MG/10ML SOLUTION | 5 | B/D PA; LA; NM |
| SARCLISA 100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION | 5 | PA; NM |
| TECENTRIQ 1200 MG/20ML SOLUTION | 5 | PA; LA; QL (20 per 21 days); NM |
| TECENTRIQ 840 MG/14ML SOLUTION | 5 | PA; LA; QL (28 per 28 days); NM |
| ZYNLONTA 10 MG RECON SOLN | 5 | PA; NM |
| Retinoids/Retinoides | | |
| <i>bexarotene 1 % gel</i> | 5 | PA; QL (60 per 30 days) |
| <i>bexarotene 75 mg cap</i> | 5 | PA; QL (300 per 30 days); NM |
| PANRETIN 0.1 % GEL | 5 | NM |
| TARGRETIN 1 % GEL | 5 | PA; QL (60 per 30 days); NM |
| <i>tretinoin 10 mg cap</i> | 5 | |
| Treatment Adjuncts/Complementos Al Tratamiento | | |
| <i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab</i> | 2 | GC |
| <i>leucovorin calcium 5 mg tab</i> | 1 | GC |
| MESNEX 400 MG TAB | 5 | |
| VONJO 100 MG CAP | 5 | PA; LA; QL (120 per 30 days); NM |
| Antiparasitics/Antiparasitario | | |
| Anthelmintics/Antihelmínticos | | |
| <i>albendazole 200 mg tab</i> | 5 | |
| EMVERM 100 MG CHEW TAB | 5 | |
| <i>ivermectin 3 mg tab</i> | 2 | PA; GC |
| Antiprotozoals/Antiprotozoarios | | |
| <i>atovaquone 750 mg/5ml suspension</i> | 5 | PA |
| <i>atovaquone-proguanil hcl 62.5-25 mg tab, 250-100 mg tab</i> | 2 | GC |
| BENZNIDAZOLE 12.5 MG TAB, 100 MG TAB | 3 | |
| <i>chloroquine phosphate 250 mg tab, 500 mg tab</i> | 1 | 90D; GC |

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|--|--------------------------|--|
| COARTEM 20-120 MG TAB | 4 | |
| hydroxychloroquine sulfate 200 mg tab | 1 | 90D; GC |
| mefloquine hcl 250 mg tab | 2 | 90D; GC |
| nitazoxanide 500 mg tab | 4 | QL (6 per 30 days) |
| pentamidine isethionate 300 mg recon soln | 2 | B/D PA; NM; GC |
| primaquine phosphate 26.3 (15 base) mg tab | 3 | |
| pyrimethamine 25 mg tab | 5 | |
| quinine sulfate 324 mg cap | 2 | PA; GC |
| Antiparkinson Agents/Agentes Antiparkinsonianos | | |
| Anticholinergics/Anticolinérgicos | | |
| benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab | 1 | PA; 90D; GC; HRM |
| trihexyphenidyl hcl 0.4 mg/ml solution | 2 | PA; 90D; GC; HRM |
| trihexyphenidyl hcl 2 mg tab, 5 mg tab | 1 | 90D; GC |
| Antiparkinson Agents, Other/Agentes Antiparkinsonianos, Otro | | |
| amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab | 2 | 90D; GC |
| carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab | 2 | 90D; GC |
| entacapone 200 mg tab | 2 | 90D; GC |
| GOCOVRI 68.5 MG CAP ER 24H, 137 MG CAP ER 24H | 5 | LA; NM |
| tolcapone 100 mg tab | 5 | PA; QL (180 per 30 days) |
| Dopamine Agonists/Agonistas De La Dopamina | | |
| APOKYN 30 MG/3ML SOLN CART | 5 | PA; LA; QL (60 per 30 days); NM |
| apomorphine hcl 30 mg/3ml soln cart | 5 | PA; QL (60 per 30 days); NM |
| bromocriptine mesylate 2.5 mg tab, 5 mg cap | 2 | 90D; GC |

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|---|--------------------------|--|
| NEUPRO 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR | 4 | QL (30 per 30 days) |
| <i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i> | 2 | 90D; GC |
| <i>pramipexole dihydrochloride er 0.375 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 4.5 mg tab er 24h</i> | 2 | 90D; GC |
| <i>pramipexole dihydrochloride er 3.75 mg tab er 24h</i> | 1 | 90D; GC |
| <i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i> | 2 | 90D; GC |
| Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors/Precusores De La Dopamina Y/O Inhibidores De Descarboxilasa De L-Aminoácido | | |
| <i>carbidopa 25 mg tab</i> | 2 | 90D; GC |
| <i>carbidopa-levodopa 10-100 mg tab</i> | 1 | 90D; GC |
| <i>carbidopa-levodopa 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp</i> | 2 | 90D; GC |
| <i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i> | 2 | 90D; GC |
| RYTARY 23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER | 4 | ST |
| Monoamine Oxidase B (MAO-B) Inhibitors/Inhibidores De La Monoaminoxidasa B (MAO-B) | | |
| <i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i> | 2 | 90D; GC |
| <i>selegiline hcl 5 mg cap, 5 mg tab</i> | 2 | 90D; GC |
| Antipsychotics/Antipsicóticos | | |
| 1st Generation/Typical/Primera Generación/Típicos | | |
| <i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i> | 2 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC | 5 | |
| fluphenazine decanoate 25 mg/ml solution | 2 | GC |
| fluphenazine hcl 1 mg tab, 2.5 mg tab, 10 mg tab | 1 | 90D; GC |
| fluphenazine hcl 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc | 2 | 90D; GC |
| fluphenazine hcl 2.5 mg/ml solution | 2 | GC |
| haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab | 1 | 90D; GC |
| haloperidol 10 mg tab, 20 mg tab | 2 | 90D; GC |
| haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution | 2 | GC |
| haloperidol lactate 2 mg/ml conc | 2 | 90D; GC |
| haloperidol lactate 5 mg/ml solution | 2 | GC |
| loxapine succinate 5 mg cap, 10 mg cap, 25 mg cap | 2 | 90D; GC |
| loxapine succinate 50 mg cap | 1 | 90D; GC |
| molindone hcl 5 mg tab, 10 mg tab, 25 mg tab | 2 | 90D; GC |
| pimozide 1 mg tab, 2 mg tab | 2 | 90D; GC |
| thioridazine hcl 10 mg tab | 2 | 90D; GC |
| thioridazine hcl 25 mg tab, 50 mg tab, 100 mg tab | 1 | 90D; GC |
| thiothixene 1 mg cap, 10 mg cap | 2 | 90D; GC |
| thiothixene 2 mg cap, 5 mg cap | 1 | 90D; GC |
| trifluoperazine hcl 1 mg tab, 2 mg tab, 5 mg tab | 1 | 90D; GC |
| trifluoperazine hcl 10 mg tab | 2 | 90D; GC |
| 2nd Generation/Atypical/Segunda Generación/Atípicos | | |
| ABILIFY MAINTENA 300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER | 5 | QL (1 per 28 days) |
| aripiprazole 1 mg/ml solution | 2 | QL (900 per 30 days); 90D; GC |
| aripiprazole 10 mg tab disp | 5 | QL (90 per 30 days) |
| aripiprazole 15 mg tab disp | 5 | QL (60 per 30 days) |

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|---|-------------------|---|
| aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab | 2 | 90D; GC |
| aripiprazole 20 mg tab, 30 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| asenapine maleate 10 mg sl tab | 2 | QL (60 per 30 days); 90D; GC |
| asenapine maleate 2.5 mg sl tab | 2 | QL (240 per 30 days); 90D; GC |
| asenapine maleate 5 mg sl tab | 2 | QL (120 per 30 days); 90D; GC |
| CAPLYTA 10.5 MG CAP, 21 MG CAP, 42 MG CAP | 5 | PA; QL (30 per 30 days) |
| FANAPT 1 MG TAB | 4 | QL (720 per 30 days) |
| FANAPT 10 MG TAB, 12 MG TAB | 5 | QL (60 per 30 days) |
| FANAPT 2 MG TAB | 4 | QL (360 per 30 days) |
| FANAPT 4 MG TAB | 4 | QL (180 per 30 days) |
| FANAPT 6 MG TAB | 5 | QL (120 per 30 days) |
| FANAPT 8 MG TAB | 5 | QL (90 per 30 days) |
| FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB | 4 | |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | 5 | QL (3.5 per 180 over time); NEDS |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | 5 | QL (5 per 180 over time); NEDS |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | 5 | QL (0.75 per 28 days) |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | 5 | QL (1 per 28 days) |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | 5 | QL (1.5 per 28 days) |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | 4 | QL (0.25 per 28 days) |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | 5 | QL (0.5 per 28 days) |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | 5 | QL (0.875 per 84 days); NEDS |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | 5 | QL (1.315 per 84 days); NEDS |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | 5 | QL (1.75 per 84 days); NEDS |

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|--|-------------------|---|
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | 5 | QL (2.625 per 84 days); NEDS |
| NUPLAZID 10 MG TAB, 34 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| olanzapine 10 mg recon soln | 2 | QL (90 per 30 days); GC |
| olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp | 2 | 90D; GC |
| olanzapine 20 mg tab, 20 mg tab disp | 2 | QL (30 per 30 days); 90D; GC |
| paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h | 2 | QL (30 per 30 days); 90D; GC |
| paliperidone er 6 mg tab er 24h | 2 | QL (60 per 30 days); 90D; GC |
| paliperidone er 9 mg tab er 24h | 4 | QL (30 per 30 days) |
| PERSERIS 90 MG PRSYR, 120 MG PRSYR | 5 | QL (1 per 28 days) |
| quetiapine fumarate 100 mg tab | 1 | QL (240 per 30 days); 90D; GC |
| quetiapine fumarate 200 mg tab | 1 | QL (120 per 30 days); 90D; GC |
| quetiapine fumarate 25 mg tab | 1 | QL (960 per 30 days); 90D; GC |
| quetiapine fumarate 300 mg tab | 1 | QL (80 per 30 days); 90D; GC |
| quetiapine fumarate 400 mg tab | 1 | QL (60 per 30 days); 90D; GC |
| quetiapine fumarate 50 mg tab | 1 | QL (480 per 30 days); 90D; GC |
| quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h | 2 | QL (30 per 30 days); 90D; GC |
| quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h | 2 | QL (60 per 30 days); 90D; GC |
| REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB | 5 | QL (60 per 30 days) |
| REXULTI 3 MG TAB, 4 MG TAB | 5 | QL (30 per 30 days) |
| RISPERDAL CONSTA 12.5 MG, 25 MG | 4 | QL (2 per 28 days) |
| RISPERDAL CONSTA 37.5 MG, 50 MG | 5 | QL (2 per 28 days) |
| risperidone 0.25 mg tab, 0.25 mg tab disp | 2 | QL (1920 per 30 days); 90D; GC |
| risperidone 0.5 mg tab, 0.5 mg tab disp | 2 | QL (960 per 30 days); 90D; GC |
| risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution | 2 | QL (480 per 30 days); 90D; GC |
| risperidone 2 mg tab, 2 mg tab disp | 2 | QL (240 per 30 days); 90D; GC |
| risperidone 3 mg tab disp | 2 | QL (150 per 30 days); 90D; GC |
| risperidone 3 mg tab, 4 mg tab, 4 mg tab disp | 2 | QL (120 per 30 days); 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| SECUADO 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR | 5 | QL (30 per 30 days) |
| VRAYLAR 1.5 & 3 MG CAP THPK | 4 | |
| VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP | 5 | QL (30 per 30 days) |
| ziprasidone hcl 20 mg cap | 2 | QL (240 per 30 days); 90D; GC |
| ziprasidone hcl 40 mg cap | 2 | QL (120 per 30 days); 90D; GC |
| ziprasidone hcl 60 mg cap, 80 mg cap | 2 | QL (60 per 30 days); 90D; GC |
| ziprasidone mesylate 20 mg recon soln | 4 | QL (6 per 3 days) |
| ZYPREXA RELPREVV 210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP | 4 | QL (2 per 28 days); NM |
| Treatment-Resistant/Resistente Al Tratamiento | | |
| clozapine 100 mg tab, 100 mg tab disp | 2 | QL (270 per 30 days); GC |
| clozapine 12.5 mg tab disp | 2 | QL (2160 per 30 days); GC |
| clozapine 150 mg tab disp | 2 | QL (180 per 30 days); GC |
| clozapine 200 mg tab, 200 mg tab disp | 2 | QL (120 per 30 days); GC |
| clozapine 25 mg tab, 25 mg tab disp | 2 | QL (1080 per 30 days); GC |
| clozapine 50 mg tab | 2 | QL (540 per 30 days); GC |
| VERSACLOZ 50 MG/ML SUSPENSION | 4 | QL (600 per 30 days) |
| Antispasticity Agents/Agentes Antiespasticidad | | |
| Antispasticity Agents/Agentes Antiespasticidad | | |
| baclofen 20 mg tab | 1 | QL (120 per 30 days); GC |
| baclofen 5 mg tab, 10 mg tab | 1 | QL (90 per 30 days); GC |
| tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap | 2 | GC |
| Antivirals/Antivirales | | |
| Anti-Cytomegalovirus (CMV) Agents/Agentes Anticitomegalovirus (CMV) | | |
| PREVYMIS 240 MG TAB, 480 MG TAB | 5 | NM |
| valganciclovir hcl 450 mg tab | 3 | NM |
| valganciclovir hcl 50 mg/ml recon soln | 5 | NM |
| ZIRGAN 0.15 % GEL | 3 | |
| Anti-Hepatitis B (HBV) Agents/Agentes Antihepatitis B (HBV) | | |
| adefovir dipivoxil 10 mg tab | 2 | PA; NM; 90D; GC |
| BARACLUDE 0.05 MG/ML SOLUTION | 5 | PA; NM |

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|--|-------------------|---|
| entecavir 0.5 mg tab, 1 mg tab | 2 | PA; NM; 90D; GC |
| EPIVIR HBV 5 MG/ML SOLUTION | 4 | NM |
| lamivudine 100 mg tab | 2 | NM; 90D; GC |
| Anti-Hepatitis C (HCV) Agents/Agentes Antihepatitis C (HCV) | | |
| MAVYRET 100-40 MG TAB | 5 | PA; QL (90 per 30 days); NM |
| MAVYRET 50-20 MG PACKET | 5 | PA; QL (180 per 30 days); NM |
| ribavirin 200 mg cap, 200 mg tab | 2 | NM; GC |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB | 5 | PA; QL (30 per 30 days); NM |
| Antihherpetic Agents/Agentes Antiherpéticos | | |
| acyclovir 200 mg cap, 400 mg tab, 800 mg tab | 1 | GC |
| acyclovir 200 mg/5ml suspension | 2 | GC |
| acyclovir sodium 50 mg/ml solution | 2 | B/D PA; GC |
| famciclovir 125 mg tab, 250 mg tab | 2 | QL (60 per 30 days); GC |
| famciclovir 500 mg tab | 2 | QL (21 per 7 days); GC |
| trifluridine 1 % solution | 2 | GC |
| valacyclovir hcl 1 gm tab | 2 | QL (90 per 30 days); GC |
| valacyclovir hcl 500 mg tab | 2 | QL (60 per 30 days); GC |
| Anti-HIV Agents, Integrase Inhibitors (INSTI)/Agentes Anti VIH, Inhibidores De La Integrasa (INSTI) | | |
| BIKTARVY 30-120-15 MG TAB, 50-200-25 MG TAB | 5 | QL (30 per 30 days); NM |
| DOVATO 50-300 MG TAB | 5 | QL (30 per 30 days); NM |
| GENVOYA 150-150-200-10 MG TAB | 5 | QL (30 per 30 days); NM |
| ISENTRESS 100 MG CHEW TAB | 4 | QL (180 per 30 days); NM |
| ISENTRESS 100 MG PACKET | 3 | QL (180 per 30 days); NM |
| ISENTRESS 25 MG CHEW TAB | 3 | QL (720 per 30 days); NM |
| ISENTRESS 400 MG TAB | 5 | QL (120 per 30 days); NM |
| ISENTRESS HD 600 MG TAB | 5 | QL (60 per 30 days); NM |
| JULUCA 50-25 MG TAB | 5 | QL (30 per 30 days); NM |
| STRIBILD 150-150-200-300 MG TAB | 5 | QL (30 per 30 days); NM |
| TIVICAY 10 MG TAB | 4 | QL (120 per 30 days); NM |
| TIVICAY 25 MG TAB, 50 MG TAB | 5 | QL (60 per 30 days); NM |
| TIVICAY PD 5 MG TAB SOL | 5 | QL (360 per 30 days); NM |

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|--|--------------------------|--|
| Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)/Agentes Anti VIH, Inhibidores De La Transcriptasa Inversa No Nucleósidos (NNRTI) | | |
| COMPLERA 200-25-300 MG TAB | 5 | QL (30 per 30 days); NM |
| DELSTRIGO 100-300-300 MG TAB | 5 | QL (30 per 30 days); NM |
| EDURANT 25 MG TAB | 5 | QL (30 per 30 days); NM |
| <i>efavirenz 200 mg cap</i> | 2 | QL (120 per 30 days); NM; 90D; GC |
| <i>efavirenz 50 mg cap</i> | 2 | QL (360 per 30 days); NM; 90D; GC |
| <i>efavirenz 600 mg tab</i> | 4 | QL (30 per 30 days); NM |
| <i>efavirenz-emtricitab-tenofovir 600-200-300 mg tab</i> | 5 | QL (30 per 30 days); NM |
| <i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab, 600-300-300 mg tab</i> | 5 | QL (30 per 30 days); NM |
| <i>etravirine 100 mg tab</i> | 5 | QL (120 per 30 days); NM |
| <i>etravirine 200 mg tab</i> | 5 | QL (60 per 30 days); NM |
| INTELENCE 100 MG TAB | 5 | QL (120 per 30 days); NM |
| INTELENCE 200 MG TAB | 5 | QL (60 per 30 days); NM |
| INTELENCE 25 MG TAB | 4 | QL (480 per 30 days); NM |
| <i>nevirapine 200 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| <i>nevirapine 50 mg/5ml suspension</i> | 2 | QL (1200 per 30 days); NM; 90D; GC |
| <i>nevirapine er 100 mg tab er 24h</i> | 2 | QL (90 per 30 days); NM; 90D; GC |
| <i>nevirapine er 400 mg tab er 24h</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| ODEFSEY 200-25-25 MG TAB | 5 | QL (30 per 30 days); NM |
| PIFELTRO 100 MG TAB | 5 | QL (30 per 30 days); NM |
| Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)/Agentes Anti VIH, Inhibidores De La Transcriptasa Inversa Nucleósidos (NRTI) | | |
| <i>abacavir sulfate 20 mg/ml solution</i> | 2 | QL (960 per 30 days); NM; 90D; GC |
| <i>abacavir sulfate 300 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |

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|--|--------------------------|--|
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| <i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| CIMDUO 300-300 MG TAB | 5 | QL (30 per 30 days); NM |
| DESCOVY 120-15 MG TAB, 200-25 MG TAB | 5 | QL (30 per 30 days); NM |
| <i>emtricitabine 200 mg cap</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| <i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i> | 5 | QL (30 per 30 days); NM |
| EMTRIVA 10 MG/ML SOLUTION | 4 | QL (850 per 30 days); NM |
| <i>lamivudine 10 mg/ml solution</i> | 2 | QL (960 per 30 days); NM; 90D; GC |
| <i>lamivudine 150 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| <i>lamivudine 300 mg tab</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| <i>lamivudine-zidovudine 150-300 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| RETROVIR 10 MG/ML SOLUTION | 4 | NM |
| <i>stavudine 15 mg cap, 20 mg cap</i> | 2 | QL (120 per 30 days); NM; 90D; GC |
| <i>stavudine 30 mg cap, 40 mg cap</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| TEMIXYS 300-300 MG TAB | 5 | QL (30 per 30 days); NM |
| <i>tenofovir disoproxil fumarate 300 mg tab</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| TRIUMEQ 600-50-300 MG TAB | 5 | QL (30 per 30 days); NM |
| TRIUMEQ PD 60-5-30 MG TAB SOL | 5 | QL (180 per 30 days); NM |
| TRIZIVIR 300-150-300 MG TAB | 5 | QL (60 per 30 days); NM |
| TRUVADA 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB | 5 | QL (30 per 30 days); NM |
| VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB | 5 | QL (30 per 30 days); NM |
| VIREAD 40 MG/GM POWDER | 3 | QL (240 per 30 days); NM |

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|--|-------------------|---|
| <i>zidovudine 100 mg cap</i> | 2 | QL (180 per 30 days); NM; 90D; GC |
| <i>zidovudine 300 mg tab</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| <i>zidovudine 50 mg/5ml syrup</i> | 2 | QL (1920 per 30 days); NM; 90D; GC |
| Anti-HIV Agents, Other/Agentes Anti VIH, Otro | | |
| CABENUVA 400 & 600 MG/2ML SUSP | 5 | QL (4 per 28 days) |
| CABENUVA 600 & 900 MG/3ML SUSP | 5 | QL (6 per 28 days) |
| FUZEON 90 MG RECON SOLN | 5 | QL (60 per 30 days); NM |
| <i>maraviroc 150 mg tab</i> | 2 | QL (120 per 30 days); NM; 90D; GC |
| <i>maraviroc 300 mg tab</i> | 2 | QL (120 per 30 days); NM; 90D; GC |
| RUKOBIA 600 MG TAB ER 12H | 5 | QL (60 per 30 days) |
| SELZENTRY 150 MG TAB, 300 MG TAB | 3 | QL (120 per 30 days); NM |
| SELZENTRY 20 MG/ML SOLUTION | 3 | QL (1840 per 30 days); NM |
| SELZENTRY 25 MG TAB | 4 | QL (120 per 30 days); NM |
| SELZENTRY 75 MG TAB | 4 | QL (60 per 30 days); NM |
| TYBOST 150 MG TAB | 4 | QL (30 per 30 days); NM |
| Anti-HIV Agents, Protease Inhibitors (PI)/Agentes Anti VIH, Inhibidores De La Proteasa (PI) | | |
| APTIVUS 250 MG CAP | 5 | QL (120 per 30 days); NM |
| <i>atazanavir sulfate 150 mg cap, 200 mg cap</i> | 2 | QL (60 per 30 days); NM; 90D; GC |
| <i>atazanavir sulfate 300 mg cap</i> | 2 | QL (30 per 30 days); NM; 90D; GC |
| CRIXIVAN 200 MG CAP | 4 | QL (360 per 30 days); NM |
| CRIXIVAN 400 MG CAP | 4 | QL (180 per 30 days); NM |
| EVOTAZ 300-150 MG TAB | 5 | QL (30 per 30 days); NM |
| <i>fosamprenavir calcium 700 mg tab</i> | 5 | QL (120 per 30 days); NM |
| INVIRASE 500 MG TAB | 5 | QL (120 per 30 days); NM |
| KALETRA 100-25 MG TAB | 4 | QL (300 per 30 days); NM |
| KALETRA 200-50 MG TAB | 5 | QL (120 per 30 days); NM |
| LEXIVA 50 MG/ML SUSPENSION | 4 | QL (1800 per 30 days); NM |
| <i>lopinavir-ritonavir 100-25 mg tab</i> | 4 | QL (300 per 30 days); NM |
| <i>lopinavir-ritonavir 200-50 mg tab</i> | 5 | QL (120 per 30 days); NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | 2 | QL (480 per 30 days); NM; 90D; GC |
| NORVIR 100 MG PACKET | 4 | QL (360 per 30 days); NM |
| NORVIR 80 MG/ML SOLUTION | 4 | QL (480 per 30 days); NM |
| PREZCOBIX 800-150 MG TAB | 5 | QL (30 per 30 days); NM |
| PREZISTA 100 MG/ML SUSPENSION | 5 | QL (400 per 30 days); NM |
| PREZISTA 150 MG TAB | 4 | QL (180 per 30 days); NM |
| PREZISTA 600 MG TAB, 800 MG TAB | 5 | QL (60 per 30 days); NM |
| PREZISTA 75 MG TAB | 4 | QL (300 per 30 days); NM |
| REYATAZ 50 MG PACKET | 4 | QL (240 per 30 days); NM |
| <i>ritonavir 100 mg tab</i> | 2 | QL (360 per 30 days); NM; 90D; GC |
| SYMTUZA 800-150-200-10 MG TAB | 5 | QL (30 per 30 days); NM |
| VIRACEPT 250 MG TAB | 5 | QL (300 per 30 days); NM |
| VIRACEPT 625 MG TAB | 5 | QL (120 per 30 days); NM |
| Anti-Influenza Agents/Agentes Antiinfluenza | | |
| <i>oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap</i> | 2 | GC |
| RELENZA DISKHALER 5 MG/BLISTER AER POW BA | 4 | QL (60 per 180 over time); NEDS |
| <i>rimantadine hcl 100 mg tab</i> | 2 | GC |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK | 3 | |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK | 3 | |
| Anxiolytics/Ansiolíticos | | |
| Anxiolytics, Other/Ansiolíticos, Otro | | |
| <i>bupirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i> | 1 | GC |
| <i>hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap</i> | 2 | GC |
| <i>meprobamate 200 mg tab, 400 mg tab</i> | 2 | PA; GC; HRM |
| Benzodiazepines/Benzodiazepinas | | |
| <i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i> | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab | 1 | QL (120 per 30 days); GC |
| alprazolam 2 mg tab disp | 2 | QL (120 per 30 days); GC |
| alprazolam er 0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h | 2 | QL (120 per 30 days); GC |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | 3 | QL (300 per 30 days) |
| alprazolam xr 0.5 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h | 2 | QL (120 per 30 days); GC |
| chlordiazepoxide hcl 5 mg cap, 10 mg cap, 25 mg cap | 2 | QL (120 per 30 days); GC |
| clonazepam 0.125 mg tab disp | 2 | QL (4800 per 30 days); GC |
| clonazepam 0.25 mg tab disp | 2 | QL (2400 per 30 days); GC |
| clonazepam 0.5 mg tab | 1 | QL (1200 per 30 days); GC |
| clonazepam 0.5 mg tab disp | 2 | QL (1200 per 30 days); GC |
| clonazepam 1 mg tab | 1 | QL (600 per 30 days); GC |
| clonazepam 1 mg tab disp | 2 | QL (600 per 30 days); GC |
| clonazepam 2 mg tab | 1 | QL (300 per 30 days); GC |
| clonazepam 2 mg tab disp | 2 | QL (300 per 30 days); GC |
| clorazepate dipotassium 3.75 mg tab, 7.5 mg tab, 15 mg tab | 2 | GC |
| diazepam 10 mg tab | 1 | QL (120 per 30 days); GC |
| diazepam 2 mg tab | 1 | QL (600 per 30 days); GC |
| diazepam 5 mg tab | 1 | QL (240 per 30 days); GC |
| diazepam 5 mg/5ml solution | 2 | QL (1200 per 30 days); GC |
| diazepam 5 mg/ml conc | 2 | QL (240 per 30 days); GC |
| diazepam intensol 5 mg/ml conc | 2 | QL (240 per 30 days); GC |
| lorazepam 0.5 mg tab, 1 mg tab | 1 | QL (90 per 30 days); GC |
| lorazepam 1 mg/0.5ml conc, 2 mg/ml conc | 2 | QL (150 per 30 days); GC |
| lorazepam 2 mg tab | 1 | QL (150 per 30 days); GC |
| lorazepam intensol 2 mg/ml conc | 2 | QL (150 per 30 days); GC |
| oxazepam 10 mg cap, 15 mg cap, 30 mg cap | 2 | QL (120 per 30 days); GC |

Bipolar Agents/Agentes Para El Trastorno Bipolar

Mood Stabilizers/Estabilizadores Del Estado De Ánimo

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB | 5 | QL (30 per 30 days) |
| LATUDA 80 MG TAB | 5 | QL (60 per 30 days) |
| LITHIUM 8 MEQ/5ML SOLUTION | 3 | |
| <i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i> | 1 | 90D; GC |
| <i>lithium carbonate er 300 mg tab er, 450 mg tab er</i> | 1 | 90D; GC |
| Blood Glucose Regulators/Reguladores De La Glucosa En Sangre | | |
| Antidiabetic Agents/Agentes Antidiabéticos | | |
| <i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i> | 2 | QL (90 per 30 days); 90D; GC |
| BYDUREON 2 MG PEN | 3 | QL (4 per 28 days) |
| BYDUREON BCISE 2 MG/0.85ML A-INJ | 3 | QL (4 per 28 days) |
| CYCLOSET 0.8 MG TAB | 4 | QL (180 per 30 days) |
| FARXIGA 5 MG TAB, 10 MG TAB | 3 | QL (30 per 30 days) |
| <i>glimepiride 1 mg tab</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glimepiride 2 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glimepiride 4 mg tab</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>glipizide 10 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glipizide 5 mg tab</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glipizide er 10 mg tab er 24h</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>glipizide er 2.5 mg tab er 24h</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glipizide er 5 mg tab er 24h</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glipizide xl 10 mg tab er 24h</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>glipizide xl 2.5 mg tab er 24h</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glipizide xl 5 mg tab er 24h</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glipizide-metformin hcl 2.5-250 mg tab</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glyburide 1.25 mg tab</i> | 1 | QL (480 per 30 days); 90D; GC |
| <i>glyburide 2.5 mg tab</i> | 1 | QL (240 per 30 days); 90D; GC |
| <i>glyburide 5 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>glyburide micronized 1.5 mg tab</i> | 2 | QL (240 per 30 days); 90D; GC |
| <i>glyburide micronized 3 mg tab</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>glyburide micronized 6 mg tab</i> | 1 | QL (60 per 30 days); 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| glyburide-metformin 1.25-250 mg tab | 1 | QL (240 per 30 days); 90D; GC |
| glyburide-metformin 2.5-500 mg tab, 5-500 mg tab | 2 | QL (120 per 30 days); 90D; GC |
| GLYXAMBI 10-5 MG TAB, 25-5 MG TAB | 3 | QL (30 per 30 days) |
| INVOKAMET 50-1000 MG TAB, 50-500 MG TAB, 150-1000 MG TAB, 150-500 MG TAB | 4 | QL (60 per 30 days) |
| INVOKAMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H | 4 | QL (60 per 30 days) |
| INVOKANA 100 MG TAB | 4 | QL (90 per 30 days) |
| INVOKANA 300 MG TAB | 4 | QL (30 per 30 days) |
| JANUMET 50-1000 MG TAB, 50-500 MG TAB | 3 | QL (60 per 30 days) |
| JANUMET XR 100-1000 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H | 3 | QL (60 per 30 days) |
| JANUVIA 100 MG TAB | 3 | QL (30 per 30 days) |
| JANUVIA 25 MG TAB | 3 | QL (120 per 30 days) |
| JANUVIA 50 MG TAB | 3 | QL (60 per 30 days) |
| JARDIANCE 10 MG TAB, 25 MG TAB | 3 | QL (30 per 30 days) |
| JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB | 3 | QL (60 per 30 days) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | 3 | QL (60 per 30 days) |
| JENTADUETO XR 5-1000 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| metformin hcl 1000 mg tab | 1 | QL (60 per 30 days); 90D; GC |
| metformin hcl 500 mg tab | 1 | QL (150 per 30 days); 90D; GC |
| metformin hcl 850 mg tab | 1 | QL (90 per 30 days); 90D; GC |
| metformin hcl er (mod) 1000 mg tab er 24h | 5 | QL (60 per 30 days) |
| metformin hcl er (mod) 500 mg tab er 24h | 5 | QL (120 per 30 days) |
| metformin hcl er (osm) 1000 mg tab er 24h | 1 | QL (60 per 30 days); 90D; GC |
| metformin hcl er (osm) 500 mg tab er 24h | 1 | QL (120 per 30 days); 90D; GC |
| metformin hcl er 500 mg tab er 24h | 1 | QL (120 per 30 days); 90D; GC |
| metformin hcl er 750 mg tab er 24h | 1 | QL (60 per 30 days); 90D; GC |
| miglitol 25 mg tab, 50 mg tab, 100 mg tab | 2 | QL (90 per 30 days); 90D; GC |
| nateglinide 120 mg tab | 2 | QL (90 per 30 days); 90D; GC |
| nateglinide 60 mg tab | 2 | QL (180 per 30 days); 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|-------------------|---|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 3 | |
| OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN | 3 | |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | 3 | |
| pioglitazone hcl 15 mg tab | 2 | QL (90 per 30 days); 90D; GC |
| pioglitazone hcl 30 mg tab | 2 | QL (45 per 30 days); 90D; GC |
| pioglitazone hcl 45 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab | 2 | QL (90 per 30 days); 90D; GC |
| repaglinide 0.5 mg tab | 2 | QL (960 per 30 days); 90D; GC |
| repaglinide 1 mg tab | 2 | QL (480 per 30 days); 90D; GC |
| repaglinide 2 mg tab | 2 | QL (240 per 30 days); 90D; GC |
| RYBELSUS 3 MG TAB | 3 | QL (30 per 180 over time); NEDS |
| RYBELSUS 7 MG TAB, 14 MG TAB | 3 | QL (30 per 30 days) |
| SOLIQUA 100-33 UNT-MCG/ML SOLN PEN | 3 | |
| SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN | 5 | PA; QL (11 per 30 days) |
| SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN | 5 | PA; QL (6 per 30 days) |
| SYNJARDY 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB | 3 | QL (60 per 30 days) |
| SYNJARDY XR 25-1000 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H | 3 | QL (60 per 30 days) |
| TRADJENTA 5 MG TAB | 3 | QL (30 per 30 days) |
| TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H | 3 | QL (60 per 30 days) |
| TRULICITY 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN | 3 | QL (2 per 28 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| VICTOZA 18 MG/3ML SOLN PEN | 3 | QL (9 per 30 days) |
| XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H | 3 | QL (60 per 30 days) |
| XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN | 3 | |
| Glycemic Agents/Agentes Para La Glucemia | | |
| <i>diazoxide 50 mg/ml suspension</i> | 2 | 90D; GC |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN | 3 | |
| GLUCAGON EMERGENCY 1 MG KIT | 3 | |
| <i>glucagon emergency 1 mg kit</i> | 2 | GC |
| Insulins/Insulinas | | |
| FIASP 100 UNIT/ML SOLUTION | 3 | |
| FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN | 3 | |
| FIASP PENFILL 100 UNIT/ML SOLN CART | 3 | |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION | 3 | PA |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN | 3 | PA |
| INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN | 3 | |
| INSULIN ASPART 100 UNIT/ML SOLUTION | 3 | |
| INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN | 3 | |
| INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART | 3 | |
| INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION | 3 | |
| LANTUS 100 UNIT/ML SOLUTION | 3 | |
| LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN | 3 | |
| LEVEMIR 100 UNIT/ML SOLUTION | 3 | |
| LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN | 3 | |
| NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | 3 | OTC |

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|---|-------------------|---|
| NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION | 3 | OTC |
| NOVOLIN N 100 UNIT/ML SUSPENSION | 3 | OTC |
| NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN | 3 | OTC |
| NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN | 3 | OTC |
| NOVOLIN N RELION 100 UNIT/ML SUSPENSION | 3 | OTC |
| NOVOLIN R 100 UNIT/ML SOLUTION | 3 | OTC |
| NOVOLIN R RELION 100 UNIT/ML SOLUTION | 3 | OTC |
| NOVOLOG 100 UNIT/ML SOLUTION | 3 | |
| NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN | 3 | |
| NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN | 3 | |
| NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN | 3 | |
| NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION | 3 | |
| NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN | 3 | |
| NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION | 3 | |
| NOVOLOG PENFILL 100 UNIT/ML SOLN CART | 3 | |
| NOVOLOG RELION 100 UNIT/ML SOLUTION | 3 | |
| SEMGLEE 100 UNIT/ML SOLN PEN | 4 | |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | 3 | |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | 3 | |
| TRESIBA 100 UNIT/ML SOLUTION | 3 | QL (30 per 30 days) |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN | 3 | QL (30 per 30 days) |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN | 3 | QL (18 per 30 days) |

Blood Products And Modifiers/Productos Sanguíneos Y Modificadores

Anticoagulants/Anticoagulantes

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>dabigatran etexilate mesylate 75 mg cap, 150 mg cap</i> | 2 | QL (60 per 30 days); 90D; GC |
| ELIQUIS 2.5 MG TAB, 5 MG TAB | 3 | QL (60 per 30 days) |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK | 3 | QL (74 per 180 over time); NEDS |
| <i>enoxaparin sodium 100 mg/ml soln prsy, 150 mg/ml soln prsy</i> | 2 | QL (56 per 28 days); GC |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i> | 2 | QL (16.8 per 28 days); GC |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i> | 2 | QL (22.4 per 28 days); GC |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</i> | 2 | QL (33.6 per 28 days); GC |
| <i>enoxaparin sodium 80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy</i> | 2 | QL (44.8 per 28 days); GC |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i> | 5 | QL (24 per 30 days) |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | 2 | QL (15 per 30 days); GC |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i> | 5 | QL (12 per 30 days) |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i> | 5 | QL (18 per 30 days) |
| FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR | 4 | |
| FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION | 5 | |
| <i>heparin sodium (porcine) 1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution</i> | 2 | B/D PA; GC |
| <i>heparin sodium (porcine) 5000 unit/ml solution</i> | 1 | B/D PA; GC |
| <i>jantoven 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i> | 1 | 90D; GC |
| PRADAXA 75 MG CAP, 110 MG CAP, 150 MG CAP | 4 | QL (60 per 30 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab | 1 | 90D; GC |
| XARELTO 10 MG TAB, 20 MG TAB | 3 | QL (30 per 30 days) |
| XARELTO 2.5 MG TAB, 15 MG TAB | 3 | QL (60 per 30 days) |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK | 3 | |
| Blood Products And Modifiers, Other/Productos Sanguíneos Y Modificadores, Otro | | |
| anagrelide hcl 0.5 mg cap, 1 mg cap | 2 | 90D; GC |
| LEUKINE 250 MCG RECON SOLN | 5 | PA; NM |
| NEULASTA 6 MG/0.6ML SOLN PRSYR | 5 | PA; QL (1.2 per 28 days); NM |
| NEUPOGEN 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION | 5 | PA; NM |
| PROCRIIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION | 4 | PA; NM |
| PROMACTA 12.5 MG PACKET | 5 | PA; LA; QL (360 per 30 days); NM |
| PROMACTA 12.5 MG TAB, 25 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| PROMACTA 25 MG PACKET | 5 | PA; LA; QL (180 per 30 days); NM |
| PROMACTA 50 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| PROMACTA 75 MG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| RETACRIIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION | 4 | PA; QL (12 per 28 days); NM |
| UDENYCA 6 MG/0.6ML SOLN PRSYR | 4 | PA; QL (1.2 per 28 days); NM |
| ZARXIO 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR | 5 | PA; NM |
| Hemostasis Agents/Agentes Hemostáticos | | |
| tranexamic acid 650 mg tab | 2 | GC |
| Platelet Modifying Agents/Agentes Modificadores De Plaquetas | | |

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|--|--------------------------|--|
| aspirin-dipyridamole er 25-200 mg cap er 12h | 2 | QL (60 per 30 days); 90D; GC |
| BRILINTA 60 MG TAB, 90 MG TAB | 3 | QL (60 per 30 days) |
| cilostazol 50 mg tab, 100 mg tab | 2 | 90D; GC |
| clopidogrel bisulfate 75 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| dipyridamole 25 mg tab, 50 mg tab | 1 | PA; 90D; GC; HRM |
| dipyridamole 75 mg tab | 2 | PA; 90D; GC; HRM |
| prasugrel hcl 5 mg tab, 10 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| Cardiovascular Agents/Agentes Cardiovasculares | | |
| Alpha-Adrenergic Agonists/Agonistas Alfa Adrenérgicos | | |
| clonidine 0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk | 2 | QL (4 per 28 days); 90D; GC |
| clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab | 1 | 90D; GC |
| droxidopa 100 mg cap | 5 | PA; QL (90 per 30 days); NM |
| droxidopa 200 mg cap, 300 mg cap | 5 | PA; QL (180 per 30 days); NM |
| methyldopa 250 mg tab, 500 mg tab | 1 | PA; 90D; GC; HRM |
| midodrine hcl 2.5 mg tab, 5 mg tab, 10 mg tab | 2 | GC |
| NORTHERA 100 MG CAP | 5 | PA; LA; QL (90 per 30 days); NM |
| NORTHERA 200 MG CAP, 300 MG CAP | 5 | PA; LA; QL (180 per 30 days); NM |
| Alpha-Adrenergic Blocking Agents/Agentes Bloqueadores Alfa Adrenérgicos | | |
| doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab | 1 | 90D; GC |
| prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap | 1 | 90D; GC |
| terazosin hcl 1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap | 1 | 90D; GC |
| Angiotensin II Receptor Antagonists/Antagonistas De Los Receptores De Angiotensina II | | |
| candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab | 2 | 90D; GC |
| irbesartan 75 mg tab, 150 mg tab, 300 mg tab | 1 | 90D; GC |
| losartan potassium 25 mg tab, 50 mg tab, 100 mg tab | 1 | 90D; GC |

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|--|--------------------------|--|
| <i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i> | 2 | 90D; GC |
| <i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i> | 2 | 90D; GC |
| <i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i> | 2 | 90D; GC |
| Angiotensin-Converting Enzyme (ACE) Inhibitors/Inhibidores De La Enzima Convertidora De La Angiotensina (ACE) | | |
| <i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i> | 1 | 90D; GC |
| <i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i> | 1 | 90D; GC |
| <i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>moexipril hcl 7.5 mg tab, 15 mg tab</i> | 1 | 90D; GC |
| <i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i> | 1 | 90D; GC |
| <i>quinapril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>ramipril 1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap</i> | 1 | 90D; GC |
| <i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i> | 1 | 90D; GC |
| Antiarrhythmics/Antiarritmicos | | |
| <i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i> | 2 | 90D; GC |
| <i>disopyramide phosphate 100 mg cap, 150 mg cap</i> | 2 | PA; 90D; GC; HRM |
| <i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i> | 2 | NM; 90D; GC |
| <i>flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab</i> | 2 | 90D; GC |

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|--|--------------------------|--|
| mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap | 2 | 90D; GC |
| MULTAQ 400 MG TAB | 3 | QL (60 per 30 days) |
| pacerone 100 mg tab, 200 mg tab, 400 mg tab | 2 | 90D; GC |
| propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab | 2 | 90D; GC |
| propafenone hcl er 225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h | 2 | 90D; GC |
| quinidine gluconate er 324 mg tab er | 2 | 90D; GC |
| quinidine sulfate 200 mg tab, 300 mg tab | 1 | 90D; GC |
| sorine 80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab | 2 | 90D; GC |
| sotalol hcl (af) 80 mg tab, 120 mg tab, 160 mg tab | 2 | 90D; GC |
| sotalol hcl 80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab | 2 | 90D; GC |
| Beta-Adrenergic Blocking Agents/Agentes Bloqueantes Beta Adrenérgicos | | |
| acebutolol hcl 200 mg cap, 400 mg cap | 1 | 90D; GC |
| atenolol 25 mg tab, 50 mg tab, 100 mg tab | 1 | 90D; GC |
| betaxolol hcl 10 mg tab, 20 mg tab | 1 | 90D; GC |
| bisoprolol fumarate 5 mg tab, 10 mg tab | 1 | 90D; GC |
| BYSTOLIC 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB | 4 | |
| carvedilol 3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab | 1 | 90D; GC |
| carvedilol phosphate er 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h | 2 | 90D; GC |
| labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab | 1 | 90D; GC |
| metoprolol succinate er 25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h | 1 | 90D; GC |

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|--|--------------------------|--|
| metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab | 1 | 90D; GC |
| nadolol 20 mg tab, 40 mg tab, 80 mg tab | 2 | 90D; GC |
| nebivolol hcl 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab | 2 | 90D; GC |
| pindolol 5 mg tab, 10 mg tab | 1 | 90D; GC |
| propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab | 1 | 90D; GC |
| propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution | 2 | 90D; GC |
| propranolol hcl er 60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h | 2 | 90D; GC |
| timolol maleate 5 mg tab, 10 mg tab, 20 mg tab | 1 | 90D; GC |
| Calcium Channel Blocking Agents, Dihydropyridines/Agentes Bloqueadores De Los Canales De Calcio, Dihidropiridinas | | |
| afeditab cr 60 mg tab er 24h | 1 | 90D; GC |
| amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab | 1 | 90D; GC |
| felodipine er 2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h | 1 | 90D; GC |
| isradipine 2.5 mg cap | 2 | 90D; GC |
| isradipine 5 mg cap | 1 | 90D; GC |
| nicardipine hcl 20 mg cap, 30 mg cap | 2 | 90D; GC |
| nifedipine 10 mg cap | 2 | PA; 90D; GC; HRM |
| nifedipine 20 mg cap | 1 | PA; 90D; GC; HRM |
| nifedipine er 30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h | 1 | 90D; GC |
| nifedipine er osmotic release 30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h | 1 | 90D; GC |
| nimodipine 30 mg cap | 2 | GC |
| nisoldipine er 8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h | 2 | 90D; GC |

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|--|--------------------------|--|
| Calcium Channel Blocking Agents, Nondihydropyridines/Agentes Bloqueadores De Los Canales De Calcio, Excepto Dihidropiridinas | | |
| cartia xt 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h | 1 | 90D; GC |
| diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab | 1 | 90D; GC |
| diltiazem hcl er 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h | 1 | 90D; GC |
| diltiazem hcl er 60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h | 2 | 90D; GC |
| diltiazem hcl er beads 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h | 3 | |
| diltiazem hcl er beads 360 mg cap er 24h, 420 mg cap er 24h | 2 | 90D; GC |
| diltiazem hcl er coated beads 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h | 1 | 90D; GC |
| diltiazem hcl er coated beads 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h | 2 | 90D; GC |
| dilt-xr 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h | 1 | 90D; GC |
| matzim la 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h | 2 | 90D; GC |
| taztia xt 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h | 3 | |
| taztia xt 360 mg cap er 24h | 2 | 90D; GC |
| tiadylt er 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h | 3 | |

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|---|--------------------------|--|
| tiadylt er 360 mg cap er 24h, 420 mg cap er 24h | 2 | 90D; GC |
| verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab | 1 | 90D; GC |
| verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h | 2 | 90D; GC |
| Cardiovascular Agents, Other/Agentes Cardiovasculares, Otro | | |
| acetazolamide 125 mg tab, 250 mg tab | 2 | 90D; GC |
| aliskiren fumarate 150 mg tab, 300 mg tab | 2 | 90D; GC |
| amiloride-hydrochlorothiazide 5-50 mg tab | 1 | 90D; GC |
| amlodipine besy-benazepril hcl 2.5-10 mg cap, 5-10 mg cap | 1 | 90D; GC |
| amlodipine besy-benazepril hcl 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap | 2 | 90D; GC |
| amlodipine besylate-valsartan 5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab | 2 | 90D; GC |
| amlodipine-atorvastatin 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab | 2 | 90D; GC |
| amlodipine-olmesartan 5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab | 2 | 90D; GC |
| amlodipine-valsartan-hctz 5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab | 2 | 90D; GC |
| atenolol-chlorthalidone 50-25 mg tab, 100-25 mg tab | 1 | 90D; GC |

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|--|--------------------------|--|
| benazepril-hydrochlorothiazide 5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab | 2 | 90D; GC |
| BIDIL 20-37.5 MG TAB | 4 | QL (180 per 30 days) |
| bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab | 1 | 90D; GC |
| candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab | 2 | 90D; GC |
| CORLANOR 5 MG TAB, 7.5 MG TAB | 4 | PA; QL (60 per 30 days) |
| CORLANOR 5 MG/5ML SOLUTION | 4 | PA; QL (560 per 28 days) |
| digitek 125 mcg tab | 1 | 90D; GC |
| digitek 250 mcg tab | 1 | PA; 90D; GC; HRM |
| digox 125 mcg tab | 1 | 90D; GC |
| digox 250 mcg tab | 1 | PA; 90D; GC; HRM |
| digoxin 0.05 mg/ml solution | 2 | 90D; GC |
| digoxin 125 mcg tab | 1 | 90D; GC |
| digoxin 250 mcg tab | 1 | PA; 90D; GC; HRM |
| enalapril-hydrochlorothiazide 5-12.5 mg tab, 10-25 mg tab | 1 | 90D; GC |
| ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB | 3 | |
| fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab | 1 | 90D; GC |
| irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab | 1 | 90D; GC |
| isosorb dinitrate-hydralazine 20-37.5 mg tab | 2 | QL (180 per 30 days); 90D; GC |
| lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab | 1 | 90D; GC |
| losartan potassium-hctz 50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab | 1 | 90D; GC |
| metoprolol-hydrochlorothiazide 50-25 mg tab, 100-25 mg tab, 100-50 mg tab | 1 | 90D; GC |
| metyrosine 250 mg cap | 5 | |
| olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab | 2 | 90D; GC |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab | 2 | 90D; GC |
| pentoxifylline er 400 mg tab er | 1 | 90D; GC |
| quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab | 1 | 90D; GC |
| ranolazine er 500 mg tab er 12h, 1000 mg tab er 12h | 2 | PA; 90D; GC |
| spironolactone-hctz 25-25 mg tab | 1 | 90D; GC |
| TEKURNA HCT 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB | 3 | |
| telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab | 2 | 90D; GC |
| telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab | 2 | 90D; GC |
| trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er | 2 | 90D; GC |
| triamterene-hctz 37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab | 1 | 90D; GC |
| valsartan-hydrochlorothiazide 80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab | 2 | 90D; GC |
| Diuretics, Loop/Diuréticos, Del Asa | | |
| bumetanide 0.25 mg/ml solution | 2 | GC |
| bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab | 2 | 90D; GC |
| furosemide 10 mg/ml solution | 1 | GC |
| furosemide 20 mg tab, 40 mg tab, 80 mg tab | 1 | 90D; GC |
| SOAANZ 20 MG TAB, 40 MG TAB, 60 MG TAB | 1 | 90D; GC |
| torseamide 10 mg tab, 20 mg tab, 100 mg tab | 1 | 90D; GC |
| Diuretics, Potassium-Sparing/Diuréticos, Ahorradores De Potasio | | |
| amiloride hcl 5 mg tab | 1 | 90D; GC |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>eplerenone 25 mg tab, 50 mg tab</i> | 2 | 90D; GC |
| <i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i> | 1 | 90D; GC |
| Diuretics, Thiazide/Diuréticos, Tiazida | | |
| <i>chlorthalidone 25 mg tab, 50 mg tab</i> | 1 | 90D; GC |
| <i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i> | 1 | 90D; GC |
| <i>indapamide 1.25 mg tab, 2.5 mg tab</i> | 1 | 90D; GC |
| <i>metolazone 2.5 mg tab, 5 mg tab, 10 mg tab</i> | 1 | 90D; GC |
| Dyslipidemics, Fibric Acid Derivatives/Dislipidemia, Derivados De Ácido Fíbrico | | |
| <i>fenofibrate 40 mg tab, 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap</i> | 2 | 90D; GC |
| <i>fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap</i> | 2 | 90D; GC |
| <i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i> | 2 | 90D; GC |
| <i>gemfibrozil 600 mg tab</i> | 2 | 90D; GC |
| Dyslipidemics, HMG CoA Reductase Inhibitors/Dislipidemia, Inhibidores De La HMG-CoA Reductasa | | |
| <i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | 90D; GC |
| <i>fluvastatin sodium 20 mg cap, 40 mg cap</i> | 2 | 90D; GC |
| <i>fluvastatin sodium er 80 mg tab er 24h</i> | 2 | 90D; GC |
| LIVALO 1 MG TAB, 2 MG TAB, 4 MG TAB | 3 | |
| <i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | 90D; GC |
| <i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i> | 2 | 90D; GC |
| <i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | 90D; GC |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| Dyslipidemics, Other/Dislipidemia, Otro | | |
| cholestyramine 4 gm packet, 4 gm/dose powder | 2 | 90D; GC |
| cholestyramine light 4 gm packet, 4 gm/dose powder | 2 | 90D; GC |
| colesevelam hcl 3.75 gm packet, 625 mg tab | 2 | 90D; GC |
| colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet | 2 | 90D; GC |
| ezetimibe 10 mg tab | 2 | 90D; GC |
| ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab | 2 | QL (30 per 30 days); 90D; GC |
| JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP | 5 | PA; LA; NM |
| niacin (antihyperlipidemic) 500 mg tab | 2 | GC |
| niacin er (antihyperlipidemic) 500 mg tab er, 750 mg tab er, 1000 mg tab er | 2 | 90D; GC |
| niacor 500 mg tab | 2 | GC |
| omega-3-acid ethyl esters 1 gm cap | 2 | 90D; GC |
| PRALUENT 75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ | 4 | PA; QL (2 per 28 days) |
| prevalite 4 gm packet, 4 gm/dose powder | 2 | 90D; GC |
| REPATHA 140 MG/ML SOLN PRSYR | 3 | PA; QL (3 per 28 days) |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | 3 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | 3 | PA; QL (3 per 28 days) |
| VASCEPA 0.5 GM CAP, 1 GM CAP | 4 | |
| Vasodilators, Direct-Acting Arterial/Vasodilatadores, Arteriales De Acción Directa | | |
| hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab | 1 | 90D; GC |
| minoxidil 2.5 mg tab, 10 mg tab | 1 | 90D; GC |
| Vasodilators, Direct-Acting Arterial/Venous/Vasodilatadores, Arteriales/Venosos De Acción Directa | | |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i> | 1 | 90D; GC |
| <i>isosorbide mononitrate 10 mg tab, 20 mg tab</i> | 1 | 90D; GC |
| <i>isosorbide mononitrate er 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h</i> | 1 | 90D; GC |
| <i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i> | 1 | 90D; GC |
| <i>nitroglycerin 0.4 mg/spray solution</i> | 2 | 90D; GC |
| RECTIV 0.4 % OINTMENT | 4 | QL (30 per 30 days) |

Central Nervous System Agents/Agentes Del Sistema Nervioso Central

Attention Deficit Hyperactivity Disorder Agents, Amphetamines/Agentes Del Trastorno Por Déficit De Atención E Hiperactividad, Anfetaminas

| | | |
|--|---|----------------------------------|
| <i>amphetamine-dextroamphet er 5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h</i> | 2 | PA; QL (30 per 30 days); 90D; GC |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | 2 | PA; QL (60 per 30 days); 90D; GC |
| <i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i> | 2 | PA; QL (90 per 30 days); 90D; GC |
| <i>dextroamphetamine sulfate 10 mg tab</i> | 2 | QL (180 per 30 days); 90D; GC |
| <i>dextroamphetamine sulfate 5 mg tab</i> | 2 | QL (90 per 30 days); 90D; GC |
| <i>dextroamphetamine sulfate er 15 mg cap er 24h</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>zenzedi 10 mg tab</i> | 2 | QL (180 per 30 days); 90D; GC |
| <i>zenzedi 5 mg tab</i> | 2 | QL (90 per 30 days); 90D; GC |

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines/Agentes Del Trastorno Por Déficit De Atención E Hiperactividad, Excepto Anfetaminas

| | | |
|---|---|------------------------------|
| <i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i> | 2 | QL (60 per 30 days); 90D; GC |
|---|---|------------------------------|

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap | 2 | QL (30 per 30 days); 90D; GC |
| clonidine hcl er 0.1 mg tab er 12h | 2 | QL (120 per 30 days); 90D; GC |
| dexmethylphenidate hcl er 10 mg cap er 24h, 25 mg cap er 24h, 35 mg cap er 24h | 1 | QL (30 per 30 days); 90D; GC |
| dexmethylphenidate hcl er 20 mg cap er 24h | 1 | QL (60 per 30 days); 90D; GC |
| dexmethylphenidate hcl er 5 mg cap er 24h, 15 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h | 2 | QL (30 per 30 days); 90D; GC |
| guanfacine hcl er 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h | 2 | PA; QL (30 per 30 days); 90D; GC |
| methylphenidate hcl 10 mg chew tab | 1 | PA; QL (180 per 30 days); 90D; GC |
| methylphenidate hcl 10 mg tab, 20 mg tab | 2 | PA; QL (90 per 30 days); 90D; GC |
| methylphenidate hcl 10 mg/5ml solution | 2 | PA; QL (900 per 30 days); 90D; GC |
| methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab, 5 mg tab | 1 | PA; QL (90 per 30 days); 90D; GC |
| methylphenidate hcl 5 mg/5ml solution | 2 | PA; QL (1800 per 30 days); 90D; GC |
| methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er | 2 | PA; QL (30 per 30 days); 90D; GC |
| methylphenidate hcl er 18 mg tab er, 27 mg tab er, 54 mg tab er | 2 | PA; QL (30 per 30 days); 90D; GC |
| methylphenidate hcl er 20 mg tab er | 2 | PA; QL (90 per 30 days); 90D; GC |
| methylphenidate hcl er 36 mg tab er | 2 | PA; QL (60 per 30 days); 90D; GC |
| Central Nervous System, Other/Sistema Nervioso Central, Otro | | |
| AUSTEDO 6 MG TAB, 9 MG TAB, 12 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| bac 50-325-40 mg tab | 2 | PA; QL (180 per 30 days); GC; HRM |
| butalbital-acetaminophen 50-325 mg tab | 2 | PA; QL (180 per 30 days); GC; HRM |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>butalbital-apap-caffeine 50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab</i> | 2 | PA; QL (180 per 30 days); GC; HRM |
| <i>esgic 50-325-40 mg cap</i> | 2 | PA; QL (180 per 30 days); GC; HRM |
| GRALISE 300 MG TAB | 4 | QL (30 per 30 days) |
| GRALISE 600 MG TAB | 4 | QL (90 per 30 days) |
| INGREZZA 40 & 80 MG CAP THPK | 5 | PA; QL (56 per 365 over time); NM; NEDS |
| INGREZZA 40 MG CAP | 5 | PA; QL (60 per 30 days); NM |
| INGREZZA 60 MG CAP, 80 MG CAP | 5 | PA; QL (30 per 30 days); NM |
| NUEDEXTA 20-10 MG CAP | 4 | PA; QL (60 per 30 days) |
| <i>riluzole 50 mg tab</i> | 2 | NM; 90D; GC |
| <i>tencon 50-325 mg tab</i> | 2 | PA; QL (180 per 30 days); GC; HRM |
| <i>tetrabenazine 12.5 mg tab</i> | 5 | PA; QL (240 per 30 days); NM |
| <i>tetrabenazine 25 mg tab</i> | 5 | PA; QL (120 per 30 days); NM |
| TIGLUTIK 50 MG/10ML SUSPENSION | 5 | NM |
| <i>zebutal 50-325-40 mg cap</i> | 2 | PA; QL (180 per 30 days); GC; HRM |
| Fibromyalgia Agents/Agentes Para La Fibromialgia | | |
| DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR | 4 | QL (60 per 30 days) |
| DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR | 4 | QL (30 per 30 days) |
| <i>duloxetine hcl 20 mg cp dr part</i> | 2 | QL (180 per 30 days); 90D; GC |
| <i>duloxetine hcl 30 mg cp dr part</i> | 2 | QL (120 per 30 days); 90D; GC |
| <i>duloxetine hcl 40 mg cp dr part</i> | 2 | QL (90 per 30 days); 90D; GC |
| <i>duloxetine hcl 60 mg cp dr part</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>pregabalin 20 mg/ml solution</i> | 1 | QL (900 per 30 days); 90D; GC |
| <i>pregabalin 200 mg cap</i> | 1 | QL (90 per 30 days); 90D; GC |
| <i>pregabalin 225 mg cap, 300 mg cap</i> | 1 | QL (60 per 30 days); 90D; GC |
| <i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i> | 1 | 90D; GC |
| SAVELLA 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB | 4 | QL (60 per 30 days) |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC | 4 | |
| Multiple Sclerosis Agents/Agentes Para Esclerosis Múltiple | | |
| AUBAGIO 7 MG TAB, 14 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT | 5 | PA; QL (4 per 28 days); NM |
| AVONEX PREFILLED 30 MCG/0.5ML PREF SY KIT | 5 | PA; QL (4 per 28 days); NM |
| BETASERON 0.3 MG KIT | 5 | PA; QL (15 per 30 days); NM |
| COPAXONE 20 MG/ML SOLN PRSYR | 5 | PA; QL (30 per 30 days); NM |
| COPAXONE 40 MG/ML SOLN PRSYR | 5 | PA; QL (12 per 28 days); NM |
| <i>dalfampridine er 10 mg tab er 12h</i> | 5 | PA; QL (60 per 30 days); NM |
| GILENYA 0.5 MG CAP | 5 | PA; QL (30 per 30 days); NM |
| PLEGRIDY 125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR | 5 | PA; QL (1 per 28 days); NM |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN | 5 | PA; QL (1 per 180 over time); NM; NEDS |
| TECFIDERA 120 & 240 MG MISC | 5 | PA; LA; NM |
| TECFIDERA 120 MG CAP DR | 5 | PA; LA; QL (14 per 7 days); NM |
| TECFIDERA 240 MG CAP DR | 5 | PA; LA; QL (60 per 30 days); NM |
| Dental And Oral Agents/Agentes Dentales Y Orales | | |
| Dental And Oral Agents/Agentes Dentales Y Orales | | |
| <i>cevimeline hcl 30 mg cap</i> | 2 | 90D; GC |
| <i>chlorhexidine gluconate 0.12 % solution</i> | 1 | GC |
| <i>oralone 0.1 % paste</i> | 2 | GC |
| <i>periogard 0.12 % solution</i> | 1 | GC |
| <i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i> | 2 | 90D; GC |
| PREVIDENT 0.2 % SOLUTION | 3 | |
| PREVIDENT 5000 BOOSTER PLUS 1.1 % PASTE | 3 | |
| PREVIDENT 5000 DRY MOUTH 1.1 % GEL | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL | 3 | |
| PREVIDENT 5000 PLUS 1.1 % CREAM | 3 | |
| PREVIDENT 5000 SENSITIVE 1.1-5 % GEL | 3 | |
| <i>triamcinolone acetonide 0.1 % paste</i> | 2 | GC |
| Dermatological Agents/Agentes Dermatológicos | | |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| Acne And Rosacea Agents/Agentes Para El Acné Y La Rosácea | | |
| ABSORICA 25 MG CAP, 35 MG CAP | 4 | |
| accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap | 2 | GC |
| acitretin 10 mg cap, 25 mg cap | 2 | GC |
| acitretin 17.5 mg cap | 4 | |
| amnesteem 10 mg cap, 20 mg cap, 40 mg cap | 2 | GC |
| avita 0.025 % cream, 0.025 % gel | 2 | PA; QL (45 per 30 days); GC |
| azelaic acid 15 % gel | 2 | GC |
| benzoyl peroxide-erythromycin 5-3 % gel | 2 | GC |
| claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap | 2 | GC |
| isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap | 2 | GC |
| myorisan 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap | 2 | GC |
| tazarotene 0.1 % cream | 2 | PA; GC |
| TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % GEL | 4 | PA |
| tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream | 2 | PA; QL (45 per 30 days); GC |
| zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap | 2 | GC |
| Dermatitis And Pruritus Agents/Agentes Para Dermatitis Y Prurito | | |
| ala-cort 1 % cream, 2.5 % cream | 1 | GC |
| alclometasone dipropionate 0.05 % ointment | 2 | GC |
| amcinonide 0.1 % cream, 0.1 % lotion | 2 | GC |
| AMCINONIDE 0.1 % OINTMENT | 3 | |
| ammonium lactate 12 % cream, 12 % lotion | 1 | GC |
| betamethasone dipropionate 0.05 % cream | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment | 1 | GC |
| clobetasol propionate 0.05 % cream, 0.05 % ointment | 2 | QL (120 per 30 days); GC |
| clobetasol propionate 0.05 % gel | 2 | QL (60 per 30 days); GC |
| clobetasol propionate 0.05 % lotion, 0.05 % shampoo | 2 | GC |
| clobetasol propionate 0.05 % solution | 2 | QL (50 per 30 days); GC |
| clodan 0.05 % shampoo | 2 | GC |
| desonide 0.05 % cream, 0.05 % ointment | 2 | GC |
| desoximetasone 0.05 % cream, 0.25 % cream | 2 | QL (100 per 30 days); GC |
| desoximetasone 0.05 % gel, 0.25 % liquid, 0.25 % ointment | 2 | GC |
| EUCRISA 2 % OINTMENT | 4 | |
| fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment | 2 | QL (120 per 30 days); GC |
| fluocinolone acetonide body 0.01 % oil | 2 | QL (120 per 30 days); GC |
| fluocinolone acetonide scalp 0.01 % oil | 2 | QL (120 per 30 days); GC |
| fluocinonide 0.05 % gel, 0.05 % ointment, 0.05 % solution | 2 | QL (240 per 30 days); GC |
| fluocinonide emulsified base 0.05 % cream | 2 | QL (240 per 30 days); GC |
| fluticasone propionate 0.005 % ointment, 0.05 % cream | 2 | GC |
| halobetasol propionate 0.05 % cream, 0.05 % ointment | 2 | GC |
| hydrocortisone (perianal) 1 % cream | 2 | GC |
| hydrocortisone (perianal) 2.5 % cream | 1 | GC |
| hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment | 1 | GC |
| hydrocortisone butyrate 0.1 % lotion, 0.1 % solution | 2 | GC |
| hydrocortisone valerate 0.2 % cream | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| <i>pimecrolimus 1 % cream</i> | 2 | PA; QL (100 per 90 days); NEDS; GC |
| <i>procto-med hc 2.5 % cream</i> | 2 | GC |
| <i>proctosol hc 2.5 % cream</i> | 2 | GC |
| <i>proctozone-hc 2.5 % cream</i> | 2 | GC |
| <i>selenium sulfide 2.5 % lotion</i> | 2 | GC |
| <i>tacrolimus 0.03 % ointment, 0.1 % ointment</i> | 2 | PA; QL (100 per 90 days); NEDS; GC |
| <i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i> | 1 | GC |
| <i>triamcinolone acetonide 0.1 % lotion, 0.147 mg/gm aero soln</i> | 2 | GC |
| <i>triderm 0.1 % cream, 0.5 % cream</i> | 1 | GC |
| Dermatological Agents, Other/Agentes Dermatológicos, Otro | | |
| <i>calcipotriene 0.005 % cream, 0.005 % ointment</i> | 2 | QL (120 per 30 days); GC |
| <i>calcipotriene 0.005 % solution</i> | 2 | QL (60 per 30 days); GC |
| <i>calcitrene 0.005 % ointment</i> | 2 | QL (120 per 30 days); GC |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | 2 | QL (120 per 30 days); GC |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i> | 2 | GC |
| CONDYLOX 0.5 % GEL | 4 | |
| <i>diclofenac sodium 3 % gel</i> | 2 | PA; QL (100 per 30 days); GC |
| <i>fluorouracil 2 % solution, 5 % cream, 5 % solution</i> | 2 | GC |
| <i>hydrocortisone ace-pramoxine 1-1 % cream</i> | 1 | GC |
| <i>imiquimod 5 % cream</i> | 2 | GC |
| <i>methoxsalen rapid 10 mg cap</i> | 5 | NM |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment</i> | 2 | GC |
| OTEZLA 30 MG TAB | 5 | PA; QL (60 per 30 days); NM |
| <i>podofilox 0.5 % solution</i> | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| REGRANEX 0.01 % GEL | 5 | PA |
| SANTYL 250 UNIT/GM OINTMENT | 4 | QL (30 per 30 days) |
| silver sulfadiazine 1 % cream | 2 | GC |
| ssd 1 % cream | 2 | GC |
| Pediculicides/Scabicides/Pediculicidas/Escabidas | | |
| ivermectin 0.5 % lotion, 1 % cream | 2 | GC |
| lindane 1 % shampoo | 2 | GC |
| permethrin 5 % cream | 2 | GC |
| Topical Anti-Infectives/Antiinfeciosos Tópicos | | |
| acyclovir 5 % ointment | 2 | QL (30 per 30 days); GC |
| ciclodan 8 % solution | 2 | GC |
| ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution | 2 | GC |
| clindamycin phosphate 1 % gel | 2 | GC |
| clindamycin phosphate 1 % lotion, 1 % solution | 2 | QL (120 per 30 days); GC |
| DENAVIR 1 % CREAM | 4 | QL (5 per 30 days) |
| erythromycin 2 % gel | 2 | GC |
| erythromycin 2 % solution | 1 | GC |
| mupirocin 2 % ointment | 2 | QL (120 per 30 days); GC |
| mupirocin calcium 2 % cream | 2 | QL (30 per 30 days); GC |
| Electrolytes/Minerals/Metals/Vitamins/Electrolitos/Minerales/Metales/Vitaminas | | |
| Electrolyte/Mineral Replacement/Reemplazo De Electrolitos/Minerales | | |
| AMINOSYN-PF 7 % SOLUTION | 4 | B/D PA |
| CARBAGLU 200 MG TAB SOL | 5 | PA; LA; NM |
| carglumic acid 200 mg tab sol | 5 | PA; LA |
| CLINIMIX E/DEXTROSE (2.75/5) 2.75 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (4.25/10) 4.25 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (4.25/5) 4.25 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (5/15) 5 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (5/20) 5 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (8/10) 8 % SOLUTION | 4 | B/D PA |
| CLINIMIX E/DEXTROSE (8/14) 8 % SOLUTION | 4 | B/D PA |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|-------------------|---|
| CLINIMIX/DEXTROSE (4.25/10) 4.25 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (4.25/5) 4.25 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (5/15) 5 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (5/20) 5 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (6/5) 6 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (8/10) 8 % SOLUTION | 4 | B/D PA |
| CLINIMIX/DEXTROSE (8/14) 8 % SOLUTION | 4 | B/D PA |
| <i>clinisol sf 15 % solution</i> | 2 | B/D PA; GC |
| CLINOLIPID 20 % EMULSION | 2 | B/D PA; GC |
| FREAMINE III 10 % SOLUTION | 4 | B/D PA |
| <i>hepatamine 8 % solution</i> | 4 | B/D PA |
| INTRALIPID 20 % EMULSION | 2 | B/D PA; GC |
| ISOLYTE-P IN D5W SOLUTION | 4 | |
| ISOLYTE-S SOLUTION | 4 | |
| <i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i> | 2 | GC |
| KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION | 3 | |
| <i>klor-con 10 10 meq tab er</i> | 1 | 90D; GC |
| <i>klor-con 20 meq packet</i> | 2 | 90D; GC |
| <i>klor-con 8 meq tab er</i> | 1 | 90D; GC |
| <i>klor-con m10 10 meq tab er</i> | 1 | 90D; GC |
| <i>klor-con m15 15 meq tab er</i> | 1 | 90D; GC |
| <i>klor-con m20 20 meq tab er</i> | 1 | 90D; GC |
| <i>magnesium sulfate 50 % solution</i> | 2 | GC |
| NUTRILIPID 20 % EMULSION | 2 | B/D PA; GC |
| PLASMA-LYTE 148 SOLUTION | 4 | |
| PLASMA-LYTE A SOLUTION | 4 | |
| <i>plenamine 15 % solution</i> | 2 | B/D PA; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|-------------------|---|
| potassium chloride 10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution | 2 | 90D; GC |
| potassium chloride 10 meq cap er | 1 | 90D; GC |
| potassium chloride 10 meq tab er | 1 | 90D; GC |
| potassium chloride 2 meq/ml solution, 20 meq/100ml solution | 2 | GC |
| potassium chloride 20 meq tab er | 1 | 90D; GC |
| potassium chloride 8 meq cap er | 1 | 90D; GC |
| potassium chloride 8 meq tab er | 1 | 90D; GC |
| potassium chloride crys 10 meq tab er | 1 | 90D; GC |
| potassium chloride crys 20 meq tab er | 1 | 90D; GC |
| potassium chloride crys er 15 meq tab er | 1 | 90D; GC |
| potassium chloride in nacl 20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution | 2 | GC |
| potassium citrate 10 meq (1080 mg) tab er | 2 | GC |
| potassium citrate 15 meq (1620 mg) tab er | 2 | GC |
| potassium citrate 5 meq (540 mg) tab er | 2 | GC |
| PREMASOL 10 % SOLUTION | 4 | B/D PA |
| PROCALAMINE 3 % SOLUTION | 4 | B/D PA |
| PROSOL 20 % SOLUTION | 4 | B/D PA |
| sodium chloride 0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution | 2 | GC |
| sodium chloride solution 0.9% irrigation | 1 | GC |
| sodium fluoride 2.2 mg | 2 | 90D; GC |
| TRAVASOL 10 % SOLUTION | 4 | B/D PA |
| TROPHAMINE 10 % SOLUTION | 4 | B/D PA |
| Electrolyte/Mineral/Metal Modifiers/Modificadores De Electrolitos/Minerales/Metales | | |
| deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol | 5 | PA; NM |
| deferiprone 1000 mg tab | 5 | PA |
| deferiprone 500 mg tab | 5 | PA; LA; NM |
| FERRIPROX 100 MG/ML SOLUTION | 4 | PA; LA; NM |
| FERRIPROX 1000 MG TAB | 5 | PA; LA; NM |

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|--|--------------------------|--|
| FERRIPROX TWICE-A-DAY 1000 MG TAB | 5 | PA; LA; NM |
| JYNARQUE 15 MG TAB, 30 MG TAB | 5 | PA; LA; QL (120 per 30 days); NM |
| <i>tolvaptan 15 mg tab</i> | 5 | PA; QL (30 per 30 days); NM |
| <i>tolvaptan 30 mg tab</i> | 5 | PA; QL (60 per 30 days); NM |
| <i>trientine hcl 250 mg cap</i> | 5 | NM |
| Phosphate Binders/Aglutinantes De Fosfato | | |
| AURYXIA 1 GM 210 MG(Fe) TAB | 5 | PA |
| <i>calcium acetate (phos binder) 667 mg cap</i> | 2 | 90D; GC |
| <i>calcium acetate 667 mg tab</i> | 2 | 90D; GC |
| <i>sevelamer carbonate 0.8 gm packet</i> | 5 | QL (540 per 30 days) |
| <i>sevelamer carbonate 2.4 gm packet</i> | 5 | QL (180 per 30 days) |
| <i>sevelamer carbonate 800 mg tab</i> | 2 | QL (540 per 30 days); 90D; GC |
| VELPHORO 500 MG CHEW TAB | 5 | QL (180 per 30 days) |
| Potassium Binders/Aglutinantes De Potasio | | |
| LOKELMA 5 GM PACKET, 10 GM PACKET | 3 | |
| <i>sodium polystyrene sulfonate</i> | 1 | GC |
| <i>sps 15 gm/60ml suspension</i> | 2 | GC |
| VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET | 5 | NM |
| Vitamins/Vitaminas | | |
| <i>dextrose 5 % solution, 10 % solution</i> | 2 | GC |
| DEXTROSE-NACL 10-0.2 % SOLUTION | 3 | |
| <i>dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution</i> | 2 | GC |
| <i>dextrose-sodium chloride 5-0.225 % solution, 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution</i> | 2 | GC |
| <i>folic acid 1 mg tab</i> | 6 | ED |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | 3 | |
| <i>levocarnitine 1 gm/10ml solution</i> | 2 | B/D PA; 90D; GC |
| <i>levocarnitine 330 mg tab</i> | 3 | B/D PA |
| <i>levocarnitine sf 1 gm/10ml solution</i> | 2 | B/D PA; 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| potassium chloride in dextrose 20-5 meq/l-% solution | 2 | GC |
| TPN ELECTROLYTES CONC | 3 | |
| Gastrointestinal Agents/Agentes Gastrointestinales | | |
| Anti-Constipation Agents/Agentes Para El Estreñimiento | | |
| CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION | 4 | |
| constulose 10 gm/15ml solution | 1 | 90D; GC |
| enulose 10 gm/15ml solution | 2 | 90D; GC |
| gavilyte-n with flavor pack 420 gm recon soln | 2 | GC |
| generlac 10 gm/15ml solution | 2 | 90D; GC |
| lactulose 10 gm/15ml solution, 20 gm/30ml solution | 1 | 90D; GC |
| lactulose encephalopathy 10 gm/15ml solution | 2 | 90D; GC |
| LINZESS 72 MCG CAP, 145 MCG CAP, 290 MCG CAP | 3 | QL (30 per 30 days) |
| lubiprostone 8 mcg cap, 24 mcg cap | 2 | QL (60 per 30 days); 90D; GC |
| MOVANTIK 12.5 MG TAB, 25 MG TAB | 3 | QL (30 per 30 days) |
| peg 3350-kcl-na bicarb-nacl 420 gm recon soln | 2 | GC |
| SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION | 4 | |
| Anti-Diarrheal Agents/Agentes Antidiarreicos | | |
| alosetron hcl 0.5 mg tab, 1 mg tab | 5 | PA; QL (60 per 30 days) |
| diphenoxylate-atropine 2.5-0.025 mg tab | 1 | GC |
| diphenoxylate-atropine 2.5-0.025 mg/5ml liquid | 2 | GC |
| loperamide hcl 2 mg cap | 1 | GC |
| MYTESI 125 MG TAB DR | 4 | NM |
| XERMELO 250 MG TAB | 5 | PA; LA; QL (90 per 30 days); NM |
| Antispasmodics, Gastrointestinal/Antiespasmódicos, Gastrointestinales | | |
| dicyclomine hcl 10 mg cap, 20 mg tab | 1 | GC |
| dicyclomine hcl 10 mg/5ml solution | 2 | GC |
| glycopyrrolate 1 mg tab | 1 | GC |

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|---|--------------------------|--|
| <i>glycopyrrolate 2 mg tab</i> | 2 | GC |
| <i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp</i> | 2 | 90D; GC |
| <i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i> | 2 | GC |
| Gastrointestinal Agents, Other/Agentes Gastrointestinales, Otro | | |
| <i>amoxicill-clarithro-lansopraz misc</i> | 2 | GC |
| GATTEX 5 MG KIT | 5 | PA; LA; NM |
| <i>gavilyte-c 240 gm recon soln</i> | 1 | GC |
| <i>gavilyte-g 236 gm recon soln</i> | 1 | GC |
| <i>peg-3350/electrolytes 236 gm recon soln</i> | 1 | GC |
| <i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i> | 2 | 90D; GC |
| Histamine2 (H2) Receptor Antagonists/Antagonistas De Los Receptores Histamina 2 (H2) | | |
| <i>cimetidine 200 mg tab</i> | 2 | GC |
| <i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i> | 2 | 90D; GC |
| <i>cimetidine hcl 300 mg/5ml solution, 400 mg/6.67ml solution</i> | 2 | 90D; GC |
| <i>famotidine 20 mg tab, 40 mg tab</i> | 1 | 90D; GC |
| <i>nizatidine 150 mg cap, 300 mg cap</i> | 1 | 90D; GC |
| Protectants/Protectores | | |
| CARAFATE 1 GM/10ML SUSPENSION | 4 | |
| <i>sucralfate 1 gm tab</i> | 1 | 90D; GC |
| <i>sucralfate 1 gm/10ml suspension</i> | 4 | |
| Proton Pump Inhibitors/Inhibidores De La Bomba De Protones | | |
| DEXILANT 30 MG CAP DR, 60 MG CAP DR | 3 | ST; QL (30 per 30 days) |
| <i>dexlansoprazole 30 mg cap dr, 60 mg cap dr</i> | 2 | ST; QL (30 per 30 days); 90D; GC |
| <i>esomeprazole magnesium 40 mg cap dr</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> | 2 | QL (30 per 30 days); 90D; GC; OTC |
| <i>lansoprazole 15 mg tab dr disp</i> | 2 | 90D; GC; OTC |
| <i>lansoprazole 30 mg cap dr, 30 mg tab dr disp</i> | 2 | QL (30 per 30 days); 90D; GC |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>lansoprazole oral capsule delayed release 15 mg</i> | 2 | 90D; GC; OTC |
| <i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i> | 2 | 90D; GC |
| <i>omeprazole oral capsule delayed release 20 mg</i> | 2 | GC; OTC |
| <i>omeprazole oral tablet delayed release 20 mg</i> | 2 | GC; OTC |
| <i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i> | 2 | 90D; GC |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment/Trastorno Genético, Enzimático O Proteico: Reemplazo, Modificadores, Tratamiento | | |
| Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment/Trastorno Genético, Enzimático O Proteico: Reemplazo, Modificadores, Tratamiento | | |
| <i>betaine powder</i> | 5 | LA |
| CREON 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART | 3 | |
| <i>cromolyn sodium 100 mg/5ml conc</i> | 2 | 90D; GC |
| CYSTADANE POWDER | 5 | LA; NM |
| CYTAGON 50 MG CAP, 150 MG CAP | 4 | LA; NM |
| CYSTARAN 0.44 % SOLUTION | 5 | LA; NM |
| ENDARI 5 GM PACKET | 5 | LA; NM |
| GALAFOLD 123 MG CAP | 5 | PA; LA; NM |
| <i>javygtor 100 mg packet</i> | 5 | PA |
| <i>miglustat 100 mg cap</i> | 5 | PA; LA; NM |
| <i>nitisinone 2 mg cap, 5 mg cap, 10 mg cap</i> | 5 | PA; NM |
| ORFADIN 4 MG/ML SUSPENSION, 20 MG CAP | 5 | PA; LA; NM |
| PROLASTIN-C 1000 MG RECON SOLN | 5 | PA; LA; NM |
| RAVICTI 1.1 GM/ML LIQUID | 5 | PA; LA; QL (525 per 30 days); NM |
| <i>sapropterin dihydrochloride 100 mg packet, 100 mg tab, 500 mg packet</i> | 5 | PA; NM |
| <i>sodium phenylbutyrate 3 gm/tsp powder</i> | 2 | PA; NM; 90D; GC |
| <i>sodium phenylbutyrate 500 mg tab</i> | 5 | PA; NM |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| TEGSEDI 284 MG/1.5ML SOLN PRSYR | 5 | PA; LA; QL (6 per 28 days); NM |
| XURIDEN 2 GM PACKET | 5 | PA; QL (120 per 30 days); NM |
| ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART | 3 | |
| Genitourinary Agents/Agentes Genitourinarios | | |
| Antispasmodics, Urinary/Antiespasmódicos, Urinarios | | |
| <i>darifenacin hydrobromide er 7.5 mg tab er 24h, 15 mg tab er 24h</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>flavoxate hcl 100 mg tab</i> | 2 | 90D; GC |
| MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H | 3 | QL (30 per 30 days) |
| <i>oxybutynin chloride 5 mg tab</i> | 1 | QL (120 per 30 days); 90D; GC |
| <i>oxybutynin chloride 5 mg/5ml syrup</i> | 1 | QL (600 per 30 days); 90D; GC |
| <i>oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>oxybutynin chloride er 5 mg tab er 24h</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>solifenacin succinate 5 mg tab, 10 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>tolterodine tartrate er 2 mg cap er 24h, 4 mg cap er 24h</i> | 2 | QL (30 per 30 days); 90D; GC |
| VESICARE 5 MG TAB, 10 MG TAB | 4 | QL (30 per 30 days) |
| Benign Prostatic Hypertrophy Agents/Agentes Para La Hiperplasia Prostática Benigna | | |
| <i>alfuzosin hcl er 10 mg tab er 24h</i> | 1 | 90D; GC |
| <i>dutasteride 0.5 mg cap</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i> | 2 | QL (30 per 30 days); 90D; GC |
| <i>finasteride 5 mg tab</i> | 1 | 90D; GC |
| <i>silodosin 4 mg cap, 8 mg cap</i> | 2 | 90D; GC |
| <i>tadalafil 10 mg tab, 20 mg tab</i> | 6 | QL (6 per 30 days); ED |
| <i>tamsulosin hcl 0.4 mg cap</i> | 2 | 90D; GC |
| Genitourinary Agents, Other/Agentes Genitourinarios, Otro | | |
| <i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i> | 1 | GC |
| LITHOSTAT 250 MG TAB | 4 | |
| <i>penicillamine 250 mg cap</i> | 5 | NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>sildenafil citrate 25 mg tab, 50 mg tab, 100 mg tab</i> | 6 | QL (6 per 30 days); ED |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Glándula Adrenal) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Glándula Adrenal) | | |
| ACTHAR 80 UNIT/ML GEL | 5 | PA; LA; NM |
| <i>alclometasone dipropionate 0.05 % cream</i> | 2 | GC |
| <i>betamethasone dipropionate 0.05 % ointment</i> | 2 | GC |
| <i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i> | 2 | GC |
| <i>clobetasol prop emollient base 0.05 % cream</i> | 2 | QL (120 per 30 days); GC |
| <i>clobetasol propionate e 0.05 % cream</i> | 2 | QL (120 per 30 days); GC |
| <i>desonide 0.05 % lotion</i> | 2 | GC |
| <i>dexamethasone 0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i> | 1 | GC |
| <i>fludrocortisone acetate 0.1 mg tab</i> | 1 | 90D; GC |
| HEMADY 20 MG TAB | 4 | |
| <i>hydrocortisone butyrate 0.1 % ointment</i> | 2 | GC |
| <i>hydrocortisone valerate 0.2 % ointment</i> | 2 | GC |
| KORLYM 300 MG TAB | 5 | PA; LA; NM |
| <i>methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab</i> | 1 | GC |
| <i>mometasone furoate 0.1 % cream, 0.1 % ointment</i> | 1 | GC |
| <i>prednicarbate 0.1 % ointment</i> | 2 | GC |
| <i>prednisolone 15 mg/5ml solution</i> | 2 | GC |
| <i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 25 mg/5ml solution, 30 mg tab disp</i> | 2 | GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab | 1 | GC |
| prednisone 5 mg/5ml solution | 2 | GC |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Glándula Pituitaria) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Glándula Pituitaria) | | |
| desmopressin ace spray refrig 0.01 % solution | 2 | 90D; GC |
| desmopressin acetate 0.1 mg tab | 2 | 90D; GC |
| desmopressin acetate 0.2 mg tab | 1 | 90D; GC |
| desmopressin acetate spray 0.01 % solution | 2 | 90D; GC |
| INCRELEX 40 MG/4ML SOLUTION | 5 | PA; LA; NM |
| NOCDURNA 27.7 MCG SL TAB, 55.3 MCG SL TAB | 4 | |
| NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN | 5 | PA; NM |
| OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART | 5 | PA; LA; NM |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Prostaglandinas) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Prostaglandinas) | | |
| misoprostol 100 mcg tab | 1 | 90D; GC |
| misoprostol 200 mcg tab | 2 | 90D; GC |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Modificadores/Hormonas Sexuales) | | |
| Anabolic Steroids/Esteroides Anabólicos | | |
| oxandrolone 10 mg tab | 2 | PA; QL (60 per 30 days); GC |
| oxandrolone 2.5 mg tab | 2 | PA; QL (240 per 30 days); GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| Androgens/Andrógenos | | |
| danazol 50 mg cap, 100 mg cap, 200 mg cap | 2 | GC |
| methyltestosterone 10 mg cap | 5 | |
| testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel | 2 | PA; QL (150 per 30 days); 90D; GC |
| testosterone 20.25 mg/1.25gm (1.62%) gel | 2 | PA; QL (112.5 per 30 days); 90D; GC |
| testosterone 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel | 2 | PA; QL (300 per 30 days); 90D; GC |
| testosterone 30 mg/act solution | 2 | PA; QL (180 per 30 days); 90D; GC |
| testosterone cypionate 100 mg/ml solution, 200 mg/ml solution | 2 | PA; 90D; GC |
| testosterone enanthate 200 mg/ml solution | 2 | PA; 90D; GC |
| Estrogens/Estrógenos | | |
| apri 0.15-30 mg-mcg tab | 1 | 90D; GC |
| aurovela 1.5/30 1.5-30 mg-mcg tab | 1 | 90D; GC |
| aurovela 1/20 1-20 mg-mcg tab | 1 | 90D; GC |
| aurovela fe 1/20 1-20 mg-mcg tab | 1 | 90D; GC |
| ayuna 0.15-30 mg-mcg tab | 1 | 90D; GC |
| azurette 0.15-0.02/0.01 mg (21/5) tab | 2 | 90D; GC |
| charlotte 24 fe 1-20 mg-mcg(24) chew tab | 2 | 90D; GC |
| chateal 0.15-30 mg-mcg tab | 1 | 90D; GC |
| chateal eq 0.15-30 mg-mcg tab | 1 | 90D; GC |
| cryselle-28 0.3-30 mg-mcg tab | 1 | 90D; GC |
| cyred 0.15-30 mg-mcg tab | 1 | 90D; GC |
| cyred eq 0.15-30 mg-mcg tab | 1 | 90D; GC |
| desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab | 2 | 90D; GC |
| desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab | 1 | 90D; GC |
| drospirenone-ethinyl estradiol 3-0.02 mg tab | 2 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| <i>elinest 0.3-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>eluryng 0.12-0.015 mg/24hr ring</i> | 4 | |
| <i>emoquette 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>enskyce 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>estarylla 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>estradiol 0.1 mg/gm cream, 10 mcg tab</i> | 2 | 90D; GC |
| <i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i> | 1 | 90D; GC |
| <i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i> | 1 | 90D; GC |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i> | 4 | |
| <i>femynor 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>gianvi 3-0.02 mg tab</i> | 2 | 90D; GC |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>hailey fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>isibloom 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>jasmiel 3-0.02 mg tab</i> | 2 | 90D; GC |
| <i>juleber 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>junel 1.5/30 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>junel 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>junel fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>kalliga 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>kariva 0.15-0.02/0.01 mg (21/5) tab</i> | 2 | 90D; GC |
| <i>kelnor 1/50 1-50 mg-mcg tab</i> | 1 | 90D; GC |
| <i>kurvelo 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>larin 1.5/30 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>larin 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>larin fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>lillow 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>loestrin 1/20 (21) 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>loestrin fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>loryna 3-0.02 mg tab</i> | 2 | 90D; GC |
| <i>low-ogestrel 0.3-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>lo-zumandimine 3-0.02 mg tab</i> | 2 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>marlissa 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>melodetta 24 fe 1-20 mg-mcg(24) chew tab</i> | 2 | 90D; GC |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>microgestin 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>microgestin 24 fe 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>microgestin fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>mili 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>mono-lynyah 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>nikki 3-0.02 mg tab</i> | 2 | 90D; GC |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i> | 2 | 90D; GC |
| <i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i> | 2 | 90D; GC |
| <i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | 2 | 90D; GC |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>pimtrex 0.15-0.02/0.01 mg (21/5) tab</i> | 2 | 90D; GC |
| <i>portia-28 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB | 3 | PA; HRM |
| PREMARIN 0.625 MG/GM CREAM | 3 | |
| <i>reclipsen 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i> | 2 | 90D; GC |
| <i>sprintec 28 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>tarina fe 1/20 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>tarina fe 1/20 eq 1-20 mg-mcg tab</i> | 1 | 90D; GC |
| <i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i> | 2 | 90D; GC |
| <i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i> | 2 | 90D; GC |
| <i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i> | 2 | 90D; GC |
| <i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i> | 2 | 90D; GC |
| <i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i> | 2 | 90D; GC |
| <i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i> | 2 | 90D; GC |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i> | 2 | 90D; GC |
| <i>volnea 0.15-0.02/0.01 mg (21/5) tab</i> | 2 | 90D; GC |
| <i>vylibra 0.25-35 mg-mcg tab</i> | 2 | 90D; GC |
| <i>wymzya fe 0.4-35 mg-mcg chew tab</i> | 2 | 90D; GC |
| <i>yuvafem 10 mcg tab</i> | 2 | 90D; GC |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers), Other/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Modificadores/Hormonas Sexuales), Otros | | |
| <i>altavera 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| BIJUVA 1-100 MG CAP | 3 | PA; HRM |
| CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK | 4 | PA; QL (4 per 28 days); HRM |
| <i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i> | 1 | 90D; GC |
| Progestins/Progestina | | |
| <i>camila 0.35 mg tab</i> | 3 | |
| <i>deblitane 0.35 mg tab</i> | 3 | |
| <i>errin 0.35 mg tab</i> | 3 | |
| <i>heather 0.35 mg tab</i> | 3 | |
| <i>incassia 0.35 mg tab</i> | 3 | |
| <i>jencycla 0.35 mg tab</i> | 3 | |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>lyleq 0.35 mg tab</i> | 3 | |
| <i>lyza 0.35 mg tab</i> | 3 | |
| <i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i> | 2 | GC |
| <i>medroxyprogesterone acetate 2.5 mg tab</i> | 2 | 90D; GC |
| <i>medroxyprogesterone acetate 5 mg tab, 10 mg tab</i> | 1 | 90D; GC |
| <i>megestrol acetate 20 mg tab, 40 mg tab</i> | 1 | PA; GC; HRM |
| <i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension</i> | 1 | PA; GC; HRM |
| <i>megestrol acetate 625 mg/5ml suspension</i> | 2 | PA; 90D; GC; HRM |
| <i>nora-be 0.35 mg tab</i> | 3 | |
| <i>norethindrone 0.35 mg tab</i> | 3 | |
| <i>norethindrone acetate 5 mg tab</i> | 2 | 90D; GC |
| <i>norlyda 0.35 mg tab</i> | 3 | |
| <i>norlyroc 0.35 mg tab</i> | 3 | |
| <i>progesterone 100 mg cap, 200 mg cap</i> | 2 | 90D; GC |
| <i>sharobel 0.35 mg tab</i> | 3 | |
| Selective Estrogen Receptor Modifying Agents/Agentes Selectivos Modificadores De Los Receptores De Estrógeno | | |
| <i>OSPHENA 60 MG TAB</i> | 3 | |
| <i>raloxifene hcl 60 mg tab</i> | 2 | QL (30 per 30 days); 90D; GC |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Tiroides) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)/Agentes Hormonales, Estimulante/Reemplazo/Modificador (Tiroides) | | |
| <i>euthyrox 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i> | 1 | 90D; GC |
| <i>levo-t 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i> | 1 | 90D; GC |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i> | 1 | 90D; GC |
| <i>levoxyl 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i> | 1 | 90D; GC |
| <i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i> | 1 | 90D; GC |
| SYNTHROID 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB | 3 | |
| <i>unithroid 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i> | 1 | 90D; GC |
| Hormonal Agents, Suppressant (Adrenal)/Agentes, Supresores Hormonales (Glándula Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal)/Agentes, Supresores Hormonales (Glándula Adrenal) | | |
| LYSODREN 500 MG TAB | 3 | NM |
| Hormonal Agents, Suppressant (Pituitary)/Agentes, Supresores Hormonales (Glándula Pituitaria) | | |
| Hormonal Agents, Suppressant (Pituitary)/Agentes, Supresores Hormonales (Glándula Pituitaria) | | |
| <i>cabergoline 0.5 mg tab</i> | 2 | GC |
| ELIGARD 7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT | 4 | PA; NM |
| FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN | 5 | PA; NM |
| FIRMAGON 80 MG RECON SOLN | 4 | PA; NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|-------------------|---|
| LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION | 5 | PA |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | 2 | PA; NM; GC |
| LUPRON DEPOT (1-MONTH) 3.75 MG KIT | 5 | PA; QL (1 per 28 days); NM |
| LUPRON DEPOT (1-MONTH) 7.5 MG KIT | 5 | PA; NM |
| LUPRON DEPOT (3-MONTH) 11.25 MG KIT | 5 | PA; QL (1 per 84 days); NM; NEDS |
| LUPRON DEPOT (3-MONTH) 22.5 MG KIT | 5 | PA; NM |
| LUPRON DEPOT (4-MONTH) 30 MG KIT | 5 | PA; NM |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | 5 | PA; NM |
| <i>octreotide acetate 50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 1000 mcg/ml solution</i> | 2 | PA; NM; 90D; GC |
| <i>octreotide acetate 500 mcg/ml soln prsyr, 500 mcg/ml solution</i> | 5 | PA; NM |
| ORGOVYX 120 MG TAB | 5 | PA; LA; QL (32 per 30 days); NM |
| SIGNIFOR 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION | 5 | PA; LA; NM |
| SOMATULINE DEPOT 60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION | 5 | PA; NM |
| SOMAVERT 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN | 5 | PA; LA; NM |
| SYNAREL 2 MG/ML SOLUTION | 5 | PA; NM |
| TRELSTAR MIXJECT 3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP | 5 | PA; NM |
| Hormonal Agents, Suppressant (Thyroid)/Agentes, Supresores Hormonales (Tiroides) | | |
| Antithyroid Agents/Agentes Antitiroideos | | |
| <i>methimazole 5 mg tab, 10 mg tab</i> | 1 | 90D; GC |
| <i>propylthiouracil 50 mg tab</i> | 1 | 90D; GC |
| Immunological Agents/Agentes Inmunitarios | | |
| Angioedema Agents/Agentes Para Angioedema | | |
| CINRYZE 500 UNIT RECON SOLN | 5 | PA; LA; NM |
| <i>icatibant acetate 30 mg/3ml solution</i> | 5 | PA; NM |
| <i>sajazir 30 mg/3ml solution</i> | 5 | PA; NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| TAKHZYRO 300 MG/2ML SOLN PRSYR | 5 | PA; NM |
| TAKHZYRO 300 MG/2ML SOLUTION | 5 | PA; LA; NM |
| Immunoglobulins/Inmunoglobulinas | | |
| BIVIGAM 5 GM/50ML SOLUTION | 3 | PA; NM |
| FLEBOGAMMA DIF 10 GM/100ML SOLUTION | 4 | PA; NM |
| FLEBOGAMMA DIF 5 GM/50ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION | 5 | PA; NM |
| GAMMAGARD 1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION | 5 | PA; NM |
| GAMMAGARD S/D LESS IGA 5 GM RECON SOLN, 10 GM RECON SOLN | 5 | PA; NM |
| GAMMAKED 1 GM/10ML SOLUTION | 5 | PA; NM |
| GAMMAPLEX 10 GM/100ML SOLUTION | 4 | PA; NM |
| GAMMAPLEX 5 GM/50ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION | 5 | PA; NM |
| GAMUNEX-C 1 GM/10ML SOLUTION | 5 | PA; NM |
| HYPERRAB S/D 1500 UNIT/10ML SOLUTION | 3 | NM |
| KEDRAB 1500 UNIT/10ML SOLUTION | 3 | NM |
| OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION | 5 | PA; NM |
| OCTAGAM 10 GM/100ML SOLUTION | 4 | PA; NM |
| PRIVIGEN 10 GM/100ML SOLUTION | 4 | PA; NM |
| PRIVIGEN 5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION | 5 | PA; NM |
| VARIZIG 125 UNIT/1.2ML SOLUTION | 3 | NM |
| Immunological Agents, Other/Agentes Inmunitarios, Otro | | |
| ARCALYST 220 MG RECON SOLN | 5 | PA; NM |
| BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR | 5 | PA; NM |
| COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR | 5 | PA; LA; QL (8 per 28 days); NM |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| COSENTYX 150 MG/ML SOLN PRSYR | 5 | PA; LA; QL (8 per 28 days); NM |
| COSENTYX 75 MG/0.5ML SOLN PRSYR | 5 | PA; QL (2 per 28 days); NM |
| COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ | 5 | PA; LA; QL (8 per 28 days); NM |
| COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ | 5 | PA; LA; QL (8 per 28 days); NM |
| OTEZLA 10 & 20 & 30 MG TAB THPK | 5 | PA; NM |
| SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| SKYRIZI 150 MG/ML SOLN PRSYR | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR | 5 | PA; QL (1 per 28 days); NM |
| STELARA 45 MG/0.5ML SOLUTION | 5 | PA; LA; QL (1 per 28 days); NM |
| XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR | 5 | PA; LA; QL (8 per 28 days); NM |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 5 | PA; LA; QL (4 per 28 days); NM |
| Immunostimulants/Inmunoestimulantes | | |
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION | 5 | PA; LA; NM |
| INTRON A 10000000 RECON SOLN, 18000000 RECON SOLN | 3 | B/D PA; NM |
| INTRON A 10000000 UNIT/ML SOLUTION | 4 | B/D PA; NM |
| INTRON A 6000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN | 5 | B/D PA; NM |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION | 5 | NM |
| Immunosuppressants/Inmunosupresores | | |
| ASTAGRAF XL 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H | 4 | B/D PA; NM |
| azasan 75 mg tab, 100 mg tab | 4 | B/D PA |
| azathioprine 50 mg tab | 2 | B/D PA; 90D; GC |
| azathioprine 75 mg tab, 100 mg tab | 2 | B/D PA; 90D; GC |
| cyclosporine 100 mg cap | 2 | B/D PA; NM; 90D; GC |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| cyclosporine 25 mg cap | 1 | B/D PA; NM; 90D; GC |
| cyclosporine modified 25 mg cap | 1 | B/D PA; NM; 90D; GC |
| cyclosporine modified 50 mg cap, 100 mg cap, 100 mg/ml solution | 2 | B/D PA; NM; 90D; GC |
| ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR | 5 | PA; QL (8 per 28 days); NM |
| ENBREL 25 MG/0.5ML SOLN PRSYR | 5 | PA; QL (4.08 per 28 days); NM |
| ENBREL 25 MG/0.5ML SOLUTION | 5 | PA; QL (4 per 28 days); NM |
| ENBREL MINI 50 MG/ML SOLN CART | 5 | PA; QL (8 per 28 days); NM |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | 5 | PA; QL (8 per 28 days); NM |
| ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H | 4 | B/D PA; NM |
| ENVARUSUS XR 4 MG TAB ER 24H | 5 | B/D PA; NM |
| everolimus 0.25 mg tab | 2 | B/D PA; NM; 90D; GC |
| everolimus 0.5 mg tab, 0.75 mg tab | 5 | B/D PA; NM |
| everolimus 1 mg tab | 5 | B/D PA |
| gengraf 100 mg cap, 100 mg/ml solution | 2 | B/D PA; NM; 90D; GC |
| gengraf 25 mg cap | 1 | B/D PA; NM; 90D; GC |
| HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT | 5 | PA; QL (2 per 28 days); NM |
| HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT | 5 | PA; QL (4 per 28 days); NM |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | 5 | PA; QL (12 per 365 over time); NM; NEDS |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT | 5 | PA; QL (4 per 28 days); NM |
| HUMIRA PEN 80 MG/0.8ML PEN KIT | 5 | PA; QL (6 per 84 over time); NM; NEDS |
| HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT | 5 | PA; QL (12 per 365 over time); NM; NEDS |
| HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT | 5 | PA; QL (8 per 365 over time); NM; NEDS |

90D 90 day fill is available / 90 días de surtido está disponible, **B/D PA** Part B vs. Part D / Parte B frente a Parte D, **ED** Enhanced drug coverage / Cobertura de medicamentos mejorada, **GC** Drug Gap Coverage / Cobertura de brecha de medicamentos, **HRM** High Risk Med / Med de alto riesgo, **LA** Prescription is limited to certain pharmacies / La prescripción está limitada a determinadas farmacias, **NEDS** Non-Extended Days Supply / Suministro de días no extendidos, **NM** Not available at Mail Order / No disponible en pedidos por correo, **OTC** Over-the-counter medications / Medicamentos sin receta, **PA** Prior Authorization required / Requiere autorización previa, **QL** Quantity Limit / Límite de cantidad, **ST** Step Therapy required / Requiere terapia escalonada.

| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|---|--------------------------|--|
| HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT | 5 | PA; QL (8 per 365 over time); NM; NEDS |
| HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT | 5 | PA; QL (6 per 365 over time); NM; NEDS |
| <i>leflunomide 10 mg tab, 20 mg tab</i> | 2 | 90D; GC |
| <i>methotrexate 2.5 mg tab</i> | 1 | GC |
| <i>methotrexate sodium (pf) 50 mg/2ml solution</i> | 1 | NM; GC |
| <i>methotrexate sodium 2.5 mg tab</i> | 1 | GC |
| <i>methotrexate sodium 50 mg/2ml solution</i> | 1 | NM; GC |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | 5 | B/D PA; NM |
| <i>mycophenolate mofetil 250 mg cap, 500 mg tab</i> | 2 | B/D PA; NM; 90D; GC |
| <i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i> | 2 | B/D PA; NM; 90D; GC |
| PROGRAF 0.2 MG PACKET, 1 MG PACKET | 4 | B/D PA; NM |
| RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H | 5 | PA; QL (30 per 30 days); NM |
| <i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i> | 2 | B/D PA; NM; 90D; GC |
| <i>sirolimus 2 mg tab</i> | 5 | B/D PA; NM |
| <i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i> | 2 | B/D PA; NM; 90D; GC |
| TREXALL 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB | 4 | |
| XATMEP 2.5 MG/ML SOLUTION | 4 | NM |
| ZORTRESS 1 MG TAB | 5 | B/D PA; NM |
| Vaccines/Vacunas | | |
| ACTHIB RECON SOLN | 4 | |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION | 3 | |
| BCG VACCINE 50 MG RECON SOLN | 2 | GC |
| BEXSERO SUSP PRSYR | 4 | |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION | 4 | |
| DAPTACEL 23-15-5 SUSPENSION | 4 | |

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|---|-------------------|---|
| DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | 2 | GC |
| ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION | 4 | B/D PA |
| GARDASIL 9 SUSP PRSYR, SUSPENSION | 4 | |
| HAVRIX 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION | 3 | |
| HIBERIX 10 MCG RECON SOLN | 4 | |
| IMOVAX RABIES 2.5 UNIT/ML INJECTABLE | 4 | |
| INFANRIX 25-58-10 SUSPENSION | 4 | |
| IPOL INJECTABLE | 4 | |
| IXIARO SUSPENSION | 4 | |
| KINRIX 0.5 ML SUSP PRSYR | 4 | |
| MENACTRA SOLUTION | 4 | |
| MENQUADFI SOLUTION | 3 | |
| MENVEO RECON SOLN | 4 | |
| M-M-R II RECON SOLN | 4 | |
| PEDIARIX SUSP PRSYR | 4 | |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION | 3 | |
| PRIORIX RECON SUSP | 4 | |
| PROQUAD RECON SUSP | 4 | |
| QUADRACEL SUSPENSION | 4 | |
| RABAVERT RECON SUSP | 4 | |
| RECOMBIVAX HB 40 MCG/ML SUSPENSION | 4 | B/D PA |
| RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSPENSION | 3 | B/D PA |
| ROTARIX RECON SUSP | 4 | |
| ROTATEQ SOLUTION | 3 | |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | 3 | |
| TDVAX 2-2 LF/0.5ML SUSPENSION | 2 | GC |
| TENIVAC 5-2 LFU INJECTABLE | 4 | |
| TICOVAC 1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR | 3 | |
| TRUMENBA SUSP PRSYR | 3 | |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR | 4 | |

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|---|--------------------------|--|
| TYPHIM VI 25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION | 4 | |
| VAQTA 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION | 4 | |
| VARIVAX 1350 PFU/0.5ML INJECTABLE | 3 | |
| YF-VAX INJECTABLE | 4 | |
| Inflammatory Bowel Disease Agents/Agentes Para La Enfermedad Intestinal Inflamatoria | | |
| Aminosalicylates/Aminosalicilatos | | |
| <i>balsalazide disodium 750 mg cap</i> | 2 | GC |
| <i>mesalamine 1.2 gm tab dr, 400 mg cap dr</i> | 2 | 90D; GC |
| <i>mesalamine 4 gm enema, 800 mg tab dr, 1000 mg suppos</i> | 2 | GC |
| <i>mesalamine er 0.375 gm cap er 24h</i> | 2 | 90D; GC |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i> | 1 | 90D; GC |
| Glucocorticoids/Glucocorticoides | | |
| <i>budesonide 3 mg cp dr part</i> | 2 | GC |
| <i>budesonide er 9 mg tab er 24h</i> | 5 | PA |
| <i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i> | 1 | GC |
| UCERIS 2 MG/ACT FOAM | 4 | |
| Metabolic Bone Disease Agents/Agentes De Enfermedades Óseas Metabólicas | | |
| Metabolic Bone Disease Agents/Agentes De Enfermedades Óseas Metabólicas | | |
| <i>alendronate sodium 10 mg tab</i> | 1 | QL (30 per 30 days); 90D; GC |
| <i>alendronate sodium 35 mg tab, 70 mg tab</i> | 1 | QL (4 per 28 days); 90D; GC |
| <i>alendronate sodium 70 mg/75ml solution</i> | 2 | QL (300 per 28 days); 90D; GC |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 2 | QL (4 per 30 days); 90D; GC |
| <i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i> | 1 | B/D PA; 90D; GC |
| <i>calcitriol 1 mcg/ml solution</i> | 2 | B/D PA; 90D; GC |
| <i>cinacalcet hcl 30 mg tab</i> | 2 | B/D PA; QL (60 per 30 days); NM; 90D; GC |
| <i>cinacalcet hcl 60 mg tab</i> | 5 | B/D PA; QL (60 per 30 days); NM |
| <i>cinacalcet hcl 90 mg tab</i> | 5 | B/D PA; QL (120 per 30 days); NM |
| <i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i> | 2 | B/D PA; 90D; GC |

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|---|--------------------------|--|
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i> | 6 | ED |
| FORTEO 600 MCG/2.4ML SOLN PEN | 5 | PA; QL (3 per 28 days); NM |
| FOSAMAX PLUS D 70-2800 TAB, 70-5600 TAB | 4 | ST; QL (4 per 28 days) |
| <i>ibandronate sodium 150 mg tab</i> | 2 | QL (1 per 28 days); 90D; GC |
| NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE | 5 | PA; QL (2 per 28 days); NM |
| <i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i> | 2 | B/D PA; 90D; GC |
| PROLIA 60 MG/ML SOLN PRSYR | 4 | PA; QL (1 per 180 over time); NM; NEDS |
| <i>risedronate sodium 150 mg tab</i> | 2 | ST; QL (1 per 28 days); 90D; GC |
| <i>risedronate sodium 30 mg tab</i> | 2 | ST; QL (30 per 30 days); GC |
| <i>risedronate sodium 35 mg tab</i> | 2 | ST; QL (4 per 28 days); 90D; GC |
| <i>risedronate sodium 5 mg tab</i> | 2 | ST; QL (30 per 30 days); 90D; GC |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | 5 | PA; QL (3 per 28 days); NM |
| TYMLOS 3120 MCG/1.56ML SOLN PEN | 5 | PA; QL (1.56 per 28 days); NM |
| <i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, 50000 unit cap</i> | 6 | ED |
| XGEVA 120 MG/1.7ML SOLUTION | 5 | PA; QL (5.1 per 28 days); NM |
| Miscellaneous Therapeutic Agents/Agentes Terapéuticos Varios | | |
| Miscellaneous Therapeutic Agents/Agentes Terapéuticos Varios | | |
| ALCOHOL SWABS | 3 | OTC |
| GAUZE STERILE PADS 2 | 2 | 90D; GC; OTC |
| INSULIN PEN NEEDLE | 3 | QL (200 per 30 days); OTC |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 | QL (200 per 30 days); OTC |
| INSULIN SYRINGE (DISP) U-100 1 ML | 3 | QL (200 per 30 days); OTC |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 | QL (200 per 30 days); OTC |
| INTRAROSA 6.5 MG INSERT | 3 | QL (30 per 30 days) |
| NEEDLES, INSULIN DISP., SAFETY | 3 | QL (200 per 30 days); OTC |
| TRODELVY 180 MG RECON SOLN | 5 | PA; NM |
| Ophthalmic Agents/Agentes Oftálmicos | | |
| Ophthalmic Agents, Other/Agentes Oftálmicos, Otro | | |
| <i>ak-poly-bac 500-10000 unit/gm ointment</i> | 1 | GC |

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|---|-------------------|---|
| ATROPINE SULFATE 1 % OINTMENT, 1 % SOLUTION | 3 | |
| <i>atropine sulfate 1 % solution</i> | 2 | 90D; GC |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i> | 1 | GC |
| <i>bacitra-neomycin-polymyxin-hc 1 % ointment</i> | 2 | GC |
| BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT | 4 | |
| <i>brimonidine tartrate-timolol 0.2-0.5 % solution</i> | 2 | 90D; GC |
| COMBIGAN 0.2-0.5 % SOLUTION | 4 | |
| <i>cyclopentolate hcl 1 % solution</i> | 2 | 90D; GC |
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i> | 1 | 90D; GC |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i> | 1 | 90D; GC |
| ISOPTO ATROPINE 1 % SOLUTION | 3 | |
| <i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, 5-400-10000 ointment</i> | 2 | GC |
| <i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i> | 1 | GC |
| <i>neomycin-polymyxin-gramicidin 1.75-10000-.025 solution</i> | 2 | GC |
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i> | 2 | GC |
| <i>neo-polycin 3.5-400-10000 ointment</i> | 2 | GC |
| <i>neo-polycin hc 1 % ointment</i> | 2 | GC |
| OXERVATE 0.002 % SOLUTION | 5 | NM |
| <i>polycin 500-10000 unit/gm ointment</i> | 1 | GC |
| <i>proparacaine hcl 0.5 % solution</i> | 1 | GC |
| RESTASIS 0.05 % EMULSION | 3 | QL (60 per 30 days) |
| RESTASIS MULTIDOSE 0.05 % EMULSION | 3 | QL (5.5 per 28 days) |
| ROCKLATAN 0.02-0.005 % SOLUTION | 3 | |
| <i>sulfacetamide-prednisolone 10-0.23 % solution</i> | 2 | GC |

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|--|--------------------------|--|
| TOBRADEX 0.3-0.1 % OINTMENT | 4 | |
| TOBRADEX ST 0.3-0.05 % SUSPENSION | 4 | |
| tobramycin-dexamethasone 0.3-0.1 % suspension | 2 | GC |
| XIIDRA 5 % SOLUTION | 3 | QL (60 per 30 days) |
| ZYLET 0.5-0.3 % SUSPENSION | 4 | |
| Ophthalmic Anti-Allergy Agents/Agentes Antialérgicos Oftálmicos | | |
| azelastine hcl 0.05 % solution | 2 | GC |
| bepotastine besilate 1.5 % solution | 2 | GC |
| BEPREVE 1.5 % SOLUTION | 4 | |
| cromolyn sodium 4 % solution | 1 | GC |
| olopatadine hcl 0.1 % solution, 0.2 % solution | 2 | GC |
| Ophthalmic Anti-Infectives/Antiinfeciosos Oftálmicos | | |
| bacitracin 500 unit/gm ointment | 2 | GC |
| erythromycin 5 mg/gm ointment | 1 | QL (3.5 per 30 days); GC |
| gatifloxacin 0.5 % solution | 2 | GC |
| gentamicin sulfate 0.3 % solution | 1 | GC |
| levofloxacin 0.5 % solution | 2 | GC |
| MOXEZA 0.5 % SOLUTION | 3 | |
| moxifloxacin hcl (2x day) 0.5 % solution | 2 | GC |
| moxifloxacin hcl 0.5 % solution | 2 | GC |
| NATACYN 5 % SUSPENSION | 4 | |
| ofloxacin ophth soln 0.3% | 1 | GC |
| polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution | 1 | GC |
| sulfacetamide sodium 10 % solution | 1 | GC |
| tobramycin 0.3 % solution | 1 | GC |
| TOBREX 0.3 % OINTMENT | 4 | |
| Ophthalmic Anti-Inflammatories/Antiinflamatorios Oftálmicos | | |
| ALREX 0.2 % SUSPENSION | 4 | |
| BROMSITE 0.075 % SOLUTION | 4 | |
| dexamethasone sodium phosphate 0.1 % solution | 2 | GC |
| diclofenac sodium 0.1 % solution | 1 | GC |
| difluprednate 0.05 % emulsion | 2 | GC |

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|---|-------------------|---|
| DUREZOL 0.05 % EMULSION | 3 | |
| fluorometholone 0.1 % suspension | 2 | GC |
| flurbiprofen sodium 0.03 % solution | 2 | GC |
| FML 0.1 % OINTMENT | 4 | |
| FML FORTE 0.25 % SUSPENSION | 4 | |
| FML LIQUIFILM 0.1 % SUSPENSION | 4 | |
| ILEVRO 0.3 % SUSPENSION | 3 | |
| ketorolac tromethamine 0.4 % solution, 0.5 % solution | 2 | GC |
| LOTEMAX 0.5 % GEL, 0.5 % OINTMENT | 3 | |
| LOTEMAX SM 0.38 % GEL | 3 | |
| loteprednol etabonate 0.5 % gel, 0.5 % suspension | 2 | GC |
| prednisolone acetate 1 % suspension | 2 | GC |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 3 | |
| PROLENSA 0.07 % SOLUTION | 4 | |
| Ophthalmic Beta-Adrenergic Blocking Agents/Agentes Bloqueantes Beta Adrenérgicos Oftálmicos | | |
| betaxolol hcl 0.5 % solution | 2 | 90D; GC |
| carteolol hcl 1 % solution | 1 | 90D; GC |
| levobunolol hcl 0.5 % solution | 1 | 90D; GC |
| timolol maleate 0.25 % gel f soln, 0.5 % gel f soln | 2 | 90D; GC |
| timolol maleate 0.25 % solution, 0.5 % (daily) solution, 0.5 % solution | 1 | 90D; GC |
| Ophthalmic Intraocular Pressure Lowering Agents, Other/Agentes Oftálmicos Reductores De La Presión Intraocular, Otro | | |
| acetazolamide er 500 mg cap er 12h | 2 | 90D; GC |
| ALPHAGAN P 0.1 % SOLUTION, 0.15 % SOLUTION | 3 | |
| AZOPT 1 % SUSPENSION | 3 | |
| brimonidine tartrate 0.15 % solution, 0.2 % solution | 2 | 90D; GC |
| brinzolamide 1 % suspension | 2 | 90D; GC |
| dorzolamide hcl 2 % solution | 1 | 90D; GC |

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|---|--------------------------|--|
| <i>methazolamide 25 mg tab, 50 mg tab</i> | 2 | 90D; GC |
| <i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i> | 2 | 90D; GC |
| RHOPRESSA 0.02 % SOLUTION | 3 | |
| SIMBRINZA 1-0.2 % SUSPENSION | 4 | |
| Ophthalmic Prostaglandin And Prostanamide Analogs/Análogos Offálmicos De La Prostaglandina Y La Prostanamida | | |
| <i>bimatoprost 0.03 % solution</i> | 2 | 90D; GC |
| <i>latanoprost 0.005 % solution</i> | 1 | 90D; GC |
| LUMIGAN 0.01 % SOLUTION | 3 | |
| TRAVATAN Z 0.004 % SOLUTION | 3 | |
| <i>travoprost (bak free) 0.004 % solution</i> | 2 | 90D; GC |
| VYZULTA 0.024 % SOLUTION | 4 | |
| Otic Agents/Agentes Óticos | | |
| Otic Agents/Agentes Óticos | | |
| CIPRODEX 0.3-0.1 % SUSPENSION | 4 | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | 2 | GC |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | 2 | GC |
| <i>flac 0.01 % oil</i> | 2 | GC |
| <i>fluocinolone acetonide 0.01 % oil</i> | 2 | GC |
| <i>hydrocortisone-acetic acid 1-2 % solution</i> | 2 | GC |
| <i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension</i> | 2 | GC |
| <i>ofloxacin otic soln 0.3%</i> | 2 | GC |
| Respiratory Tract/Pulmonary Agents/Agentes Pulmonares/De Las Vías Respiratorias | | |
| Antihistamines/Antihistamínicos | | |
| <i>azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution</i> | 2 | QL (30 per 25 days); GC |
| <i>azelastine-fluticasone 137-50 mcg/act suspension</i> | 2 | QL (23 per 28 days); GC |
| <i>carbinoxamine maleate 4 mg/5ml solution</i> | 2 | PA; GC; HRM |
| <i>cetirizine hcl oral solution 1 mg/ml</i> | 1 | GC |
| <i>clemastine fumarate 2.68 mg tab</i> | 2 | PA; GC; HRM |
| <i>cyproheptadine hcl 2 mg/5ml syrup</i> | 1 | PA; GC; HRM |

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|--|--------------------------|--|
| <i>cyproheptadine hcl 4 mg tab</i> | 1 | GC |
| DYMISTA 137-50 MCG/ACT SUSPENSION | 4 | QL (23 per 28 days) |
| <i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab</i> | 1 | GC |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | 1 | GC |
| <i>olopatadine hcl 0.6 % solution</i> | 2 | QL (31 per 30 days); GC |
| <i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup</i> | 2 | PA; GC; HRM |
| Anti-Inflammatories, Inhaled Corticosteroids/Antiinflamatorios, Corticoides Inhalados | | |
| ARNUITY ELLIPTA 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA | 3 | QL (30 per 30 days) |
| ASMANEX (120 METERED DOSES) 220 MCG/INH AER POW BA | 3 | QL (1 per 30 days) |
| ASMANEX (14 METERED DOSES) 220 MCG/INH AER POW BA | 3 | QL (2 per 30 days) |
| ASMANEX (30 METERED DOSES) 110 MCG/INH AER POW BA, 220 MCG/INH AER POW BA | 3 | QL (1 per 30 days) |
| ASMANEX (60 METERED DOSES) 220 MCG/INH AER POW BA | 3 | QL (1 per 30 days) |
| ASMANEX HFA 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL | 3 | QL (13 per 30 days) |
| <i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i> | 2 | B/D PA; QL (120 per 30 days); 90D; GC |
| <i>budesonide 1 mg/2ml suspension</i> | 2 | B/D PA; QL (60 per 30 days); 90D; GC |
| FLOVENT DISKUS 250 MCG/BLIST AER POW BA | 3 | QL (240 per 30 days) |
| FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA | 3 | QL (60 per 30 days) |
| FLOVENT HFA 110 MCG/ACT AEROSOL | 3 | QL (12 per 30 days) |
| FLOVENT HFA 220 MCG/ACT AEROSOL | 3 | QL (24 per 30 days) |
| FLOVENT HFA 44 MCG/ACT AEROSOL | 3 | QL (11 per 30 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>flunisolide 25 mcg/act (0.025%) solution</i> | 1 | QL (75 per 30 days); GC |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 1 | QL (16 per 30 days); GC |
| <i>mometasone furoate 50 mcg/act suspension</i> | 2 | GC |
| Antileukotrienes/Antagonistas Del Receptor De Leucotrienos | | |
| <i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab</i> | 2 | 90D; GC |
| <i>zafirlukast 10 mg tab, 20 mg tab</i> | 2 | 90D; GC |
| Bronchodilators, Anticholinergic/Broncodilatadores, Anticolinérgicos | | |
| ATROVENT HFA 17 MCG/ACT AERO SOLN | 3 | QL (26 per 30 days) |
| <i>ipratropium bromide 0.02 % solution</i> | 1 | B/D PA; 90D; GC |
| <i>ipratropium bromide 0.03 % solution, 0.06 % solution</i> | 1 | QL (30 per 30 days); 90D; GC |
| SPIRIVA HANDIHALER 18 MCG CAP | 3 | QL (30 per 30 days) |
| SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN | 3 | QL (4 per 30 days) |
| Bronchodilators, Sympathomimetic/Broncodilatadores, Simpaticomiméticos | | |
| <i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln</i> | 2 | B/D PA; QL (360 per 30 days); 90D; GC |
| <i>albuterol sulfate 2 mg tab, 4 mg tab</i> | 2 | 90D; GC |
| <i>albuterol sulfate 2 mg/5ml syrup</i> | 1 | 90D; GC |
| <i>albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i> | 2 | B/D PA; QL (60 per 30 days); 90D; GC |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i> | 2 | 90D; GC |
| <i>arformoterol tartrate 15 mcg/2ml nebu soln</i> | 5 | B/D PA; QL (120 per 30 days) |
| BROVANA 15 MCG/2ML NEBU SOLN | 5 | B/D PA; QL (120 per 30 days) |
| <i>epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj</i> | 2 | QL (2 per 28 days); GC |
| <i>levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln</i> | 2 | B/D PA; QL (270 per 30 days); 90D; GC |

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|--|--------------------------|--|
| <i>levalbuterol hcl 0.63 mg/3ml nebu soln</i> | 2 | B/D PA; QL (540 per 30 days); 90D; GC |
| <i>levalbuterol tartrate 45 mcg/act aerosol</i> | 2 | QL (45 per 30 days); 90D; GC |
| PROAIR HFA 108 (90 BASE) MCG/ACT AERO SOLN | 4 | |
| PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA | 4 | |
| PROVENTIL HFA 108 (90 BASE) MCG/ACT AERO SOLN | 4 | |
| SEREVENT DISKUS 50 MCG/DOSE AER POW BA | 3 | QL (60 per 30 days) |
| SYMJEPI 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR | 3 | QL (2 per 28 days) |
| VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN | 3 | |
| Cystic Fibrosis Agents/Agentes Para La Fibrosis Quística | | |
| CAYSTON 75 MG RECON SOLN | 5 | PA; LA; NM |
| KALYDECO 150 MG TAB | 5 | PA; QL (60 per 30 days); NM |
| KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET | 5 | PA; QL (56 per 28 days); NM |
| ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET | 5 | PA; QL (60 per 30 days); NM |
| ORKAMBI 100-125 MG TAB, 200-125 MG TAB | 5 | PA; QL (120 per 30 days); NM |
| PULMOZYME 2.5 MG/2.5ML SOLUTION | 5 | B/D PA; NM |
| SYMDEKO 100-150 & 150 MG TAB THPK | 5 | PA; LA; QL (56 per 28 days); NM |
| SYMDEKO 50-75 & 75 MG TAB THPK | 5 | PA; QL (56 per 28 days); NM |
| TOBI PODHALER 28 MG CAP | 5 | LA; QL (224 per 28 days); NM |
| <i>tobramycin 300 mg/5ml nebu soln</i> | 5 | B/D PA; QL (280 per 28 days); NM |
| Mast Cell Stabilizers/Estabilizadores De Células Maestras | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 2 | B/D PA; QL (240 per 30 days); 90D; GC |
| Phosphodiesterase Inhibitors, Airways Disease/Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias | | |
| DALIRESP 250 MCG TAB, 500 MCG TAB | 3 | PA; QL (30 per 30 days) |

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| DRUG NAME / NOMBRE DE MEDICAMENTO | DRUG TIER / NIVEL | REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES |
|--|--------------------------|--|
| <i>theophylline 80 mg/15ml solution</i> | 2 | 90D; GC |
| <i>theophylline er 300 mg tab er 12h, 400 mg tab er 24h, 600 mg tab er 24h</i> | 1 | 90D; GC |
| Pulmonary Antihypertensives/Agentes Para La Hipertensión Pulmonar | | |
| ADEMPAS 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB | 5 | PA; LA; NM |
| <i>ambrisentan 5 mg tab, 10 mg tab</i> | 5 | PA; LA; QL (30 per 30 days); NM |
| <i>bosentan 62.5 mg tab, 125 mg tab</i> | 5 | PA; LA; QL (60 per 30 days); NM |
| OPSUMIT 10 MG TAB | 5 | PA; LA; QL (30 per 30 days); NM |
| <i>sildenafil citrate 20 mg tab</i> | 2 | PA; QL (90 per 30 days); NM; 90D; GC |
| TRACLEER 32 MG TAB SOL | 5 | PA; LA; QL (120 per 30 days); NM |
| UPTRAVI 200 & 800 MCG TAB THPK | 5 | PA; LA; NM |
| UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB | 5 | PA; LA; QL (60 per 30 days); NM |
| Pulmonary Fibrosis Agents/Agentes Para La Fibrosis Pulmonar | | |
| ESBRIET 267 MG CAP, 267 MG TAB | 5 | PA; QL (270 per 30 days); NM |
| ESBRIET 801 MG TAB | 5 | PA; QL (90 per 30 days); NM |
| OFEV 100 MG CAP, 150 MG CAP | 5 | PA; QL (60 per 30 days); NM |
| <i>pirfenidone 267 mg tab</i> | 5 | PA; QL (270 per 30 days) |
| <i>pirfenidone 801 mg tab</i> | 5 | PA; QL (90 per 30 days) |
| Respiratory Tract Agents, Other/Agentes Para Las Vías Respiratorias, Otro | | |
| <i>acetylcysteine 10 % solution, 20 % solution</i> | 2 | B/D PA; GC |
| ADVAIR DISKUS 100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA | 3 | QL (60 per 30 days) |
| ADVAIR HFA 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL | 3 | QL (12 per 30 days) |
| ANORO ELLIPTA 62.5-25 MCG/INH AER POW BA | 3 | QL (60 per 30 days) |
| <i>benzonatate 100 mg cap, 200 mg cap</i> | 6 | QL (30 per 10 days); ED |
| BREO ELLIPTA 100-25 MCG/INH AER POW BA, 200-25 MCG/INH AER POW BA | 3 | QL (60 per 30 days) |

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|---|-------------------|---|
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL | 3 | QL (10.7 per 30 days) |
| <i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol</i> | 2 | QL (30.6 per 30 days); 90D; GC |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | 4 | QL (8 per 30 days) |
| DULERA 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL | 4 | QL (13 per 30 days) |
| FASENRA 30 MG/ML SOLN PRSYR | 5 | PA; LA; NM |
| FASENRA PEN 30 MG/ML SOLN A-INJ | 5 | PA; NM |
| <i>fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba</i> | 2 | QL (60 per 30 days); 90D; GC |
| <i>fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba</i> | 2 | QL (1 per 30 days); 90D; GC |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab, 5-1.5 mg/5ml solution</i> | 6 | ED |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i> | 2 | B/D PA; QL (540 per 30 days); 90D; GC |
| NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR | 5 | PA; LA; NM |
| <i>promethazine-codeine 6.25-10 mg/5ml syrup</i> | 6 | ED |
| <i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i> | 6 | ED |
| <i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i> | 2 | GC |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN | 3 | QL (4 per 30 days) |
| SYMBICORT 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL | 3 | QL (30.6 per 30 days) |

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|--|--------------------------|--|
| TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA, 200-62.5-25 MCG/INH AER POW BA | 3 | QL (60 per 30 days) |
| wixela inhub 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba | 2 | QL (60 per 30 days); 90D; GC |
| Skeletal Muscle Relaxants/Relajantes Del Músculo Esquelético | | |
| Skeletal Muscle Relaxants/Relajantes Del Músculo Esquelético | | |
| carisoprodol 250 mg tab, 350 mg tab | 2 | GC |
| chlorzoxazone 500 mg tab | 2 | PA; GC; HRM |
| cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab | 2 | PA; GC; HRM |
| methocarbamol 500 mg tab, 750 mg tab | 2 | GC |
| orphenadrine citrate er 100 mg tab er 12h | 2 | GC |
| Sleep Disorder Agents/Agentes Para El Trastorno Del Sueño | | |
| Sleep Promoting Agents/Agentes Que Favorecen El Sueño | | |
| estazolam 1 mg tab, 2 mg tab | 2 | QL (30 per 30 days); GC |
| flurazepam hcl 15 mg cap, 30 mg cap | 2 | QL (30 per 30 days); GC |
| HETLIOZ 20 MG CAP | 5 | PA; LA; QL (30 per 30 days); NM |
| ramelteon 8 mg tab | 2 | QL (30 per 30 days); GC |
| temazepam 15 mg cap, 30 mg cap | 1 | QL (30 per 30 days); GC |
| temazepam 7.5 mg cap, 22.5 mg cap | 2 | QL (30 per 30 days); GC |
| triazolam 0.125 mg tab, 0.25 mg tab | 2 | QL (30 per 30 days); GC |
| zaleplon 10 mg cap | 2 | QL (60 per 30 days); GC |
| zaleplon 5 mg cap | 2 | QL (30 per 30 days); GC |
| zolpidem tartrate 5 mg tab, 10 mg tab | 2 | QL (30 per 30 days); GC |
| zolpidem tartrate er 6.25 mg tab er, 12.5 mg tab er | 2 | QL (30 per 30 days); GC |
| Wakefulness Promoting Agents/Agentes Que Promueven La Vigilia | | |
| modafinil 100 mg tab | 2 | PA; 90D; GC |
| modafinil 200 mg tab | 2 | PA; QL (60 per 30 days); 90D; GC |
| XYREM 500 MG/ML SOLUTION | 5 | PA; LA; QL (540 per 30 days); NM |

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Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-336-2069 (TTY: 1-877-206-0500).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-336-2069 (TTY: 1-877-206-0500).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-336-2069 (TTY: 1-877-206-0500) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-336-2069 (TTY: 1-877-206-0500).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-336-2069 (TTY: 1-877-206-0500).

ภาษาไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-336-2069 (TTY: 1-877-206-0500).



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Medicare^{Rx}
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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

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

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This formulary was updated on 09/14/2022. For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY: 1-877-206-0500), Monday through Friday from 8 am to 8 pm (closed on federal holidays) and we are open seven days a week during October 1 to March 31 from 8 am to 8 pm (closed Thanksgiving and Christmas Days), or visit www.healthsun.com. Este formulario se actualizó el 09/14/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans, Servicios al Cliente, al 1-877-336-2069 (TTY: 1-877-206-0500), de lunes a viernes de 8 am a 8 pm (cerramos los días feriados federales) y durante el 1 de octubre hasta el 31 de marzo estamos abiertos siete días a la semana de 8 am a 8 pm (cerramos el Día de Acción de Gracias y en Navidad), o visite www.healthsun.com

Every year, Medicare evaluates plans based on a 5-star rating system. Star rating is for contract years 2018, 2019, 2020, 2021 and 2022. Cada año, Medicare evalúa los planes según un sistema de calificación de 5 estrellas. La calificación de estrellas es para los años de contrato 2018, 2019, 2020, 2021 y 2022.