

BILINGUAL

2024

FORMULARY

(List of Covered Drugs)

FORMULARIO

(Lista de Medicamentos Cubiertos)

Medicare_{Rx}
Prescription Drug Coverage

HealthSun
HEALTH PLANS

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 ID 24093, Version 9

This formulary was updated on 08/18/2023. For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST) or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 until September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Este formulario fue actualizado en 08/18/2023. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans al 1-877-336-2069 / TTY: 711, de lunes a viernes de 8 a.m. a 8 p.m., o visite www.healthsun.com. Nuestro horario del 1 de octubre al 31 de marzo es de 8 a.m. a 8 p.m., los siete días de la semana (nuestra oficina permanecerá cerrada el Día de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, estaremos disponibles de lunes a viernes de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados federales).

HealthSun Health Plans

2024 Formulary List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN
HPMS Approved Formulary ID 24093, Version 9

This formulary was updated on **08/18/2023**. For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY users should call 1-877-2060500), from 8am to 8pm, EST., or visit www.healthsun.com. Ours hours of operations during October 1st through March 31st, we are open seven days a week (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 the list of the drugs (formulary) for our plan which is current as of **08/18/2023**. 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, 2024, and from time to time during the year.

What is the HealthSun Health Plans Formulary?

A formulary is a list of covered drugs selected HealthSun Health Plans 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 HealthSun Health Plans 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

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2024 Formulary (List of Covered Drugs) updated 8/18/2023 -ID 24093 V.9 - Effective 1/01/2024

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 the 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 **08/18/2023**. To get updated information about the drugs covered by HealthSun Health Plans 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, “cardiovascular 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 106. 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:** HealthSun Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthSun Health Plans before you fill your prescriptions. If you don't get approval, HealthSun Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthSun Health Plans limits the amount of the drug that HealthSun Health Plans will cover. For example, HealthSun Health Plans provides 30 caps per prescription for TRADJENTA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthSun Health Plans 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, HealthSun Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSun Health Plans 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 15. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 4 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. HealthSun Health Plans pays for certain OTC drugs. Esomeprazole Magnesium Capsule Delayed Release 20MG, Omeprazole Tablet Delayed Release 20MG, or Omeprazole Capsule Delayed Release 20MG. HealthSun Health Plans will provide these OTC drugs at no cost to you. The cost to HealthSun Health Plans 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. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that HealthSun Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthSun Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthSun Health Plans .
- You can ask HealthSun Health Plans 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 HealthSun Health Plans 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, HealthSun Health Plans 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, HealthSun Health Plans 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 nonformulary 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 HealthSun Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

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

The information in the Requirements/Limits column tells you if HealthSun Health Plans 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.

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

SYMBOL	NAME	DESCRIPTION
90D	90 Day Benefit	This drug is approved for a 90-day supply.
100D	100 Day Benefit	This drug is approved for a 100-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	Enhanced Drug Coverage	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.
GC	Drug Gap Coverage	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. If you are enrolled in a HealthSun Dual-Special Needs Plan (D-SNP) or in the HealthSun MediMax (HMO) plan, and you are receiving “Extra Help” from Medicare to pay for your prescription drugs, then all prescription drugs (across all drug tiers) listed in this Formulary will be covered during the Coverage Gap Stage. Please refer to your plan’s Evidence of Coverage for more information about this benefit for Part D cost-sharing elimination.
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), from 8am to 8pm, or visit www.HealthSun.com . From October 1st through March 31st, we are open seven days a week (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).
NEDS	Non-Extended Days Supply	This drug is approved for no more than a 30-day supply.
NM	Non-Mail-Order	This drug is not available at our mail order pharmacies.
OTC	Over-the-Counter Medications	Non-prescription drugs that are not covered by a Medicare Prescription Drug Plan.

SYMBOL	NAME	DESCRIPTION
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

Lista de medicamentos cubiertos del Formulario 2024

**IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN**
Formulario aprobado HPMS ID 24093, versión 9

Este formulario se actualizó el **08/18/2023**. Si desea obtener información más reciente o tiene otras preguntas, póngase en contacto con el Servicio para Miembros de HealthSun Health Plans llamando al 1-877-336-2069 (los usuarios de TTY deben llamar al 1-877-2060500), de 8 a.m. a 8 p.m., hora del Este, o visite www.healthsun.com. Del 1 de octubre al 31 de marzo, estamos operativos los siete días de la semana (nuestra oficina permanecerá cerrada los días de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, el horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados nacionales).

Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que sigue incluyendo los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa HealthSun Health Plans. Cuando se refiere a “plan” o “nuestro plan”, significa HealthSun Health Plans.

Este documento incluye la lista de los medicamentos (formulario) de nuestro plan que está actualizada al **08/18/2023**. Para obtener un formulario actualizado, contáctenos. Nuestros datos de contacto, junto con la fecha de la última actualización del formulario, figuran en la portada y el dorso.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2024 y de vez en cuando durante el año.

¿Qué es el formulario de HealthSun Health Plans?

Un formulario es una lista de medicamentos cubiertos seleccionados por HealthSun Health Plans en consulta con un equipo de proveedores de cuidados médicos, que representa las terapias con receta que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, HealthSun Health Plans cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de HealthSun Health Plans y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos añadir o eliminar medicamentos de la Lista de medicamentos a lo largo del año, cambiarlos de nivel de participación en los gastos o añadir nuevas restricciones. Debemos seguir las normas de Medicare al realizar estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo sustituimos por un nuevo medicamento genérico que aparecerá en el mismo nivel de costos compartidos o en uno inferior y con las mismas restricciones o menos. Además, al añadir el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero pasarlo inmediatamente a un nivel de costos compartidos diferente o añadir nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no se lo comuniquemos por adelantado antes de hacer ese cambio, pero más adelante le proporcionaremos información sobre los cambios concretos que hayamos hecho.

- Si realizamos un cambio de este tipo, usted o su profesional que receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección siguiente titulada “¿Cómo solicito una excepción al Formulario de HealthSun Health Plans?”.

Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o el fabricante retira el medicamento del mercado, lo retiraremos inmediatamente de nuestro formulario y notificaremos a los miembros que lo tomen.

- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos añadir un medicamento genérico que no sea nuevo en el mercado para sustituir a un medicamento de marca actualmente en el formulario, o añadir nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambas cosas. También podemos hacer cambios basados en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, o añadimos autorización previa, límites de cantidad y/o restricciones a la terapia escalonada de un medicamento o lo trasladamos a un nivel superior de costo compartido, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigor, o en el momento en que el miembro solicite una reposición del medicamento, en cuyo momento el miembro recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o su profesional que receta pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección que figura a continuación titulada “¿Cómo solicito una excepción al Formulario de HealthSun Health Plans?”.

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario 2024 que estaba cubierto a principios de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año, no recibirá ningún aviso directo sobre cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios sí le afectarán, por lo que es importante que compruebe la Lista de medicamentos del nuevo año de beneficios para ver si se han producido cambios en los medicamentos.

El formulario adjunto es válido a partir del **08/18/2023**. Para obtener información actualizada sobre los medicamentos cubiertos por HealthSun Health Plans, contáctenos. Nuestros datos de contacto figuran en la portada y el dorso. Le enviaremos un aviso y una lista actualizada en caso de que a mitad de año se produzcan cambios en el formulario que no sean de mantenimiento.

¿Cómo utilizo el Formulario?

Hay dos maneras de 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 condición médica que tratan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca aparecen en la categoría “medicamentos cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 15. A continuación, busque su medicamento bajo el nombre de la categoría.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 106. Este proporciona una lista alfabética de los medicamentos que se encuentran en este documento. Tanto

los medicamentos de marca como los genéricos aparecen allí. Busque su medicamento en el Índice. Al lado de su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página del Índice y busque 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 FDA por tener el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay restricciones en mi cobertura?

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

- **Autorización previa:** HealthSun Health Plans exige que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que tendrá que obtener la aprobación de HealthSun Health Plans antes de surtir sus recetas. Si no obtiene la aprobación, es posible que HealthSun Health Plans no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, HealthSun Health Plans limita la cantidad del medicamento que HealthSun Health Plans cubrirá. Por ejemplo, HealthSun Health Plans proporciona 30 comprimidos por receta de TRADJENTA. Esto puede ser adicional al suministro estándar para un mes o tres meses.
- **Terapia escalonada:** en algunos casos, HealthSun Health Plans requiere que primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si tanto el medicamento A como el B tratan su condición médica, es posible que HealthSun Health Plans no cubra el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no funciona, HealthSun Health Plans cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 15. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos visitando nuestra página web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestros datos de contacto, junto con la fecha de la última actualización del formulario, figuran en la portada y el dorso.

Puede solicitar a HealthSun Health Plans que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que puedan tratar su condición de salud. Consulte la sección “¿Cómo solicito una excepción al Formulario de HealthSun Health Plans?” en la página 4 para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos OTC son medicamentos sin receta que normalmente no están cubiertos por un plan de medicamentos recetados de Medicare. HealthSun Health Plans paga determinados medicamentos OTC. Cápsulas de liberación retardada de esomeprazol y magnesio de 20 mg, comprimidos de liberación retardada de omeprazol

de 20 mg o cápsulas de liberación retardada de omeprazol de 20 mg. HealthSun Health Plans le proporcionará estos medicamentos OTC sin costo alguno para usted. El costo para HealthSun Health Plans de estos medicamentos OTC no se tendrá en cuenta para sus 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 periodo sin cobertura).

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe ponerse en contacto con el Servicio para Miembros y preguntar si su medicamento está cubierto. Nuestros datos de contacto, junto con la fecha de la última actualización del formulario, figuran en la portada y el dorso.

Si se entera de que HealthSun Health Plans no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio para Miembros una lista de medicamentos similares cubiertos por HealthSun Health Plans. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por HealthSun Health Plans.
- Puede solicitar a HealthSun Health Plans que haga una excepción y cubra su medicamento. A continuación, encontrará información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de HealthSun Health Plans?

Puede solicitar a HealthSun Health Plans que haga una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costos compartidos predeterminado, y usted no podrá pedirnos que le proporcionemos el medicamento a un nivel de costos compartidos más bajo.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costos compartidos más bajo, a menos que sea un medicamento especializado. Si se aprueba, se reducirá el monto que debe pagar por el medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura a su medicamento. Por ejemplo, para determinados medicamentos, HealthSun Health Plans limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos un monto mayor.

Por lo general, HealthSun Health Plans solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no fueran tan eficaces para tratar su condición médica y/o le causaran efectos médicos adversos.

Debe ponerse en contacto con nosotros para solicitarnos una decisión de cobertura inicial para una excepción al formulario, al nivel o a la restricción de utilización. **Cuando solicite una excepción al formulario, a un nivel o a una restricción de utilización, deberá presentar una declaración del profesional que receta o del médico que respalda su solicitud.** Por lo general, debemos tomar una decisión en un plazo de 72 horas a partir de la recepción de la declaración justificadora del profesional que receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse gravemente perjudicada si espera hasta 72 horas para tomar una decisión. Si se le concede la excepción acelerada, deberemos comunicarle nuestra decisión en un plazo máximo de 24 horas a partir de la recepción de la declaración justificadora de su médico u otro profesional que receta.

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

Como miembro nuevo o antiguo de nuestro plan, es posible que esté tomando medicamentos que no figuran en nuestro formulario. O puede estar tomando un medicamento que sí está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa antes de que podamos surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar cuál es la medida más adecuada para usted, podemos cubrir su medicamento en determinados casos durante los primeros 90 días de afiliación a nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 30 días. Si su receta es para menos días, le permitiremos reabastecerla hasta un suministro máximo para 30 días. Después del primer suministro para 30 días, no pagaremos estos medicamentos, aunque haya estado afiliado al plan menos de 90 días.

Si es residente de un centro de cuidados médicos a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya ha pasado los primeros 90 días de afiliación a nuestro plan, cubriremos un suministro de emergencia para 34 días de ese medicamento mientras tramita una excepción al formulario.

El proceso de transición de HealthSun Health Plans se mantendrá con respecto a lo siguiente: **(1)** la transición de nuevos miembros al plan durante el período de elección anual; **(2)** la transición de nuevos miembros elegibles de Medicare de otra cobertura a nuestro plan; **(3)** la transición de personas que cambian de un plan a otro después del inicio del año contractual; **(4)** miembros que residen en un centro de cuidados a largo plazo (LTC); (5) miembros actuales afectados por cambios negativos en el formulario de un año contractual al siguiente año contractual; (6) miembros que solicitan una excepción pero no se emite una decisión oportuna sobre la solicitud al final del periodo de transición; (7) miembros que permanecen en el mismo plan para el nuevo año del plan y están tomando un medicamento que fue el resultado de una excepción que se concedió el año anterior; (8) miembros actuales que experimentan un cambio en el nivel de atención; (9) miembros actuales que ingresan en un centro de atención a largo plazo desde otros centros de atención; y (10) miembros actuales en un centro de atención a largo plazo que necesitan un suministro de emergencia de un medicamento no incluido en el formulario.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de HealthSun Health Plans, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre HealthSun Health Plans, contáctenos. Nuestros datos de contacto, junto con la fecha de la última actualización del formulario, figuran en la portada y el dorso.

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

Formulario de HealthSun Health Plans

El formulario que comienza en la página 15 proporciona información sobre los medicamentos cubiertos por HealthSun Health Plans. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 106.

La primera columna del cuadro indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (por ejemplo, ENTRESTO y los genéricos en minúsculas cursivas por ejemplo, *comprimidos de simvastatina*).

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

Ciertos medicamentos del formulario estarán marcados con uno o más símbolos para indicar su aplicación, como las restricciones y requisitos de administración de la utilización, la disponibilidad de pedidos por correo, los medicamentos limitados a un suministro para un mes (incluso cuando el medicamento esté en un nivel que permita un suministro para un día más), los medicamentos excluidos de la Parte D cubiertos por el plan, el acceso limitado, los medicamentos cubiertos en la etapa de periodo sin cobertura, los nombres de los niveles y otra información sobre la cobertura.

Nivel	Nombre del nivel
1	Genérico preferido
2	Genérico
3	Marca preferida
4	Marca no preferida
5	Medicamento especializado
6	Medicamentos complementarios

SÍMBOLO	NOMBRE	DESCRIPCIÓN
90D	Beneficio de 90 días	Este medicamento está aprobado para un suministro para 90 días.
100D	Beneficio de 100 días	Este medicamento está aprobado para un suministro para 100 días.
B/D PA	Revisión de la autorización previa de la Parte B frente a la Parte D	Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare, dependiendo de las circunstancias.
ED	Mejor cobertura de medicamentos	Cobertura de los medicamentos excluidos de la Parte D de Medicare. Este medicamento recetado no suele estar cubierto en un Plan de Medicamentos Recetados de Medicare. El monto que usted paga cuando surte una receta de este medicamento no cuenta para sus costos totales de medicamentos (es decir, el monto que usted paga no le ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus recetas, no obtendrá ninguna ayuda adicional para pagar este medicamento.
GC	Cobertura para el periodo sin cobertura de medicamentos	Proporcionamos cobertura adicional de este medicamento recetado en el periodo sin cobertura. Si desea más información sobre esta cobertura, consulte nuestra Evidencia de Cobertura. Si está inscrito en un Plan de Necesidades Especiales para Personas Doblemente Elegibles (D-SNP) o en el plan HealthSun MediMax (HMO), y recibe Ayuda Extra (“Extra Help”) de Medicare para pagar sus medicamentos recetados, todos los medicamentos recetados (en todos los niveles de medicamentos) enumerados en este Formulario estarán cubiertos durante la etapa de periodo sin cobertura. Consulte la Evidencia de Cobertura de su plan para obtener más información sobre este beneficio de eliminación de costos compartidos de la Parte D.
HRM	Medicamento de alto riesgo	Se requiere autorización previa para mayores de 65 años.
LA	Acceso limitado	Esta receta puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte el Directorio de farmacias o llame al Servicio para Miembros al 1-877-336-2069 (los usuarios de TTY deben llamar al 1-877-206-0500), de 8 a.m. a 8 p.m., o visite www.HealthSun.com . Desde el 1 de octubre hasta el 31 de marzo, estamos operativos los siete días de la semana (nuestra oficina permanecerá cerrada los días de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, el horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados nacionales).

SÍMBOLO	NOMBRE	DESCRIPCIÓN
NEDS	Suministro de días no prorrogados	Este medicamento está aprobado para un suministro para 30 días como máximo.
NM	Sin pedido por correo	Este medicamento no está disponible en nuestras farmacias de pedido por correo.
OTC	Medicamentos de venta libre	Medicamentos no sujetos a receta que no están cubiertos por un Plan de Medicamentos Recetados de Medicare.
PA	Autorización previa	Usted (o su médico) debe obtener una autorización previa antes de surtir su receta de este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
QL	Límite de cantidad	Existe un límite en la cantidad de este medicamento que se cubre por receta o en un plazo determinado. Algunos medicamentos marcados con “QL” por límite de cantidad indicarán la cantidad (días de suministro o cantidad dispensada).
ST	Terapia escalonada	En algunos casos, se le puede exigir que pruebe primero determinados medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición.

List of Covered Drugs / Lista de Medicamentos

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ANALGESICS AND ANTI-INFLAMMATORY AGENTS / AGENTES ANALGÉSICOS Y ANTI-INFLAMATORIOS		
<i>acetaminophen-codeine oral solution</i>	2	QL (900 per 30 days); NEDS; GC
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 per 30 days); NEDS; GC
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC; 100D
ASCOMP-CODEINE	2	PA; QL (180 per 30 days); NEDS; GC; HRM
<i>buprenorphine transdermal</i>	2	PA; QL (4 per 28 days); NEDS; GC
<i>butalbital-apap-caff-cod</i>	2	PA; QL (180 per 30 days); NEDS; GC; HRM
<i>butalbital-asa-caff-codeine</i>	2	PA; QL (180 per 30 days); NEDS; GC; HRM
<i>butorphanol tartrate nasal</i>	2	QL (5 per 30 days); NEDS; GC
<i>celecoxib oral</i>	2	GC; 90D
<i>colchicine oral</i>	2	GC
<i>colchicine-probenecid</i>	1	GC; 100D
<i>diclofenac potassium oral tablet 50 mg</i>	1	GC; 100D
<i>diclofenac sodium er</i>	1	GC; 100D
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 per 30 days); GC
<i>diclofenac sodium external solution 1.5 %</i>	2	QL (300 per 30 days); GC
<i>diclofenac sodium oral</i>	1	GC; 100D
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	GC; 90D
<i>diflunisal oral</i>	2	GC; 90D
<i>duramorph</i>	4	QL (180 per 30 days); NEDS
<i>ec-naproxen</i>	2	GC; 90D
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (180 per 30 days); NEDS; GC
<i>etodolac er</i>	2	GC; 90D
<i>etodolac oral</i>	1	GC; 100D
<i>febuxostat</i>	2	ST; GC; 90D
<i>fenoprofen calcium oral tablet</i>	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 14 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>fentanyl</i>	2	PA; QL (15 per 30 days); NEDS; GC
<i>fentanyl citrate buccal tablet</i>	5	PA; QL (120 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	1	GC; 100D
GLYDO EXTERNAL PREFILLED SYRINGE	2	GC
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	2	QL (2700 per 30 days); NEDS; GC
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (180 per 30 days); NEDS; GC
<i>hydrocodone-homatropine oral tablet</i>	6	ED
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (50 per 10 days); NEDS; GC
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	QL (180 per 30 days); NEDS; GC
<i>hydromorphone hcl oral liquid</i>	2	QL (720 per 30 days); NEDS; GC
<i>hydromorphone hcl oral tablet</i>	2	QL (180 per 30 days); NEDS; GC
IBU ORAL TABLET 600 MG, 800 MG	1	GC; 100D
<i>ibuprofen oral suspension</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC; 100D
<i>indomethacin er</i>	2	PA; GC; 90D; HRM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; GC; 100D; HRM
<i>ketoprofen er</i>	2	GC; 90D
<i>ketoprofen oral capsule 50 mg</i>	2	GC; 90D
<i>ketorolac tromethamine oral</i>	2	PA; GC; HRM
<i>lidocaine external ointment 5 %</i>	2	PA; QL (150 per 30 days); GC
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 per 30 days); GC
<i>lidocaine hcl external solution</i>	2	PA; QL (300 per 30 days); GC
<i>lidocaine hcl urethral/mucosal</i>	2	GC
<i>lidocaine viscous hcl</i>	1	GC
<i>lidocaine-prilocaine external cream</i>	2	QL (30 per 30 days); GC
<i>meclofenamate sodium oral</i>	2	GC; 90D
<i>meloxicam oral tablet</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	PA; QL (120 per 30 days); NEDS; GC; HRM
<i>meperidine hcl oral solution</i>	2	PA; QL (900 per 30 days); NEDS; GC; HRM
<i>meperidine hcl oral tablet 50 mg</i>	5	PA; QL (180 per 30 days); NEDS; HRM
<i>methadone hcl oral solution</i>	2	QL (900 per 30 days); NEDS; GC
<i>methadone hcl oral tablet</i>	2	PA; QL (180 per 30 days); NEDS; GC
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	2	QL (180 per 30 days); NEDS; GC
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate er beads</i>	2	PA; QL (30 per 30 days); NEDS; GC
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL (60 per 30 days); NEDS; GC
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (60 per 30 days); NEDS; GC
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (90 per 30 days); NEDS; GC
<i>morphine sulfate oral solution</i>	2	QL (900 per 30 days); NEDS; GC
<i>morphine sulfate oral tablet 15 mg</i>	2	QL (180 per 30 days); NEDS; GC
<i>morphine sulfate oral tablet 30 mg</i>	1	QL (180 per 30 days); NEDS; GC
<i>nabumetone oral</i>	1	GC; 100D
<i>naproxen oral suspension</i>	2	GC; 90D
<i>naproxen oral tablet</i>	1	GC; 100D
<i>naproxen oral tablet delayed release</i>	2	GC; 90D
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	GC; 90D
<i>oxaprozin</i>	2	GC; 90D
<i>oxycodone hcl oral capsule</i>	2	QL (180 per 30 days); NEDS; GC
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</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
<i>oxycodone hcl oral tablet</i>	2	QL (180 per 30 days); NEDS; GC
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days); NEDS; GC
<i>oxymorphone hcl</i>	2	QL (180 per 30 days); NEDS; GC
<i>pentazocine-naloxone hcl</i>	2	PA; QL (360 per 30 days); NEDS; GC; HRM
<i>piroxicam oral</i>	2	GC; 90D
<i>probenecid oral</i>	1	GC; 100D
RELAFEN	1	GC; 100D
<i>sulindac oral</i>	1	GC; 100D
<i>tolmetin sodium oral tablet 600 mg</i>	2	GC; 90D
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (30 per 30 days); NEDS; GC
<i>tramadol hcl er</i>	2	PA; QL (30 per 30 days); NEDS; GC
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS; GC
<i>tramadol-acetaminophen</i>	2	QL (40 per 5 days); NEDS; GC
ANTINEOPLASTICS / ANTINEOPLÁSTICOS		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 per 30 days); NM
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days); NM
ALECENSA	5	PA; QL (240 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); NM; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); NM; LA
<i>anastrozole oral</i>	2	QL (30 per 30 days); GC; 90D
AYVAKIT	5	PA; QL (30 per 30 days); NM; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); NM; LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); NM; LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); NM; LA
BAVENCIO	5	PA; NM; LA
BESREMI	5	PA; NM; LA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days); NM
<i>bicalutamide</i>	2	QL (30 per 30 days); GC
<i>bortezomib intravenous solution reconstituted</i>	5	PA; NM
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); NM
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); NM; LA
BRUKINSA	5	PA; QL (120 per 30 days); NM; LA
CABOMETYX	5	PA; QL (30 per 30 days); NM; LA
CALQUENCE	5	PA; QL (60 per 30 days); NM; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); NM; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); NM; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); NM; LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM; LA
COPIKTRA	5	PA; QL (60 per 30 days); NM; LA
COTELLIC	5	PA; QL (90 per 30 days); NM; LA
<i>cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml</i>	5	NM
<i>cyclophosphamide oral capsule</i>	3	B/D PA; NM
CYRAMZA	5	PA; NM; LA
DARZALEX FASPRO	5	PA; NM
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	PA; NM; LA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NM; LA
ELIGARD	4	PA; NM
EMCYT	5	NM
ENHERTU	5	PA; NM
ERIVEDGE	5	PA; QL (30 per 30 days); NM; LA
ERLEADA	5	PA; NM; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days); NM
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NM
<i>everolimus oral tablet soluble</i>	5	PA; NM
<i>exemestane</i>	2	QL (60 per 30 days); GC; 90D
EXKIVITY	5	PA; QL (120 per 30 days); NM; LA
FIRMAGON (240 MG DOSE)	5	PA; NM
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NM
<i>flutamide</i>	2	GC
FOTIVDA	5	PA; QL (21 per 28 days); NM
GAVRETO	5	PA; QL (120 per 30 days); NM; LA
GAZYVA	5	PA; NM; LA
<i>gefitinib</i>	5	PA; QL (30 per 30 days); NM
GILOTRIF	5	PA; QL (30 per 30 days); NM; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; NM
HERCEPTIN HYLECTA	5	B/D PA; NM
<i>hydroxyurea oral</i>	1	GC
IBRANCE	5	PA; QL (21 per 28 days); NM; LA
ICLUSIG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NM; LA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days); NM
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days); NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NM; LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); NM; LA
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); NM; LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NM; LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NM; LA
INQOVI	5	PA; QL (5 per 28 days); NM; LA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
INREBIC	5	PA; QL (120 per 30 days); NM; LA
JAKAFI	5	PA; QL (60 per 30 days); NM; LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NM
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
KADCYLA	5	PA; NM
KISQALI (200 MG DOSE)	5	PA; QL (21 per 21 days); NM
KISQALI (400 MG DOSE)	5	PA; QL (42 per 21 days); NM
KISQALI (600 MG DOSE)	5	PA; QL (63 per 21 days); NM
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days); NM
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days); NM
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days); NM
KRAZATI	5	PA; QL (180 per 30 days); NM
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days); NM
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); NM; LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); NM; LA
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); NM; LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
<i>letrozole oral</i>	2	QL (30 per 30 days); GC; 90D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	GC
<i>leucovorin calcium oral tablet 5 mg</i>	1	GC
LEUKERAN	3	
<i>leuprolide acetate (3 month)</i>	4	PA; NM
<i>leuprolide acetate injection</i>	2	PA; GC; NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
LONSURF	5	PA; NM
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NM
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days); NM
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days); NM
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days); NM
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 180 days); NM
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); NM; LA
LYSODREN	5	NM
LYTGOBI (12 MG DAILY DOSE)	5	PA; NM
LYTGOBI (16 MG DAILY DOSE)	5	PA; NM
LYTGOBI (20 MG DAILY DOSE)	5	PA; NM
MATULANE	5	NM; LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA; GC
<i>megestrol acetate oral tablet</i>	1	PA; GC
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); NM
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NM; LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NM; LA
MEKTOVI	5	PA; QL (180 per 30 days); NM; LA
<i>mercaptopurine oral</i>	2	GC
MESNEX ORAL	5	
NERLYNX	5	PA; QL (180 per 30 days); NM; LA
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days); NM
NUBEQA	5	PA; QL (120 per 30 days); NM; LA
ODOMZO	5	PA; QL (30 per 30 days); NM; LA
ONUREG	5	PA; QL (14 per 28 days); NM; LA
ORGOVYX	5	PA; QL (32 per 30 days); NM; LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NM

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ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NM
oxaliplatin intravenous solution 200 mg/40ml	4	B/D PA; NM
PEMAZYRE	5	PA; QL (14 per 21 days); NM; LA
pemetrexed disodium intravenous solution reconstituted 100 mg	5	PA; NM
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	5	NM
pemetrexed disodium intravenous solution reconstituted 500 mg	4	PA; NM
PHESGO	5	PA; NM
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); NM
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
POMALYST	5	PA; QL (21 per 28 days); NM; LA
PURIXAN	5	PA; NM
QINLOCK	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days); NM
REZLIDHIA	5	PA; QL (60 per 30 days); NM; LA
RIABNI	5	B/D PA; NM
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	5	B/D PA; NM; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NM; LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NM; LA
RUBRACA	5	PA; QL (120 per 30 days); NM; LA
RYBREVANT	5	PA; NM
RYDAPT	5	PA; QL (240 per 30 days); NM
RYLAZE	5	PA; NM
SARCLISA	5	PA; NM
SCSEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NM
SCSEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NM
SOLTAMOX	4	
sorafenib tosylate	5	PA; QL (120 per 30 days); NM

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SPRYCEL	5	PA; QL (30 per 30 days); NM
STIVARGA	5	PA; QL (84 per 28 days); NM; LA
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days); NM
SYNRIBO	5	PA; NM
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days); NM
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); NM
TAGRISSO	5	PA; QL (30 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); NM; LA
<i>tamoxifen citrate oral</i>	1	GC; 100D
TASIGNA	5	PA; QL (112 per 28 days); NM
TAZVERIK	5	PA; QL (240 per 30 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA; QL (20 per 21 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PA; QL (28 per 28 days); NM; LA
TECVAYLI	5	PA; NM
TEPMETKO	5	PA; QL (60 per 30 days); NM; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days); NM
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days); NM
TIBSOVO	5	PA; QL (60 per 30 days); NM; LA
<i>toremifene citrate</i>	4	QL (30 per 30 days); NM
TRELSTAR MIXJECT	4	PA; NM
<i>tratinostat oral</i>	5	
TRODELVY	5	PA; NM
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); NM; LA
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); NM; LA
TUKYSA	5	PA; QL (120 per 30 days); NM; LA
TURALIO	5	PA; QL (120 per 30 days); NM; LA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM; LA
VENCLEXTA STARTING PACK	5	PA; NM; LA
VERZENIO	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); NM; LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); NM; LA
VIZIMPRO	5	PA; QL (30 per 30 days); NM; LA
VONJO	5	PA; QL (120 per 30 days); NM; LA
VOTRIENT	5	PA; QL (120 per 30 days); NM; LA
WELIREG	5	PA; QL (90 per 30 days); NM; LA
XALKORI	5	PA; QL (120 per 30 days); NM; LA
XOSPATA	5	PA; QL (90 per 30 days); NM; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); NM; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); NM; LA
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); NM; LA
ZELBORAF	5	PA; QL (240 per 30 days); NM; LA
ZEPZELCA	5	PA; NM
ZOLINZA	5	PA; QL (120 per 30 days); NM

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ZYDELIG	5	PA; QL (60 per 30 days); NM; LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); NM; LA
BLOOD PRODUCTS AND MODIFIERS / PRODUCTOS SANGUÍNEOS Y MODIFICADORES		
<i>anagrelide hcl</i>	2	GC; 90D
<i>aspirin-dipyridamole er</i>	2	QL (60 per 30 days); GC; 90D
BRILINTA	3	QL (60 per 30 days)
<i>cilostazol</i>	2	GC; 90D
CINRYZE	5	PA; NM; LA
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>dabigatran etexilate mesylate</i>	2	QL (60 per 30 days); GC; 90D
<i>dipyridamole oral tablet 25 mg, 50 mg</i>	1	PA; GC; 100D; HRM
<i>dipyridamole oral tablet 75 mg</i>	2	PA; GC; 90D; HRM
DROXIA	4	
ELIQUIS	3	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ENDARI	5	NM; LA
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (56 per 28 days); GC
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (44.8 per 28 days); GC
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days); GC
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days); GC
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (33.6 per 28 days); GC
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days); GC
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days)

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<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	B/D PA; GC
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	1	B/D PA; GC
<i>icatibant acetate</i>	5	PA; NM
JANTOVEN	1	GC; 100D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; NM
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days); NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; NM
<i>pentoxifylline er</i>	1	GC; 100D
PRADAXA ORAL CAPSULE	4	QL (60 per 30 days)
<i>prasugrel hcl</i>	2	QL (30 per 30 days); GC; 90D
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NM
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); NM; LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); NM; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); NM; LA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); NM; LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); NM; LA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML(1ML)	4	PA; NM
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 per 28 days); NM
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (12 per 28 days); NM
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; NM; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NM
<i>tranexamic acid oral</i>	2	GC
UDENYCA	5	PA; QL (1.2 per 28 days); NM
<i>warfarin sodium oral</i>	1	GC; 100D
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK	3	
ZARXIO	5	PA; NM
CARDIOVASCULAR AGENTS / AGENTES CARDIOVASCULARES		
<i>acebutolol hcl oral</i>	1	GC; 100D
<i>acetazolamide oral</i>	2	GC; 90D
<i>aliskiren fumarate</i>	2	GC; 90D
<i>amiloride hcl oral</i>	1	GC; 100D
<i>amiloride-hydrochlorothiazide</i>	1	GC; 100D
<i>amiodarone hcl oral</i>	2	GC; 90D
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	GC; 90D
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>amlodipine besylate oral</i>	1	GC; 100D
<i>amlodipine besylate-valsartan</i>	2	QL (30 per 30 days); GC; 90D
<i>amlodipine-atorvastatin</i>	2	QL (30 per 30 days); GC; 90D
<i>amlodipine-olmesartan</i>	2	QL (30 per 30 days); GC; 90D
<i>amlodipine-valsartan-hctz</i>	2	QL (30 per 30 days); GC; 90D
<i>atenolol oral</i>	1	GC; 100D
<i>atenolol-chlorthalidone</i>	1	GC; 100D
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); GC; 100D
<i>benazepril hcl oral</i>	1	GC; 100D
<i>benazepril-hydrochlorothiazide</i>	2	GC; 90D
<i>betaxolol hcl oral</i>	1	GC; 100D
<i>bisoprolol fumarate oral</i>	1	GC; 100D
<i>bisoprolol-hydrochlorothiazide</i>	1	GC; 100D
<i>bumetanide injection</i>	2	GC
<i>bumetanide oral</i>	2	GC; 90D
BYSTOLIC	4	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>candesartan cilexetil oral tablet 32 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>captopril oral</i>	1	GC; 100D
<i>captopril-hydrochlorothiazide</i>	2	GC; 90D
CARTIA XT	1	GC; 100D
<i>carvedilol</i>	1	GC; 100D
<i>carvedilol phosphate er</i>	2	GC; 90D
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC; 100D
<i>cholestyramine light</i>	2	GC; 90D
<i>cholestyramine oral</i>	2	GC; 90D
<i>clonidine</i>	2	QL (4 per 28 days); GC; 90D
<i>clonidine hcl oral</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>colesevelam hcl</i>	2	GC; 90D
<i>colestipol hcl</i>	2	GC; 90D
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days)
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days)
DIGOX ORAL TABLET 125 MCG	1	QL (30 per 30 days); GC; 100D
DIGOX ORAL TABLET 250 MCG	1	PA; QL (60 per 30 days); GC; 100D; HRM
<i>digoxin oral solution</i>	2	GC; 90D
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 per 30 days); GC; 100D
<i>digoxin oral tablet 250 mcg</i>	1	PA; QL (60 per 30 days); GC; 100D; HRM
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	GC; 90D
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	1	GC; 100D
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 360 mg</i>	2	GC; 90D
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	GC; 90D
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	GC; 100D
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC; 90D
<i>diltiazem hcl oral</i>	1	GC; 100D
<i>dilt-xr</i>	1	GC; 100D
<i>disopyramide phosphate oral</i>	2	PA; GC; 90D; HRM
<i>dofetilide</i>	2	GC; NM; 90D
<i>doxazosin mesylate oral</i>	1	GC; 100D
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 per 30 days); GC; NM
<i>droxidopa oral capsule 200 mg</i>	4	PA; QL (180 per 30 days); NM
<i>droxidopa oral capsule 300 mg</i>	5	PA; QL (180 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>enalapril maleate oral tablet</i>	1	GC; 100D
<i>enalapril-hydrochlorothiazide</i>	1	GC; 100D
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eplerenone</i>	2	GC; 90D
<i>ezetimibe</i>	2	GC; 90D
<i>ezetimibe-simvastatin</i>	2	QL (30 per 30 days); GC; 90D
<i>felodipine er</i>	1	GC; 100D
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	GC; 90D
<i>fenofibrate oral</i>	2	GC; 90D
<i>fenofibric acid oral capsule delayed release</i>	2	GC; 90D
<i>flecainide acetate</i>	2	GC; 90D
<i>fluvastatin sodium</i>	2	QL (60 per 30 days); GC; 90D
<i>fluvastatin sodium er</i>	2	QL (30 per 30 days); GC; 90D
<i>fosinopril sodium</i>	1	GC; 100D
<i>fosinopril sodium-hctz</i>	1	GC; 100D
<i>furosemide injection</i>	1	GC
<i>furosemide oral tablet</i>	1	GC; 100D
<i>gemfibrozil oral</i>	2	GC; 90D
<i>hydralazine hcl oral</i>	1	GC; 100D
<i>hydrochlorothiazide oral</i>	1	GC; 100D
<i>indapamide oral</i>	1	GC; 100D
<i>irbesartan</i>	1	QL (30 per 30 days); GC; 100D
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 per 30 days); GC; 100D
<i>isosorb dinitrate-hydralazine</i>	2	QL (180 per 30 days); GC; 90D
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	GC; 100D
<i>isosorbide mononitrate</i>	1	GC; 100D
<i>isosorbide mononitrate er</i>	1	GC; 100D
<i>isradipine oral capsule 2.5 mg</i>	2	GC; 90D
<i>isradipine oral capsule 5 mg</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>labetalol hcl oral</i>	1	GC; 100D
<i>lisinopril oral</i>	1	GC; 100D
<i>lisinopril-hydrochlorothiazide</i>	1	GC; 100D
LIVALO	3	QL (30 per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>losartan potassium-hctz</i>	1	QL (30 per 30 days); GC; 100D
<i>lovastatin oral</i>	1	QL (60 per 30 days); GC; 100D
MATZIM LA	2	GC; 90D
<i>metolazone</i>	1	GC; 100D
<i>metoprolol succinate er</i>	1	GC; 100D
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; 100D
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	GC; 90D
<i>metoprolol-hydrochlorothiazide</i>	1	GC; 100D
<i>metyrosine</i>	5	
<i>mexiletine hcl oral</i>	2	GC; 90D
<i>midodrine hcl</i>	2	GC
<i>minoxidil oral</i>	1	GC; 100D
<i>moexipril hcl</i>	1	GC; 100D
MULTAQ	3	QL (60 per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	GC; 90D
<i>nebivolol hcl</i>	2	GC; 90D
<i>niacin (antihyperlipidemic)</i>	2	GC
<i>niacin er (antihyperlipidemic)</i>	2	GC; 90D
NIACOR	2	GC
<i>nicardipine hcl oral</i>	2	GC; 90D
<i>nifedipine er</i>	1	GC; 100D
<i>nifedipine er osmotic release</i>	1	GC; 100D
<i>nifedipine oral capsule 10 mg</i>	2	PA; GC; 90D; HRM
<i>nifedipine oral capsule 20 mg</i>	1	PA; GC; 100D; HRM
<i>nimodipine oral</i>	2	GC

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<i>nisoldipine er</i>	2	GC; 90D
<i>nitroglycerin sublingual</i>	1	GC; 100D
<i>nitroglycerin transdermal patch 24 hour</i>	1	GC; 100D
<i>nitroglycerin translingual solution</i>	2	GC; 90D
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>olmesartan medoxomil oral tablet 5 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>olmesartan medoxomil-hctz</i>	2	QL (30 per 30 days); GC; 90D
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 per 30 days); GC; 90D
<i>omega-3-acid ethyl esters</i>	2	GC; 90D
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	GC; 90D
<i>perindopril erbumine</i>	1	GC; 100D
<i>pindolol</i>	1	GC; 100D
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 per 28 days)
<i>pravastatin sodium</i>	1	QL (30 per 30 days); GC; 100D
<i>prazosin hcl oral</i>	1	GC; 100D
PREVALITE	2	GC; 90D
<i>propafenone hcl</i>	2	GC; 90D
<i>propafenone hcl er</i>	2	GC; 90D
<i>propranolol hcl er</i>	2	GC; 90D
<i>propranolol hcl oral solution</i>	2	GC; 90D
<i>propranolol hcl oral tablet</i>	1	GC; 100D
<i>quinapril hcl</i>	1	GC; 100D
<i>quinapril-hydrochlorothiazide</i>	1	GC; 100D
<i>quinidine gluconate er</i>	2	GC; 90D
<i>quinidine sulfate oral</i>	1	GC; 100D
<i>ramipril</i>	1	GC; 100D
<i>ranolazine er</i>	2	PA; GC; 90D
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin calcium</i>	2	QL (30 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); GC; 100D
SOAANZ	1	GC; 100D
SORINE	2	GC; 90D
<i>sotalol hcl (af)</i>	2	GC; 90D
<i>sotalol hcl oral</i>	2	GC; 90D
<i>spironolactone oral</i>	1	GC; 100D
<i>spironolactone-hctz</i>	1	GC; 100D
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	2	GC; 90D
TEGSEDI	5	PA; QL (6 per 28 days); NM; LA
TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>telmisartan oral tablet 80 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>telmisartan-amlodipine</i>	2	QL (30 per 30 days); GC; 90D
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>terazosin hcl oral</i>	1	GC; 100D
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	2	GC; 90D
<i>timolol maleate oral</i>	1	GC; 100D
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg</i>	1	GC; 100D
<i>trandolapril</i>	1	GC; 100D
<i>trandolapril-verapamil hcl er</i>	2	GC; 90D
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	GC; 100D
<i>triamterene-hctz oral tablet</i>	1	GC; 100D
<i>valsartan oral tablet 160 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>valsartan oral tablet 320 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	QL (90 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>valsartan-hydrochlorothiazide</i>	2	QL (30 per 30 days); GC; 90D
VASCEPA	4	
<i>verapamil hcl er</i>	2	GC; 90D
<i>verapamil hcl oral</i>	1	GC; 100D
VERQUVO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS / AGENTES DEL SISTEMA NERVIOSO CENTRAL		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days)
<i>acamprosate calcium</i>	2	GC; 90D
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days)
<i>almotriptan malate</i>	2	QL (9 per 30 days); GC
<i>alprazolam er</i>	2	QL (90 per 30 days); GC
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
<i>alprazolam oral tablet</i>	1	QL (90 per 30 days); GC
<i>alprazolam oral tablet dispersible</i>	2	QL (90 per 30 days); GC
<i>alprazolam xr</i>	2	QL (90 per 30 days); GC
<i>amantadine hcl oral capsule</i>	2	GC; 90D
<i>amantadine hcl oral solution</i>	2	GC; 90D
<i>amantadine hcl oral tablet</i>	2	GC; 90D
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 75 mg</i>	1	GC; 100D
<i>amitriptyline hcl oral tablet 25 mg, 50 mg</i>	2	GC; 90D
<i>amoxapine</i>	2	PA; GC; 90D; HRM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>amphetamine-dextroamphetamine</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA; QL (90 per 30 days); GC; 90D
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	5	QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	5	QL (45 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	5	QL (30 per 30 days)
<i>apomorphine hcl subcutaneous</i>	5	PA; QL (60 per 30 days); NM
APTIOM	5	
<i>aripiprazole oral solution</i>	2	QL (900 per 30 days); GC; 90D
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	GC; 90D
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days); GC; 90D
AUSTEDO	5	PA; QL (120 per 30 days); NM
AUVELITY	5	PA; QL (60 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days); NM

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BAC	2	PA; QL (180 per 30 days); GC; HRM
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days); GC
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days); GC
BELSOMRA	4	QL (30 per 30 days)
<i>benztropine mesylate oral</i>	1	PA; GC; 100D; HRM
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); NM
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	QL (60 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days)
<i>bromocriptine mesylate oral</i>	2	GC; 90D
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (240 per 30 days); NEDS; GC
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (360 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	2	QL (180 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (90 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 per 30 days); NEDS; GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 per 30 days); NEDS; GC
<i>bupropion hcl er (smoking det)</i>	2	QL (60 per 30 days); GC
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); GC; 100D
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); GC; 100D
<i>bupirone hcl oral</i>	1	GC
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA; QL (180 per 30 days); GC; HRM
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; QL (180 per 30 days); GC; HRM
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 per 30 days); GC; HRM
CAPLYTA	5	QL (30 per 30 days)
<i>carbamazepine er</i>	2	GC; 90D
<i>carbamazepine oral suspension</i>	2	GC; 90D
<i>carbamazepine oral tablet</i>	1	GC; 100D
<i>carbamazepine oral tablet chewable</i>	1	GC; 100D
<i>carbidopa oral</i>	2	GC; 90D
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC; 90D
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	1	GC; 100D
<i>carbidopa-levodopa oral tablet 25-100 mg, 25-250 mg</i>	2	GC; 90D
<i>carbidopa-levodopa oral tablet dispersible</i>	2	GC; 90D
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	GC; 90D
<i>carisoprodol oral</i>	2	GC
<i>chlordiazepoxide hcl</i>	2	QL (120 per 30 days); GC
<i>chlordiazepoxide-amitriptyline</i>	2	PA; GC; 90D; HRM
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	2	GC; 90D
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; GC; HRM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>citalopram hydrobromide oral solution</i>	2	QL (600 per 30 days); GC; 90D
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>clobazam oral suspension</i>	2	PA; QL (480 per 30 days); GC; 90D
<i>clobazam oral tablet 10 mg</i>	2	PA; QL (120 per 30 days); GC; 90D
<i>clobazam oral tablet 20 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
<i>clomipramine hcl oral</i>	2	PA; GC; 90D; HRM
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days); GC
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days); GC
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days); GC
<i>clonazepam oral tablet dispersible 0.125 mg</i>	2	QL (4800 per 30 days); GC
<i>clonazepam oral tablet dispersible 0.25 mg</i>	2	QL (2400 per 30 days); GC
<i>clonazepam oral tablet dispersible 0.5 mg</i>	2	QL (1200 per 30 days); GC
<i>clonazepam oral tablet dispersible 1 mg</i>	2	QL (600 per 30 days); GC
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days); GC
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	QL (120 per 30 days); GC; 90D
<i>clorazepate dipotassium</i>	2	GC
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days); GC
<i>clozapine oral tablet 200 mg</i>	2	QL (120 per 30 days); GC
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days); GC
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days); GC
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 per 30 days); GC
<i>clozapine oral tablet dispersible 12.5 mg</i>	2	QL (2160 per 30 days); GC
<i>clozapine oral tablet dispersible 150 mg</i>	2	QL (180 per 30 days); GC
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (1080 per 30 days); GC
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NM
cyclobenzaprine hcl oral	2	PA; GC; HRM
dalfampridine er	3	PA; QL (60 per 30 days); NM
desipramine hcl oral tablet 10 mg, 25 mg	1	PA; GC; 100D; HRM
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	PA; GC; 90D; HRM
desvenlafaxine er	2	QL (30 per 30 days); GC; 90D
desvenlafaxine succinate er	2	GC; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 25 mg, 35 mg	1	QL (30 per 30 days); GC; 100D
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg	2	QL (30 per 30 days); GC; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	QL (60 per 30 days); GC; 100D
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 per 30 days); GC; 90D
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 per 30 days); GC; 90D
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 per 30 days); GC; 90D
dextroamphetamine sulfate oral tablet 5 mg	2	QL (90 per 30 days); GC; 90D
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); NM; LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); NM; LA
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); NM; LA
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); NM; LA
DIAZEPAM INTENSOL	2	QL (240 per 30 days); GC
diazepam oral concentrate	2	QL (240 per 30 days); GC
diazepam oral solution 5 mg/5ml	2	QL (1200 per 30 days); GC
diazepam oral tablet 10 mg	1	QL (120 per 30 days); GC
diazepam oral tablet 2 mg	1	QL (600 per 30 days); GC
diazepam oral tablet 5 mg	1	QL (240 per 30 days); GC
diazepam rectal	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	
<i>disulfiram oral</i>	2	GC; 90D
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	GC; 90D
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	GC; 90D
<i>divalproex sodium oral tablet delayed release 125 mg</i>	1	GC; 100D
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	2	GC; 90D
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>donepezil hcl oral tablet dispersible</i>	2	QL (30 per 30 days); GC; 90D
<i>doxepin hcl oral capsule</i>	2	PA; GC; 90D; HRM
<i>doxepin hcl oral concentrate</i>	2	PA; GC; 90D; HRM
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 per 30 days); GC; 90D
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>eletriptan hydrobromide</i>	2	QL (9 per 30 days); GC
EMSAM	5	PA; QL (30 per 30 days)
<i>entacapone</i>	2	GC; 90D
EPIDIOLEX	5	PA; NM; LA
EPITOL	1	GC; 100D
EPRONTIA	4	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>ergoloid mesylates oral</i>	2	PA; GC; 90D; HRM
<i>ergotamine-caffeine</i>	2	GC
<i>escitalopram oxalate oral solution</i>	2	QL (600 per 30 days); GC; 90D
<i>escitalopram oxalate oral tablet 10 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL (120 per 30 days); GC; 90D
ESGIC ORAL CAPSULE	2	PA; QL (180 per 30 days); GC; HRM
<i>estazolam</i>	2	QL (30 per 30 days); GC
<i>eszopiclone</i>	2	QL (30 per 30 days); GC
<i>ethosuximide oral</i>	2	GC; 90D
FANAPT ORAL TABLET 1 MG	5	QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	5	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	QL (90 per 30 days)
FANAPT TITRATION PACK	4	
<i>felbamate</i>	2	GC; 90D
FETZIMA	3	PA; QL (30 per 30 days)
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	5	PA; QL (30 per 30 days); NM
FINTEPLA	5	PA; NM; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	1	GC; 100D
<i>fluoxetine hcl oral capsule 20 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>fluoxetine hcl oral capsule 40 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 per 28 days); GC; 90D
<i>fluoxetine hcl oral solution</i>	2	QL (600 per 30 days); GC; 90D
<i>fluoxetine hcl oral tablet 10 mg</i>	2	GC; 90D
<i>fluoxetine hcl oral tablet 20 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>fluoxetine hcl oral tablet 60 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>fluphenazine decanoate injection</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>fluphenazine hcl injection</i>	2	GC
<i>fluphenazine hcl oral concentrate</i>	2	GC; 90D
<i>fluphenazine hcl oral elixir</i>	2	GC; 90D
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg</i>	1	GC; 100D
<i>fluphenazine hcl oral tablet 5 mg</i>	2	GC; 90D
<i>flurazepam hcl oral capsule 30 mg</i>	2	QL (30 per 30 days); GC
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); GC; 100D
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	GC; 100D
FYCOMPA ORAL SUSPENSION	5	QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); GC; 100D
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 per 30 days); GC; 90D
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days); GC; 90D
<i>gabapentin oral solution</i>	2	QL (2160 per 30 days); GC; 90D
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days); GC; 90D
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>galantamine hydrobromide er</i>	2	QL (30 per 30 days); GC; 90D
<i>galantamine hydrobromide oral solution</i>	2	QL (200 per 30 days); GC; 90D
<i>galantamine hydrobromide oral tablet</i>	2	QL (60 per 30 days); GC; 90D
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days); NM
GOCOVRI	5	NM; LA
GRALISE ORAL TABLET 300 MG, 450 MG	4	QL (30 per 30 days)
GRALISE ORAL TABLET 600 MG	4	QL (90 per 30 days)
GRALISE ORAL TABLET 750 MG, 900 MG	4	QL (60 per 30 days)
<i>guanfacine hcl er</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>haloperidol decanoate intramuscular</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>haloperidol lactate injection</i>	2	GC
<i>haloperidol lactate oral</i>	2	GC; 90D
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	GC; 100D
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	GC; 90D
<i>imipramine hcl oral tablet 10 mg</i>	1	PA; GC; 100D; HRM
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	2	PA; GC; 90D; HRM
<i>imipramine pamoate</i>	2	PA; GC; 90D; HRM
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days); NM
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days); NM
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days); NM
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
<i>lacosamide oral solution</i>	2	QL (1200 per 30 days); GC; 90D
<i>lacosamide oral tablet</i>	2	QL (60 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er</i>	2	GC; 90D
<i>lamotrigine oral tablet</i>	1	GC; 100D
<i>lamotrigine oral tablet chewable 25 mg</i>	1	GC; 100D
<i>lamotrigine oral tablet chewable 5 mg</i>	2	GC; 90D
<i>lamotrigine oral tablet dispersible</i>	2	GC; 90D
<i>lamotrigine starter kit-blue</i>	2	GC
<i>lamotrigine starter kit-green</i>	5	
<i>lamotrigine starter kit-orange</i>	2	GC
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (180 per 30 days); GC; 90D
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>levetiracetam oral solution</i>	2	GC; 90D
<i>levetiracetam oral tablet</i>	1	GC; 100D
<i>lithium carbonate er</i>	1	GC; 100D
<i>lithium carbonate oral</i>	1	GC; 100D
LORAZEPAM INTENSOL	2	QL (150 per 30 days); GC
<i>lorazepam oral concentrate</i>	2	QL (150 per 30 days); GC
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days); GC
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days); GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	2	GC; 90D
<i>loxapine succinate oral capsule 50 mg</i>	1	GC; 100D
<i>lurasidone hcl oral tablet 120 mg</i>	5	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 per 30 days)
LYBALVI	5	QL (30 per 30 days)
MARPLAN	4	
<i>memantine hcl er</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>memantine hcl oral tablet 10 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	PA; QL (60 per 30 days); GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>memantine hcl oral tablet 5 mg</i>	2	PA; QL (90 per 30 days); GC; 90D
<i>meprobamate</i>	2	PA; GC; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>methsuximide</i>	2	GC; 90D
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	PA; QL (90 per 30 days); GC; 90D
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	PA; QL (900 per 30 days); GC; 90D
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	PA; QL (1800 per 30 days); GC; 90D
<i>methylphenidate hcl oral tablet 10 mg, 20 mg</i>	2	PA; QL (90 per 30 days); GC; 90D
<i>methylphenidate hcl oral tablet 5 mg</i>	1	PA; QL (90 per 30 days); GC; 100D
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	PA; QL (180 per 30 days); GC; 100D
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	PA; QL (90 per 30 days); GC; 100D
MIGERGOT	5	
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	GC; 100D
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>mirtazapine oral tablet dispersible</i>	2	QL (30 per 30 days); GC; 90D
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days); GC; 90D
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
<i>molindone hcl</i>	2	GC; 90D
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	GC
<i>naloxone hcl injection solution cartridge</i>	2	GC
<i>naloxone hcl injection solution prefilled syringe</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>naloxone hcl nasal</i>	2	GC
<i>naltrexone hcl oral</i>	2	GC
NAMZARIC	3	
NAYZILAM	4	
<i>nefazodone hcl</i>	2	GC; 90D
NEUPRO	4	QL (30 per 30 days)
NICOTROL	4	
<i>nortriptyline hcl oral capsule</i>	1	GC; 100D
<i>nortriptyline hcl oral solution</i>	2	GC; 90D
NUEDEXTA	5	PA; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); NM; LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); NM; LA
NURTEC	5	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	2	QL (90 per 30 days); GC
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	GC; 90D
<i>olanzapine oral tablet 20 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	2	GC; 90D
<i>olanzapine oral tablet dispersible 20 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>orphenadrine citrate er</i>	2	GC
oxazepam	2	QL (120 per 30 days); GC
<i>oxcarbazepine oral suspension</i>	2	GC; 90D
<i>oxcarbazepine oral tablet 150 mg, 600 mg</i>	2	GC; 90D
<i>oxcarbazepine oral tablet 300 mg</i>	1	GC; 100D
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>paroxetine hcl oral suspension</i>	2	QL (900 per 30 days); GC; 90D
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); GC; 100D
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>paroxetine mesylate</i>	2	GC; 90D
<i>perphenazine oral</i>	2	GC; 90D
<i>perphenazine-amitriptyline</i>	2	PA; GC; 90D; HRM
PERSERIS	5	QL (1 per 28 days)
PEXEVA ORAL TABLET 10 MG, 40 MG	4	QL (45 per 30 days)
PEXEVA ORAL TABLET 20 MG	4	QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	4	QL (60 per 30 days)
<i>phenelzine sulfate oral</i>	2	GC; 90D
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); GC; 100D; HRM
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; QL (120 per 30 days); GC; 100D; HRM
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	1	PA; QL (210 per 30 days); GC; 100D; HRM
PHENYTOIN INFATABS	1	GC; 100D
<i>phenytoin oral</i>	1	GC; 100D
<i>phenytoin sodium extended</i>	1	GC; 100D
<i>pimozide</i>	2	GC; 90D
<i>pramipexole dihydrochloride</i>	2	GC; 90D
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg</i>	2	GC; 90D
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC; 100D
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); GC; 100D
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); GC; 100D
<i>primidone oral</i>	1	GC; 100D
<i>protriptyline hcl</i>	2	PA; GC; 90D; HRM
<i>pyridostigmine bromide er</i>	2	GC
<i>pyridostigmine bromide oral solution</i>	2	GC
<i>pyridostigmine bromide oral tablet</i>	1	GC
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); GC; 100D
<i>ramelteon</i>	2	QL (30 per 30 days); GC
<i>rasagiline mesylate oral</i>	2	GC; 90D
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	QL (30 per 30 days)
<i>riluzole</i>	2	GC; NM; 90D
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	QL (2 per 28 days)
<i>risperidone oral solution</i>	2	QL (480 per 30 days); GC; 90D
<i>risperidone oral tablet 0.25 mg</i>	2	QL (1920 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>risperidone oral tablet 0.5 mg</i>	2	QL (960 per 30 days); GC; 90D
<i>risperidone oral tablet 1 mg</i>	2	QL (480 per 30 days); GC; 90D
<i>risperidone oral tablet 2 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>risperidone oral tablet 3 mg, 4 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 0.25 mg</i>	2	QL (1920 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	QL (960 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 1 mg</i>	2	QL (480 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 2 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 3 mg</i>	2	QL (150 per 30 days); GC; 90D
<i>risperidone oral tablet dispersible 4 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>rivastigmine</i>	2	QL (30 per 30 days); GC; 90D
<i>rivastigmine tartrate</i>	2	QL (60 per 30 days); GC; 90D
<i>ropinirole hcl</i>	2	GC; 90D
ROWEEPRA ORAL TABLET 500 MG	1	GC; 100D
<i>rufinamide oral suspension</i>	5	PA; QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days)
RYTARY	4	ST
SAVELLA	4	QL (60 per 30 days)
SAVELLA TITRATION PACK	4	
SECUADO	5	QL (30 per 30 days)
<i>selegiline hcl oral</i>	2	GC; 90D
<i>sertraline hcl oral concentrate</i>	2	QL (300 per 30 days); GC; 90D
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); GC; 100D
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); NM
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days); NM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (120 per 30 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SUBVENITE	1	GC; 100D
SUBVENITE STARTER KIT-BLUE	2	GC
SUBVENITE STARTER KIT-GREEN	2	GC
SUBVENITE STARTER KIT-ORANGE	2	GC
<i>sumatriptan nasal</i>	2	GC
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days); GC
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days); GC
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (6 per 30 days); GC
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days); GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days)
TECFIDERA ORAL	5	PA; NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	PA; QL (14 per 7 days); NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	PA; QL (60 per 30 days); NM; LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days); GC
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	QL (30 per 30 days); GC
TENCON ORAL TABLET 50-325 MG	2	PA; QL (180 per 30 days); GC; HRM
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 per 30 days); NM
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 per 30 days); NM
<i>thioridazine hcl oral tablet 10 mg</i>	2	GC; 90D
<i>thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; 100D
<i>thiothixene oral capsule 1 mg, 10 mg</i>	2	GC; 90D
<i>thiothixene oral capsule 2 mg, 5 mg</i>	1	GC; 100D
<i>tiagabine hcl</i>	2	GC; 90D
TIGLUTIK	5	NM
<i>tizanidine hcl oral</i>	2	GC
<i>tolcapone</i>	5	PA; QL (180 per 30 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>topiramate oral capsule sprinkle</i>	2	GC; 90D
<i>topiramate oral tablet</i>	1	GC; 100D
<i>tranylcypromine sulfate</i>	2	GC; 90D
<i>trazodone hcl oral</i>	1	GC; 100D
<i>triazolam</i>	2	QL (30 per 30 days); GC
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	1	GC; 100D
<i>trifluoperazine hcl oral tablet 10 mg</i>	2	GC; 90D
<i>trihexyphenidyl hcl oral solution</i>	2	PA; GC; 90D; HRM
<i>trihexyphenidyl hcl oral tablet</i>	1	GC; 100D
<i>trimipramine maleate oral</i>	2	GC; 90D
TRINTELLIX	4	QL (30 per 30 days)
UBRELVY ORAL TABLET 100 MG	5	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	5	PA; QL (20 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 30 days)
<i>valproic acid oral capsule</i>	2	GC; 90D
<i>valproic acid oral solution</i>	2	GC; 90D
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg</i>	3	PA; QL (56 per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	3	PA
<i>venlafaxine besylate er</i>	4	QL (60 per 30 days)
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); GC; 100D
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); GC; 100D
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); GC; 100D
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	2	GC; 90D
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	2	QL (90 per 30 days); GC; 90D
VERSACLOZ	4	QL (600 per 30 days)
<i>vigabatrin</i>	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL PACKET	5	PA; QL (180 per 30 days); NM; LA
VIIBRYD STARTER PACK	3	
<i>vilazodone hcl</i>	2	QL (30 per 30 days); GC; 90D
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
WAKIX	5	PA; QL (60 per 30 days); NM
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QL (56 per 365 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days); GC
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days); GC
ZEBUTAL ORAL CAPSULE 50-325-40 MG	2	PA; QL (180 per 30 days); GC; HRM
ZENZEDI ORAL TABLET 10 MG	2	QL (180 per 30 days); GC; 90D
ZENZEDI ORAL TABLET 5 MG	2	QL (90 per 30 days); GC; 90D
<i>ziprasidone hcl oral capsule 20 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>ziprasidone hcl oral capsule 40 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>ziprasidone mesylate</i>	4	QL (6 per 3 days)
<i>zolpidem tartrate er</i>	2	QL (30 per 30 days); GC
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days); GC
ZONISADE	5	
<i>zonisamide oral</i>	2	GC; 90D
ZTALMY	5	QL (1100 per 30 days); NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days); NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days); NM
DERMATOLOGICAL AGENTS / AGENTES DERMATOLÓGICOS		
ACCUTANE	2	GC
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	GC
<i>acitretin oral capsule 17.5 mg</i>	4	
<i>acyclovir external ointment</i>	2	QL (30 per 30 days); GC
<i>ala-cort external cream</i>	1	GC
<i>alclometasone dipropionate</i>	2	GC
<i>amcinonide external cream</i>	2	GC
<i>amcinonide external lotion</i>	2	GC
<i>amcinonide external ointment</i>	3	
<i>ammonium lactate external</i>	1	GC
AMNESTEEM	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
AVITA EXTERNAL CREAM	2	PA; QL (45 per 30 days); GC
<i>azelaic acid external</i>	2	GC
<i>benzoyl peroxide-erythromycin</i>	2	GC
<i>betamethasone dipropionate aug external cream</i>	2	GC
<i>betamethasone dipropionate aug external lotion</i>	2	GC
<i>betamethasone dipropionate external cream</i>	2	GC
<i>betamethasone dipropionate external ointment</i>	2	GC
<i>betamethasone valerate external cream</i>	1	GC
<i>betamethasone valerate external lotion</i>	1	GC
<i>betamethasone valerate external ointment</i>	1	GC
<i>bexarotene external</i>	5	PA; QL (60 per 30 days); NM
<i>calcipotriene external cream</i>	2	QL (120 per 30 days); GC
<i>calcipotriene external ointment</i>	2	QL (120 per 30 days); GC
<i>calcipotriene external solution</i>	2	QL (60 per 30 days); GC
CALCITRENE	2	QL (120 per 30 days); GC
<i>cevimeline hcl</i>	2	GC; 90D
<i>chlorhexidine gluconate mouth/throat</i>	1	GC
CICLODAN EXTERNAL SOLUTION	2	GC
<i>ciclopirox external</i>	2	GC
<i>ciclopirox olamine external cream</i>	1	QL (90 per 30 days); GC
<i>ciclopirox olamine external suspension</i>	1	GC
CLARAVIS	2	GC
CLINDACIN ETZ EXTERNAL SWAB	2	GC
CLINDACIN-P	2	GC
<i>clindamycin phosphate external gel</i>	2	GC
<i>clindamycin phosphate external lotion</i>	2	QL (120 per 30 days); GC
<i>clindamycin phosphate external solution</i>	2	QL (120 per 30 days); GC
<i>clindamycin phosphate external swab</i>	2	GC
<i>clobetasol prop emollient base</i>	2	QL (120 per 30 days); GC
<i>clobetasol propionate e</i>	2	QL (120 per 30 days); GC
<i>clobetasol propionate external cream</i>	2	QL (120 per 30 days); GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>clobetasol propionate external gel</i>	2	QL (60 per 30 days); GC
<i>clobetasol propionate external lotion</i>	2	GC
<i>clobetasol propionate external ointment</i>	2	QL (120 per 30 days); GC
<i>clobetasol propionate external shampoo</i>	2	GC
<i>clobetasol propionate external solution</i>	2	QL (50 per 30 days); GC
CLODAN EXTERNAL SHAMPOO	2	GC
<i>clotrimazole external cream</i>	1	GC
<i>clotrimazole external solution</i>	1	GC
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days); GC
<i>clotrimazole-betamethasone external cream</i>	2	QL (120 per 30 days); GC
<i>clotrimazole-betamethasone external lotion</i>	2	GC
CONDYLOX EXTERNAL GEL	4	
<i>desonide external cream</i>	2	GC
<i>desonide external lotion</i>	2	GC
<i>desonide external ointment</i>	2	GC
<i>desoximetasone external cream</i>	2	QL (100 per 30 days); GC
<i>desoximetasone external gel</i>	2	GC
<i>desoximetasone external liquid</i>	2	GC
<i>desoximetasone external ointment 0.25 %</i>	2	GC
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (100 per 30 days); GC
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); NM
<i>econazole nitrate external</i>	2	QL (90 per 30 days); GC
<i>erythromycin external gel</i>	2	GC
<i>erythromycin external solution</i>	1	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
EUCRISA	4	
<i>fluocinolone acetonide body</i>	2	QL (120 per 30 days); GC
<i>fluocinolone acetonide external</i>	2	QL (120 per 30 days); GC
<i>fluocinolone acetonide scalp</i>	2	QL (120 per 30 days); GC
<i>fluocinonide emulsified base</i>	2	QL (240 per 30 days); GC
<i>fluocinonide external gel</i>	2	QL (240 per 30 days); GC
<i>fluocinonide external ointment</i>	2	QL (240 per 30 days); GC
<i>fluocinonide external solution</i>	2	QL (240 per 30 days); GC
<i>fluorouracil external cream 5 %</i>	2	GC
<i>fluorouracil external solution</i>	2	GC
<i>fluticasone propionate external cream</i>	2	GC
<i>fluticasone propionate external ointment</i>	2	GC
<i>gentamicin sulfate external</i>	2	QL (30 per 30 days); GC
<i>halobetasol propionate external cream</i>	2	GC
<i>halobetasol propionate external ointment</i>	2	GC
<i>hydrocortisone (perianal) external cream 1 %</i>	2	GC
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	GC
<i>hydrocortisone butyrate external lotion</i>	2	GC
<i>hydrocortisone butyrate external ointment</i>	2	GC
<i>hydrocortisone butyrate external solution</i>	2	GC
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone external lotion 2.5 %</i>	1	GC
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone valerate</i>	2	GC
<i>imiquimod external cream 5 %</i>	2	GC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	2	GC
<i>isotretinoin oral capsule 25 mg</i>	5	
<i>ivermectin external cream</i>	2	GC
JUBLIA	4	PA
<i>ketokonazole external cream</i>	2	QL (120 per 30 days); GC
<i>ketokonazole external shampoo 2 %</i>	1	QL (120 per 30 days); GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>lindane external shampoo</i>	2	GC
<i>malathion external</i>	4	
<i>methoxsalen rapid</i>	5	NM
<i>metronidazole external</i>	2	GC
<i>mometasone furoate external cream</i>	1	GC
<i>mometasone furoate external ointment</i>	1	GC
<i>mupirocin calcium</i>	2	QL (30 per 30 days); GC
<i>mupirocin external</i>	2	QL (120 per 30 days); GC
MYORISAN	2	GC
<i>naftifine hcl external cream</i>	2	GC
NYAMYC	2	GC
<i>nystatin external cream</i>	1	GC
<i>nystatin external ointment</i>	1	GC
<i>nystatin external powder</i>	2	GC
<i>nystatin mouth/throat</i>	2	GC
<i>nystatin-triamcinolone</i>	2	GC
NYSTOP	2	GC
ORALONE	2	GC
PANRETIN	5	NM
<i>penciclovir</i>	2	QL (5 per 30 days); GC
PERIOGARD	1	GC
<i>permethrin external cream</i>	2	GC
<i>pilocarpine hcl oral</i>	2	GC; 90D
<i>pimecrolimus</i>	2	PA; QL (100 per 30 days); GC
<i>podofilox external</i>	2	GC
PROCTO-MED HC EXTERNAL	2	GC
PROCTOSOL HC EXTERNAL	2	GC
PROCTOZONE-HC EXTERNAL	2	GC
RECTIV	4	QL (30 per 30 days)
REGRANEX	5	PA
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>silver sulfadiazine external</i>	2	GC
SSD	2	GC
<i>sulfacetamide sodium (acne)</i>	2	GC
<i>tacrolimus external ointment</i>	2	PA; QL (100 per 30 days); GC
<i>tazarotene external cream</i>	2	PA; GC
<i>tazarotene external gel</i>	2	PA; GC
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
<i>tretinoin external</i>	2	PA; QL (45 per 30 days); GC
<i>triamcinolone acetonide external aerosol solution</i>	2	GC
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days); GC
<i>triamcinolone acetonide external lotion 0.025 %</i>	1	GC
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	GC
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GC
<i>triamcinolone acetonide mouth/throat</i>	2	GC
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days); GC
VALCHLOR	5	PA; NM; LA
ZENATANE	2	GC
ELECTROLYTES / MINERALS / METALS / VITAMINS / ELECTROLITOS / MINERALES / METALES / VITAMINAS		
<i>carglumic acid oral tablet soluble</i>	5	PA; NM; LA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX E/DEXTROSE (5/15)	4	B/D PA
CLINIMIX E/DEXTROSE (5/20)	4	B/D PA
<i>clinimix e/dextrose (8/10)</i>	4	B/D PA
<i>clinimix e/dextrose (8/14)</i>	4	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>clanimix/dextrose (6/5)</i>	4	B/D PA
<i>clanimix/dextrose (8/10)</i>	4	B/D PA
<i>clanimix/dextrose (8/14)</i>	4	B/D PA
CLINISOL SF	2	B/D PA; GC
CLINOLIPID	2	B/D PA; GC
<i>dextrose intravenous solution 10 %, 5 %</i>	2	GC
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	GC
<i>dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	2	GC
<i>folic acid oral tablet 1 mg</i>	6	ED
INTRALIPID INTRAVENOUS EMULSION 20 %	2	B/D PA; GC
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	2	GC
<i>kcl in dextrose-nacl intravenous solution 40-5-0.9 meq/l-%-%</i>	3	
<i>kcl-lactated ringers-d5w</i>	3	
KLOR-CON 10	1	GC; 100D
KLOR-CON M10	1	GC; 100D
KLOR-CON M15	1	GC; 100D
KLOR-CON M20	1	GC; 100D
KLOR-CON ORAL PACKET 20 MEQ	2	GC; 90D
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	GC; 100D
<i>levocarnitine oral solution</i>	2	B/D PA; GC; 90D
<i>levocarnitine oral tablet</i>	3	B/D PA
<i>levocarnitine sf</i>	2	B/D PA; GC; 90D
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	GC

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NUTRILIPID	2	B/D PA; GC
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLENAMINE	2	B/D PA; GC
<i>potassium chloride crys er</i>	1	GC; 100D
<i>potassium chloride er</i>	1	GC; 100D
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	2	GC
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	2	GC
<i>potassium chloride oral packet</i>	2	GC; 90D
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	GC; 90D
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	2	GC
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
PROSOL	4	B/D PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	GC; 90D
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	2	GC; 90D
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS / AGENTES DE TRASTORNOS ENDOCRINOS Y METABÓLICOS		
<i>acarbose oral</i>	2	QL (90 per 30 days); GC; 90D
<i>alendronate sodium oral solution</i>	2	QL (300 per 28 days); GC; 90D
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); GC; 100D
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); GC; 100D
AURYXIA	5	PA
BYDUREON BCISE	3	PA; QL (4 per 28 days)

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<i>calcitonin (salmon) nasal</i>	2	QL (4 per 30 days); GC; 90D
<i>calcitriol oral capsule</i>	1	B/D PA; GC; 100D
<i>calcitriol oral solution</i>	2	B/D PA; GC; 90D
<i>calcium acetate (phos binder)</i>	2	GC; 90D
<i>calcium acetate oral tablet 667 mg</i>	2	GC; 90D
<i>cinacalcet hcl oral tablet 30 mg</i>	2	B/D PA; QL (60 per 30 days); GC; NM; 90D
<i>cinacalcet hcl oral tablet 60 mg</i>	4	B/D PA; QL (60 per 30 days); NM
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D PA; QL (120 per 30 days); NM
CYCLOSET	4	QL (180 per 30 days)
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; NM
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NM
<i>deferiprone oral tablet 1000 mg</i>	5	PA; NM
<i>deferiprone oral tablet 500 mg</i>	5	PA; NM; LA
<i>diazoxide oral</i>	2	GC; 90D
<i>doxercalciferol oral</i>	2	B/D PA; GC; 90D
<i>ergocalciferol oral capsule</i>	6	
FARXIGA	3	QL (30 per 30 days)
FERRIPROX ORAL SOLUTION	4	PA; NM; LA
FERRIPROX ORAL TABLET 1000 MG	5	PA; NM; LA
FIASP FLEXTOUCH	3	
FIASP INJECTION	3	
FIASP PENFILL	3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (3 per 28 days); NM
FOSAMAX PLUS D	4	ST; QL (4 per 28 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); GC; 100D
GLUCAGEN HYPOKIT	3	
<i>glyburide micronized oral tablet 1.5 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>glyburide micronized oral tablet 3 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); GC; 100D
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); GC; 100D
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days); GC; 90D
GLYXAMBI	3	QL (30 per 30 days)
<i>ibandronate sodium oral</i>	2	QL (1 per 28 days); GC; 90D
<i>insulin asp prot & asp flexpen</i>	3	
<i>insulin aspart flexpen</i>	3	
<i>insulin aspart injection</i>	3	
<i>insulin aspart penfill</i>	3	
<i>insulin aspart prot & aspart</i>	3	
INVOKAMET	4	QL (60 per 30 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
INVOKAMET XR	4	QL (60 per 30 days)
INVOKANA	4	QL (30 per 30 days)
JANUMET	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	QL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	QL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	QL (60 per 30 days)
JARDIANCE	3	QL (30 per 30 days)
JENTADUETO	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
KERENDIA	3	PA; QL (30 per 30 days)
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR FLEXTOUCH	3	
LOKELMA	3	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	2	QL (120 per 30 days); GC; 90D
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); GC; 100D
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); GC; 100D
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); GC; 100D
<i>miglitol</i>	2	QL (90 per 30 days); GC; 90D
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 per 30 days); GC; 90D
NATPARA	5	PA; QL (2 per 28 days); NM
NOVOLIN 70/30	3	OTC
NOVOLIN 70/30 RELION	3	OTC
NOVOLIN N	3	OTC
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	OTC
NOVOLIN N RELION	3	OTC
NOVOLIN R	3	OTC
NOVOLIN R RELION	3	OTC
NOVOLOG 70/30 FLEXPEN RELION	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
NOVOLOG RELION INJECTION	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
<i>paricalcitol oral</i>	2	B/D PA; GC; 90D
<i>pioglitazone hcl oral tablet 15 mg</i>	2	QL (90 per 30 days); GC; 90D
<i>pioglitazone hcl oral tablet 30 mg</i>	2	QL (45 per 30 days); GC; 90D
<i>pioglitazone hcl oral tablet 45 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 per 30 days); GC; 90D
<i>pioglitazone hcl-metformin hcl</i>	2	QL (90 per 30 days); GC; 90D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days); NM
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (960 per 30 days); GC; 90D
<i>repaglinide oral tablet 1 mg</i>	2	QL (480 per 30 days); GC; 90D
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days); GC; 90D
<i>risedronate sodium oral tablet 150 mg</i>	2	ST; QL (1 per 28 days); GC; 90D
<i>risedronate sodium oral tablet 30 mg</i>	2	ST; QL (30 per 30 days); GC
<i>risedronate sodium oral tablet 35 mg</i>	2	ST; QL (4 per 28 days); GC; 90D
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC
<i>risedronate sodium oral tablet 5 mg</i>	2	ST; QL (30 per 30 days); GC; 90D
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (540 per 30 days); GC; 90D
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (180 per 30 days); GC; 90D
<i>sevelamer carbonate oral tablet</i>	2	QL (540 per 30 days); GC; 90D
<i>sodium polystyrene sulfonate oral powder</i>	1	GC
SOLIQUA	3	QL (15 per 25 days)
SPS	2	GC
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days)

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SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days)
SYNJARDY	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days)
<i>teriparatide (recombinant)</i>	5	PA; QL (3 per 28 days); NM
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 per 30 days); NM
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days); NM
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	QL (30 per 30 days)
TRESIBA	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days)
<i>trientine hcl</i>	5	NM
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days); NM
VELPHORO	5	QL (180 per 30 days)
VELTASSA	5	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	6	ED
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	6	
XGEVA	5	PA; QL (5.1 per 28 days); NM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days)

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XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS / AGENTES GASTROINTESTINALES		
<i>alose tron hcl oral tablet 0.5 mg</i>	2	PA; QL (60 per 30 days); GC; 90D
<i>alose tron hcl oral tablet 1 mg</i>	5	PA; QL (60 per 30 days)
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	2	GC
<i>aprepitant oral</i>	2	B/D PA; QL (15 per 30 days); GC
<i>aprepitant oral capsule 125 mg</i>	2	B/D PA; QL (5 per 30 days); GC
<i>aprepitant oral capsule 40 mg</i>	2	B/D PA; QL (1 per 28 days); GC
<i>aprepitant oral capsule 80 & 125 mg</i>	2	B/D PA; QL (15 per 30 days); GC
<i>aprepitant oral capsule 80 mg</i>	2	B/D PA; QL (10 per 30 days); GC
<i>balsalazide disodium</i>	2	GC
<i>budesonide er oral tablet extended release 24 hour</i>	5	PA
<i>budesonide oral</i>	2	GC
<i>chlordiazepoxide-clidinium</i>	2	PA; GC; HRM
<i>cimetidine hcl oral</i>	2	GC; 90D
<i>cimetidine oral tablet 200 mg</i>	2	GC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	GC; 90D
CLENPIQ	4	
COMPRO	2	GC
<i>constulose</i>	1	GC; 100D
<i>dexlansoprazole</i>	2	ST; QL (30 per 30 days); GC; 90D
<i>dicyclomine hcl oral capsule</i>	1	GC
<i>dicyclomine hcl oral solution</i>	2	GC
<i>dicyclomine hcl oral tablet</i>	1	GC
<i>diphenoxylate-atropine oral liquid</i>	2	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	GC
<i>dronabinol</i>	2	B/D PA; QL (120 per 30 days); GC
<i>enulose</i>	2	GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	OTC; GC; 90D
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC; 100D
<i>fosaprepitant dimeglumine</i>	2	GC
GATTEX	5	PA; NM; LA
GAVILYTE-C	1	GC
GAVILYTE-G	1	GC
GAVILYTE-N WITH FLAVOR PACK	2	GC
<i>generlac</i>	2	GC; 90D
<i>glycopyrrolate oral tablet 1 mg</i>	1	GC
<i>glycopyrrolate oral tablet 2 mg</i>	2	GC
<i>granisetron hcl oral</i>	2	B/D PA; QL (30 per 30 days); GC
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	GC
<i>hydrocortisone oral</i>	1	GC
<i>hyoscyamine sulfate oral tablet</i>	2	GC; 90D
<i>hyoscyamine sulfate oral tablet dispersible</i>	2	GC; 90D
<i>hyoscyamine sulfate sublingual</i>	2	GC; 90D
<i>lactulose encephalopathy</i>	2	GC; 90D
<i>lactulose oral solution</i>	1	GC; 100D
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	OTC; GC; 90D
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 per 30 days); GC; 90D
LINZESS	3	QL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	1	GC
<i>lubiprostone</i>	2	QL (60 per 30 days); GC; 90D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	GC
<i>mesalamine er oral capsule extended release 24 hour</i>	2	GC; 90D
<i>mesalamine oral capsule delayed release</i>	2	GC; 90D
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>mesalamine oral tablet delayed release 800 mg</i>	2	GC
<i>mesalamine rectal</i>	2	GC
<i>methscopolamine bromide oral</i>	2	GC
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet</i>	1	GC
<i>misoprostol oral tablet 100 mcg</i>	1	GC; 100D
<i>misoprostol oral tablet 200 mcg</i>	2	GC; 90D
MOVANTI	3	QL (30 per 30 days)
MYTESI	5	NM
<i>nizatidine oral capsule</i>	1	GC; 100D
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	2	GC; 90D
<i>omeprazole oral tablet delayed release</i>	2	OTC; GC; 90D
<i>ondansetron</i>	2	B/D PA; QL (90 per 30 days); GC
<i>ondansetron hcl oral solution</i>	2	B/D PA; QL (450 per 30 days); GC
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA; QL (30 per 30 days); GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; QL (90 per 30 days); GC
<i>pantoprazole sodium oral tablet delayed release</i>	2	GC; 90D
<i>peg 3350-kcl-na bicarb-nacl</i>	2	GC
<i>peg-3350/electrolytes</i>	1	GC
<i>prochlorperazine</i>	2	GC
<i>prochlorperazine maleate oral</i>	1	GC; 100D
<i>promethazine hcl oral solution</i>	2	GC
<i>promethazine hcl oral syrup</i>	2	GC
<i>promethazine hcl oral tablet</i>	1	GC
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	PA; GC; HRM
PROMETHEGAN	2	PA; GC; HRM
<i>scopolamine</i>	2	QL (10 per 28 days); GC
<i>sucalfate oral suspension</i>	4	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>sucralfate oral tablet</i>	1	GC; 100D
<i>sulfasalazine oral</i>	1	GC; 100D
SUPREP BOWEL PREP KIT	4	
SYNDROS	5	B/D PA
UCERIS RECTAL	4	
<i>ursodiol oral capsule 300 mg</i>	2	GC; 90D
<i>ursodiol oral tablet</i>	2	GC; 90D
VARUBI (180 MG DOSE)	4	B/D PA; QL (4 per 28 days); NM
XERMELO	5	PA; QL (90 per 30 days); NM; LA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO		
<i>betaine</i>	5	NM; LA
CREON	3	
<i>cromolyn sodium oral</i>	2	GC; 90D
CYSTAGON	4	NM; LA
GALAFOLD	5	PA; NM; LA
JAVYGTOR	5	PA; NM
<i>miglustat</i>	5	PA; NM; LA
<i>nifisinone</i>	5	PA; NM
PROLASTIN-C	5	PA; NM; LA
<i>sapropterin dihydrochloride oral packet</i>	5	PA; NM
<i>sapropterin dihydrochloride oral tablet</i>	5	PA; NM
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NM
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NM
XURIDEN	5	PA; QL (120 per 30 days); NM
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
GENITOURINARY AGENTS / AGENTES GENITOURINARIOS		

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<i>alfuzosin hcl er</i>	1	GC; 100D
<i>bethanechol chloride oral</i>	1	GC
<i>clindamycin phosphate vaginal</i>	2	GC
<i>darifenacin hydrobromide er</i>	2	QL (30 per 30 days); GC; 90D
<i>dutasteride oral</i>	2	QL (30 per 30 days); GC; 90D
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 per 30 days); GC; 90D
<i>finasteride oral tablet 5 mg</i>	1	GC; 100D
<i>flavoxate hcl</i>	2	GC; 90D
GEMTESA	4	QL (30 per 30 days)
LITHOSTAT	4	
<i>metronidazole vaginal</i>	2	GC
<i>miconazole 3 vaginal suppository</i>	2	GC
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	QL (60 per 30 days); GC; 90D
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	QL (30 per 30 days); GC; 90D
<i>oxybutynin chloride oral syrup</i>	1	QL (600 per 30 days); GC; 100D
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days); GC; 100D
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days); GC; 100D
<i>penicillamine oral tablet</i>	5	NM
<i>potassium citrate er</i>	2	GC
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	6	QL (6 per 30 days); ED
<i>silodosin</i>	2	GC; 90D
<i>solifenacin succinate</i>	2	QL (30 per 30 days); GC; 90D
<i>tadalafil oral tablet 10 mg, 20 mg</i>	6	QL (6 per 30 days); ED
<i>tamsulosin hcl</i>	2	GC; 90D
<i>terconazole vaginal cream 0.4 %</i>	1	GC
<i>terconazole vaginal suppository</i>	2	GC
<i>tolterodine tartrate er</i>	2	QL (30 per 30 days); GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
VANDAZOLE	2	GC
HORMONAL AGENTS / AGENTES HORMONALES		
ALTAVERA	1	GC; 100D
APRI	1	GC; 100D
AUROVELA 1.5/30	2	GC; 90D
AUROVELA 1/20	1	GC; 100D
AUROVELA FE 1/20	1	GC; 100D
AYUNA	1	GC; 100D
AZURETTE	2	GC; 90D
BIJUVA	3	PA; HRM
<i>cabergoline</i>	2	GC
CAMILA	3	
CHARLOTTE 24 FE	2	GC; 90D
CHATEAL EQ	1	GC; 100D
CLIMARA PRO	4	PA; QL (4 per 28 days); HRM
CRYSSELLE-28	1	GC; 100D
CYRED EQ	1	GC; 100D
<i>danazol oral</i>	2	GC
DEBLITANE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	2	PA; GC; 90D
<i>desmopressin ace spray refrig</i>	2	GC; 90D
<i>desmopressin acetate oral tablet 0.1 mg</i>	2	GC; 90D
<i>desmopressin acetate oral tablet 0.2 mg</i>	1	GC; 100D
<i>desmopressin acetate spray</i>	2	GC; 90D
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	GC; 90D
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	GC; 100D
<i>dexamethasone oral elixir</i>	1	GC
<i>dexamethasone oral tablet</i>	1	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	GC; 90D
ELINEST	1	GC; 100D
ELURYNG	4	
EMOQUETTE	1	GC; 100D
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	GC; 100D
ERRIN	3	
ESTARYLLA	2	GC; 90D
<i>estradiol oral</i>	1	GC; 100D
<i>estradiol vaginal</i>	2	GC; 90D
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	GC; 100D
<i>etonogestrel-ethinyl estradiol</i>	4	
EUTHYROX	1	GC; 100D
FEMYNOR	2	GC; 90D
FINZALA	2	GC; 90D
<i>fludrocortisone acetate oral</i>	1	GC; 100D
HAILEY 1.5/30	2	GC; 90D
HAILEY FE 1/20	1	GC; 100D
HALOETTE	4	
HEATHER	3	
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days)
IMVEXXY STARTER PACK	3	QL (18 per 28 days)
INCASSIA	3	
INCRELEX	5	PA; NM; LA
INTRAROSA	3	QL (30 per 30 days)
ISIBLOOM	1	GC; 100D
JASMIEL	2	GC; 90D
JENCYCLA	3	
JULEBER	1	GC; 100D
JUNEL 1.5/30	2	GC; 90D
JUNEL 1/20	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
JUNEL FE 1/20	1	GC; 100D
KALLIGA	1	GC; 100D
KARIVA	2	GC; 90D
KELNOR 1/50	1	GC; 100D
KORLYM	5	PA; NM; LA
KURVELO	1	GC; 100D
<i>lanreotide acetate</i>	5	PA; NM
LARIN 1.5/30	2	GC; 90D
LARIN 1/20	1	GC; 100D
LARIN FE 1/20	1	GC; 100D
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	GC; 100D
LEVORA 0.15/30 (28)	1	GC; 100D
<i>levothyroxine sodium oral tablet</i>	1	GC; 100D
LEVOXYL	1	GC; 100D
LILLOW	1	GC; 100D
<i>liothyronine sodium oral</i>	1	GC; 100D
LOESTRIN 1.5/30 (21)	2	GC; 90D
LOESTRIN 1/20 (21)	1	GC; 100D
LOESTRIN FE 1/20	1	GC; 100D
LORYNA	2	GC; 90D
LOW-OGESTREL	1	GC; 100D
LO-ZUMANDIMINE	2	GC; 90D
LYLEQ	3	
LYZA	3	
<i>marlissa</i>	1	GC; 100D
<i>medroxyprogesterone acetate intramuscular</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10 mg, 5 mg</i>	1	GC; 100D
<i>medroxyprogesterone acetate oral tablet 2.5 mg</i>	2	GC; 90D
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA; GC; 90D; HRM
<i>methimazole oral</i>	1	GC; 100D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>methylprednisolone oral</i>	1	GC
<i>methyltestosterone oral</i>	5	
MIBELAS 24 FE	2	GC; 90D
MICROGESTIN 1.5/30	2	GC; 90D
MICROGESTIN 1/20	1	GC; 100D
MICROGESTIN 24 FE	1	GC; 100D
MICROGESTIN FE 1/20	1	GC; 100D
MILI	2	GC; 90D
MONO-LINYAH	2	GC; 90D
NIKKI	2	GC; 90D
NOCDURNA	4	
NORA-BE	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML	5	PA; NM
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML	4	PA; NM
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	GC; 100D
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	GC; 90D
<i>norethindrone acetate oral</i>	2	GC; 90D
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	2	GC; 90D
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	GC; 100D
<i>norethindrone oral</i>	3	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	GC; 90D
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	GC; 90D
<i>norgestim-eth estrad triphasic</i>	2	GC; 90D
NORLYDA	3	
NORLYROC	3	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; GC; NM; 90D
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; NM
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	PA; GC; NM; 90D
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	PA; NM
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; NM; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NM; LA
OSPHENA	3	
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 per 30 days); GC
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (240 per 30 days); GC
PIMTREA	2	GC; 90D
PORTIA-28	1	GC; 100D
<i>prednicarbate external ointment</i>	2	GC
<i>prednisolone oral solution</i>	2	GC
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	GC
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	GC
<i>prednisone oral solution</i>	2	GC
<i>prednisone oral tablet</i>	1	GC
<i>prednisone oral tablet therapy pack</i>	1	GC
PREMARIN ORAL	3	PA; HRM
PREMARIN VAGINAL	3	
<i>progesterone oral</i>	2	GC; 90D
<i>propylthiouracil oral</i>	1	GC; 100D
<i>raloxifene hcl</i>	2	QL (30 per 30 days); GC; 90D
RECLIPSEN	1	GC; 100D
SHAROBEL	3	
SIGNIFOR	5	PA; NM; LA

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SIMLIYA	2	GC; 90D
SOMATULINE DEPOT	5	PA; NM
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; NM; LA
SPRINTEC 28	2	GC; 90D
SYNAREL	5	PA; NM
SYNTHROID	3	
TARINA FE 1/20 EQ	1	GC; 100D
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; GC; 90D
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	2	GC
<i>testosterone enanthate intramuscular solution</i>	2	PA; GC; 90D
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 per 30 days); GC; 90D
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	2	PA; QL (112.5 per 30 days); GC; 90D
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 per 30 days); GC; 90D
<i>testosterone transdermal solution</i>	2	PA; QL (180 per 30 days); GC; 90D
TRI FEMYNOR	2	GC; 90D
TRI-ESTARYLLA	2	GC; 90D
TRI-LINYAH	2	GC; 90D
TRI-LO-ESTARYLLA	2	GC; 90D
TRI-LO-MARZIA	2	GC; 90D
TRI-LO-MILI	2	GC; 90D
TRI-LO-SPRINTEC	2	GC; 90D
TRI-MILI	2	GC; 90D
TRI-NYMYO	2	GC; 90D
TRI-SPRINTEC	2	GC; 90D
TRI-VYLIBRA	2	GC; 90D
TRI-VYLIBRA LO	2	GC; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
UNITHROID	1	GC; 100D
<i>viorele</i>	2	GC; 90D
VOLNEA	2	GC; 90D
VYLIBRA	2	GC; 90D
WYMZYA FE	2	GC; 90D
YUVAFEM	2	GC; 90D
IMMUNOLOGICAL AGENTS / AGENTES INMUNITARIOS		
ACTHIB	4	
ACTIMMUNE	5	PA; NM; LA
ADACEL	3	
ARCALYST	5	PA; NM
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D PA; NM
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D PA; NM
AZASAN	4	B/D PA; NM
<i>azathioprine oral</i>	2	B/D PA; GC; NM; 90D
<i>bcg vaccine injection solution reconstituted</i>	2	GC
BENLYSTA SUBCUTANEOUS	5	PA; NM
BEXSERO	3	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA; NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	4	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>cyclosporine modified oral capsule 100 mg, 50 mg</i>	2	B/D PA; GC; NM; 90D
<i>cyclosporine modified oral capsule 25 mg</i>	1	B/D PA; GC; NM; 100D
<i>cyclosporine modified oral solution</i>	2	B/D PA; GC; NM; 90D
<i>cyclosporine oral capsule 100 mg</i>	2	B/D PA; GC; NM; 90D
<i>cyclosporine oral capsule 25 mg</i>	1	B/D PA; GC; NM; 100D
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt</i>	2	GC
ENBREL MINI	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days); NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	4	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	4	B/D PA
ENVARSUS XR	4	B/D PA; NM
<i>everolimus oral tablet 0.25 mg</i>	2	B/D PA; GC; NM; 90D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	4	B/D PA; NM
<i>everolimus oral tablet 1 mg</i>	5	B/D PA; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML	4	PA; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 2.5 GM/25ML	5	PA; NM
GAMMAGARD S/D LESS IGA	5	PA; NM
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA; NM
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NM
GARDASIL 9	4	
GENGRAF ORAL CAPSULE 100 MG	2	B/D PA; GC; NM; 90D
GENGRAF ORAL CAPSULE 25 MG	1	B/D PA; GC; NM; 100D
GENGRAF ORAL SOLUTION	2	B/D PA; GC; NM; 90D
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	4	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 per 365 days); NM
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (12 per 365 days); NM
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days); NM
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (8 per 365 days); NM
HUMIRA PEN-PSOR/UEIT STARTER	5	PA; QL (6 per 365 days); NM
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
INFANRIX	4	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	3	B/D PA; NM
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PA; NM
IPOL	4	
IXIARO	4	
JYNNEOS	3	B/D PA
<i>kedrab injection solution 1500 unit/10ml</i>	3	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>leflunomide oral</i>	2	QL (30 per 30 days); GC; 90D
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
<i>methotrexate oral</i>	1	GC
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	GC; NM
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	GC; NM
<i>methotrexate sodium oral</i>	1	GC
M-M-R II INJECTION	4	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; GC; NM; 90D
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA; NM
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; GC; NM; 90D
<i>mycophenolate sodium</i>	2	B/D PA; GC; NM; 90D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days); NM
OTEZLA ORAL TABLET THERAPY PACK	5	PA; NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	NM
PENTACEL	4	
<i>prehevbrio</i>	4	B/D PA
PRIORIX	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM
PROGRAF ORAL PACKET	4	B/D PA; NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	3	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML	4	B/D PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
REZUROCK	5	PA; NM; LA
RINVOQ	5	PA; QL (30 per 30 days); NM
ROTARIX	4	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>sirolimus oral solution</i>	5	B/D PA; NM
<i>sirolimus oral tablet</i>	2	B/D PA; GC; NM; 90D
SKYRIZI (150 MG DOSE)	5	PA; QL (6 per 365 days); NM
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days); NM
SKYRIZI PEN	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days); NM
STELARA INTRAVENOUS	5	PA; NM; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); NM; LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days); NM
<i>tacrolimus oral</i>	2	B/D PA; GC; NM; 90D
TDVAX	2	GC
TENIVAC	4	
TICOVAC	3	
TREXALL	4	ST
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	NM
XATMEP	4	ST; NM
YF-VAX	4	
INFECTIOUS DISEASE AGENTS / AGENTES DE ENFERMEDADES INFECCIOSAS		
<i>abacavir sulfate oral solution</i>	2	QL (960 per 30 days); GC; NM; 90D
<i>abacavir sulfate oral tablet</i>	2	QL (60 per 30 days); GC; NM; 90D
<i>abacavir sulfate-lamivudine</i>	2	QL (30 per 30 days); GC; NM; 90D
ABELCET	4	B/D PA
<i>acyclovir oral capsule</i>	1	GC
<i>acyclovir oral suspension</i>	2	GC
<i>acyclovir oral tablet</i>	1	GC
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>adefovir dipivoxil</i>	2	PA; GC; NM; 90D
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	GC
<i>amoxicillin oral capsule</i>	1	GC
<i>amoxicillin oral suspension reconstituted</i>	1	GC
<i>amoxicillin oral tablet</i>	1	GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate er</i>	2	GC
<i>amoxicillin-pot clavulanate oral</i>	2	GC
<i>amphotericin b intravenous</i>	2	B/D PA; GC
<i>amphotericin b liposome</i>	5	B/D PA
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	GC
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	2	GC
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	GC
<i>ampicillin-sulbactam sodium intravenous</i>	2	GC
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); NM
ARIKAYCE	5	B/D PA; NM; LA
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	2	QL (60 per 30 days); GC; NM; 90D
<i>atazanavir sulfate oral capsule 300 mg</i>	2	QL (30 per 30 days); GC; NM; 90D
<i>atovaquone oral</i>	2	PA; GC
<i>atovaquone-proguanil hcl</i>	2	GC
<i>azithromycin intravenous</i>	2	GC
<i>azithromycin oral packet</i>	2	GC
<i>azithromycin oral suspension reconstituted</i>	2	GC
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>aztreonam injection solution reconstituted 1 gm</i>	2	GC
BARACLUDE ORAL SOLUTION	5	PA; NM
<i>benznidazole</i>	3	
BICILLIN C-R	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); NM
<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml</i>	5	QL (4 per 28 days)
<i>cabenuva intramuscular suspension extended release 600 & 900 mg/3ml</i>	5	QL (6 per 28 days)
<i>caspofungin acetate</i>	4	B/D PA
<i>cefaclor er</i>	3	
<i>cefaclor oral capsule</i>	2	GC
<i>cefadroxil</i>	2	GC
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i>	2	GC
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	2	GC
<i>cefdinir</i>	2	GC
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	GC
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	GC
<i>cefixime</i>	2	GC
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	2	GC
<i>cefoxitin sodium intravenous solution reconstituted 2 gm</i>	4	
<i>cefpodoxime proxetil</i>	2	GC
<i>cefprozil</i>	2	GC
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	GC
<i>ceftazidime intravenous</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>ceftriaxone sodium in dextrose</i>	2	GC
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	GC
<i>ceftriaxone sodium intravenous</i>	2	GC
<i>cefuroxime axetil oral tablet</i>	2	GC
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension reconstituted</i>	2	GC
<i>cephalexin oral tablet</i>	2	GC
<i>chloroquine phosphate oral</i>	1	GC; 100D
CIMDUO	5	QL (30 per 30 days); NM
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	GC
<i>clarithromycin er</i>	2	GC
<i>clarithromycin oral</i>	2	GC
<i>clindamycin hcl oral</i>	1	GC
<i>clindamycin palmitate hcl</i>	2	GC
<i>clindamycin phosphate in d5w</i>	2	GC
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	GC
COARTEM	4	
<i>colistimethate sodium (cba)</i>	2	GC
COMPLERA	5	QL (30 per 30 days); NM
<i>dapsone oral</i>	2	GC; 90D
<i>daptomycin</i>	5	
<i>darunavir</i>	5	QL (60 per 30 days); NM
DELSTRIGO	5	QL (30 per 30 days); NM
DESCOVY	5	QL (30 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>dicloxacillin sodium</i>	2	GC
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days); NM
DOXY 100	2	GC
<i>doxycycline hyclate intravenous</i>	2	GC
<i>doxycycline hyclate oral capsule</i>	2	GC
<i>doxycycline hyclate oral tablet 100 mg</i>	2	GC
<i>doxycycline hyclate oral tablet 20 mg</i>	1	GC
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	GC
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	GC
<i>doxycycline monohydrate oral tablet</i>	2	GC
E.E.S. 400 ORAL TABLET	2	GC
EDURANT	5	QL (30 per 30 days); NM
<i>efavirenz oral capsule 200 mg</i>	2	QL (120 per 30 days); GC; NM; 90D
<i>efavirenz oral capsule 50 mg</i>	2	QL (360 per 30 days); GC; NM; 90D
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days); NM
<i>efavirenz-emtricitab-tenofo df</i>	4	QL (30 per 30 days); NM
<i>efavirenz-lamivudine-tenofovir</i>	5	QL (30 per 30 days); NM
<i>emtricitabine</i>	2	QL (30 per 30 days); GC; NM; 90D
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	QL (30 per 30 days); GC; NM; 90D
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days); NM
EMVERM	5	
<i>entecavir</i>	2	PA; GC; NM; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
EPIVIR HBV ORAL SOLUTION	4	NM
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	PA
<i>ertapenem sodium</i>	2	GC
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	2	GC
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	2	GC
<i>erythromycin base oral tablet 250 mg</i>	2	GC
<i>erythromycin base oral tablet delayed release 250 mg, 500 mg</i>	2	GC
<i>erythromycin base oral tablet delayed release 333 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	GC
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	2	GC
<i>erythromycin ethylsuccinate oral tablet</i>	2	GC
<i>erythromycin lactobionate</i>	2	GC
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	2	GC
<i>erythromycin oral tablet delayed release 333 mg</i>	3	
<i>erythromycin stearate oral tablet 250 mg</i>	3	
<i>ethambutol hcl oral tablet 100 mg</i>	2	GC
<i>ethambutol hcl oral tablet 400 mg</i>	1	GC
<i>etravirine oral tablet 100 mg</i>	5	QL (120 per 30 days); NM
<i>etravirine oral tablet 200 mg</i>	5	QL (60 per 30 days); NM
EVOTAZ	5	QL (30 per 30 days); NM
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 per 30 days); GC
<i>famciclovir oral tablet 500 mg</i>	2	QL (21 per 7 days); GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
FIRVANQ	4	QL (1200 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	GC
<i>fluconazole oral</i>	2	GC
<i>flucytosine oral</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days); NM
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days); NM
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	GC
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	GC
GENVOYA	5	QL (30 per 30 days); NM
<i>griseofulvin microsize oral suspension</i>	2	GC
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	GC; 100D
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	2	GC
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days); NM
ISENTRESS HD	5	QL (60 per 30 days); NM
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days); NM
<i>isoniazid oral</i>	1	GC; 100D
<i>itraconazole oral capsule</i>	2	PA; GC
<i>ivermectin oral</i>	2	PA; GC
JULUCA	5	QL (30 per 30 days); NM
<i>ketoconazole oral</i>	1	GC
<i>lamivudine oral solution</i>	2	QL (960 per 30 days); GC; NM; 90D
<i>lamivudine oral tablet 100 mg</i>	2	GC; NM; 90D
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 per 30 days); GC; NM; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 per 30 days); GC; NM; 90D
<i>lamivudine-zidovudine</i>	2	QL (60 per 30 days); GC; NM; 90D
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	GC
<i>levofloxacin intravenous</i>	2	GC
<i>levofloxacin oral solution</i>	2	GC
<i>levofloxacin oral tablet</i>	1	GC
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days); NM
<i>linezolid in sodium chloride</i>	2	GC
<i>linezolid intravenous solution 600 mg/300ml</i>	2	GC
<i>linezolid oral suspension reconstituted</i>	5	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	2	QL (480 per 30 days); GC; NM; 90D
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days); NM
<i>maraviroc</i>	5	QL (120 per 30 days); NM
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days); NM
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days); NM
<i>mefloquine hcl</i>	2	GC; 90D
<i>meropenem</i>	2	GC
<i>methenamine hippurate</i>	2	GC
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	GC
<i>metronidazole oral capsule</i>	2	GC
<i>metronidazole oral tablet</i>	1	GC
<i>micafungin sodium</i>	5	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	2	GC
<i>minocycline hcl oral capsule 50 mg</i>	1	GC
<i>minocycline hcl oral tablet</i>	2	GC
MONDOXYNE NL ORAL CAPSULE 100 MG	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>moxifloxacin hcl in nacl</i>	2	GC
<i>moxifloxacin hcl oral</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>neomycin sulfate oral</i>	2	GC
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	QL (90 per 30 days); GC; NM; 90D
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 per 30 days); GC; NM; 90D
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days); GC; NM; 90D
<i>nevirapine oral tablet</i>	2	QL (60 per 30 days); GC; NM; 90D
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	2	GC
<i>nitrofurantoin monohyd macro</i>	2	GC
NORVIR ORAL PACKET	4	QL (360 per 30 days); NM
NOXAFIL ORAL SUSPENSION	5	PA
<i>nystatin oral tablet</i>	1	GC
ODEFSEY	5	QL (30 per 30 days); NM
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	GC
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days); GC
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (84 per 365 days); GC
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 per 365 days); GC
<i>paromomycin sulfate oral</i>	2	GC
<i>penicillin g potassium</i>	2	GC
<i>penicillin g sodium</i>	2	GC
<i>penicillin v potassium oral solution reconstituted</i>	2	GC
<i>penicillin v potassium oral tablet</i>	1	GC
<i>pentamidine isethionate inhalation</i>	2	B/D PA; GC; NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>pentamidine isethionate injection</i>	2	GC; NM
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	2	GC
PIFELTRO	5	QL (30 per 30 days); NM
<i>piperacillin sod-tazobactam intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm</i>	2	GC
<i>posaconazole oral tablet delayed release</i>	5	PA
PREVYMIS ORAL	5	QL (30 per 30 days); NM
PREZCOBIX	5	QL (30 per 30 days); NM
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); NM
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days); NM
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days); NM
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>pyrazinamide oral</i>	2	GC
<i>pyrimethamine oral</i>	5	
<i>quinine sulfate oral</i>	2	PA; GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	NM
REYATAZ ORAL PACKET	4	QL (240 per 30 days); NM
<i>ribavirin oral capsule</i>	2	GC; NM
<i>ribavirin oral tablet 200 mg</i>	2	GC; NM
<i>rifabutin</i>	2	GC
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	GC
<i>rimantadine hcl</i>	2	GC
<i>ritonavir</i>	2	QL (360 per 30 days); GC; NM; 90D
RUKOBIA	5	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days); NM
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); NM
SIRTURO	5	PA; NM; LA
<i>sofosbuvir-velpatasvir</i>	5	PA; QL (30 per 30 days); NM
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	QL (120 per 30 days); GC; NM; 90D
<i>stavudine oral capsule 30 mg, 40 mg</i>	2	QL (60 per 30 days); GC; NM; 90D
<i>streptomycin sulfate intramuscular</i>	5	
STRIBILD	5	QL (30 per 30 days); NM
<i>sulfadiazine oral</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	GC
SUNLENCA ORAL	3	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
SYMTUZA	5	QL (30 per 30 days); NM
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	GC
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	2	GC
TEFLARO	5	
<i>tenofovir disoproxil fumarate</i>	2	QL (30 per 30 days); GC; NM; 90D
<i>terbinafine hcl oral</i>	1	GC
<i>tetracycline hcl oral</i>	2	GC
<i>tigecycline</i>	5	
<i>tinidazole oral</i>	2	GC
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days); NM
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days); NM
TIVICAY PD	5	QL (360 per 30 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	GC
TRECTOR	4	
<i>trifluridine ophthalmic</i>	2	GC
<i>trimethoprim oral</i>	1	GC
TRIUMEQ	5	QL (30 per 30 days); NM
TRIUMEQ PD	5	QL (180 per 30 days); NM
TRIZIVIR	5	QL (60 per 30 days); NM
TYBOST	4	QL (30 per 30 days); NM
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days); GC
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days); GC
<i>valganciclovir hcl oral solution reconstituted</i>	2	GC; NM; 90D
<i>valganciclovir hcl oral tablet</i>	3	NM
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg</i>	2	GC
<i>vancomycin hcl oral capsule 125 mg</i>	2	PA; QL (240 per 30 days); GC
<i>vancomycin hcl oral capsule 250 mg</i>	4	PA; QL (240 per 30 days)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	2	PA; QL (1200 per 30 days); GC
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); NM
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days); NM
VIREAD ORAL POWDER	3	QL (240 per 30 days); NM
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days); NM
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days); NM
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (60 per 30 days); GC
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 per 30 days); GC
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 3 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule</i>	2	QL (180 per 30 days); GC; NM; 90D
<i>zidovudine oral syrup</i>	2	QL (1920 per 30 days); GC; NM; 90D
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days); GC; NM; 90D
ZIRGAN	3	
MISCELLANEOUS THERAPEUTIC AGENTS / AGENTES TERAPÉUTICOS VARIOS		
ALCOHOL SWABS	3	OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	6	QL (30 per 10 days); ED
GAUZE STERILE PADS 2	2	OTC; GC
<i>hydrocodone bit-homatrop mbr oral solution</i>	6	ED
INSULIN PEN NEEDLE	3	OTC; QL (200 per 30 days)
INSULIN SYRINGE	3	OTC; QL (200 per 30 days)
KOSELUGO	5	PA; NM
<i>promethazine-codeine oral solution</i>	6	ED
<i>promethazine-phenyleph-codeine</i>	6	ED
<i>sodium chloride irrigation solution 0.9 %</i>	1	GC
OPHTHALMIC AGENTS / AGENTES OFTÁLMICOS		
<i>acetazolamide er</i>	2	GC; 90D
<i>ak-poly-bac</i>	1	GC
ALPHAGAN P	3	
ALREX	4	
<i>atropine sulfate ophthalmic ointment</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	GC; 90D
<i>azelastine hcl ophthalmic</i>	2	GC
<i>bacitracin ophthalmic</i>	2	GC

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	GC
<i>bacitra-neomycin-polymyxin-hc</i>	2	GC
<i>bepotastine besilate</i>	2	GC
BESIVANCE	4	
<i>betaxolol hcl ophthalmic</i>	2	GC; 90D
<i>bimatoprost ophthalmic</i>	2	GC; 90D
<i>brimonidine tartrate ophthalmic</i>	2	GC; 90D
<i>brimonidine tartrate-timolol</i>	2	GC; 90D
<i>brinzolamide</i>	2	GC; 90D
BROMSITE	4	
<i>carteolol hcl</i>	1	GC; 100D
<i>ciprofloxacin hcl ophthalmic</i>	1	GC
COMBIGAN	3	
<i>cromolyn sodium ophthalmic</i>	1	GC
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	2	GC; 90D
CYSTARAN	5	NM; LA
<i>dexamethasone sodium phosphate ophthalmic</i>	2	GC
<i>diclofenac sodium ophthalmic</i>	1	GC
<i>difluprednate</i>	2	GC
<i>dorzolamide hcl ophthalmic</i>	1	GC; 100D
<i>dorzolamide hcl-timolol mal</i>	1	GC; 100D
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	GC; 100D
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days); GC
<i>fluorometholone ophthalmic</i>	2	GC
<i>flurbiprofen sodium</i>	2	GC
FML FORTE	4	
<i>gatifloxacin ophthalmic</i>	2	GC
<i>gentamicin sulfate ophthalmic solution</i>	1	GC
ILEVRO	3	
ISOPTO ATROPINE	3	

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
<i>ketorolac tromethamine ophthalmic</i>	2	GC
<i>latanoprost ophthalmic</i>	1	GC; 100D
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	GC; 100D
<i>levofloxacin ophthalmic</i>	2	GC
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	2	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral</i>	2	GC; 90D
<i>moxifloxacin hcl (2x day)</i>	2	GC
<i>moxifloxacin hcl ophthalmic solution</i>	2	GC
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx</i>	2	GC
<i>neomycin-polymyxin-dexameth</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	GC
NEO-POLYCIN	2	GC
NEO-POLYCIN HC	2	GC
<i>ofloxacin ophthalmic</i>	1	GC
<i>olopatadine hcl ophthalmic</i>	2	GC
OXERVATE	5	NM
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	GC; 90D
POLYCIN	1	GC
<i>polymyxin b-trimethoprim</i>	1	GC
<i>prednisolone acetate ophthalmic</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic</i>	3	
PROLENSA	4	
<i>proparacaine hcl ophthalmic</i>	1	GC
RESTASIS	3	QL (60 per 30 days)

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days)
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	
<i>sulfacetamide sodium ophthalmic solution</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	GC
<i>timolol maleate (once-daily)</i>	1	GC; 100D
<i>timolol maleate ophthalmic gel forming solution</i>	2	GC; 90D
<i>timolol maleate ophthalmic solution</i>	1	GC; 100D
TOBRADEX OPHTHALMIC OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin ophthalmic</i>	1	GC
<i>tobramycin-dexamethasone</i>	2	GC
TOBEX OPHTHALMIC OINTMENT	4	
<i>travoprost (bak free)</i>	2	GC; 90D
VYZULTA	4	
XIIDRA	3	QL (60 per 30 days)
ZYLET	4	
OTIC AGENTS / AGENTES ÓTICOS		
<i>acetic acid otic</i>	1	GC
<i>ciprofloxacin hcl otic</i>	2	GC
<i>ciprofloxacin-dexamethasone</i>	2	GC
FLAC	2	GC
<i>fluocinolone acetonide otic</i>	2	GC
<i>hydrocortisone-acetic acid</i>	2	GC
<i>neomycin-polymyxin-hc otic</i>	2	GC
<i>ofloxacin otic</i>	2	GC
RESPIRATORY TRACT/PULMONARY AGENTS / AGENTES PULMONARES/DE LAS VÍAS RESPIRATORIAS		
<i>acetylcysteine inhalation</i>	2	B/D PA; GC

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ADEMPAS	5	PA; NM; LA
ADVAIR HFA	3	QL (12 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	GC; 90D
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2	GC
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PA; QL (360 per 30 days); GC; 90D
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	2	B/D PA; QL (60 per 30 days); GC; 90D
<i>albuterol sulfate oral syrup</i>	1	GC; 100D
<i>albuterol sulfate oral tablet</i>	2	GC; 90D
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); NM; LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days)
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days)
ARNUIITY ELLIPTA	3	QL (30 per 30 days)
ATROVENT HFA	3	QL (26 per 30 days)
<i>azelastine hcl nasal</i>	2	QL (30 per 25 days); GC
<i>azelastine-fluticasone</i>	2	QL (23 per 28 days); GC
<i>bosentan</i>	5	PA; QL (60 per 30 days); NM; LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days)
BRONCHITOL	5	NM; LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D PA; QL (120 per 30 days); GC; 90D
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D PA; QL (60 per 30 days); GC; 90D
<i>budesonide-formoterol fumarate</i>	3	QL (30.6 per 30 days)
<i>carbinoxamine maleate oral solution</i>	2	PA; GC; HRM
CAYSTON	5	PA; NM; LA

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<i>cetirizine hcl oral solution 1 mg/ml</i>	1	GC
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; GC; HRM
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
<i>cromolyn sodium inhalation</i>	2	B/D PA; GC; 90D
<i>cyproheptadine hcl oral syrup</i>	1	PA; GC; HRM
<i>cyproheptadine hcl oral tablet</i>	1	GC
DULERA	4	QL (13 per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 per 28 days); GC
FASENRA	5	PA; QL (1 per 28 days); NM; LA
FASENRA PEN	5	PA; QL (1 per 28 days); NM
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days); GC
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	3	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	3	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (11 per 30 days)
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days); GC
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days); GC; 90D
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (1 per 30 days); GC; 90D
<i>hydroxyzine hcl oral syrup</i>	1	GC
<i>hydroxyzine hcl oral tablet</i>	1	GC
<i>hydroxyzine pamoate oral</i>	2	GC
<i>ipratropium bromide inhalation</i>	1	B/D PA; GC; 100D
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); GC; 100D
<i>ipratropium-albuterol</i>	2	B/D PA; QL (540 per 30 days); GC; 90D
KALYDECO ORAL PACKET	5	PA; QL (56 per 28 days); NM

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); NM
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	B/D PA; QL (270 per 30 days); GC; 90D
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	2	B/D PA; QL (540 per 30 days); GC; 90D
<i>levalbuterol tartrate</i>	2	QL (45 per 30 days); GC; 90D
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days); GC
<i>mometasone furoate nasal</i>	2	GC
<i>montelukast sodium oral</i>	2	GC; 90D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); NM; LA
OFEV	5	PA; QL (60 per 30 days); NM
<i>olopatadine hcl nasal</i>	2	QL (31 per 30 days); GC
OPSUMIT	5	PA; QL (30 per 30 days); NM; LA
ORKAMBI ORAL PACKET	5	PA; QL (60 per 30 days); NM
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days); NM
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 per 30 days); NM
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 per 30 days); NM
PROAIR RESPICLICK	4	
<i>promethazine-phenylephrine</i>	2	GC
PROVENTIL HFA	4	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA; NM
<i>roflumilast oral tablet 500 mcg</i>	2	PA; QL (30 per 30 days); GC; 90D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 per 30 days); GC; NM; 90D

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DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SPIRIVA HANDIHALER	3	QL (30 per 30 days)
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
STIOLTO RESPIMAT	3	QL (4 per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA; QL (56 per 28 days); NM; LA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA; QL (56 per 28 days); NM
SYMJEPI	3	QL (2 per 28 days)
<i>theophylline</i>	2	GC; 90D
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	GC; 100D
<i>theophylline er oral tablet extended release 24 hour</i>	1	GC; 100D
TOBI PODHALER	5	QL (224 per 28 days); NM; LA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days); NM
TRACLEER ORAL TABLET SOLUBLE	5	PA; QL (120 per 30 days); NM; LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days); NM; LA
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days); NM
UPTRAVI ORAL TABLET	5	PA; QL (60 per 30 days); NM; LA
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VENTOLIN HFA	3	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 per 30 days); GC; 90D
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM; LA
<i>zafirlukast</i>	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 14 de este documento.

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Notice of Non-Discrimination

HealthSun Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HealthSun does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- 1) HealthSun provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 2) HealthSun provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Member Services Department at 877-336-2069, or TTY at 711. If you believe that HealthSun has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Department
9250 W Flagler Street, Suite 600
Miami, FL 33174

T. 877-336-2069 (TTY: 711) F. 305-234-9275
E-mail: HScivilrights@healthsun.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, (TDD: 800-537-7697). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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Aviso de no discriminación

HealthSun Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. HealthSun no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

- 1) HealthSun proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- 2) HealthSun proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - intérpretes capacitados
 - información escrita en otros idiomas.

Si necesita recibir estos servicios, llame a nuestro departamento de Servicios al Afiliado al teléfono 877-336-2069, o TTY al 711. Si considera que HealthSun no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo al siguiente:

Departamento de Quejas
9250 W Flagler Street, Suite 600
Miami, FL 33174

T. 877-336-2069 (TTY: 711) F. 305-234-9275
E-mail: HScivilrights@healthsun.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el departamento de Servicios al Afiliado está a su disposición para brindársela. También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios de EE. UU. de manera electrónica a través del Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201 800-368-1019, (TDD: 800-537-7697). Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-336-2069** (TTY: **1-877-206-0500**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-336-2069** (TTY: **1-877-206-0500**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险计划的任何疑问。如果您需要此翻译服务，请致电 **1-877-336-2069** (TTY: **1-877-206-0500**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險計劃可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-336-2069** (TTY: **1-877-206-0500**)。我們講粵語的工作人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-336-2069** (TTY: **1-877-206-0500**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-336-2069** (TTY: **1-877-206-0500**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-336-2069** (TTY: **1-877-206-0500**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-336-2069** (TTY: **1-877-206-0500**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-336-2069** (TTY: **1-877-206-0500**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-336-2069** (TTY: **1-877-206-0500**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم، فوري ما عليك سوى الاتصال بنا على الرقم **1-877-336-2069** (TTY: **1-877-206-0500**) يمكن لشخص يتحدث الإنجليزية أن يساعدك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-336-2069** (TTY: **1-877-206-0500**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-336-2069** (TTY: **1-877-206-0500**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-336-2069** (TTY: **1-877-206-0500**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-336-2069** (TTY: **1-877-206-0500**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-336-2069** (TTY: **1-877-206-0500**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-336-2069** (TTY: **1-877-206-0500**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

NOTES

NOTAS



1-877-336-2069 / TTY: 711 | Fax: 305-448-5783
9250 W. Flagler Street, Suite 600, Miami, FL 33174
HealthSun.com

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 ID 24093, Version 9

This formulary was updated on 08/18/2023. For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST) or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 until September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Este formulario fue actualizado en 08/18/2023. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans al 1-877-336-2069 / TTY: 711, de lunes a viernes de 8 a.m. a 8 p.m., o visite www.healthsun.com. Nuestro horario del 1 de octubre al 31 de marzo es de 8 a.m. a 8 p.m., los siete días de la semana (nuestra oficina permanecerá cerrada el Día de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, estaremos disponibles de lunes a viernes de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados federales).