BILINGUAL

HealthSun
HEALTH PLANS

FORMULARY
(List of Covered Drugs)

FORMULARIO
(Lista de Medicamentos Cubiertos)

2026

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 26045, Version 19

This formulary was updated on 10/7/2026. 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 through 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 se actualizó en 10/7/2026. 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, Inc.
2026 Formulary List of Covered Drugs

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

HPMS Approved Formulary File Submission ID **26045**, Version **19**

This formulary was updated on **10/7/2026**. For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY users should call 711), from 8am to 8pm, EST., or visit www.healthsun.com. Our 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 Drug List (formulary) for our plan which is current as of **10/7/2026.** *For* an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2027, and from time to time during the year.

What is the HealthSun Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 a 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.

For a complete listing of all prescription drugs covered by HealthSun Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

https://healthsun.com/plans-coverage/prescription-drug-benefits/

Y0114_26_3017611_0000_I_C

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the *HealthSun Health Plans*' formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.
The enclosed formulary is current as of **10/7/2026**. 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.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **24.** 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 **24.** 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 **118.** 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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 prescriber 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 tabs** 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 **24** 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 **5** for information about how to request an exception.

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. For more information, 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 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.

- You can ask us to cover a formulary drug at a 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.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 711. Or visit http://www.medicare.gov.

HealthSun Health Plans formulary

The formulary that begins on the page **24** 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 **118**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., **ERLEADA)** 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, mail order drugs, tier names, and other coverage information.

The Drug Table starting on page **24** includes a column titled, "Drug Tier". This column indicates what tier each drug is listed under. The table starting on page **8** provides the copayments/coinsurances associated with the corresponding tiers if you receive the drug at an in-network pharmacy. These copayments/coinsurances apply during the initial coverage phase. Please refer to your *Evidence of Coverage* for what you pay during the catastrophic coverage stage. If you receive "Extra Help", some information about the costs for Part D prescription drugs may not apply to you. Refer to your *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also known as the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug coverage.

Tier	Drug Tier Name
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Drug
5	Specialty Tier
6	Supplemental Drugs - (enhanced drug coverage)

Preferred Retail Pharmacy and Mail Order Pharmacy

Your cost for a one-month supply (30 days) of a covered Part D drug

Preferred Retail Pharmacy and Mail Order Pharmacy							
Plan Name: HealthSun	**Tier 1*** Preferred Generic	**Tier 2*** Generic	**Tier 3** Preferred Brand	**Tier 3** Preferred Brand **Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6** Supple-mental Drugs
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* For some drugs in Tier 1 and in Tier 2, you can get a long-term supply (also called an extended supply). A long-term supply is up to a 100-day supply for some drugs in Tier 1 and up to a 90-day supply for some drugs in Tier 2.

If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.

Standard Retail Pharmacy

Your cost for a one-month supply (30 days) of a covered Part D drug

Standard Retail Pharmacy							
Plan Name: HealthSun	**Tier 1*** Preferred Generic	**Tier 2*** Generic	**Tier 3** Preferred Brand	**Tier 3** Preferred Brand **Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6** Supple-mental Drugs
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$55	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$55	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* For some drugs, you can get a long-term supply (also called an extended supply). A long-term supply is up to a **100-day supply** for some drugs in Tier 1 and up to a **90-day supply** for some drugs in Tier 2.

If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.

Please refer to your plan's *Evidence of Coverage* for details on what you pay at a long-term care pharmacy or at an out-of-network pharmacy when approved by the plan, and what you may pay if you receive Extra Help.

Abbreviations

SYMBOL	NAME	ABBREVIATION 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 in 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.
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 711), from 8 am to 8 pm, 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 8 am to 8 pm (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.
MO	Mail-Order	This drug is available at our mail order pharmacies.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill in your prescription for this drug; without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific timeframe. Certain drugs marked "QL" for quantity limit will indicate the amount (days' supply or amount dispensed).
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthSun Health Plans
Formulario de 2026 - Lista de medicamentos cubiertos

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

HPMS ID: **26045**, Versión **19**

Este formulario se actualizó el **10/7/2026**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para Miembros de HealthSun Health Plans al 1-877-336-2069 (los usuarios de TTY deben llamar al 711) de 8 a.m. a 8 p.m. hora del Este, o visite www.healthsun.com. Del 1.º de octubre al 31 de marzo, atendemos los siete días de la semana (nuestra oficina estará cerrada el Día de Acción de Gracias y el día de Navidad). Del 1.º de abril al 30 de septiembre, el horario de atención es de lunes a viernes de 8 a.m. a 8 p.m. (nuestra oficina estará cerrada los días feriados nacionales).

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

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

Este documento incluye la Lista de medicamentos (Formulario) de nuestro plan que está vigente desde el **10/7/2026**. Para obtener una Lista de medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (Formulario), aparece en la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias, los copagos y el coseguro pueden cambiar el 1 de enero de 2027 y periódicamente durante el año.

¿Qué es el Formulario de HealthSun Health Plans?

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. Un Formulario es una Lista de medicamentos cubiertos seleccionados por HealthSun Health Plans con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, HealthSun Health Plans cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de HealthSun Health Plans y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.
Para consultar la lista completa de todos los medicamentos con receta cubiertos por HealthSun Health Plans, visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y en la portada posterior.

¿El Formulario puede cambiar?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos del Formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer para aplicar estos cambios. Las actualizaciones del Formulario se publican todos los meses en nuestro sitio web:

https://healthsun.com/es/plans-coverage/prescription-drug-benefits/

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

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca productos biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

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

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

  Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada "*¿Cómo puedo solicitar una excepción al Formulario de HealthSun Health Plans?*"

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

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que debe retirarse por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, moverlo a un nivel de costo compartido diferente o ambas. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento; o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada *"¿Cómo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?*"

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este sobre cambios que no lo afectan. Sin embargo, dichos cambios los afectarían el 1 de enero del año siguiente, y es importante que verifique el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entre en vigencias el **10/7/2026**. Para recibir información actualizada sobre los medicamentos cubiertos por HealthSun Health Plans comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

¿Cómo utilizo el Formulario?

Hay dos formas de encontrar su medicamento dentro del formulario:

Afección médica

El Formulario comienza en la página **24**. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se encuentran en la categoría "medicamentos cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página **24**. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página **118**. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que aparece en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

HealthSun Health Plans cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes del estatales.

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

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

- Para consultar los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5*,* Sección 3.1, "*La Lista de medicamentos, indica qué medicamentos de la Parte D están cubiertos*".

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** HealthSun Health Plans exige que usted o el profesional que receta obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de HealthSun Health Plans antes de obtener sus medicamentos con receta. Si no consigue la autorización, 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 cubrirá. Por ejemplo, HealthSun Health Plans proporciona **30 comprimidos** por receta de **TRADJENTA**. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- **Terapia escalonada:** En algunos casos, HealthSun Health Plans requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que HealthSun Health Plans no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces HealthSun Health Plans cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página **24**. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos para explicar nuestras restricciones de autorización previa y de tratamiento escalonado.

También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparecen en las páginas de la portada y la portada posterior.

Puede pedirle a HealthSun Health Plans que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección "*¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?*" en la página **15** para obtener información acerca de cómo solicitar una excepción.

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

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

información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.
Si resulta que HealthSun Health Plans no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por 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 que HealthSun Health Plans que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

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

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

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

- Puede pedirnos que no apliquemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o un límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, HealthSun Health Plans limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en nuestro nivel de especialidad. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

Por lo general, HealthSun Health Plans solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el Formulario del plan, o la aplicación de la restricción no fueran tan efectivos para usted o pudieran causarle efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada para dar recetas. Puede pedir una decisión acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si aceptamos, o si la persona autorizada a dar recetas pide una decisión rápida, debemos comunicarle nuestra decisión, a más tardar, en un período de 24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción?

Como miembro nuevo o existente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en nuestro formulario. También es posible que esté tomando un medicamento que está en nuestro Formulario, pero que tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el procedimiento adecuado para seguir

su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros **90** días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no están en nuestro Formulario o que tienen una restricción de cobertura, cubriremos un suministro temporal de **30 días**. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta **30 días**. Si no se aprueba la cobertura, después del primer suministro para **30** días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de **90 días**.

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

El proceso de transición a 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 miembros de Medicare recientemente elegibles de otra cobertura a nuestro plan; **(3)** la transición de personas que cambian de plan después del inicio del año del contrato; **(4)** miembros que residen en un centro de cuidado a largo plazo (LTC); **(5)** miembros actuales afectados por cambios en el Formulario que los perjudican de un año de contrato al siguiente año de contrato; **(6)** miembros que solicitan una excepción pero no se emite una decisión oportuna sobre la solicitud antes del final del período de transición; **(7)** miembros que permanecen en el mismo plan para el nuevo año del plan y están tomando un medicamento como resultado de una excepción que se otorgó el año anterior; **(8)** miembros actuales que deben cambiar el nivel de cuidado; **(9)** miembros actuales que ingresan a un entorno de LTC desde otros entornos de cuidado; y **(10)** miembros actuales en un entorno de LTC que requieren un suministro de emergencia de un medicamento que no está en el Formulario.

Para obtener más información

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

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

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 711. O bien, visite https:/www.medicare.gov/.

Formulario de HealthSun Health Plans

El formulario que comienza en la página **24** proporciona información de la cobertura de los medicamentos que cubre HealthSun Health Plans. Si tiene dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página **118**.

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

La información en la columna Requisitos/límites indica si HealthSun Health Plans tiene algún requisito especial para la cobertura del medicamento.

Algunos medicamentos en el Formulario estarán marcados con uno o más símbolos para indicar qué condiciones se aplican, como restricciones y requisitos de administración de la utilización, si están disponibles a través del

pedido por correo, si están limitados a un suministro de un mes (incluso cuando el medicamento está en un nivel que permite un suministro extendido), si son medicamentos excluidos de la Parte D cubiertos por el plan, si tienen acceso limitado, si son de pedido por correo, el nivel a que pertenecen y otra información de cobertura.
La tabla de medicamentos que comienza en la página **24** incluye una columna llamada "**Nivel de medicamentos**". Esta columna indica en qué nivel se encuentra cada medicamento. La tabla que comienza en la página **18** brinda información sobre los copagos/coseguros asociados con los niveles correspondientes si recibe el medicamento en una farmacia de la red. Estos copagos/coseguros se aplican durante la fase de cobertura inicial.

Consulte su *Evidencia de Cobertura* para saber lo que paga durante la etapa la etapa de cobertura catastrófica. Si recibe Ayuda Extra ("Extra Help"), es posible que cierta información sobre los costos de los medicamentos recetados de la Parte D no se aplique a su caso. Consulte su *Cláusula de Evidencia de Cobertura para personas que obtienen ayuda extra para pagar por medicamentos recetados* (también conocida como Cláusula adicional del subsidio por bajos ingresos o "LIS Rider"), donde se explica la cobertura de medicamentos.

Nivel	Nombre del nivel de medicamentos
1	Genérico preferido
2	Genérico
3	De marca preferida
4	Medicamento no preferido
5	Medicamento especializado
6	Medicamentos complementarios - (mejor cobertura de medicamentos)

Farmacia minorista preferida/Farmacia de pedido por correo

Su costo por un suministro de un mes (30 días) de un medicamento cubierto de la Parte D.

Farmacia minorista preferida/Farmacia de pedido por correo							
Nombre del plan: HealthSun	**Nivel 1*** Medicamentos genéricos preferidos	**Nivel 2*** Medicamentos genéricos	**Nivel 3** Medicamentos de marca preferida	**Nivel 3** Medicamentos de marca preferida **Medicamentos de insulina**	**Nivel 4** Medicamentos no preferidos	**Nivel 5** Medicamentos especializados	**Nivel 6** Medicamentos suplementarios
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$50	33%	$0

Farmacia minorista preferida/Farmacia de pedido por correo							
Nombre del plan: HealthSun	**Nivel 1*** Medicamentos genéricos preferidos	**Nivel 2*** Medicamentos genéricos	**Nivel 3** Medicamentos de marca preferida	**Nivel 3** Medicamentos de marca preferida **Medicamentos de insulina**	**Nivel 4** Medicamentos no preferidos	**Nivel 5** Medicamentos especializados	**Nivel 6** Medicamentos suplementarios
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* Para algunos medicamentos del Nivel 1 y del Nivel 2, puede obtener un suministro a largo plazo (también llamado suministro extendido). Un suministro a largo plazo es un suministro para hasta **100 días** para algunos medicamentos del Nivel 1 y un suministro para hasta **90 días** para algunos medicamentos del Nivel 2.

Si recibe Ayuda Extra (“Extra Help”), el monto que paga está determinado por su cobertura del subsidio por bajos ingresos (LIS) de Ayuda Extra (“Extra Help”). Consulte la cláusula adicional del subsidio por bajos ingresos (LIS) para conocer el monto de copago específico.

Farmacia minorista estándar

Su costo por un suministro de un mes (30 días) de un medicamento cubierto de la Parte D.

Farmacia minorista estándar							
Nombre del plan: HealthSun	**Nivel 1*** Medicamentos genéricos preferidos	**Nivel 2*** Medicamentos genéricos	**Nivel 3** Medicamentos de marca preferida	**Nivel 3** Medicamentos de marca preferida **Medicamentos de insulina**	**Nivel 4** Medicamentos no preferidos	**Nivel 5** Medicamentos especializados	**Nivel 6** Medicamentos suplementarios
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$55	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$55	33%	$0

Farmacia minorista estándar							
Nombre del plan: HealthSun	**Nivel 1*** Medicamentos genéricos preferidos	**Nivel 2*** Medicamentos genéricos	**Nivel 3** Medicamentos de marca preferida	**Nivel 3** Medicamentos de marca preferida **Medicamentos de insulina**	**Nivel 4** Medicamentos no preferidos	**Nivel 5** Medicamentos especializados	**Nivel 6** Medicamentos suplementarios
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$55	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

***** Para algunos medicamentos, puede obtener un suministro a largo plazo (también llamado suministro extendido). Un suministro a largo plazo es de hasta **100 días** para algunos medicamentos en el Nivel 1 y hasta **90 días** para algunos medicamentos en el Nivel 2.

Si recibe Ayuda Adicional, la cantidad que paga está determinada por su cobertura de subsidio por bajos ingresos (LIS) de Ayuda Adicional. Por favor, consulte su Cláusula adicional del subsidio por bajos ingresos o "LIS Rider", para conocer su monto específico de copago.

Consulte *la Evidencia de Cobertura* de su plan para obtener detalles sobre lo que paga en una farmacia de cuidado a largo plazo o en una farmacia fuera de la red cuando lo aprueba el plan.

Abreviaturas

SÍMBOLO	NOMBRE	DESCRIPCIÓN DE LA ABREVIATURA
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 para medicamentos de la Parte B o de la Parte D	Este medicamento puede estar cubierto por Medicare Parte B o Medicare Parte D según las circunstancias.
ED	Mejor cobertura de medicamentos	Cobertura para medicamentos excluidos de Medicare Parte D. Este medicamento con receta normalmente no está cubierto por un Plan de Medicamentos Recetados de Medicare. El monto que usted paga cuando surte una receta para este medicamento no cuenta para el costo total del medicamento (es decir, el monto que usted paga no lo ayuda a calificar para una cobertura catastrófica). Además, si recibe ayuda extra para pagar sus recetas, no recibirá ninguna ayuda extra para pagar este medicamento.
HRM	Medicamento de alto riesgo	Se requiere autorización previa (PA) para personas de 65 años o más.
LA	Acceso limitado	Es posible que esta receta solo esté disponible en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para Miembros al 1-877-336-2069 (los usuarios de TTY deben llamar al 711) de 8 a.m. a 8 p.m., o visite www.HealthSun.com. Del 1.º de octubre al 31 de marzo, atendemos los siete días de la semana (nuestra oficina estará cerrada el Día de Acción de Gracias y el día de Navidad). Del 1.º de abril al 30 de septiembre, el horario de atención es de lunes a viernes de 8 a.m. a 8 p.m. (nuestra oficina estará cerrada los días feriados nacionales).
NEDS	Suministro para días no extendidos	Este medicamento está aprobado para un suministro para 30 días como máximo.
MO	Pedido por correo	Este medicamento está disponible en nuestras farmacias de pedido por correo.
PA	Autorización previa	Usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento; es posible que no cubramos este medicamento sin aprobación previa.
QL	Límite de cantidad	Hay un límite en la cantidad de este medicamento que está cubierta por receta o dentro de un plazo específico. Ciertos medicamentos marcados "QL" por límite de cantidad indicarán la cantidad (días de suministro o cantidad dispensada).
ST	Terapia escalonada	En algunos casos, se podrá requerir que primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición.

List of Covered Drugs / Lista de Medicamentos

Table of Contents (Tabla de contenido)

ANALGESICS AND ANTI-INFLAMMATORY AGENTS / AGENTES ANALGÉSICOS Y ANTI-INFLAMATORIOS 24

ANTINEOPLASTICS / ANTINEOPLÁSICOS 26

BLOOD PRODUCTS AND MODIFIERS / PRODUCTOS SANGUÍNEOS Y MODIFICADORES 35

CARDIOVASCULAR AGENTS / AGENTES CARDIOVASCULARES 38

CENTRAL NERVOUS SYSTEM AGENTS / AGENTES DEL SISTEMA NERVIOSO CENTRAL 46

DERMATOLOGICAL AGENTS / AGENTES DERMATOLÓGICOS 66

ELECTROLYTES / MINERALS / METALS / VITAMINS / ELECTROLITOS / MINERALES / METALES / VITAMINAS 71

ENDOCRINE AND METABOLIC DISORDER AGENTS / AGENTES DE TRASTORNOS ENDOCRINOS Y METABÓLICOS 73

GASTROINTESTINAL AGENTS / AGENTES GASTROINTESTINALES 80

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO 83

GENITOURINARY AGENTS / AGENTES GENITOURINARIOS 83

HORMONAL AGENTS / AGENTES HORMONALES 85

IMMUNOLOGICAL AGENTS / AGENTES INMUNITARIOS 91

INFECTIOUS DISEASE AGENTS / AGENTES DE ENFERMEDADES INFECCIOSAS 98

MISCELLANEOUS THERAPEUTIC AGENTS / AGENTES TERAPÉUTICOS VARIOS 110

OPHTHALMIC AGENTS / AGENTES OFTÁLMICOS 110

OTIC AGENTS / AGENTES ÓTICOS 113

RESPIRATORY TRACT/PULMONARY AGENTS / AGENTES PULMONARES/DE LAS VÍAS RESPIRATORIAS 113

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ANALGESICS AND ANTI-INFLAMMATORY AGENTS / AGENTES ANALGÉSICOS Y ANTI-INFLAMATORIOS		
acetaminophen-codeine oral solution	2	QL (900 per 30 days); NEDS
acetaminophen-codeine oral tablet	3	QL (180 per 30 days); NEDS
allopurinol oral tablet 100 mg, 300 mg	1	MO; 100D
buprenorphine transdermal	2	PA; QL (4 per 28 days); NEDS
butorphanol tartrate nasal	4	QL (5 per 30 days); NEDS
celecoxib oral capsule 100 mg, 200 mg, 50 mg	2	QL (60 per 30 days); MO; 90D
celecoxib oral capsule 400 mg	2	QL (30 per 30 days); MO; 90D
colchicine oral capsule	3	
colchicine oral tablet	2	QL (120 per 30 days)
colchicine-probenecid	1	MO; 100D
diclofenac potassium oral tablet 50 mg	1	MO; 100D
diclofenac sodium er	1	MO; 100D
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium oral	1	MO; 100D
diclofenac-misoprostol oral tablet delayed release	2	MO; 90D
diflunisal oral	2	MO; 90D
duramorph	4	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (180 per 30 days); NEDS
etodolac er	2	MO; 90D
etodolac oral	1	MO; 100D
febuxostat	2	ST; MO; 90D
fentanyl	4	PA; QL (15 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	1	MO; 100D
GLYDO EXTERNAL PREFILLED SYRINGE	2	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	2	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	QL (180 per 30 days); NEDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	4	QL (50 per 10 days); NEDS
hydromorphone hcl injection solution 2 mg/ml	4	
hydromorphone hcl oral liquid	4	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	4	QL (180 per 30 days); NEDS
ibu oral tablet 600 mg	1	MO; 100D
ibuprofen oral suspension (rx)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; 100D
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO; 100D; HRM
ketoprofen oral capsule 50 mg	5	MO
ketorolac tromethamine oral	2	PA; HRM
lidocaine external ointment 5 %	2	PA; QL (150 per 30 days)
lidocaine external patch 5 %	2	PA; QL (90 per 30 days)
lidocaine hcl external solution	2	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	2	QL (30 per 30 days)
meloxicam oral tablet	1	MO; 100D
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	2	PA; HRM
meperidine hcl oral solution	2	PA; QL (900 per 30 days); NEDS; HRM
meperidine hcl oral tablet 50 mg	4	PA; QL (180 per 30 days); NEDS; HRM
methadone hcl oral solution	3	QL (900 per 30 days); NEDS
methadone hcl oral tablet	3	PA; QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
morphine sulfate er oral tablet extended release 100 mg, 200 mg	2	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (90 per 30 days); NEDS
morphine sulfate oral solution	2	QL (900 per 30 days); NEDS
morphine sulfate oral tablet 15 mg	2	QL (180 per 30 days); NEDS
morphine sulfate oral tablet 30 mg	1	QL (180 per 30 days); NEDS
nabumetone oral	1	MO; 100D
naproxen dr oral tablet delayed release 500 mg	2	MO; 90D
naproxen oral suspension	2	MO; 90D
naproxen oral tablet	1	MO; 100D
naproxen oral tablet delayed release	2	MO; 90D
naproxen sodium oral tablet 275 mg, 550 mg	2	MO; 90D
oxaprozin oral tablet	2	MO; 90D
oxycodone hcl oral concentrate 100 mg/5ml	2	QL (180 per 30 days); NEDS
oxycodone hcl oral tablet	3	QL (180 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (180 per 30 days); NEDS
oxymorphone hcl	2	QL (180 per 30 days); NEDS
pentazocine-naloxone hcl	2	PA; QL (360 per 30 days); NEDS; HRM
piroxicam oral	2	MO; 90D
probenecid oral	1	MO; 100D
sulindac oral	1	MO; 100D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	PA; QL (30 per 30 days); NEDS
tramadol hcl er	2	PA; QL (30 per 30 days); NEDS
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS
ANTINEOPLASTICS / ANTINEOPLÁSICOS		
abiraterone acetate oral tablet 250 mg	5	PA; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	5	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ABIRTEGA	3	PA; QL (120 per 30 days)
AKEEGA	5	PA; QL (60 per 30 days)
ALECENSA	5	PA; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days)
anastrozole oral	2	MO; 90D
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK	5	PA; QL (66 per 28 days)
AYVAKIT	5	PA; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days)
BEQALZI ORAL TABLET 1 MG, 5 MG	4	PA; QL (11 per 7 days)
BEQALZI ORAL TABLET 20 MG	4	PA; QL (14 per 7 days)
BEQALZI ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
BEQALZI STARTER PACK	5	PA
BESREMI	5	PA
BESREMI PEN	5	PA
bexarotene oral	5	PA; QL (300 per 30 days)
bicalutamide	2	QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
bosutinib oral tablet 100 mg	4	PA; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
BRUKINSA ORAL TABLET	5	PA; QL (60 per 30 days)
CABOMETYX	5	PA; QL (30 per 30 days)
CALQUENCE ORAL TABLET	5	PA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days)
COPIKTRA	5	PA; QL (60 per 30 days)
COTELLIC	5	PA; QL (90 per 30 days)
cyclophosphamide oral capsule	3	B/D PA
DANZITEN	5	PA; QL (112 per 28 days)
DARZALEX FASPRO	5	PA
dasatinib	5	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days)
ELIGARD	4	PA
ENSACOVE	5	PA; QL (60 per 30 days)
ERIVEDGE	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days)
erlotinib hcl oral tablet 25 mg	5	PA; QL (90 per 30 days)
EULEXIN	5	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA
everolimus oral tablet soluble	5	PA
exemestane	2	MO; 90D
FIRMAGON (240 MG DOSE)	5	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
FOTIVDA	5	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
GAVRETO	5	PA; QL (120 per 30 days)
gefitinib	5	PA; QL (60 per 30 days)
GILOTRIF	5	PA; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days)
GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days)
HERCEPTIN HYLECTA	5	B/D PA
HERNEXEOS	5	PA; QL (90 per 30 days)
hydroxyurea oral	1	
HYRNUO	5	PA; QL (120 per 30 days)
IBRANCE	5	PA; QL (21 per 28 days)
IBTROZI	5	PA; QL (90 per 30 days)
ICLUSIG	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days)
imatinib mesylate oral tablet 100 mg	4	PA; QL (90 per 30 days)
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
imkeldi	5	PA; QL (280 per 28 days)
INLURIYO	5	PA; QL (56 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
INQOVI	5	PA; QL (5 per 28 days)
INREBIC	5	PA; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days)
IWILFIN	5	PA; QL (240 per 30 days)
JAKAFI	5	PA; QL (60 per 30 days)
JAKAFI XR	5	PA; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	5	PA; QL (120 per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)
KOMZIFTI	5	PA; QL (90 per 30 days)
KRAZATI	5	PA; QL (180 per 30 days)
lapatinib ditosylate	5	PA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
LEDERLE LEUCOVORIN	1	
lenalidomide oral capsule 10 mg	5	PA; QL (60 per 30 days)
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	5	PA; QL (30 per 30 days)
lenalidomide oral capsule 5 mg	5	PA; QL (150 per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
letrozole oral	2	MO; 90D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	2	
leucovorin calcium oral tablet 5 mg	1	
LEUKERAN	4	
leuprolide acetate (3 month)	4	PA
leuprolide acetate injection	2	PA
LIFYORLI (125 MG DOSE)	5	PA; QL (18 per 28 days)
LIFYORLI (150 MG DOSE)	5	PA; QL (27 per 28 days)
lomustine oral capsule 10 mg, 40 mg	4	PA
lomustine oral capsule 100 mg	5	PA
LONSURF	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days)
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days)
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 180 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI (12 MG DAILY DOSE)	5	PA; QL (84 per 28 days)
LYTGOBI (16 MG DAILY DOSE)	5	PA; QL (112 per 28 days)
LYTGOBI (20 MG DAILY DOSE)	5	PA; QL (140 per 28 days)
MATULANE	5	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	PA; HRM
megestrol acetate oral tablet	1	PA; HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
MEKTOVI	5	PA; QL (180 per 30 days)
mercaptopurine oral suspension	5	PA
mercaptopurine oral tablet	2	
mesna oral	5	
MODEYSO	5	PA; QL (20 per 28 days)
NERLYNX	5	PA; QL (180 per 30 days)
nilotinib hcl	5	PA; QL (112 per 28 days)
nilutamide	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days)
NUBEQA	5	PA; QL (120 per 30 days)
ODOMZO	5	PA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONUREG	5	PA; QL (14 per 28 days)
ORGOVYX	5	PA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
pazopanib hcl oral tablet 200 mg	5	PA; QL (120 per 30 days)
pazopanib hcl oral tablet 400 mg	5	PA; QL (60 per 30 days)
PEMAZYRE	5	PA; QL (30 per 30 days)
PHESGO	5	PA
PHYRAGO	5	PA; QL (30 per 30 days)
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
pomalidomide	5	PA; QL (21 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
POMALYST	5	PA; QL (21 per 28 days)
PURIXAN	5	PA
QINLOCK	5	PA; QL (90 per 30 days)
RASONQUE	5	PA; QL (60 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
ROMVIMZA	5	PA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days)
RUBRACA	5	PA; QL (120 per 30 days)
RYDAPT	5	PA; QL (240 per 30 days)
RYLAZE	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; QL (60 per 30 days)
SOLTAMOX	5	MO
sorafenib tosylate	5	PA; QL (120 per 30 days)
STIVARGA	5	PA; QL (84 per 28 days)
sunitinib malate	5	PA; QL (30 per 30 days)
TABLOID	5	
TABRECTA	5	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)
TAGRISSO	5	PA; QL (30 per 30 days)
TALZENNA	5	PA; QL (30 per 30 days)
tamoxifen citrate oral	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TECENTRIQ HYBREZA	5	PA
TECVAYLI	5	PA
TEPMETKO	5	PA; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (224 per 28 days)
TIBSOVO	5	PA; QL (60 per 30 days)
toremifene citrate	5	
TRELSTAR MIXJECT	4	PA
tretinoin oral	5	
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA	5	PA; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days)
VANFLYTA	5	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA
VEPPANU	5	PA; QL (30 per 30 days)
VERZENIO	5	PA; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days)
VIZIMPRO	5	PA; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
WELIREG	5	PA; QL (90 per 30 days)
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XOSPATA	5	PA; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
YULITHIRA	3	PA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)
ZELBORAF	5	PA; QL (240 per 30 days)
ZENBEXUS	5	PA; QL (21 per 28 days)
ZOLINZA	5	PA; QL (120 per 30 days)
ZYDELIG	5	PA; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days)
BLOOD PRODUCTS AND MODIFIERS / PRODUCTOS SANGUÍNEOS Y MODIFICADORES		
anagrelide hcl	2	MO; 90D
aspirin-dipyridamole er	2	QL (60 per 30 days); MO; 90D
cilostazol	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
clopidogrel bisulfate oral tablet 75 mg	2	QL (30 per 30 days); MO; 90D
dabigatran etexilate mesylate	2	QL (60 per 30 days); MO; 90D
dipyridamole oral tablet 25 mg, 50 mg	1	PA; MO; 100D; HRM
dipyridamole oral tablet 75 mg	2	PA; MO; 90D; HRM
DROXIA	4	MO
ELIQUIS (1.5 MG PACK)	3	MO
ELIQUIS (2 MG PACK)	3	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (120 per 30 days); MO
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days); MO
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days); MO
ELIQUIS ORAL TABLET SOLUBLE	3	QL (960 per 30 days); MO
eltrombopag olamine oral packet 12.5 mg	5	PA; QL (360 per 30 days)
eltrombopag olamine oral packet 25 mg	5	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg	5	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 75 mg	5	PA; QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	QL (56 per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	QL (44.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	QL (16.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	QL (22.4 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	QL (33.6 per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	QL (15 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	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	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	B/D PA
heparin sodium (porcine) injection solution 5000 unit/ml	1	B/D PA
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	B/D PA
icatibant acetate subcutaneous solution prefilled syringe	5	PA; QL (18 per 30 days)
jantoven	1	MO; 100D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
l-glutamine oral packet	5	PA
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	5	PA; QL (0.8 per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
pentoxifylline er	1	MO; 100D
prasugrel hcl	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (12 per 28 days)
rivaroxaban oral suspension reconstituted	3	QL (600 per 30 days); MO
rivaroxaban oral tablet	3	QL (60 per 30 days); MO
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ticagrelor	2	QL (60 per 30 days); MO; 90D
tranexamic acid oral	2	
UDENYCA	5	PA; QL (1.2 per 28 days)
warfarin sodium oral	1	MO; 100D
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA
CARDIOVASCULAR AGENTS / AGENTES CARDIOVASCULARES		
acebutolol hcl oral	1	MO; 100D
acetazolamide oral	2	MO; 90D
aliskiren fumarate	2	MO; 90D
amiloride hcl oral	1	MO; 100D
amiloride-hydrochlorothiazide	1	MO; 100D
amiodarone hcl oral	2	MO; 90D
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1	QL (120 per 30 days); MO; 100D
amlodipine besy-benazepril hcl oral capsule 5-10 mg	1	QL (60 per 30 days); MO; 100D
amlodipine besy-benazepril hcl oral capsule 5-20 mg	2	QL (60 per 30 days); MO; 90D
amlodipine besylate oral	1	MO; 100D
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	2	QL (30 per 30 days); MO; 90D
amlodipine besylate-valsartan oral tablet 5-160 mg	2	QL (60 per 30 days); MO; 90D
amlodipine-atorvastatin	2	QL (30 per 30 days); MO; 90D
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	2	QL (30 per 30 days); MO; 90D
amlodipine-olmesartan oral tablet 5-20 mg	2	QL (60 per 30 days); MO; 90D
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	2	QL (30 per 30 days); MO; 90D
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	2	QL (60 per 30 days); MO; 90D
atenolol oral	1	MO; 100D
atenolol-chlorthalidone	1	MO; 100D
atorvastatin calcium oral	1	QL (30 per 30 days); MO; 100D
benazepril hcl oral	1	MO; 100D
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	2	QL (60 per 30 days); MO; 90D
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	2	QL (30 per 30 days); MO; 90D
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	2	QL (120 per 30 days); MO; 90D
betaxolol hcl oral	1	MO; 100D
bisoprolol fumarate oral	1	MO; 100D
bisoprolol-hydrochlorothiazide	1	MO; 100D
bumetanide injection	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
bumetanide oral	2	MO; 90D
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	2	QL (60 per 30 days); MO; 90D
candesartan cilexetil oral tablet 32 mg	2	QL (30 per 30 days); MO; 90D
candesartan cilexetil-hctz oral tablet 16-12.5 mg	2	QL (60 per 30 days); MO; 90D
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	2	QL (30 per 30 days); MO; 90D
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO; 100D
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (180 per 30 days); MO; 100D
captopril-hydrochlorothiazide	2	QL (60 per 30 days); MO; 90D
CARTIA XT	1	MO; 100D
carvedilol	1	MO; 100D
carvedilol phosphate er	2	MO; 90D
chlorthalidone oral tablet 25 mg, 50 mg	1	MO; 100D
cholestyramine light	2	MO; 90D
cholestyramine oral	2	MO; 90D
clonidine hcl oral	1	MO; 100D
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (12 per 28 days); MO; 90D
clonidine transdermal patch weekly 0.3 mg/24hr	2	QL (4 per 28 days); MO; 90D
colesevelam hcl	2	MO; 90D
colestipol hcl	2	MO; 90D
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO; 100D
digox oral tablet 250 mcg	1	QL (60 per 30 days); MO; 100D
digoxin oral solution	2	MO; 90D
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO; 100D
digoxin oral tablet 250 mcg	1	QL (60 per 30 days); MO; 100D
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	MO
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg	1	MO; 100D
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 360 mg	2	MO; 90D
diltiazem hcl er oral capsule extended release 12 hour	2	MO; 90D
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO; 100D
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	MO; 90D
diltiazem hcl oral tablet	1	MO; 100D
dilt-xr	1	MO; 100D
disopyramide phosphate oral	2	PA; MO; 90D; HRM
dofetilide	2	90D
doxazosin mesylate oral	1	MO; 100D
droxidopa oral capsule 100 mg	2	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days)
enalapril maleate oral tablet	1	MO; 100D
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO; 100D
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO; 100D
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO
eplerenone	2	MO; 90D
ezetimibe oral	2	QL (30 per 30 days); MO; 90D
ezetimibe-simvastatin	2	QL (30 per 30 days); MO; 90D
felodipine er	1	MO; 100D
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	MO; 90D
fenofibrate oral	2	MO; 90D
fenofibric acid oral capsule delayed release	2	MO; 90D
flecainide acetate	2	MO; 90D
fluvastatin sodium	2	QL (60 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
fluvastatin sodium er	2	QL (30 per 30 days); MO; 90D
fosinopril sodium	1	MO; 100D
fosinopril sodium-hctz	1	MO; 100D
furosemide injection	1	
furosemide oral tablet	1	MO; 100D
gemfibrozil oral	2	MO; 90D
hydralazine hcl oral	1	MO; 100D
hydrochlorothiazide oral	1	MO; 100D
icosapent ethyl	3	MO
indapamide oral	1	MO; 100D
irbesartan	1	QL (30 per 30 days); MO; 100D
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO; 100D
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO; 100D
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO; 90D
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO; 100D
isosorbide mononitrate	3	MO
isosorbide mononitrate er	1	MO; 100D
isradipine oral capsule 2.5 mg	2	MO; 90D
isradipine oral capsule 5 mg	1	MO; 100D
ivabradine hcl	4	PA; QL (60 per 30 days); MO
labetalol hcl oral	1	MO; 100D
lisinopril oral	1	MO; 100D
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	QL (120 per 30 days); MO; 100D
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO; 100D
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO; 100D
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO; 100D
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO; 100D
lovastatin oral	1	QL (60 per 30 days); MO; 100D
MATZIM LA	2	MO; 90D
methyldopa oral	1	PA; MO; 100D; HRM
metolazone	1	MO; 100D
metoprolol succinate er	1	MO; 100D
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO; 100D
metoprolol tartrate oral tablet 37.5 mg, 75 mg	2	MO; 90D
metoprolol-hydrochlorothiazide	1	MO; 100D
metyrosine	5	
mexiletine hcl oral	2	MO; 90D
midodrine hcl	2	
minoxidil oral	1	MO; 100D
moexipril hcl	1	MO; 100D
MULTAQ	3	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO; 90D
nebivolol hcl	2	MO; 90D
NEXLETOL	3	PA; QL (30 per 30 days); MO
NEXLIZET	3	PA; QL (30 per 30 days); MO
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	2	MO; 90D
niacor	2	
nicardipine hcl oral	2	MO; 90D
nifedipine er	1	MO; 100D
nifedipine er osmotic release	1	MO; 100D
nimodipine oral capsule	2	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	2	MO; 90D
nitroglycerin sublingual	1	MO; 100D
nitroglycerin transdermal patch 24 hour	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
nitroglycerin translingual solution	2	MO; 90D
olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO; 90D
olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	2	QL (30 per 30 days); MO; 90D
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	QL (30 per 30 days); MO; 90D
omega-3-acid ethyl esters	2	MO; 90D
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO; 90D
perindopril erbumine	1	MO; 100D
pindolol	1	MO; 100D
pitavastatin calcium	3	QL (30 per 30 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO; 100D
prazosin hcl oral	1	MO; 100D
prevalite	2	MO; 90D
propafenone hcl	2	MO; 90D
propafenone hcl er	2	MO; 90D
propranolol hcl er	2	MO; 90D
propranolol hcl oral solution	2	MO; 90D
propranolol hcl oral tablet	1	MO; 100D
quinapril hcl	1	MO; 100D
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (120 per 30 days); MO; 100D
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	QL (60 per 30 days); MO; 100D
quinidine gluconate er	2	MO; 90D
quinidine sulfate oral tablet 200 mg	4	MO
quinidine sulfate oral tablet 300 mg	5	MO
ramipril	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ranolazine er	2	QL (60 per 30 days); MO; 90D
REPATHA	3	PA; QL (3 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
rosuvastatin calcium oral	2	QL (30 per 30 days); MO; 90D
sacubitril-valsartan oral tablet 24-26 mg	3	QL (180 per 30 days); MO
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	3	QL (60 per 30 days); MO
simvastatin oral tablet	1	QL (30 per 30 days); MO; 100D
SOAANZ ORAL TABLET 40 MG	1	MO; 100D
sotalol hcl (af)	2	MO; 90D
sotalol hcl oral	2	MO; 90D
spironolactone oral tablet	1	MO; 100D
spironolactone-hctz	1	MO; 100D
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO; 90D
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); MO; 90D
telmisartan-amlodipine	2	QL (30 per 30 days); MO; 90D
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	2	QL (60 per 30 days); MO; 90D
telmisartan-hctz oral tablet 80-25 mg	2	QL (30 per 30 days); MO; 90D
terazosin hcl oral	1	MO; 100D
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	2	MO; 90D
timolol maleate oral	1	MO; 100D
torsemide oral tablet 10 mg, 100 mg, 20 mg	1	MO; 100D
trandolapril	1	MO; 100D
trandolapril-verapamil hcl er	2	MO; 90D
triamterene-hctz oral capsule 37.5-25 mg	1	MO; 100D
triamterene-hctz oral tablet	1	MO; 100D
valsartan oral tablet 160 mg	2	QL (60 per 30 days); MO; 90D
valsartan oral tablet 320 mg	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO; 90D
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	2	QL (60 per 30 days); MO; 90D
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	2	QL (30 per 30 days); MO; 90D
VASCEPA	4	MO
verapamil hcl er	2	MO; 90D
verapamil hcl oral	1	MO; 100D
VERQUVO	4	PA; MO
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); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days); MO
acamprosate calcium	2	MO; 90D
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO
almotriptan malate	2	QL (9 per 30 days)
alprazolam er	2	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
alprazolam oral tablet	1	QL (120 per 30 days)
alprazolam oral tablet dispersible	2	QL (120 per 30 days)
alprazolam xr	2	QL (90 per 30 days)
amantadine hcl oral capsule	2	MO; 90D
amantadine hcl oral solution	2	MO; 90D
amantadine hcl oral tablet	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 75 mg	1	PA; MO; 100D; HRM
amitriptyline hcl oral tablet 25 mg, 50 mg	2	PA; MO; 90D; HRM
amoxapine	2	PA; MO; 90D; HRM
amphetamine-dextroamphet er	2	PA; QL (30 per 30 days); MO; 90D
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	PA; QL (90 per 30 days); MO; 90D
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO; 90D
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	5	QL (90 per 30 days); MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	5	QL (45 per 30 days); MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	5	QL (30 per 30 days); MO
apomorphine hcl subcutaneous	5	PA; QL (60 per 30 days)
aripiprazole oral solution	2	QL (900 per 30 days); MO; 90D
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	MO; 90D
aripiprazole oral tablet 20 mg, 30 mg	2	QL (30 per 30 days); MO; 90D
aripiprazole oral tablet dispersible 10 mg	2	QL (90 per 30 days); MO; 90D
aripiprazole oral tablet dispersible 15 mg	4	QL (60 per 30 days); MO
ARISTADA INITIO	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 56 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	2	QL (60 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
asenapine maleate sublingual tablet sublingual 2.5 mg	2	QL (240 per 30 days); MO; 90D
asenapine maleate sublingual tablet sublingual 5 mg	2	QL (120 per 30 days); MO; 90D
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days); MO; 90D
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days); MO; 90D
AUSTEDO	5	PA; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA
AUVELITY	5	PA; QL (60 per 30 days); MO
AUVELITY TITRATION PACK	4	PA
BAC (BUTALBITAL-ACETAMIN-CAFF)	2	PA; QL (180 per 30 days); HRM
baclofen oral tablet	1	
benztropine mesylate oral	1	PA; MO; 100D; HRM
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
brivaracetam oral solution	3	PA; QL (600 per 30 days); MO
brivaracetam oral tablet	3	PA; QL (60 per 30 days); MO
BRIVIACT ORAL SOLUTION	5	PA; QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	5	PA; QL (60 per 30 days); MO
bromocriptine mesylate oral	2	MO; 90D
buprenorphine hcl sublingual	2	NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	2	NEDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	2	QL (480 per 30 days); NEDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	2	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	2	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	2	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); MO; 90D
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); MO; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); MO; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	2	QL (30 per 30 days); MO; 90D
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); MO; 100D
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); MO; 100D
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	2	PA; QL (180 per 30 days); HRM
butalbital-apap-caffeine oral capsule	2	PA; QL (180 per 30 days); HRM
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	PA; QL (180 per 30 days); HRM
BYSANTI	5	PA; QL (60 per 30 days); MO
BYSANTI TITRATION PACK A	5	PA
BYSANTI TITRATION PACK B	5	PA
BYSANTI TITRATION PACK C	5	PA
CAPLYTA	5	QL (30 per 30 days); MO
carbamazepine er	2	MO; 90D
carbamazepine oral suspension	2	MO; 90D
carbamazepine oral tablet	2	MO; 90D
carbamazepine oral tablet chewable	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
carbidopa oral	2	MO; 90D
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	MO; 90D
carbidopa-levodopa oral tablet 10-100 mg	1	MO; 100D
carbidopa-levodopa oral tablet 25-100 mg, 25-250 mg	2	MO; 90D
carbidopa-levodopa oral tablet dispersible	2	MO; 90D
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	2	MO; 90D
carisoprodol oral	2	
chlordiazepoxide hcl	2	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	2	PA; MO; 90D; HRM
chlorpromazine hcl oral concentrate 100 mg/ml	5	MO
chlorpromazine hcl oral concentrate 30 mg/ml	4	MO
chlorpromazine hcl oral tablet	2	MO; 90D
chlorzoxazone oral tablet 500 mg	2	PA; HRM
citalopram hydrobromide oral solution	2	QL (600 per 30 days); MO; 90D
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO; 100D
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO; 100D
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO; 100D
clobazam oral suspension 2.5 mg/ml	2	PA; QL (480 per 30 days); MO; 90D
clobazam oral tablet 10 mg	2	PA; QL (120 per 30 days); MO; 90D
clobazam oral tablet 20 mg	2	PA; QL (60 per 30 days); MO; 90D
clomipramine hcl oral	2	PA; MO; 90D; HRM
clonazepam oral tablet	2	QL (90 per 30 days)
clonazepam oral tablet dispersible	3	QL (90 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	2	QL (120 per 30 days); MO; 90D
clorazepate dipotassium	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
clozapine oral tablet 100 mg	2	QL (270 per 30 days)
clozapine oral tablet 200 mg	2	QL (120 per 30 days)
clozapine oral tablet 25 mg	2	QL (1080 per 30 days)
clozapine oral tablet 50 mg	2	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	2	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	2	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	2	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	2	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	5	PA; QL (60 per 30 days); MO
COBENFY ORAL CAPSULE 50-20 MG	5	PA; QL (60 per 30 days)
COBENFY STARTER PACK	5	PA
cyclobenzaprine hcl oral tablet 10 mg	2	PA; QL (90 per 30 days); HRM
cyclobenzaprine hcl oral tablet 5 mg	2	PA; QL (180 per 30 days); HRM
dalfampridine er	3	PA; QL (60 per 30 days)
desipramine hcl oral tablet 10 mg, 25 mg	1	PA; MO; 100D; HRM
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	PA; MO; 90D; HRM
desvenlafaxine er	2	QL (30 per 30 days); MO; 90D
desvenlafaxine succinate er	2	MO; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 25 mg, 35 mg	1	QL (30 per 30 days); MO; 100D
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	QL (60 per 30 days); MO; 100D
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 per 30 days); MO; 90D
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 per 30 days); MO; 90D
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
dextroamphetamine sulfate oral tablet 5 mg	2	QL (90 per 30 days); MO; 90D
dextromethorphan-quinidine	3	PA; QL (60 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days)
DIAZEPAM INTENSOL	3	PA; QL (240 per 30 days); HRM
diazepam oral concentrate	3	PA; QL (240 per 30 days); HRM
diazepam oral solution 5 mg/5ml	3	PA; QL (1200 per 30 days); HRM
diazepam oral tablet 10 mg	1	PA; QL (120 per 30 days); HRM
diazepam oral tablet 2 mg	1	PA; QL (600 per 30 days); HRM
diazepam oral tablet 5 mg	1	PA; QL (240 per 30 days); HRM
diazepam rectal	4	
dihydroergotamine mesylate nasal	5	PA; QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA
disulfiram oral	2	MO; 90D
divalproex sodium er oral tablet extended release 24 hour	2	MO; 90D
divalproex sodium oral capsule delayed release sprinkle	2	MO; 90D
divalproex sodium oral tablet delayed release 125 mg	1	MO; 100D
divalproex sodium oral tablet delayed release 250 mg, 500 mg	2	MO; 90D
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO; 100D
donepezil hcl oral tablet 23 mg	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
donepezil hcl oral tablet dispersible	2	QL (30 per 30 days); MO; 90D
doxepin hcl oral capsule	2	PA; MO; 90D; HRM
doxepin hcl oral concentrate	2	PA; MO; 90D; HRM
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	2	QL (30 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 40 mg	2	QL (90 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 per 30 days); MO; 90D
eletriptan hydrobromide	2	QL (9 per 30 days)
EMSAM	5	PA; QL (30 per 30 days); MO
entacapone	2	MO; 90D
EPIDIOLEX	5	PA
EPRONTIA	4	PA; MO
ergotamine-caffeine	2	
escitalopram oxalate oral solution 5 mg/5ml	2	QL (600 per 30 days); MO; 90D
escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); MO; 90D
escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); MO; 90D
escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); MO; 90D
eslicarbazepine acetate oral tablet 200 mg, 400 mg	4	QL (30 per 30 days); MO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	4	QL (60 per 30 days); MO
estazolam	2	QL (30 per 30 days)
eszopiclone	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ethosuximide oral	2	MO; 90D
EXXUA	5	PA; QL (30 per 30 days); MO
EXXUA TITRATION PACK	5	PA; MO
FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days); MO
FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days); MO
FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days); MO
FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days); MO
FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days); MO
FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days); MO
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B ORAL TABLET	4	PA
FANAPT TITRATION PACK C ORAL TABLET	4	PA
felbamate oral suspension	4	MO
felbamate oral tablet	2	MO; 90D
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
fingolimod hcl	4	PA; QL (30 per 30 days)
FINTEPLA	5	PA
fluoxetine hcl oral capsule 10 mg	1	MO; 100D
fluoxetine hcl oral capsule 20 mg	2	QL (120 per 30 days); MO; 90D
fluoxetine hcl oral capsule 40 mg	2	QL (60 per 30 days); MO; 90D
fluoxetine hcl oral capsule delayed release	2	QL (4 per 28 days); MO; 90D
fluoxetine hcl oral solution	2	QL (600 per 30 days); MO; 90D
fluoxetine hcl oral tablet 10 mg	2	MO; 90D
fluoxetine hcl oral tablet 20 mg	2	QL (120 per 30 days); MO; 90D
fluoxetine hcl oral tablet 60 mg	2	QL (30 per 30 days); MO; 90D
fluphenazine decanoate injection	2	
fluphenazine hcl injection	2	
fluphenazine hcl oral concentrate	2	MO; 90D
fluphenazine hcl oral elixir	2	MO; 90D
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
fluphenazine hcl oral tablet 5 mg	2	MO; 90D
flurazepam hcl oral capsule 30 mg	2	QL (30 per 30 days)
fluvoxamine maleate oral tablet 100 mg	1	QL (90 per 30 days); MO; 100D
fluvoxamine maleate oral tablet 25 mg, 50 mg	1	MO; 100D
gabapentin (once-daily) oral tablet 300 mg	2	QL (30 per 30 days); MO; 90D
gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg	2	QL (60 per 30 days); MO; 90D
gabapentin (once-daily) oral tablet 600 mg	2	QL (90 per 30 days); MO; 90D
gabapentin oral capsule 100 mg	1	QL (180 per 30 days); MO; 100D
gabapentin oral capsule 300 mg	2	QL (270 per 30 days); MO; 90D
gabapentin oral capsule 400 mg	2	QL (180 per 30 days); MO; 90D
gabapentin oral solution	2	QL (2160 per 30 days); MO; 90D
gabapentin oral tablet 600 mg	2	QL (180 per 30 days); MO; 90D
gabapentin oral tablet 800 mg	2	QL (120 per 30 days); MO; 90D
galantamine hydrobromide er	2	QL (30 per 30 days); MO; 90D
galantamine hydrobromide oral solution	2	QL (200 per 30 days); MO; 90D
galantamine hydrobromide oral tablet	2	QL (60 per 30 days); MO; 90D
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)
GOCOVRI	5	
guanfacine hcl er	2	QL (30 per 30 days); MO; 90D
haloperidol decanoate intramuscular	2	
haloperidol lactate injection	2	
haloperidol lactate oral	2	MO; 90D
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	1	MO; 100D
haloperidol oral tablet 10 mg, 20 mg	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
imipramine hcl oral tablet 10 mg	1	PA; MO; 100D; HRM
imipramine hcl oral tablet 25 mg, 50 mg	2	PA; MO; 90D; HRM
imipramine pamoate	2	PA; MO; 90D; HRM
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days)
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)
KESIMPTA	5	PA; QL (1.2 per 28 days)
KLOXXADO	4	
lacosamide oral solution	2	QL (1200 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
lacosamide oral tablet	2	QL (60 per 30 days); MO; 90D
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	4	PA
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	5	PA
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	2	MO; 90D
lamotrigine oral tablet	1	MO; 100D
lamotrigine oral tablet chewable 25 mg	1	MO; 100D
lamotrigine oral tablet chewable 5 mg	2	MO; 90D
lamotrigine oral tablet dispersible	2	MO; 90D
lamotrigine starter kit-blue	2	
lamotrigine starter kit-green	5	
lamotrigine starter kit-orange	2	
levetiracetam er oral tablet extended release 24 hour 500 mg	2	QL (180 per 30 days); MO; 90D
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (120 per 30 days); MO; 90D
levetiracetam oral solution	2	MO; 90D
levetiracetam oral tablet	1	MO; 100D
levetiracetam oral tablet disintegrating soluble	4	PA; QL (60 per 30 days); MO
lithium	3	MO
lithium carbonate er	1	MO; 100D
lithium carbonate oral	1	MO; 100D
LORAZEPAM INTENSOL	3	QL (150 per 30 days)
lorazepam oral concentrate 1 mg/0.5ml	2	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg	1	QL (120 per 30 days)
lorazepam oral tablet 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	2	MO; 90D
loxapine succinate oral capsule 50 mg	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
LYBALVI	5	QL (30 per 30 days); MO
MARPLAN	4	MO
memantine hcl er	2	PA; QL (30 per 30 days); MO; 90D
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO; 90D
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO; 90D
meprobamate	2	PA; HRM
methocarbamol oral tablet 500 mg, 750 mg	2	
methsuximide	2	MO; 90D
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO; 90D
methylphenidate hcl er oral tablet extended release 20 mg	2	PA; QL (90 per 30 days); MO; 90D
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO; 90D
methylphenidate hcl oral solution 10 mg/5ml	2	PA; QL (900 per 30 days); MO; 90D
methylphenidate hcl oral solution 5 mg/5ml	2	PA; QL (1800 per 30 days); MO; 90D
methylphenidate hcl oral tablet 10 mg, 20 mg	2	PA; QL (90 per 30 days); MO; 90D
methylphenidate hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 per 30 days); MO; 100D
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 per 30 days); MO; 100D
MIGERGOT	5	
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO; 100D
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO; 100D
mirtazapine oral tablet dispersible	2	QL (30 per 30 days); MO; 90D
modafinil oral tablet 100 mg	2	PA; QL (30 per 30 days); MO; 90D
modafinil oral tablet 200 mg	2	PA; QL (60 per 30 days); MO; 90D
molindone hcl	2	MO; 90D
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
naltrexone hcl oral	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
NAYZILAM	4	PA
nefazodone hcl	2	MO; 90D
NEUPRO	4	QL (30 per 30 days); MO
NICOTROL NS	4	QL (120 per 30 days)
nortriptyline hcl oral capsule	1	MO; 100D
nortriptyline hcl oral solution	2	MO; 90D
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days)
NURTEC	3	PA; QL (16 per 30 days)
olanzapine intramuscular	2	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	2	MO; 90D
olanzapine oral tablet 20 mg	2	QL (30 per 30 days); MO; 90D
olanzapine oral tablet dispersible	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	4	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 per 30 days); MO
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days); MO
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days); MO
orphenadrine citrate er	2	
oxazepam	2	QL (120 per 30 days)
oxcarbazepine oral suspension	2	MO; 90D
oxcarbazepine oral tablet 150 mg, 600 mg	2	MO; 90D
oxcarbazepine oral tablet 300 mg	1	MO; 100D
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	QL (30 per 30 days); MO; 90D
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (60 per 30 days); MO; 90D
paliperidone er oral tablet extended release 24 hour 9 mg	4	QL (30 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	2	QL (30 per 30 days); MO; 90D
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	2	QL (60 per 30 days); MO; 90D
paroxetine hcl oral suspension	2	QL (900 per 30 days); MO; 90D
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 per 30 days); MO; 100D
paroxetine hcl oral tablet 20 mg	1	QL (30 per 30 days); MO; 100D
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); MO; 90D
paroxetine mesylate	2	MO; 90D
perampanel oral suspension	5	PA; QL (720 per 30 days); MO
perampanel oral tablet	4	PA; QL (30 per 30 days); MO
perphenazine oral	2	MO; 90D
perphenazine-amitriptyline	2	PA; MO; 90D; HRM
PERSERIS	5	QL (1 per 28 days); MO
phenelzine sulfate oral	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
phenobarbital oral elixir	3	PA; QL (3000 per 30 days); MO; HRM
phenobarbital oral solution	3	PA; QL (3000 per 30 days); MO; HRM
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA; QL (120 per 30 days); MO; HRM
phenobarbital oral tablet 16.2 mg, 32.4 mg	3	PA; QL (210 per 30 days); MO; HRM
PHENYTEK	4	MO
PHENYTOIN INFATABS	1	MO; 100D
phenytoin oral	1	MO; 100D
phenytoin sodium extended	1	MO; 100D
pimozide	2	MO; 90D
pramipexole dihydrochloride	2	MO; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg	2	MO; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg	1	MO; 100D
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO; 100D
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO; 100D
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO; 100D
pregabalin oral solution	1	QL (900 per 30 days); MO; 100D
primidone oral	1	MO; 100D
protriptyline hcl	2	PA; MO; 90D; HRM
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral tablet 60 mg	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	QL (30 per 30 days); MO; 90D
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	QL (60 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
quetiapine fumarate oral tablet 100 mg	1	QL (240 per 30 days); MO; 100D
quetiapine fumarate oral tablet 150 mg	1	QL (150 per 30 days); MO; 100D
quetiapine fumarate oral tablet 200 mg	1	QL (120 per 30 days); MO; 100D
quetiapine fumarate oral tablet 25 mg	1	QL (960 per 30 days); MO; 100D
quetiapine fumarate oral tablet 300 mg	1	QL (80 per 30 days); MO; 100D
quetiapine fumarate oral tablet 400 mg	1	QL (60 per 30 days); MO; 100D
quetiapine fumarate oral tablet 50 mg	1	QL (480 per 30 days); MO; 100D
RALDESY	5	QL (1800 per 30 days); MO
ramelteon	2	QL (30 per 30 days)
rasagiline mesylate oral	2	MO; 90D
REXULTI	5	QL (30 per 30 days); MO
riluzole	2	90D
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	2	QL (2 per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	5	QL (2 per 28 days)
risperidone oral solution	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet 0.25 mg	2	QL (1920 per 30 days); MO; 90D
risperidone oral tablet 0.5 mg	2	QL (960 per 30 days); MO; 90D
risperidone oral tablet 1 mg	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet 2 mg	2	QL (240 per 30 days); MO; 90D
risperidone oral tablet 3 mg, 4 mg	2	QL (120 per 30 days); MO; 90D
risperidone oral tablet dispersible 0.25 mg	2	QL (1920 per 30 days); MO; 90D
risperidone oral tablet dispersible 0.5 mg	2	QL (960 per 30 days); MO; 90D
risperidone oral tablet dispersible 1 mg	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet dispersible 2 mg	2	QL (240 per 30 days); MO; 90D
risperidone oral tablet dispersible 3 mg	2	QL (150 per 30 days); MO; 90D
risperidone oral tablet dispersible 4 mg	2	QL (120 per 30 days); MO; 90D
rivastigmine	2	QL (30 per 30 days); MO; 90D
rivastigmine tartrate	2	QL (60 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ropinirole hcl	2	MO; 90D
ROWEEPRA ORAL TABLET 500 MG	1	MO; 100D
rufinamide oral suspension	5	PA; QL (2400 per 30 days); MO
rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	5	PA; QL (240 per 30 days); MO
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	5	QL (2 per 28 days)
SECUADO	5	QL (30 per 30 days); MO
selegiline hcl oral	2	MO; 90D
sertraline hcl oral concentrate	2	QL (300 per 30 days); MO; 90D
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO; 100D
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO; 100D
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO; 100D
sodium oxybate	5	PA; QL (540 per 30 days)
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO
SUBVENITE ORAL SUSPENSION	5	MO
SUBVENITE ORAL TABLET	4	MO
sumatriptan succinate oral	2	QL (9 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	5	PA; QL (30 per 30 days); MO
TEGLUTIK	5	
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg, 7.5 mg	2	QL (30 per 30 days)
teriflunomide	4	PA; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
tetrabenazine oral tablet 25 mg	5	PA; QL (120 per 30 days)
thioridazine hcl oral tablet 10 mg	2	MO; 90D
thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg	1	MO; 100D
thiothixene oral capsule 1 mg, 10 mg	2	MO; 90D
thiothixene oral capsule 2 mg, 5 mg	1	MO; 100D
tiagabine hcl	2	MO; 90D
TIGLUTIK	5	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	2	
tolcapone	5	PA; QL (180 per 30 days); MO
topiramate oral capsule sprinkle	2	MO; 90D
topiramate oral solution	4	MO
topiramate oral tablet	1	MO; 100D
tranylcypromine sulfate	2	MO; 90D
trazodone hcl oral	1	MO; 100D
triazolam	2	QL (30 per 30 days)
trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg	1	MO; 100D
trifluoperazine hcl oral tablet 10 mg	2	MO; 90D
trihexyphenidyl hcl oral solution	2	PA; MO; 90D; HRM
trihexyphenidyl hcl oral tablet	1	MO; 100D
trimipramine maleate oral	2	MO; 90D
TRINTELLIX	4	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days)
valproic acid oral capsule	2	MO; 90D
valproic acid oral solution	2	MO; 90D
VALTOCO 10 MG DOSE	4	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	QL (10 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
VALTOCO 5 MG DOSE	4	QL (10 per 30 days)
varenicline tartrate (starter)	3	
varenicline tartrate oral tablet 0.5 mg	3	QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg	3	QL (56 per 28 days)
varenicline tartrate(continue)	3	QL (56 per 28 days)
venlafaxine besylate er	4	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO; 100D
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	2	MO; 90D
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	2	QL (30 per 30 days); MO; 90D
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	2	QL (90 per 30 days); MO; 90D
VERSACLOZ	4	QL (600 per 30 days)
vigabatrin oral packet	5	PA; QL (150 per 25 days)
vigabatrin oral tablet	5	PA; QL (180 per 30 days)
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days)
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)
vilazodone hcl	2	QL (30 per 30 days); MO; 90D
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days); MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA; QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; QL (56 per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA; QL (56 per 365 days)
zaleplon oral capsule 10 mg	2	QL (60 per 30 days)
zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	2	QL (180 per 30 days); MO; 90D
ZENZEDI ORAL TABLET 5 MG	2	QL (90 per 30 days); MO; 90D
ziprasidone hcl oral capsule 20 mg	2	QL (240 per 30 days); MO; 90D
ziprasidone hcl oral capsule 40 mg	2	QL (120 per 30 days); MO; 90D
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL (60 per 30 days); MO; 90D
ziprasidone mesylate	4	QL (6 per 3 days)
zolpidem tartrate er	2	QL (30 per 30 days)
zolpidem tartrate oral tablet	2	QL (30 per 30 days)
ZONISADE	5	PA; MO
zonisamide oral	2	MO; 90D
ZTALMY	5	PA; QL (1100 per 30 days)
ZURZUVAE	5	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days)
DERMATOLOGICAL AGENTS / AGENTES DERMATOLÓGICOS		
ACCUTANE	2	
acitretin oral capsule 10 mg, 25 mg	2	PA
acitretin oral capsule 17.5 mg	4	PA
acyclovir external ointment	2	PA; QL (30 per 30 days)
ala-cort external cream 1 % (rx)	1	
alclometasone dipropionate	2	
amcinonide external cream	5	QL (60 per 30 days)
ammonium lactate external (rx)	1	
AMNESTEEM	2	
azelaic acid external	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
benzoyl peroxide-erythromycin	2	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external ointment	2	QL (45 per 30 days)
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
bexarotene external	5	PA; QL (60 per 30 days)
calcipotriene external cream	2	QL (120 per 30 days)
calcipotriene external ointment	2	QL (120 per 30 days)
calcipotriene external solution	2	QL (60 per 30 days)
CALCITRENE	2	QL (120 per 30 days)
cevimeline hcl	2	MO; 90D
chlorhexidine gluconate mouth/throat	1	
CICLODAN EXTERNAL SOLUTION	2	
ciclopirox external	2	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	2	
CLINDACIN ETZ EXTERNAL SWAB	2	
CLINDACIN-P	2	
clindamycin phos (once-daily)	2	
clindamycin phos (twice-daily)	2	
clindamycin phosphate external lotion	2	QL (120 per 30 days)
clindamycin phosphate external solution	2	QL (120 per 30 days)
clindamycin phosphate external swab	2	
clobetasol prop emollient base	2	QL (120 per 30 days)
clobetasol propionate e	2	QL (120 per 30 days)
clobetasol propionate external cream 0.05 %	2	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
fluocinonide emulsified base	2	QL (240 per 30 days)
fluocinonide external gel	2	QL (240 per 30 days)
fluocinonide external ointment	2	QL (240 per 30 days)
fluocinonide external solution	2	QL (240 per 30 days)
fluorouracil external cream 5 %	2	QL (40 per 28 days)
fluorouracil external solution 2 %	3	QL (10 per 28 days)
fluorouracil external solution 5 %	2	QL (10 per 28 days)
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
gentamicin sulfate external	2	QL (30 per 30 days)
halobetasol propionate external cream	2	
halobetasol propionate external ointment	2	
hydrocortisone (perianal) external cream 1 %	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyrate external lotion	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 % (rx)	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 % (rx)	1	
hydrocortisone valerate	2	
imiquimod external cream 5 %	2	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	2	
isotretinoin oral capsule 25 mg	4	
ivermectin external cream	2	
JUBLIA	4	PA
ketoconazole external cream	2	QL (120 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KLAYESTA	2	
KOURZEQ	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
malathion external	4	
methoxsalen rapid	5	
metronidazole external	2	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mupirocin calcium	2	QL (30 per 30 days)
mupirocin external	2	QL (120 per 30 days)
naftifine hcl external cream	2	
nitroglycerin rectal	2	QL (30 per 30 days)
NYAMYC	2	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin-triamcinolone	2	QL (120 per 30 days)
NYSTOP	2	
ORALONE	2	
PANRETIN	5	
PERIOGARD	1	
permethrin external cream	2	
pilocarpine hcl oral	2	MO; 90D
pimecrolimus	4	PA; QL (100 per 30 days)
podofilox external	2	
PROCTO-MED HC EXTERNAL	2	
PROCTOSOL HC EXTERNAL	2	
PROCTOZONE-HC EXTERNAL	2	
SANTYL	4	QL (30 per 30 days)
selenium sulfide external lotion	2	
silver sulfadiazine external	2	
SSD (SILVER SULFADIAZINE)	2	
sulfacetamide sodium (acne)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
tacrolimus external ointment	2	PA; QL (100 per 30 days)
tazarotene external cream 0.05 %	4	PA
tazarotene external cream 0.1 %	2	PA
tazarotene external gel	2	PA
tretinoin external	2	PA; QL (45 per 30 days)
triamcinolone acetonide external aerosol solution	5	
triamcinolone acetonide external cream	1	QL (454 per 30 days)
triamcinolone acetonide external lotion 0.025 %	1	
triamcinolone acetonide external lotion 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat	2	
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	5	PA
ZENATANE	2	
ELECTROLYTES / MINERALS / METALS / VITAMINS / ELECTROLITOS / MINERALES / METALES / VITAMINAS		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	2	B/D PA
carglumic acid oral tablet soluble	5	PA
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
clinimix e/dextrose (8/10)	4	B/D PA
clinimix e/dextrose (8/14)	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
clinimix/dextrose (6/5)	4	B/D PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
clinimix/dextrose (8/10)	4	B/D PA
clinimix/dextrose (8/14)	4	B/D PA
CLINISOL SF	2	B/D PA
CLINOLIPID	2	B/D PA
dextrose intravenous solution 10 %, 5 %	2	
dextrose-nacl intravenous solution 5-0.9 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	
folic acid oral tablet 1 mg	6	ED
INTRALIPID INTRAVENOUS EMULSION 20 %	2	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
kcl (0.149%) in nacl	2	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 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-%-%, 40-5-0.9 meq/l-%-%	2	
kcl-lactated ringers-d5w	3	
KLOR-CON 10	1	MO; 100D
KLOR-CON M10	1	MO; 100D
KLOR-CON M15	1	MO; 100D
KLOR-CON M20	1	MO; 100D
KLOR-CON ORAL PACKET 20 MEQ	2	MO; 90D
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO; 100D
levocarnitine oral solution	2	B/D PA; MO; 90D
levocarnitine oral tablet	3	B/D PA; MO
levocarnitine sf	2	B/D PA; MO; 90D
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
multiple electro type 1 ph 5.5	2	
multiple electro type 1 ph 7.4	2	
NUTRILIPID	2	B/D PA
PLENAMINE	2	B/D PA
potassium chloride crys er	1	MO; 100D
potassium chloride er	1	MO; 100D
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	2	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml	2	
potassium chloride oral packet 20 meq	2	MO; 90D
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	MO; 90D
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
PROSOL	4	B/D PA
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO; 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		
acarbose oral	2	QL (90 per 30 days); MO; 90D
alendronate sodium oral solution	2	QL (300 per 28 days); MO; 90D
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO; 100D
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO; 100D
calcitonin (salmon) nasal	2	QL (4 per 30 days); MO; 90D
calcitriol oral capsule	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
calcitriol oral solution	2	MO; 90D
cinacalcet hcl oral tablet 30 mg	2	B/D PA; QL (60 per 30 days); 90D
cinacalcet hcl oral tablet 60 mg	4	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	4	B/D PA; QL (120 per 30 days)
CYCLOSET	4	QL (180 per 30 days); MO
dapagliflozin	1	QL (30 per 30 days); MO; 100D
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	3	QL (30 per 30 days); MO
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg	3	QL (60 per 30 days); MO
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble	4	PA
diazoxide oral	2	MO; 90D
doxercalciferol oral	2	B/D PA; MO; 90D
FARXIGA	3	QL (30 per 30 days); MO
FIASP FLEXTOUCH	3	MO
FIASP INJECTION	3	MO
FIASP PENFILL	3	MO
FIASP PUMPCART	3	MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO; 100D
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO; 100D
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO; 100D
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO; 100D
glipizide oral tablet 15 mg	1	QL (60 per 30 days); MO; 100D
glipizide oral tablet 2.5 mg	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO; 100D
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO; 100D
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO; 100D
glucagon emergency injection solution reconstituted 1 mg	2	
glyburide micronized oral tablet 3 mg	2	QL (120 per 30 days); MO; 90D
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO; 100D
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); MO; 100D
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); MO; 100D
glyburide oral tablet 5 mg	1	QL (120 per 30 days); MO; 100D
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); MO; 100D
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); MO; 90D
GLYXAMBI	3	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	4	
ibandronate sodium oral	2	QL (1 per 28 days); MO; 90D
insulin asp prot & asp flexpen	3	MO
insulin aspart flexpen	3	MO
insulin aspart injection	3	MO
insulin aspart penfill	3	MO
insulin aspart prot & aspart	3	MO
INVOKAMET	4	QL (60 per 30 days); MO
INVOKAMET XR	4	QL (60 per 30 days); MO
INVOKANA	4	QL (30 per 30 days); MO
JANUMET	3	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days); MO
JANUVIA	3	QL (30 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO
JENTADUETO	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO
KERENDIA	3	QL (30 per 30 days); MO
KIONEX COMBINATION	2	
LANTUS	3	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days); MO
linagliptin-metformin hcl	3	QL (60 per 30 days); MO
liraglutide	3	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	3	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	3	QL (90 per 30 days); MO
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	4	QL (60 per 30 days); MO
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	4	QL (120 per 30 days); MO
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	4	QL (60 per 30 days); MO
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	4	QL (120 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO; 100D
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO; 100D
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO; 100D
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO; 100D
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
miglitol	2	QL (90 per 30 days); MO; 90D
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	2	QL (90 per 30 days); MO; 90D
nateglinide oral tablet 60 mg	2	QL (180 per 30 days); MO; 90D
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 FLEXPEN	3	MO
NOVOLIN 70/30 FLEXPEN RELION	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N FLEXPEN RELION	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R FLEXPEN RELION	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG 70/30 FLEXPEN RELION	3	MO
NOVOLOG FLEXPEN RELION	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
NOVOLOG INJECTION	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
NOVOLOG MIX 70/30 RELION	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
NOVOLOG RELION INJECTION	3	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
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)
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
paricalcitol oral	2	B/D PA; MO; 90D
pioglitazone hcl oral tablet 15 mg	2	QL (90 per 30 days); MO; 90D
pioglitazone hcl oral tablet 30 mg	2	QL (45 per 30 days); MO; 90D
pioglitazone hcl oral tablet 45 mg	2	QL (30 per 30 days); MO; 90D
pioglitazone hcl-glimepiride	2	QL (30 per 30 days); MO; 90D
pioglitazone hcl-metformin hcl	2	QL (90 per 30 days); MO; 90D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days); MO; 90D
repaglinide oral tablet 1 mg	2	QL (480 per 30 days); MO; 90D
repaglinide oral tablet 2 mg	2	QL (240 per 30 days); MO; 90D
risedronate sodium oral tablet 150 mg	2	QL (1 per 28 days); MO; 90D
risedronate sodium oral tablet 30 mg	2	QL (30 per 30 days)
risedronate sodium oral tablet 35 mg	2	QL (4 per 28 days); MO; 90D
risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 per 28 days); MO
risedronate sodium oral tablet 5 mg	2	QL (30 per 30 days); MO; 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)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	1	QL (30 per 30 days); MO; 100D
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	1	QL (60 per 30 days); MO; 100D
sitagliptin phos-metformin hcl	1	QL (60 per 30 days); MO; 100D
sitagliptin phosphate	1	QL (30 per 30 days); MO; 100D
sodium polystyrene sulfonate combination	2	
sodium polystyrene sulfonate oral powder	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SOLIQUA	3	QL (15 per 25 days); MO
SPS (SODIUM POLYSTYRENE SULF)	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days); MO
SYNJARDY	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (3 per 28 days)
tolvaptan (hyponatremia) oral tablet 15 mg	5	PA; QL (30 per 30 days)
tolvaptan (hyponatremia) oral tablet 30 mg	5	PA; QL (60 per 30 days)
tolvaptan oral tablet	5	PA; QL (120 per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO
TRADJENTA	3	QL (30 per 30 days); MO
trientine hcl	5	PA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO
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); MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days)
VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 per 30 days); MO
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 per 30 days); MO
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	6	ED
XGEVA	5	PA; QL (5.1 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
GASTROINTESTINAL AGENTS / AGENTES GASTROINTESTINALES		
alosetron hcl oral tablet 0.5 mg	2	PA; QL (60 per 30 days); MO; 90D
alosetron hcl oral tablet 1 mg	5	PA; QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz oral therapy pack	2	
aprepitant oral capsule 125 mg	4	B/D PA; QL (5 per 30 days)
aprepitant oral capsule 40 mg	2	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 mg	5	B/D PA; QL (10 per 30 days)
aprepitant oral capsule therapy pack	2	B/D PA; QL (15 per 30 days)
balsalazide disodium	2	
budesonide er oral tablet extended release 24 hour	4	PA
budesonide oral	2	
budesonide rectal	2	
chlordiazepoxide-clidinium	2	PA; HRM
cimetidine hcl oral solution 300 mg/5ml	2	MO; 90D
cimetidine oral tablet 200 mg (rx)	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	MO; 90D
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	4	
COMPRO	2	
constulose	1	MO; 100D
dexlansoprazole	2	QL (30 per 30 days); MO; 90D
dicyclomine hcl oral capsule	1	PA; HRM
dicyclomine hcl oral solution 10 mg/5ml	4	PA; HRM
dicyclomine hcl oral tablet 20 mg	1	PA; HRM
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
dronabinol oral capsule	2	B/D PA; QL (120 per 30 days)
enulose	1	MO; 100D
esomeprazole magnesium oral capsule delayed release (rx)	2	QL (30 per 30 days); MO; 90D
famotidine oral tablet 20 mg, 40 mg (rx)	1	MO; 100D
fosaprepitant dimeglumine	2	
GATTEX	5	PA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	2	
generlac	1	MO; 100D
glycopyrrolate oral tablet 1 mg	1	
glycopyrrolate oral tablet 2 mg	2	
granisetron hcl oral	5	B/D PA; QL (30 per 30 days)
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone oral	1	
hyoscyamine sulfate oral tablet	3	MO
hyoscyamine sulfate oral tablet dispersible	3	MO
hyoscyamine sulfate sublingual	3	MO
lactulose encephalopathy oral solution 10 gm/15ml	1	MO; 100D
lactulose oral solution	1	MO; 100D
lansoprazole oral capsule delayed release 15 mg (rx)	2	MO; 90D
lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); MO; 90D
LINZESS	3	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	2	QL (60 per 30 days); MO; 90D
meclizine hcl oral tablet 12.5 mg, 25 mg (rx)	1	PA; HRM
mesalamine er oral capsule extended release 24 hour	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
mesalamine oral capsule delayed release	2	MO; 90D
mesalamine oral tablet delayed release 1.2 gm	2	MO; 90D
mesalamine oral tablet delayed release 800 mg	2	
mesalamine rectal	2	
methscopolamine bromide oral	2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral tablet 100 mcg	1	MO; 100D
misoprostol oral tablet 200 mcg	2	MO; 90D
MOVANTIK	4	QL (30 per 30 days)
MYTESI	5	
na sulfate-k sulfate-mg sulf	3	
nizatidine oral capsule	1	MO; 100D
omeprazole oral capsule delayed release 10 mg, 40 mg	2	MO; 90D
ondansetron hcl oral solution	2	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	2	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	2	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
pantoprazole sodium oral tablet delayed release	2	MO; 90D
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	1	
prochlorperazine	2	
prochlorperazine maleate oral	1	MO; 100D
promethazine hcl oral solution	2	PA; HRM
promethazine hcl oral tablet	1	PA; HRM
PROMETHEGAN	2	PA; HRM
scopolamine	2	QL (10 per 28 days)
sucralfate oral suspension	4	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
sucralfate oral tablet	1	MO; 100D
sulfasalazine oral	1	MO; 100D
ursodiol oral capsule 300 mg	2	MO; 90D
ursodiol oral tablet	2	MO; 90D
VARUBI (180 MG DOSE)	4	B/D PA; QL (4 per 28 days)
VOWST	5	PA
XERMELO	5	PA; QL (90 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO		
betaine	5	
CREON	3	MO
cromolyn sodium oral	2	MO; 90D
CYSTAGON	4	PA
GALAFOLD	5	PA
JAVYGTOR	5	PA
miglustat	5	PA
nitisinone	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride oral packet	5	PA
sapropterin dihydrochloride oral tablet	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA
sodium phenylbutyrate oral tablet	5	PA
YARGESA	5	PA
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, 60000-189600 UNIT	3	MO
GENITOURINARY AGENTS / AGENTES GENITOURINARIOS		

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
alfuzosin hcl er	1	MO; 100D
bethanechol chloride oral	1	
clindamycin phosphate vaginal	2	
darifenacin hydrobromide er	2	QL (30 per 30 days); MO; 90D
dutasteride oral	2	QL (30 per 30 days); MO; 90D
dutasteride-tamsulosin hcl	2	QL (30 per 30 days); MO; 90D
finasteride oral tablet 5 mg	1	MO; 100D
GEMTESA	4	QL (30 per 30 days); MO
LITHOSTAT	4	MO
metronidazole vaginal	2	
miconazole 3 vaginal suppository	2	
mirabegron er oral tablet extended release 24 hour	3	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	2	QL (60 per 30 days); MO; 90D
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	2	QL (30 per 30 days); MO; 90D
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO; 100D
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO; 100D
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO; 100D
penicillamine oral tablet	5	
potassium citrate er	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	6	QL (6 per 30 days); ED
silodosin	2	MO; 90D
solifenacin succinate	2	QL (30 per 30 days); MO; 90D
tadalafil oral tablet 10 mg, 20 mg	6	QL (6 per 30 days); ED
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO
tamsulosin hcl	2	MO; 90D
terconazole vaginal cream 0.4 %	1	
terconazole vaginal suppository	2	
tolterodine tartrate er	2	QL (30 per 30 days); MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	MO; 90D
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	MO; 90D
ELINEST	1	MO; 100D
ELURYNG	3	MO
EMZAHH	3	MO
ENILLORING	4	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO; 100D
ERRIN	3	MO
ESTARYLLA	2	MO; 90D
estradiol oral	1	MO; 100D
estradiol vaginal cream 0.01 %	2	MO; 90D
estradiol vaginal tablet	2	MO; 90D
estrogens conjugated	3	PA; MO; HRM
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	MO; 100D
etonogestrel-ethinyl estradiol	4	MO
FEIRZA 1/20	1	MO; 100D
FINZALA	2	MO; 90D
fludrocortisone acetate oral	1	MO; 100D
GALLIFREY	2	MO; 90D
HAILEY 1.5/30	2	MO; 90D
HAILEY 24 FE	1	MO; 100D
HAILEY FE 1/20	1	MO; 100D
HEATHER	3	MO
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	3	QL (18 per 28 days); MO
INCASSIA	3	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
INCRELEX	5	PA
ISIBLOOM	1	MO; 100D
JASMIEL	2	MO; 90D
JENCYCLA	3	MO
JULEBER	1	MO; 100D
JUNEL 1.5/30	2	MO; 90D
JUNEL 1/20	1	MO; 100D
JUNEL FE 1/20	1	MO; 100D
JUNEL FE 24	1	MO; 100D
KALLIGA	1	MO; 100D
KARIVA	2	MO; 90D
KURVELO	1	MO; 100D
LARIN 1.5/30	2	MO; 90D
LARIN 1/20	1	MO; 100D
LARIN 24 FE	1	MO; 100D
LARIN FE 1/20	1	MO; 100D
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	MO; 100D
LEVORA 0.15/30 (28)	1	MO; 100D
levothyroxine sodium oral tablet	1	MO; 100D
LEVOXYL	1	MO; 100D
liomny	1	MO; 100D
liothyronine sodium oral	1	MO; 100D
LOESTRIN 1.5/30 (21)	2	MO; 90D
LOESTRIN 1/20 (21)	1	MO; 100D
LOESTRIN FE 1/20	1	MO; 100D
LORYNA	2	MO; 90D
LOW-OGESTREL	1	MO; 100D
LO-ZUMANDIMINE	2	MO; 90D
LUIZZA 1.5/30	2	MO; 90D
LUIZZA 1/20	1	100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
LYLEQ	3	MO
LYZA	3	MO
marlissa	1	MO; 100D
medroxyprogesterone acetate intramuscular	2	
medroxyprogesterone acetate oral tablet 10 mg, 5 mg	1	MO; 100D
medroxyprogesterone acetate oral tablet 2.5 mg	2	MO; 90D
megestrol acetate oral suspension 625 mg/5ml	2	PA; MO; 90D; HRM
MELEYA	3	MO
methimazole oral	1	MO; 100D
methylprednisolone oral	1	
methyltestosterone oral	5	MO
MIBELAS 24 FE	2	MO; 90D
MICROGESTIN 1.5/30	2	MO; 90D
MICROGESTIN 1/20	1	MO; 100D
MICROGESTIN FE 1/20	1	MO; 100D
mifepristone oral tablet 300 mg	5	PA
MILI	2	MO; 90D
MONO-LINYAH	2	MO; 90D
NEXPLANON	3	
NIKKI	2	MO; 90D
NORA-BE	3	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
norelgestromin-eth estradiol	3	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	MO; 100D
norethin ace-eth estrad-fe oral tablet chewable	2	MO; 90D
norethindrone acetate oral	2	MO; 90D
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	MO; 100D
norethindrone oral	3	MO
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	2	MO; 90D
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	MO; 90D
norgestim-eth estrad triphasic	2	MO; 90D
NORLYROC	3	MO
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	PA; 90D
octreotide acetate injection solution 500 mcg/ml	5	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	2	PA; 90D
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ORQUIDEA	3	MO
OSPHENA	3	MO
PIMTREA	2	MO; 90D
PORTIA-28	1	MO; 100D
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	2	
PREDNISOLONE SODIUM PHOSPHATE ORAL TABLET DISPERSIBLE	2	
prednisone oral solution	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
PREMARIN ORAL	3	PA; MO; HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PREMARIN VAGINAL	3	MO
progesterone oral	2	MO; 90D
propylthiouracil oral	1	MO; 100D
raloxifene hcl	2	QL (30 per 30 days); MO; 90D
RECLIPSEN	1	MO; 100D
REZDIFFRA	5	PA; QL (30 per 30 days)
SHAROBEL	3	MO
SIGNIFOR	5	PA
SIMLIYA	2	MO; 90D
SKYLA	3	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA
SPRINTEC 28	2	MO; 90D
SYNAREL	5	PA
SYNTHROID	3	MO
TARINA 24 FE	1	MO; 100D
TARINA FE 1/20 EQ	1	MO; 100D
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	MO; 90D
testosterone enanthate intramuscular solution	2	MO; 90D
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	2	PA; QL (150 per 30 days); MO; 90D
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	2	PA; QL (112.5 per 30 days); MO; 90D
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA; QL (300 per 30 days); MO; 90D
testosterone transdermal solution	2	PA; QL (180 per 30 days); MO; 90D
TRI-ESTARYLLA	2	MO; 90D
TRI-LINYAH	2	MO; 90D
TRI-LO-ESTARYLLA	2	MO; 90D
TRI-LO-MARZIA	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TRI-LO-MILI	2	MO; 90D
TRI-LO-SPRINTEC	2	MO; 90D
TRI-MILI	2	MO; 90D
TRI-SPRINTEC	2	MO; 90D
TRI-VYLIBRA	2	MO; 90D
TRI-VYLIBRA LO	2	MO; 90D
TURQOZ	1	MO; 100D
UNITHROID	1	MO; 100D
VALTYA 1/50	1	MO; 100D
VESTURA	2	MO; 90D
viorele	2	MO; 90D
VOLNEA	2	MO; 90D
VYLIBRA	2	MO; 90D
WYMZYA FE	2	MO; 90D
XELRIA FE	2	MO; 90D
yuvafem	2	MO; 90D
IMMUNOLOGICAL AGENTS / AGENTES INMUNITARIOS		
ABRYSVO	1	QL (1 per 365 days)
ACTHIB	1	
ACTIMMUNE	5	PA
ADACEL	1	
ARCALYST	5	PA
AREXVY	1	QL (1 per 365 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D PA
AZASAN	4	B/D PA
azathioprine oral	2	B/D PA; 90D
bcg vaccine injection solution reconstituted	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
BENLYSTA SUBCUTANEOUS	5	PA
BEXSERO	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	5	PA; QL (2 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	5	PA; QL (4 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (2 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	5	PA; QL (4 per 28 days)
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days)
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days)
COSENTYX UNOREADY	5	PA; QL (8 per 28 days)
cyclosporine modified oral capsule 100 mg, 50 mg	2	B/D PA; 90D
cyclosporine modified oral capsule 25 mg	1	B/D PA; 100D
cyclosporine modified oral solution	2	B/D PA; 90D
cyclosporine oral capsule 100 mg	2	B/D PA; 90D
cyclosporine oral capsule 25 mg	1	B/D PA; 100D
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENBREL MINI	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
ENVARSUS XR	4	B/D PA
everolimus oral tablet 0.25 mg	2	B/D PA; 90D
everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA
everolimus oral tablet 0.75 mg	4	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	5	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	4	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9	1	
GENGRAF ORAL CAPSULE 100 MG	2	B/D PA; 90D
GENGRAF ORAL CAPSULE 25 MG	1	B/D PA; 100D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (2.4 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (2.4 per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (4.8 per 28 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D PA
HIBERIX INJECTION	1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 per 365 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
INFANRIX	1	
IPOL INJECTION SUSPENSION	1	
IXIARO	1	
JYLAMVO	4	ST
JYNNEOS	1	
kedrab injection solution 1500 unit/10ml	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
leflunomide oral	2	QL (30 per 30 days); MO; 90D
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO	1	
methotrexate sodium (pf) injection solution 50 mg/2ml	1	
methotrexate sodium injection solution 50 mg/2ml	1	
methotrexate sodium oral	1	
M-M-R II INJECTION	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
MRESVIA	1	QL (0.5 per 365 days)
mycophenolate mofetil oral capsule	2	B/D PA; 90D
mycophenolate mofetil oral suspension reconstituted	4	B/D PA
mycophenolate mofetil oral tablet	2	B/D PA; 90D
mycophenolate sodium	2	B/D PA; 90D
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	B/D PA; 90D
MYHIBBIN	5	B/D PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	PA
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTEZLA XR	5	PA; QL (30 per 30 days)
OTEZLA/OTEZLA XR INITIATION PK	5	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAXHIB	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PENBRAYA	1	
penmenvy	1	
PENTACEL	1	
PRIORIX	1	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL	1	
RABAVERT	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
RECOMBIVAX HB	1	B/D PA
REZUROCK	5	PA
RINVOQ	5	PA; QL (30 per 30 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	
SELARSDI INTRAVENOUS	5	PA
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (1 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (1 SYRINGE)	5	PA; QL (4 per 28 days)
SIMLANDI (2 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 per 28 days)
sirolimus oral solution	4	B/D PA
sirolimus oral tablet	2	B/D PA; 90D
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (2.22 per 365 days)
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
tacrolimus er	4	B/D PA
tacrolimus oral	2	B/D PA; 90D
TENIVAC	1	
TICOVAC	1	
tofacitinib citrate er	4	PA; QL (30 per 30 days)
tofacitinib citrate oral solution	4	PA; QL (240 per 24 days)
tofacitinib citrate oral tablet	4	PA; QL (60 per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 per 28 days)
TREMFYA PEN	5	PA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 per 28 days)
TREMFYA-CD/UC INDUCTION	5	PA; QL (4 per 28 days)
TRUMENBA	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS	5	PA; QL (4 per 28 days)
TYPHIM VI	1	
ustekinumab intravenous	5	PA
ustekinumab subcutaneous solution	5	PA; QL (0.5 per 28 days)
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml	5	PA; QL (0.5 per 28 days)
ustekinumab subcutaneous solution prefilled syringe 90 mg/ml	5	PA; QL (1 per 28 days)
VAQTA	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
VARIVAX INJECTION	1	
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA	1	PA
VIMKUNYA	1	
VIVOTIF	1	
XATMEP	4	ST
XELJANZ ORAL SOLUTION	5	PA; QL (240 per 24 days)
XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days)
XELJANZ XR	5	PA; QL (30 per 30 days)
YESINTEK INTRAVENOUS	5	PA
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
INFECTIOUS DISEASE AGENTS / AGENTES DE ENFERMEDADES INFECCIOSAS		
abacavir sulfate oral solution	2	QL (960 per 30 days); 90D
abacavir sulfate oral tablet	2	QL (60 per 30 days); 90D
abacavir sulfate-lamivudine	2	QL (30 per 30 days); 90D
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5ml	2	MO
acyclovir oral suspension 400 mg/10ml, 800 mg/20ml	2	
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	2	B/D PA
adefovir dipivoxil	2	PA; 90D
albendazole oral	4	
amikacin sulfate injection solution 500 mg/2ml	2	
amoxicillin oral capsule	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin trihydrate oral	1	
amoxicillin-pot clavulanate er	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amphotericin b intravenous	2	B/D PA
amphotericin b liposome	5	B/D PA
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous	2	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)
ARIKAYCE	5	
atazanavir sulfate oral capsule 150 mg, 200 mg	5	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	5	QL (30 per 30 days)
atovaquone oral	2	PA
atovaquone-proguanil hcl	2	
azithromycin intravenous	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	1	
azithromycin oral tablet 600 mg	2	
aztreonam injection solution reconstituted 1 gm	2	
BARACLUDE ORAL SOLUTION	5	
BICILLIN C-R	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 per 28 days)
caspofungin acetate	4	B/D PA
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	2	
cefdinir	2	
cefepime hcl injection solution reconstituted 1 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	2	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm	2	
cefoxitin sodium intravenous solution reconstituted 2 gm	4	
cefpodoxime proxetil	2	
cefprozil	2	
ceftaroline fosamil	5	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	
ceftazidime intravenous	2	
ceftriaxone sodium in dextrose	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ceftriaxone sodium intravenous	2	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	2	
cephalexin oral tablet	2	
chloroquine phosphate oral	1	MO; 100D
CIMDUO	5	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
clarithromycin er	2	
clarithromycin oral	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate in d5w	2	
clindamycin phosphate injection solution 600 mg/4ml	2	
COARTEM	4	
colistimethate sodium (cba)	2	
CRESEMBA ORAL	5	PA
dapsone oral	2	MO; 90D
daptomycin intravenous solution reconstituted 350 mg	4	
daptomycin intravenous solution reconstituted 500 mg	5	
darunavir	4	QL (60 per 30 days)
DELSTRIGO	5	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
DESCOVY	5	QL (30 per 30 days)
dicloxacillin sodium	2	
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days)
DOXY 100	2	
doxycycline hyclate intravenous	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	2	
doxycycline monohydrate oral capsule 100 mg	2	
doxycycline monohydrate oral capsule 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	2	
E.E.S. 400 ORAL TABLET	2	
EDURANT	5	QL (30 per 30 days)
EDURANT PED	5	QL (180 per 30 days)
efavirenz oral tablet	4	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	4	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	5	QL (30 per 30 days)
emtricitabine	2	QL (30 per 30 days); 90D
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	5	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL (30 per 30 days); 90D
emtricitab-rilpivir-tenofov df	5	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)
EMVERM	5	
entecavir	2	90D
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
famciclovir oral tablet 500 mg	2	QL (21 per 7 days)
fidaxomicin	5	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral	2	
flucytosine oral	5	
fosamprenavir calcium	4	QL (120 per 30 days)
fosfomycin tromethamine	4	
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-%	2	
gentamicin sulfate injection solution 40 mg/ml	2	
GENVOYA	5	QL (30 per 30 days)
griseofulvin microsize oral suspension	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	MO; 100D
IDVYNSO	5	QL (30 per 30 days); MO
imipenem-cilastatin intravenous solution reconstituted 250 mg	2	
IMPAVIDO	5	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
ISENTRESS HD	5	QL (60 per 30 days)
ISENTRESS ORAL PACKET	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days)
isoniazid oral	1	MO; 100D
itraconazole oral capsule	2	PA
ivermectin oral	2	
JULUCA	5	QL (30 per 30 days)
KALETRA ORAL SOLUTION	4	QL (480 per 30 days)
ketoconazole oral	1	
lamivudine oral solution	2	QL (960 per 30 days); 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
lamivudine oral tablet 100 mg	2	90D
lamivudine oral tablet 150 mg	2	QL (60 per 30 days); 90D
lamivudine oral tablet 300 mg	2	QL (30 per 30 days); 90D
lamivudine-zidovudine	2	QL (60 per 30 days); 90D
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	1	
linezolid in sodium chloride	2	
linezolid intravenous solution 600 mg/300ml	2	
linezolid oral suspension reconstituted	5	PA; QL (1800 per 30 days)
linezolid oral tablet	4	PA; QL (56 per 28 days)
LIVTENCITY	5	PA
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days)
maraviroc	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days)
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days)
mefloquine hcl	2	MO; 90D
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	
methenamine hippurate	2	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral capsule	2	
metronidazole oral tablet	1	
micafungin sodium	4	
minocycline hcl oral capsule 100 mg, 75 mg	2	
minocycline hcl oral capsule 50 mg	1	
minocycline hcl oral tablet	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
moxifloxacin hcl in nacl	2	
moxifloxacin hcl oral	4	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	5	
neomycin sulfate oral	2	
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL (30 per 30 days); 90D
nevirapine oral suspension	2	QL (1200 per 30 days); 90D
nevirapine oral tablet	2	QL (60 per 30 days); 90D
nitazoxanide oral	4	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	2	
nitrofurantoin monohyd macro	2	
NORVIR ORAL PACKET	4	QL (360 per 30 days)
NUZYRA	5	
nystatin oral tablet	1	
ODEFSEY	5	QL (30 per 30 days)
ofloxacin oral tablet 400 mg	2	
oseltamivir phosphate oral capsule 30 mg	2	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	2	QL (1080 per 365 days)
PAXLOVID (150/100)	2	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	2	QL (11 per 90 days)
PAXLOVID (300/100)	2	QL (30 per 90 days)
penicillin g potassium	2	
penicillin g sodium	5	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	1	
pentamidine isethionate inhalation	2	B/D PA
pentamidine isethionate injection	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	2	
PIFELTRO	5	QL (30 per 30 days)
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	2	
posaconazole oral	5	PA; MO
praziquantel oral	4	
PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days)
PREZCOBIX	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
PRIFTIN	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
pyrazinamide oral	2	
pyrimethamine oral	5	PA
quinine sulfate oral	2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL PACKET	4	QL (240 per 30 days)
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
rifabutin	2	
rifampin intravenous	4	
rifampin oral	2	
rifapentine	4	
rilpivirine hcl	5	QL (30 per 30 days)
rimantadine hcl	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ritonavir	2	QL (360 per 30 days); 90D
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days)
SIRTURO	5	PA
sofosbuvir-velpatasvir	5	PA; QL (30 per 30 days)
streptomycin sulfate intramuscular	5	
STRIBILD	5	QL (30 per 30 days)
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral	1	
SUNLENCA ORAL TABLET	5	QL (10 per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 per 365 days)
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	5	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	2	
tenofovir disoproxil fumarate	2	QL (30 per 30 days); 90D
terbinafine hcl oral	1	
tetracycline hcl oral capsule	2	
tigecycline	4	
tinidazole oral	2	
TIVICAY ORAL TABLET 50 MG	5	QL (60 per 30 days)
TIVICAY PD	5	QL (360 per 30 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
trifluridine ophthalmic	2	
trimethoprim oral	1	
TRIUMEQ	5	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TRIUMEQ PD	4	QL (180 per 30 days)
TYBOST	3	QL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	2	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	2	QL (60 per 30 days)
valganciclovir hcl oral solution reconstituted	5	
valganciclovir hcl oral tablet	3	
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	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule 125 mg	2	QL (240 per 30 days)
vancomycin hcl oral capsule 250 mg	4	QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	2	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER	3	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 per 30 days)
voriconazole intravenous solution reconstituted	4	PA
voriconazole oral suspension reconstituted	5	PA; QL (300 per 30 days)
voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	2	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
XOCOVA	5	QL (7 per 60 days)
zidovudine oral capsule	2	QL (180 per 30 days); 90D
zidovudine oral syrup	2	QL (1920 per 30 days); 90D
zidovudine oral tablet	2	QL (60 per 30 days); 90D
ZIRGAN	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
MISCELLANEOUS THERAPEUTIC AGENTS / AGENTES TERAPÉUTICOS VARIOS		
ALCOHOL SWABS	2	MO
benzonatate oral capsule 100 mg, 200 mg	6	QL (30 per 10 days); ED
GAUZE STERILE PADS 2	2	MO
hydrocodone bit-homatrop mbr	6	ED
IGALMI SUBLINGUAL FILM 120 MCG	5	QL (30 per 30 days)
IGALMI SUBLINGUAL FILM 180 MCG	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	2	QL (200 per 30 days); MO
INSULIN SYRINGE	2	QL (200 per 30 days); MO
KOSELUGO	5	PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA
OMNIPOD 5 LIBRE INTRO	4	PA
OMNIPOD 5 LIBRE PODS	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
promethazine-codeine oral solution	6	ED
sodium chloride irrigation solution 0.9 %	1	
OPHTHALMIC AGENTS / AGENTES OFTÁLMICOS		
acetazolamide er	2	MO; 90D
atropine sulfate ophthalmic solution 1 %	2	MO; 90D
azelastine hcl ophthalmic	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	2	
besifloxacin hcl	4	
BESIVANCE	4	
betaxolol hcl ophthalmic	2	MO; 90D
bimatoprost ophthalmic solution 0.01 %	3	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
bimatoprost ophthalmic solution 0.03 %	2	MO; 90D
brimonidine tartrate ophthalmic	2	MO; 90D
brimonidine tartrate-timolol	2	MO; 90D
brinzolamide	2	MO; 90D
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	2	
carteolol hcl	1	MO; 100D
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	2	MO; 90D
CYSTARAN	5	
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	1	
difluprednate	2	
dorzolamide hcl ophthalmic	1	MO; 100D
dorzolamide hcl-timolol mal	1	MO; 100D
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	MO; 100D
erythromycin ophthalmic	1	QL (3.5 per 30 days)
fluorometholone ophthalmic	2	
flurbiprofen sodium	2	
FML FORTE	4	
gatifloxacin ophthalmic	2	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
ketorolac tromethamine ophthalmic	2	
latanoprost ophthalmic	1	MO; 100D
levobunolol hcl ophthalmic solution 0.5 %	1	MO; 100D
levofloxacin ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
loteprednol etabonate	2	
loteprednol-tobramycin	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
methazolamide oral	2	MO; 90D
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.2 % (rx)	2	
OXERVATE	5	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO; 90D
POLYCIN	1	
polymyxin b-trimethoprim	1	
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	3	
proparacaine hcl ophthalmic	1	
RESTASIS	3	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic solution	1	
sulfacetamide-prednisolone ophthalmic solution	2	
timolol maleate (once-daily)	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
timolol maleate ophthalmic gel forming solution	2	MO; 90D
timolol maleate ophthalmic solution	1	MO; 100D
TOBRADEX OPHTHALMIC OINTMENT	4	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	4	
travoprost (bak free)	2	MO; 90D
VYZULTA	4	MO
XDEMVY	5	PA
XIIDRA	3	QL (60 per 30 days); MO
OTIC AGENTS / AGENTES ÓTICOS		
acetic acid otic	1	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	2	
FLAC	2	
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
RESPIRATORY TRACT/PULMONARY AGENTS / AGENTES PULMONARES/DE LAS VÍAS RESPIRATORIAS		
acetylcysteine inhalation	2	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days)
ADVAIR HFA	3	QL (12 per 30 days); MO
albuterol sulfate hfa	2	MO; 90D
albuterol sulfate inhalation	2	B/D PA; MO; 90D
albuterol sulfate oral syrup	1	MO; 100D
albuterol sulfate oral tablet	2	MO; 90D
ALYQ	4	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ambrisentan	4	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
arformoterol tartrate	4	B/D PA; QL (120 per 30 days); MO
ARNUITY ELLIPTA	3	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL (30 per 25 days)
azelastine-fluticasone	2	QL (23 per 28 days)
bosentan oral tablet	5	PA; QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days); MO
breyna	3	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days); MO
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D PA; QL (120 per 30 days); MO; 90D
budesonide inhalation suspension 1 mg/2ml	2	B/D PA; QL (60 per 30 days); MO; 90D
budesonide-formoterol fumarate	3	QL (30.6 per 30 days); MO
carbinoxamine maleate oral solution	2	PA; HRM
CAYSTON	5	PA
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml (rx)	1	
clemastine fumarate oral tablet 2.68 mg	2	PA; HRM
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
cromolyn sodium inhalation	2	B/D PA; MO; 90D
cyproheptadine hcl oral syrup	1	PA; HRM
cyproheptadine hcl oral tablet	1	
DULERA	4	QL (13 per 30 days); MO
epinephrine injection solution 0.3 mg/0.3ml	2	QL (2 per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (2 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
FASENRA PEN	5	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 per 28 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)
fluticasone propionate nasal (rx)	1	QL (16 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 per 30 days); MO; 90D
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL (1 per 30 days); MO; 90D
hydroxyzine hcl oral syrup	3	PA; HRM
hydroxyzine hcl oral tablet	1	PA; HRM
hydroxyzine pamoate oral capsule 100 mg	3	PA; HRM
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; HRM
ipratropium bromide hfa	3	QL (26 per 30 days); MO
ipratropium bromide inhalation	1	B/D PA; MO; 100D
ipratropium bromide nasal	1	QL (30 per 30 days); MO; 100D
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	B/D PA; QL (540 per 30 days); MO; 90D
KALYDECO ORAL PACKET	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	B/D PA; QL (270 per 30 days); MO; 90D
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	2	B/D PA; QL (540 per 30 days); MO; 90D
levalbuterol tartrate	2	QL (45 per 30 days); MO; 90D
levocetirizine dihydrochloride oral tablet (rx)	1	QL (30 per 30 days)
macitentan	5	PA; QL (30 per 30 days)
mometasone furoate nasal (rx)	2	
montelukast sodium oral	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
nintedanib esylate	5	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days)
olopatadine hcl nasal	2	QL (31 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90 per 30 days)
promethazine vc	6	ED
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA
roflumilast	2	QL (30 per 30 days); MO; 90D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO
sildenafil citrate oral tablet 20 mg	2	PA; QL (360 per 30 days); 90D
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
STIOLTO RESPIMAT	3	QL (4 per 30 days); MO
SYMDEKO	5	PA; QL (56 per 28 days)
tadalafil (pah)	4	PA; QL (60 per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg	1	MO; 100D
theophylline er oral tablet extended release 24 hour	1	MO; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
theophylline oral	2	MO; 90D
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PA; QL (280 per 28 days)
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); MO
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days)
umeclidinium-vilanterol	3	QL (60 per 30 days); MO
WINREVAIR	5	PA
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); MO; 90D
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days)
zafirlukast	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 22 de este documento.

Index / Índice

A

abacavir sulfate 98
abacavir sulfate-lamivudine 98
ABILIFY ASIMTUFII 46
ABILIFY MAINTENA 46
abiraterone acetate 26
ABIRTEGA 27
ABRYSVO 91
acamprosate calcium ... 46
acarbose 73
ACCUTANE 66
acebutolol hcl 38
acetaminophen-codeine 24
acetazolamide 38
acetazolamide er 110
acetic acid 113
acetylcysteine 113
acitretin 66
ACTHIB 91
ACTIMMUNE 91
acyclovir 66, 98
acyclovir sodium 98
ADACEL 91
adefovir dipivoxil 98
ADEMPAS 113
ADVAIR HFA 113
AIMOVIG 46
AKEEGA 27
ala-cort 66
albendazole 98
albuterol sulfate 113
albuterol sulfate hfa 113
alclometasone dipropionate 66
ALCOHOL SWABS 110
ALECENSA 27
alendronate sodium 73
alfuzosin hcl er 84
aliskiren fumarate 38
allopurinol 24
almotriptan malate 46
alosetron hcl 80
alprazolam 46
alprazolam er 46
ALPRAZOLAM INTENSOL . 46
alprazolam xr 46
ALTAVERA 85
ALUNBRIG 27
ALYQ 113
amantadine hcl 46
ambrisentan 114
amcinonide 66
amikacin sulfate 98
amiloride hcl 38
amiloride-hydrochlorothiazide 38
AMINOSYN II 71
amiodarone hcl 38
amitriptyline hcl 47
amlodipine besy-benazepril hcl 38, 39
amlodipine besylate 39
amlodipine besylate-valsartan 39
amlodipine-atorvastatin . 39
amlodipine-olmesartan .. 39
amlodipine-valsartan-hctz 39
ammonium lactate 66
AMNESTEEM 66
amoxapine 47
amoxicill-clarithro-lansopraz 80
amoxicillin 98, 99
amoxicillin trihydrate 99
amoxicillin-pot clavulanate 99
amoxicillin-pot clavulanate er 99
amphetamine-dextroamphet er 47
amphetamine-dextroamphetamine .. 47
amphotericin b 99
amphotericin b liposome 99
ampicillin 99
ampicillin sodium 99
ampicillin-sulbactam sodium 99
anagrelide hcl 35
anastrozole 27
ANORO ELLIPTA 114
APLENZIN 47
apomorphine hcl 47
aprepitant 80
APRI 85
APTIVUS 99
ARCALYST 91
AREXVY 91
arformoterol tartrate 114
ARIKAYCE 99
aripiprazole 47
ARISTADA 47
ARISTADA INITIO 47
ARNUITY ELLIPTA 114
asenapine maleate .. 47, 48
aspirin-dipyridamole er ... 35
ASTAGRAF XL 91
atazanavir sulfate 99
atenolol 39
atenolol-chlorthalidone .. 39
atomoxetine hcl 48
atorvastatin calcium 39
atovaquone 99
atovaquone-proguanil hcl 99
atropine sulfate 110
ATROVENT HFA 114
AUGTYRO 27
AUROVELA 1.5/30 85
AUROVELA 1/20 85
AUROVELA 24 FE 85
AUROVELA FE 1/20 85
AUSTEDO 48
AUSTEDO XR 48
AUSTEDO XR PATIENT TITRATION 48
AUVELITY 48
AUVELITY TITRATION PACK 48
AVMAPKI FAKZYNJA CO-PACK 27
AYUNA 85
AYVAKIT 27
AZASAN 91

azathioprine 91
azelaic acid 66
azelastine hcl 110, 114
azelastine-fluticasone ... 114
azithromycin 99
aztreonam 99
AZURETTE 85
B
BAC (BUTALBITAL-ACETAMIN-CAFF) 48
bacitracin-polymyxin b 110
bacitra-neomycin-polymyxin-hc 110
baclofen 48
balsalazide disodium 80
BALVERSA 27
BARACLUDE 99
bcg vaccine 91
benazepril hcl 39
benazepril-hydrochlorothiazide 39
BENLYSTA 92
benzonatate 110
benzoyl peroxide-erythromycin 67
benztropine mesylate 48
BEQALZI 27
BEQALZI STARTER PACK ... 27
besifloxacin hcl 110
BESIVANCE 110
BESREMI 27
BESREMI PEN 27
betaine 83
betamethasone dipropionate 67
betamethasone dipropionate aug 67
betamethasone valerate 67
BETASERON 48
betaxolol hcl 39, 110
bethanechol chloride 84
bexarotene 27, 67
BEXSERO 92
bicalutamide 27
BICILLIN C-R 99
BICILLIN L-A 100
BIJUVA 85
BIKTARVY 100
bimatoprost 110, 111
BIMZELX 92
bisoprolol fumarate 39
bisoprolol-hydrochlorothiazide 39
BIVIGAM 92
BLISOVI 24 FE 85
BLISOVI FE 1/20 85
BOOSTRIX 92
bosentan 114
BOSULIF 27
bosutinib 27
BRAFTOVI 27
BREO ELLIPTA 114
breyna 114
BREZTRI AEROSPHERE 114
brimonidine tartrate 111
brimonidine tartrate-timolol 111
brinzolamide 111
brivaracetam 48
BRIVIACT 48
bromfenac sodium 111
bromocriptine mesylate . 48
BRUKINSA 27, 28
budesonide 80, 114
budesonide er 80
budesonide-formoterol fumarate 114
bumetanide 39, 40
buprenorphine 24
buprenorphine hcl 48
buprenorphine hcl-naloxone hcl 48, 49
bupropion hcl 49
bupropion hcl er (smoking det) 49
bupropion hcl er (sr) 49
bupropion hcl er (xl) 49
buspirone hcl 49
butalbital-acetaminophen 49
butalbital-apap-caffeine 49
butorphanol tartrate 24
BYSANTI 49
BYSANTI TITRATION PACK A 49
BYSANTI TITRATION PACK B 49
BYSANTI TITRATION PACK C 49
C
CABENUVA 100
cabergoline 85
CABOMETYX 28
calcipotriene 67
calcitonin (salmon) 73
CALCITRENE 67
calcitriol 73, 74
CALQUENCE 28
CAMILA 85
candesartan cilexetil 40
candesartan cilexetil-hctz 40
CAPLYTA 49
CAPRELSA 28
captopril 40
captopril-hydrochlorothiazide 40
carbamazepine 49
carbamazepine er 49
carbidopa 50
carbidopa-levodopa 50
carbidopa-levodopa er . 50
carbidopa-levodopa-entacapone 50
carbinoxamine maleate 114
carglumic acid 71
carisoprodol 50
carteolol hcl 111
CARTIA XT 40
carvedilol 40
carvedilol phosphate er . 40
caspofungin acetate ... 100
CAYSTON 114
cefaclor 100
cefaclor er 100
cefadroxil 100
cefazolin sodium 100
cefdinir 100
cefepime hcl 100
cefixime 100
cefoxitin sodium 100
cefpodoxime proxetil ... 100

cefprozil 100
ceftaroline fosamil 100
ceftazidime 100
ceftriaxone sodium 100, 101
ceftriaxone sodium in dextrose 100
cefuroxime axetil 101
cefuroxime sodium 101
celecoxib 24
cephalexin 101
cetirizine hcl 114
cevimeline hcl 67
CHARLOTTE 24 FE 85
CHATEAL EQ 85
chlordiazepoxide hcl 50
chlordiazepoxide-amitriptyline 50
chlordiazepoxide-clidinium 80
chlorhexidine gluconate 67
chloroquine phosphate 101
chlorpromazine hcl 50
chlorthalidone 40
chlorzoxazone 50
cholestyramine 40
cholestyramine light 40
CICLODAN 67
ciclopirox 67
ciclopirox olamine 67
cilostazol 35
CIMDUO 101
cimetidine 80
cimetidine hcl 80
cinacalcet hcl 74
ciprofloxacin hcl .. 101, 111, 113
ciprofloxacin in d5w 101
ciprofloxacin-dexamethasone 113
citalopram hydrobromide 50
CLARAVIS 67
clarithromycin 101
clarithromycin er 101
clemastine fumarate 114
CLENPIQ 80
CLIMARA PRO 85
CLINDACIN ETZ 67
CLINDACIN-P 67
clindamycin hcl 101
clindamycin palmitate hcl 101
clindamycin phos (once-daily) 67
clindamycin phos (twice-daily) 67
clindamycin phosphate 67, 84, 101
clindamycin phosphate in d5w 101
CLINIMIX E/DEXTROSE (2.75/5) 71
CLINIMIX E/DEXTROSE (4.25/10) 71
CLINIMIX E/DEXTROSE (4.25/5) 71
CLINIMIX E/DEXTROSE (5/15) 71
CLINIMIX E/DEXTROSE (5/20) 71
clinimix e/dextrose (8/10) 71
clinimix e/dextrose (8/14) 71
CLINIMIX/DEXTROSE (4.25/10) 71
CLINIMIX/DEXTROSE (4.25/5) 71
CLINIMIX/DEXTROSE (5/15) 71
CLINIMIX/DEXTROSE (5/20) 71
clinimix/dextrose (6/5) 71
clinimix/dextrose (8/10) .. 72
clinimix/dextrose (8/14) .. 72
CLINISOL SF 72
CLINOLIPID 72
clobazam 50
clobetasol prop emollient base 67
clobetasol propionate .. 67, 68
clobetasol propionate e 67
CLODAN 68
clomipramine hcl 50
clonazepam 50
clonidine 40
clonidine hcl 40
clonidine hcl er 50
clopidogrel bisulfate 36
clorazepate dipotassium 50
clotrimazole 68
clotrimazole-betamethasone 68
clozapine 51
COARTEM 101
COBENFY 51
COBENFY STARTER PACK 51
colchicine 24
colchicine-probenecid .. 24
colesevelam hcl 40
colestipol hcl 40
colistimethate sodium (cba) 101
COMBIVENT RESPIMAT .. 114
COMETRIQ (100 MG DAILY DOSE) 28
COMETRIQ (140 MG DAILY DOSE) 28
COMETRIQ (60 MG DAILY DOSE) 28
COMPRO 80
constulose 80
COPIKTRA 28
CORLANOR 40
COSENTYX 92
COSENTYX (300 MG DOSE) 92
COSENTYX SENSOREADY (300 MG) 92
COSENTYX SENSOREADY PEN 92
COSENTYX UNOREADY ... 92
COTELLIC 28
CREON 83
CRESEMBA 101
cromolyn sodium 83, 111, 114
CRYSELLE 85
CRYSELLE-28 85
cyclobenzaprine hcl 51
cyclopentolate hcl 111
cyclophosphamide 28
CYCLOSET 74
cyclosporine 92
cyclosporine modified 92

cyproheptadine hcl 114
CYRED EQ 85
CYSTAGON 83
CYSTARAN..... 111
D
dabigatran etexilate mesylate..... 36
dalfampridine er 51
danazol..... 85
DANZITEN 28
dapagliflozin..... 74
dapagliflozin-metformin hcl er..... 74
dapsone 101
DAPTACEL..... 92
daptomycin..... 101
darifenacin hydrobromide er..... 84
darunavir 101
DARZALEX FASPRO..... 28
dasatinib 28
DAURISMO 28
DEBLITANE 85
deferasirox 74
DELSTRIGO 101
DEPO-SUBQ PROVERA 104 85
DEPO-TESTOSTERONE..... 85
DESCOVY 102
desipramine hcl 51
desmopressin ace spray refrig..... 85
desmopressin acetate ... 85
desmopressin acetate spray 85
desogestrel-ethinyl estradiol..... 86
desonide..... 68
desoximetasone..... 68
desvenlafaxine er 51
desvenlafaxine succinate er..... 51
dexamethasone 86
dexamethasone sodium phosphate 111
dexlansoprazole..... 80
dexmethylphenidate hcl er 51
dextroamphetamine sulfate 51, 52
dextroamphetamine sulfate er..... 51
dextromethorphan-quinidine..... 52
dextrose 72
dextrose-nacl 72
dextrose-sodium chloride 72
DIACOMIT 52
diazepam 52
DIAZEPAM INTENSOL 52
diazoxide 74
diclofenac potassium..... 24
diclofenac sodium... 24, 68, 111
diclofenac sodium er 24
diclofenac-misoprostol... 24
dicloxacillin sodium..... 102
dicyclomine hcl..... 80
DIFICID..... 102
diflunisal 24
difluprednate 111
digox 40
digoxin..... 40
dihydroergotamine mesylate..... 52
DILANTIN..... 52
diltiazem hcl 41
diltiazem hcl er..... 41
diltiazem hcl er beads.... 40
diltiazem hcl er coated beads 41
dilt-xr..... 41
dimethyl fumarate 52
dimethyl fumarate starter pack 52
diphenoxylate-atropine . 80
dipyridamole 36
disopyramide phosphate 41
disulfiram 52
divalproex sodium 52
divalproex sodium er..... 52
dofetilide..... 41
donepezil hcl..... 52, 53
dorzolamide hcl 111
dorzolamide hcl-timolol mal..... 111
dorzolamide hcl-timolol mal pf 111
DOVATO..... 102
doxazosin mesylate 41
doxepin hcl..... 53
doxercalciferol 74
DOXY 100 102
doxycycline hyclate 102
doxycycline monohydrate 102
DRIZALMA SPRINKLE 53
dronabinol 81
drospirenone-ethinyl estradiol..... 86
DROXIA..... 36
droxidopa 41
DULERA..... 114
duloxetine hcl..... 53
DUPIXENT..... 68
duramorph..... 24
dutasteride 84
dutasteride-tamsulosin hcl 84
E
E.E.S. 400..... 102
econazole nitrate..... 68
EDURANT 102
EDURANT PED..... 102
efavirenz 102
efavirenz-emtricitab-tenofo df 102
efavirenz-lamivudine-tenofovir 102
eletriptan hydrobromide 53
ELIGARD 28
ELINEST..... 86
ELIQUIS..... 36
ELIQUIS (1.5 MG PACK) ... 36
ELIQUIS (2 MG PACK) 36
ELIQUIS DVT/PE STARTER PACK..... 36
eltrombopag olamine 36
ELURYNG 86
EMSAM 53
emtricitabine 102

emtricitabine-tenofovir df 102
emtricitab-rilpivir-tenofov df 102
EMTRIVA 102
EMVERM 102
EMZAHH 86
enalapril maleate 41
enalapril-hydrochlorothiazide 41
ENBREL 92
ENBREL MINI 92
ENBREL SURECLICK 93
ENDOCET 24
ENGERIX-B 93
ENILLORING 86
enoxaparin sodium 36
ENSACOVE 28
ENSKYCE 86
entacapone 53
entecavir 102
ENTRESTO 41
enulose 81
ENVARSUS XR 93
EPCLUSA 102, 103
EPIDIOLEX 53
epinephrine 114
eplerenone 41
EPRONTIA 53
ERAXIS 103
ergotamine-caffeine 53
ERIVEDGE 28
ERLEADA 28
erlotinib hcl 28
ERRIN 86
ertapenem sodium 103
ERY-TAB 103
erythromycin ... 68, 103, 111
erythromycin base 103
erythromycin ethylsuccinate 103
erythromycin lactobionate 103
escitalopram oxalate 53
eslicarbazepine acetate 53
esomeprazole magnesium 81
ESTARYLLA 86
estazolam 53
estradiol 86
estrogens conjugated 86
eszopiclone 53
ethambutol hcl 103
ethosuximide 54
ethynodiol diac-eth estradiol 86
etodolac 24
etodolac er 24
etonogestrel-ethinyl estradiol 86
etravirine 103
EUCRISA 68
EULEXIN 28
everolimus 28, 93
EVOTAZ 103
exemestane 28
EXXUA 54
EXXUA TITRATION PACK .. 54
ezetimibe 41
ezetimibe-simvastatin 41

F

famciclovir 103, 104
famotidine 81
FANAPT 54
FANAPT TITRATION PACK A 54
FANAPT TITRATION PACK B 54
FANAPT TITRATION PACK C 54
FARXIGA 74
FASENRA 115
FASENRA PEN 115
febuxostat 24
FEIRZA 1/20 86
felbamate 54
felodipine er 41
fenofibrate 41
fenofibrate micronized ... 41
fenofibric acid 41
fentanyl 24
FETZIMA 54
FETZIMA TITRATION 54
FIASP 74
FIASP FLEXTOUCH 74
FIASP PENFILL 74
FIASP PUMPCART 74
fidaxomicin 104
finasteride 84
fingolimod hcl 54
FINTEPLA 54
FINZALA 86
FIRMAGON 29
FIRMAGON (240 MG DOSE) 28
FLAC 113
FLEBOGAMMA DIF 93
flecainide acetate 41
fluconazole 104
fluconazole in sodium chloride 104
flucytosine 104
fludrocortisone acetate . 86
flunisolide 115
fluocinolone acetonide 68, 113
fluocinolone acetonide body 68
fluocinolone acetonide scalp 68
fluocinonide 69
fluocinonide emulsified base 69
fluorometholone 111
fluorouracil 69
fluoxetine hcl 54
fluphenazine decanoate 54
fluphenazine hcl 54, 55
flurazepam hcl 55
flurbiprofen 24
flurbiprofen sodium 111
fluticasone propionate .. 69, 115
fluticasone-salmeterol .. 115
fluvastatin sodium 41
fluvastatin sodium er 42
fluvoxamine maleate 55
FML FORTE 111
folic acid 72
fondaparinux sodium 36, 37
fosamprenavir calcium 104
fosaprepitant dimeglumine 81

fosfomycin tromethamine 104
fosinopril sodium 42
fosinopril sodium-hctz 42
FOTIVDA 29
FRAGMIN 37
FRUZAQLA 29
furosemide 42
G
gabapentin 55
gabapentin (once-daily) 55
GALAFOLD 83
galantamine hydrobromide 55
galantamine hydrobromide er 55
GALLIFREY 86
GAMMAGARD 93
GAMMAGARD S/D LESS IGA 93
GAMMAKED 93
GAMMAPLEX 93
GAMUNEX-C 93
GARDASIL 9 93
gatifloxacin 111
GATTEX 81
GAUZE STERILE PADS 2 .. 110
GAVILYTE-C 81
GAVILYTE-G 81
GAVILYTE-N WITH FLAVOR PACK 81
GAVRETO 29
gefitinib 29
gemfibrozil 42
GEMTESA 84
generlac 81
GENGRAF 93
gentamicin in saline 104
gentamicin sulfate . 69, 104, 111
GENVOYA 104
GILOTRIF 29
glatiramer acetate 55
GLATOPA 55
glimepiride 74
glipizide 74, 75
glipizide er 74
glipizide-metformin hcl ... 75
glucagon emergency 75
glyburide 75
glyburide micronized 75
glyburide-metformin 75
glycopyrrolate 81
GLYDO 24
GLYXAMBI 75
GOCOVRI 55
GOMEKLI 29
granisetron hcl 81
griseofulvin microsize 104
guanfacine hcl er 55
GVOKE HYPOPEN 1-PACK 75
GVOKE HYPOPEN 2-PACK 75
GVOKE KIT 75
GVOKE PFS 75
H
HADLIMA 93
HADLIMA PUSHTOUCH 93
HAILEY 1.5/30 86
HAILEY 24 FE 86
HAILEY FE 1/20 86
halobetasol propionate . 69
haloperidol 55
haloperidol decanoate . 55
haloperidol lactate 55
HAVRIX 93
HEATHER 86
heparin sodium (porcine) 37
heparin sodium (porcine) pf 37
HEPLISAV-B 94
HERCEPTIN HYLECTA 29
HERNEXEOS 29
HIBERIX 94
HUMIRA (2 PEN) 94
HUMIRA (2 SYRINGE) 94
HUMIRA-CD/UC/HS STARTER 94
HUMIRA-PSORIASIS/UVEIT STARTER 94
hydralazine hcl 42
hydrochlorothiazide 42
hydrocodone bit-homatrop mbr 110
hydrocodone-acetaminophen 24, 25
hydrocodone-ibuprofen 25
hydrocortisone 69, 81
hydrocortisone (perianal) 69
hydrocortisone ace-pramoxine 81
hydrocortisone butyrate . 69
hydrocortisone valerate . 69
hydrocortisone-acetic acid 113
hydromorphone hcl 25
hydroxychloroquine sulfate 104
hydroxyurea 29
hydroxyzine hcl 115
hydroxyzine pamoate .. 115
hyoscyamine sulfate 81
HYRNUO 29
I
ibandronate sodium 75
IBRANCE 29
IBTROZI 29
ibu 25
ibuprofen 25
icatibant acetate 37
ICLUSIG 29
icosapent ethyl 42
IDHIFA 29
IDVYNSO 104
IGALMI 110
ILEVRO 111
imatinib mesylate 29
IMBRUVICA 29
imipenem-cilastatin 104
imipramine hcl 56
imipramine pamoate 56
imiquimod 69
imkeldi 29
IMOVAX RABIES 94
IMPAVIDO 104
IMVEXXY MAINTENANCE PACK 86
IMVEXXY STARTER PACK .. 86
INCASSIA 86
INCRELEX 87
indapamide 42

indomethacin 25
INFANRIX 94
INGREZZA 56
INLURIYO 29
INLYTA 29
INQOVI 30
INREBIC 30
insulin asp prot & asp flexpen 75
insulin aspart 75
insulin aspart flexpen 75
insulin aspart penfill 75
insulin aspart prot & aspart 75
INSULIN PEN NEEDLE 110
INSULIN SYRINGE 110
INTELENCE 104
INTRALIPID 72
INVEGA HAFYERA 56
INVEGA SUSTENNA 56
INVEGA TRINZA 56
INVOKAMET 75
INVOKAMET XR 75
INVOKANA 75
IPOL 94
ipratropium bromide 115
ipratropium bromide hfa 115
ipratropium-albuterol 115
irbesartan 42
irbesartan-hydrochlorothiazide 42
ISENTRESS 104
ISENTRESS HD 104
ISIBLOOM 87
ISOLYTE-P IN D5W 72
ISOLYTE-S 72
isoniazid 104
isosorb dinitrate-hydralazine 42
isosorbide dinitrate 42
isosorbide mononitrate 42
isosorbide mononitrate er 42
isotretinoin 69
isradipine 42
ITOVEBI 30
itraconazole 104
ivabradine hcl 42
ivermectin 69, 104
IWILFIN 30
IXIARO 94

J

JAKAFI 30
JAKAFI XR 30
jantoven 37
JANUMET 75
JANUMET XR 75, 76
JANUVIA 76
JARDIANCE 76
JASMIEL 87
JAVYGTOR 83
JAYPIRCA 30
JENCYCLA 87
JENTADUETO 76
JENTADUETO XR 76
JIDEYTRO 30
JUBLIA 69
JULEBER 87
JULUCA 104
JUNEL 1.5/30 87
JUNEL 1/20 87
JUNEL FE 1/20 87
JUNEL FE 24 87
JYLAMVO 94
JYNNEOS 94

K

KALETRA 104
KALLIGA 87
KALYDECO 115
KARIVA 87
kcl (0.149%) in nacl 72
kcl in dextrose-nacl 72
kcl-lactated ringers-d5w 72
kedrab 94
KERENDIA 76
KESIMPTA 56
ketoconazole 69, 104
ketoprofen 25
ketorolac tromethamine 25, 111
KINRIX 94
KIONEX 76
KISQALI (200 MG DOSE) 30
KISQALI (400 MG DOSE) 30
KISQALI (600 MG DOSE) 30
KLAYESTA 69
KLOR-CON 72
KLOR-CON 10 72
KLOR-CON M10 72
KLOR-CON M15 72
KLOR-CON M20 72
KLOXXADO 56
KOMZIFTI 30
KOSELUGO 110
KOURZEQ 69
KRAZATI 30
KURVELO 87

L

labetalol hcl 42
lacosamide 56, 57
lactulose 81
lactulose encephalopathy 81
LAMICTAL XR 57
lamivudine 104, 105
lamivudine-zidovudine 105
lamotrigine 57
lamotrigine odt 57
lamotrigine starter kit-blue 57
lamotrigine starter kit-green 57
lamotrigine starter kit-orange 57
lansoprazole 81
LANTUS 76
LANTUS SOLOSTAR 76
lapatinib ditosylate 30
LARIN 1.5/30 87
LARIN 1/20 87
LARIN 24 FE 87
LARIN FE 1/20 87
latanoprost 111
LAZCLUZE 30
LEDERLE LEUCOVORIN 30
leflunomide 94
lenalidomide 30
LENVIMA (10 MG DAILY DOSE) 30
LENVIMA (12 MG DAILY DOSE) 30
LENVIMA (14 MG DAILY DOSE) 30

LENVIMA (18 MG DAILY DOSE) 30
LENVIMA (20 MG DAILY DOSE) 30
LENVIMA (24 MG DAILY DOSE) 30
LENVIMA (4 MG DAILY DOSE) 30
LENVIMA (8 MG DAILY DOSE) 31
letrozole 31
leucovorin calcium 31
LEUKERAN 31
LEUKINE 37
leuprolide acetate 31
leuprolide acetate (3 month) 31
levalbuterol hcl 115
levalbuterol tartrate 115
levetiracetam 57
levetiracetam er 57
levobunolol hcl 111
levocarnitine 72
levocarnitine sf 72
levocetirizine dihydrochloride 115
levofloxacin 105, 111
levofloxacin in d5w 105
levonorgestrel-ethinyl estrad 87
LEVORA 0.15/30 (28) 87
levothyroxine sodium 87
LEVOXYL 87
l-glutamine 37
lidocaine 25
lidocaine hcl 25
lidocaine hcl urethral/mucosal 25
lidocaine viscous hcl 25
lidocaine-prilocaine 25
LIFYORLI (125 MG DOSE) . 31
LIFYORLI (150 MG DOSE) . 31
linagliptin-metformin hcl . 76
linezolid 105
linezolid in sodium chloride 105
LINZESS 81
liomny 87
liothyronine sodium 87
liraglutide 76
lisinopril 42
lisinopril-hydrochlorothiazide 42
lithium 57
lithium carbonate 57
lithium carbonate er 57
LITHOSTAT 84
LIVTENCITY 105
LOESTRIN 1.5/30 (21) 87
LOESTRIN 1/20 (21) 87
LOESTRIN FE 1/20 87
LOKELMA 76
lomustine 31
LONSURF 31
loperamide hcl 81
lopinavir-ritonavir 105
lorazepam 57
LORAZEPAM INTENSOL 57
LORBRENA 31
LORYNA 87
losartan potassium 42
losartan potassium-hctz 42, 43
LOTEMAX 111
LOTEMAX SM 111
loteprednol etabonate 112
loteprednol-tobramycin 112
lovastatin 43
LOW-OGESTREL 87
loxapine succinate 57
LO-ZUMANDIMINE 87
lubiprostone 81
LUIZZA 1.5/30 87
LUIZZA 1/20 87
LUMAKRAS 31
LUMIGAN 112
LUPRON DEPOT (1-MONTH) 31
LUPRON DEPOT (3-MONTH) 31
LUPRON DEPOT (4-MONTH) 31
LUPRON DEPOT (6-MONTH) 31
lurasidone hcl 58
LYBALVI 58
LYLEQ 88
LYNPARZA 31
LYSODREN 31
LYTGOBI (12 MG DAILY DOSE) 31
LYTGOBI (16 MG DAILY DOSE) 31
LYTGOBI (20 MG DAILY DOSE) 31
LYZA 88

M

macitentan 115
magnesium sulfate 72
malathion 70
maraviroc 105
marlissa 88
MARPLAN 58
MATULANE 31
MATZIM LA 43
MAVYRET 105
meclizine hcl 81
medroxyprogesterone acetate 88
mefloquine hcl 105
megestrol acetate 31, 88
MEKINIST 32
MEKTOVI 32
MELEYA 88
meloxicam 25
memantine hcl 58
memantine hcl er 58
MENQUADFI 94
MENVEO 94
meperidine hcl 25
meprobamate 58
mercaptopurine 32
meropenem 105
mesalamine 82
mesalamine er 81
mesna 32
metformin hcl 76
metformin hcl er 76
metformin hcl er (mod) .. 76
metformin hcl er (osm) ... 76
methadone hcl 25
methazolamide 112
methenamine hippurate 105

methimazole 88
methocarbamol 58
methotrexate sodium 94
methotrexate sodium (pf) 94
methoxsalen rapid 70
methscopolamine bromide 82
methsuximide 58
methyldopa 43
methylphenidate hcl 58, 59
methylphenidate hcl er . 58
methylphenidate hcl er (cd) 58
methylphenidate hcl er (osm) 58
methylphenidate hcl er(diffus) 58
methylprednisolone 88
methyltestosterone 88
metoclopramide hcl 82
metolazone 43
metoprolol succinate er . 43
metoprolol tartrate 43
metoprolol-hydrochlorothiazide 43
metronidazole ... 70, 84, 105
metyrosine 43
mexiletine hcl 43
MIBELAS 24 FE 88
micafungin sodium 105
miconazole 3 84
MICROGESTIN 1.5/30 88
MICROGESTIN 1/20 88
MICROGESTIN FE 1/20 88
midodrine hcl 43
mifepristone 88
MIGERGOT 59
miglitol 77
miglustat 83
MILI 88
minocycline hcl 105
minoxidil 43
mirabegron er 84
mirtazapine 59
misoprostol 82
M-M-R II 94
modafinil 59
MODEYSO 32
moexipril hcl 43
molindone hcl 59
mometasone furoate 70, 115
MONDOXYNE NL 105
MONO-LINYAH 88
montelukast sodium 115
morphine sulfate 26
morphine sulfate (concentrate) 25
morphine sulfate (pf) 25
morphine sulfate er 26
MOUNJARO 77
MOVANTIK 82
moxifloxacin hcl 106, 112
moxifloxacin hcl (2x day) 112
moxifloxacin hcl in nacl 106
MRESVIA 95
MULTAQ 43
multiple electro type 1 ph 5.5 73
multiple electro type 1 ph 7.4 73
mupirocin 70
mupirocin calcium 70
mycophenolate mofetil . 95
mycophenolate sodium . 95
mycophenolic acid 95
MYHIBBIN 95
MYTESI 82

N

na sulfate-k sulfate-mg sulf 82
nabumetone 26
nadolol 43
nafcillin sodium 106
naftifine hcl 70
naloxone hcl 59
naltrexone hcl 59
NAMZARIC 59
naproxen 26
naproxen dr 26
naproxen sodium 26
NATACYN 112
nateglinide 77
NAYZILAM 59
nebivolol hcl 43
nefazodone hcl 59
neomycin sulfate 106
neomycin-bacitracin zn-polymyx 112
neomycin-polymyxin-dexameth 112
neomycin-polymyxin-gramicidin 112
neomycin-polymyxin-hc 112, 113
NERLYNX 32
NEULASTA 37
NEUPOGEN 37
NEUPRO 59
nevirapine 106
nevirapine er 106
NEXLETOL 43
NEXLIZET 43
NEXPLANON 88
niacin (antihyperlipidemic) 43
niacin er (antihyperlipidemic) 43
niacor 43
nicardipine hcl 43
NICOTROL NS 59
nifedipine er 43
nifedipine er osmotic release 43
NIKKI 88
nilotinib hcl 32
nilutamide 32
nimodipine 43
NINLARO 32
nintedanib esylate 116
nisoldipine er 43
nitazoxanide 106
nitisinone 83
nitrofurantoin macrocrystal 106
nitrofurantoin monohyd macro 106
nitroglycerin 43, 44, 70
nizatidine 82
NORA-BE 88
NORDITROPIN FLEXPRO ... 88

norelgestromin-eth estradiol 88
norethin ace-eth estrad-fe 88
norethindrone 89
norethindrone acetate .. 88
norethindrone acet-ethinyl est 88, 89
norethin-eth estradiol-fe . 89
norgestimate-eth estradiol 89
norgestim-eth estrad triphasic 89
NORLYROC 89
nortriptyline hcl 59
NORVIR 106
NOVOLIN 70/30 77
NOVOLIN 70/30 FLEXPEN 77
NOVOLIN 70/30 FLEXPEN RELION 77
NOVOLIN 70/30 RELION .. 77
NOVOLIN N 77
NOVOLIN N FLEXPEN 77
NOVOLIN N FLEXPEN RELION 77
NOVOLIN N RELION 77
NOVOLIN R 77
NOVOLIN R FLEXPEN 77
NOVOLIN R FLEXPEN RELION 77
NOVOLIN R RELION 77
NOVOLOG 77
NOVOLOG 70/30 FLEXPEN RELION 77
NOVOLOG FLEXPEN 77
NOVOLOG FLEXPEN RELION 77
NOVOLOG MIX 70/30 77
NOVOLOG MIX 70/30 FLEXPEN 77
NOVOLOG MIX 70/30 RELION 77
NOVOLOG PENFILL 77
NOVOLOG RELION 77
NUBEQA 32
NUCALA 116
NUPLAZID 59
NURTEC 59
NUTRILIPID 73
NUZYRA 106
NYAMYC 70
nystatin 70, 106
nystatin-triamcinolone 70
NYSTOP 70

O

OCTAGAM 95
octreotide acetate 89
ODEFSEY 106
ODOMZO 32
ofloxacin 106, 112, 113
OGSIVEO 32
OJEMDA 32
OJJAARA 32
olanzapine 59
olanzapine-fluoxetine hcl 60
olmesartan medoxomil .. 44
olmesartan medoxomil-hctz 44
olmesartan-amlodipine-hctz 44
olopatadine hcl 112, 116
omega-3-acid ethyl esters 44
omeprazole 82
OMNIPOD 5 DEXG7G6 INTRO GEN 5 110
OMNIPOD 5 DEXG7G6 PODS GEN 5 110
OMNIPOD 5 LIBRE INTRO 110
OMNIPOD 5 LIBRE PODS 110
OMNIPOD CLASSIC PODS (GEN 3) 110
OMNIPOD DASH INTRO (GEN 4) 110
OMNIPOD DASH PODS (GEN 4) 110
OMNITROPE 89
ondansetron 82
ondansetron hcl 82
ONUREG 32
OPIPZA 60
ORALONE 70
ORENITRAM 116
ORGOVYX 32
ORKAMBI 116
orphenadrine citrate er .. 60
ORQUIDEA 89
ORSERDU 32
oseltamivir phosphate .. 106
OSPHENA 89
OTEZLA 95
OTEZLA XR 95
OTEZLA/OTEZLA XR INITIATION PK 95
oxaprozin 26
oxazepam 60
oxcarbazepine 60
OXERVATE 112
oxybutynin chloride 84
oxybutynin chloride er 84
oxycodone hcl 26
oxycodone-acetaminophen 26
oxymorphone hcl 26
OZEMPIC 78
OZEMPIC (0.25 OR 0.5 MG/DOSE) 77
OZEMPIC (1 MG/DOSE) .. 78
OZEMPIC (2 MG/DOSE) .. 78

P

pacerone 44
paliperidone er 60
PANRETIN 70
pantoprazole sodium 82
paricalcitol 78
paroxetine hcl 60
paroxetine hcl er 60
paroxetine mesylate 60
PAXLOVID (150/100) 106
PAXLOVID (300/100 & 150/100) 106
PAXLOVID (300/100) 106
pazopanib hcl 32
PEDIARIX 95
PEDVAXHIB 95
peg 3350-kcl-na bicarb-nacl 82
peg-3350/electrolytes 82
PEGASYS 95
PEMAZYRE 32
PENBRAYA 95
penicillamine 84

penicillin g potassium ... 106
penicillin g sodium 106
penicillin v potassium.... 106
penmenvy 95
PENTACEL..... 95
pentamidine isethionate 106
pentazocine-naloxone hcl 26
pentoxifylline er 37
perampanel 60
perindopril erbumine 44
PERIOGARD 70
permethrin 70
perphenazine 60
perphenazine-amitriptyline 60
PERSERIS 60
PFIZERPEN..... 107
phenelzine sulfate..... 60
phenobarbital 61
PHENYTEK 61
phenytoin..... 61
PHENYTOIN INFATABS..... 61
phenytoin sodium extended 61
PHESGO..... 32
PHYRAGO 32
PIFELTRO 107
pilocarpine hcl 70, 112
pimecrolimus 70
pimozide 61
PIMTREA..... 89
pindolol 44
pioglitazone hcl 78
pioglitazone hcl-glimepiride 78
pioglitazone hcl-metformin hcl 78
piperacillin sod-tazobactam..... 107
PIQRAY (200 MG DAILY DOSE)..... 32
PIQRAY (250 MG DAILY DOSE)..... 32
PIQRAY (300 MG DAILY DOSE)..... 32
pirfenidone 116
piroxicam 26
pitavastatin calcium..... 44
PLENAMINE 73
podofilox..... 70
POLYCIN..... 112
polymyxin b-trimethoprim 112
pomalidomide 32
POMALYST..... 33
PORTIA-28..... 89
posaconazole 107
potassium chloride..... 73
potassium chloride crys er 73
potassium chloride er 73
potassium chloride in nacl 73
potassium citrate er..... 84
potassium cl in dextrose 5% 73
pramipexole dihydrochloride 61
pramipexole dihydrochloride er..... 61
prasugrel hcl..... 37
pravastatin sodium 44
praziquantel 107
prazosin hcl..... 44
prednisolone..... 89
prednisolone acetate .. 112
prednisolone sodium phosphate 89, 112
PREDNISOLONE SODIUM PHOSPHATE 89
prednisone..... 89
pregabalin 61
PREMARIN 89, 90
PREMASOL 73
prevalite 44
PREVYMIS 107
PREZCOBIX 107
PREZISTA 107
PRIFTIN 107
primaquine phosphate 107
primidone 61
PRIORIX..... 95
PRIVIGEN 95
probenecid 26
prochlorperazine..... 82
prochlorperazine maleate 82
PROCRIT 38
PROCTO-MED HC 70
PROCTOSOL HC 70
PROCTOZONE-HC 70
progesterone..... 90
PROGRAF 95
PROLASTIN-C..... 83
PROLIA..... 78
promethazine hcl..... 82
promethazine vc..... 116
promethazine-codeine 110
PROMETHEGAN 82
propafenone hcl..... 44
propafenone hcl er 44
proparacaine hcl..... 112
propranolol hcl..... 44
propranolol hcl er 44
propylthiouracil 90
PROQUAD 95
PROSOL 73
protriptyline hcl..... 61
PULMOZYME..... 116
PURIXAN 33
pyrazinamide..... 107
pyridostigmine bromide . 61
pyridostigmine bromide er 61
pyrimethamine 107

Q

QINLOCK..... 33
QUADRACEL 95
quetiapine fumarate 62
quetiapine fumarate er.. 61
quinapril hcl 44
quinapril-hydrochlorothiazide 44
quinidine gluconate er... 44
quinidine sulfate 44
quinine sulfate 107

R

RABAVERT..... 95
RALDESY 62
raloxifene hcl 90
ramelteon 62
ramipril..... 44

ranolazine er 45
rasagiline mesylate 62
RASONQUE 33
RECLIPSEN 90
RECOMBIVAX HB 96
RELENZA DISKHALER 107
repaglinide 78
REPATHA 45
REPATHA SURECLICK 45
RESTASIS 112
RESTASIS MULTIDOSE 112
RETACRIT 38
RETEVMO 33
RETROVIR 107
REVCOVI 83
REVUFORJ 33
REXULTI 62
REYATAZ 107
REZDIFFRA 90
REZLIDHIA 33
REZUROCK 96
RHOPRESSA 112
ribavirin 107
rifabutin 107
rifampin 107
rifapentine 107
rilpivirine hcl 107
riluzole 62
rimantadine hcl 107
RINVOQ 96
RINVOQ LQ 96
risedronate sodium 78
risperidone 62
risperidone microspheres er 62
ritonavir 108
rivaroxaban 38
rivastigmine 62
rivastigmine tartrate 62
ROCKLATAN 112
roflumilast 116
ROMVIMZA 33
ropinirole hcl 63
rosuvastatin calcium 45
ROTARIX 96
ROTATEQ 96
ROWEEPRA 63
ROZLYTREK 33
RUBRACA 33
rufinamide 63
RUKOBIA 108
RYBELSUS 78
RYDAPT 33
RYKINDO 63
RYLAZE 33
S
sacubitril-valsartan 45
SAJAZIR 38
SANTYL 70
sapropterin dihydrochloride 83
SCEMBLIX 33
scopolamine 82
SECUADO 63
SELARSDI 96
selegiline hcl 63
selenium sulfide 70
SELZENTRY 108
SEREVENT DISKUS 116
sertraline hcl 63
SHAROBEL 90
SHINGRIX 96
SIGNIFOR 90
sildenafil citrate 84, 116
silodosin 84
silver sulfadiazine 70
SIMBRINZA 112
SIMLANDI (1 PEN) 96
SIMLANDI (1 SYRINGE) 96
SIMLANDI (2 PEN) 96
SIMLANDI (2 SYRINGE) 96
SIMLIYA 90
simvastatin 45
sirolimus 96
SIRTURO 108
sitaglip phos-metformin hcl er 78
sitagliptin phos-metformin hcl 78
sitagliptin phosphate 78
SKYLA 90
SKYRIZI 96, 97
SKYRIZI PEN 96
SOAANZ 45
sodium chloride 73, 110
sodium fluoride 73
sodium oxybate 63
sodium phenylbutyrate 83
sodium polystyrene sulfonate 78
sofosbuvir-velpatasvir 108
solifenacin succinate 84
SOLIQUA 79
SOLTAMOX 33
SOMAVERT 90
sorafenib tosylate 33
sotalol hcl 45
sotalol hcl (af) 45
SPIRIVA HANDIHALER 116
SPIRIVA RESPIMAT 116
spironolactone 45
spironolactone-hctz 45
SPRAVATO (56 MG DOSE) 63
SPRAVATO (84 MG DOSE) 63
SPRINTEC 28 90
SPRITAM 63
SPS (SODIUM POLYSTYRENE SULF) 79
SSD (SILVER SULFADIAZINE) 70
STELARA 97
STIOLTO RESPIMAT 116
STIVARGA 33
streptomycin sulfate 108
STRIBILD 108
SUBVENITE 63
sucralfate 82, 83
sulfacetamide sodium 112
sulfacetamide sodium (acne) 70
sulfacetamide-prednisolone 112
sulfadiazine 108
sulfamethoxazole-trimethoprim 108
sulfasalazine 83
sulindac 26
sumatriptan succinate 63
sunitinib malate 33
SUNLENCA 108
SYMDEKO 116
SYMLINPEN 120 79

SYMLINPEN 60 79
SYMPAZAN 63
SYMTUZA..... 108
SYNAREL 90
SYNJARDY 79
SYNJARDY XR..... 79
SYNTHROID..... 90
T
TABLOID..... 33
TABRECTA..... 33
tacrolimus 71, 97
tacrolimus er..... 97
tadalafil..... 84
tadalafil (pah) 116
TAFINLAR 33
TAGRISSO 33
TAKHZYRO 38
TALZENNA..... 33
tamoxifen citrate 33
tamsulosin hcl..... 84
TARINA 24 FE..... 90
TARINA FE 1/20 EQ 90
tazarotene 71
TAZICEF..... 108
TECENTRIQ HYBREZA 34
TECVAYLI..... 34
TEGLUTIK..... 63
telmisartan 45
telmisartan-amlodipine .. 45
telmisartan-hctz..... 45
temazepam..... 63
TENIVAC 97
tenofovir disoproxil fumarate 108
TEPMETKO..... 34
terazosin hcl..... 45
terbinafine hcl 108
terconazole 84
teriflunomide 63
teriparatide..... 79
testosterone..... 90
testosterone cypionate .. 90
testosterone enanthate . 90
tetrabenazine..... 63, 64
tetracycline hcl..... 108
THALOMID..... 34
theophylline..... 117
theophylline er 116
thioridazine hcl..... 64
thiothixene 64
TIADYLT ER 45
tiagabine hcl 64
TIBSOVO 34
ticagrelor 38
TICOVAC..... 97
tigecycline 108
TIGLUTIK 64
timolol maleate 45, 113
timolol maleate (once-daily) 112
tinidazole 108
TIVICAY..... 108
TIVICAY PD 108
tizanidine hcl 64
TOBRADEX..... 113
TOBRADEX ST..... 113
tobramycin 113, 117
tobramycin sulfate..... 108
tobramycin-dexamethasone..... 113
TOBREX 113
tofacitinib citrate 97
tofacitinib citrate er..... 97
tolcapone..... 64
tolterodine tartrate er..... 84
tolvaptan 79
tolvaptan (hyponatremia) 79
topiramate..... 64
toremifene citrate..... 34
torsemide..... 45
TOUJEO MAX SOLOSTAR. 79
TOUJEO SOLOSTAR..... 79
TPN ELECTROLYTES..... 73
TRADJENTA..... 79
tramadol hcl..... 26
tramadol hcl (er biphasic) 26
tramadol hcl er 26
tramadol-acetaminophen 26
trandolapril 45
trandolapril-verapamil hcl er 45
tranexamic acid 38
tranylcypromine sulfate.. 64
TRAVASOL 73
travoprost (bak free)..... 113
trazodone hcl..... 64
TRELEGY ELLIPTA 117
TRELSTAR MIXJECT 34
TREMFYA..... 97
TREMFYA ONE-PRESS 97
TREMFYA PEN 97
TREMFYA-CD/UC INDUCTION 97
tretinoin 34, 71
*triamcinolone acetonide*71
triamterene-hctz..... 45
triazolam 64
TRIDERM..... 71
trientine hcl 79
TRI-ESTARYLLA 90
trifluoperazine hcl..... 64
trifluridine..... 108
trihexyphenidyl hcl..... 64
TRIJARDY XR 79
TRIKAFTA 117
TRI-LINYAH 90
TRI-LO-ESTARYLLA 90
TRI-LO-MARZIA 90
TRI-LO-MILI..... 91
TRI-LO-SPRINTEC..... 91
trimethoprim 108
TRI-MILI..... 91
trimipramine maleate..... 64
TRINTELLIX 64
TRI-SPRINTEC..... 91
TRIUMEQ 108
TRIUMEQ PD 109
TRI-VYLIBRA..... 91
TRI-VYLIBRA LO..... 91
TROPHAMINE 73
TRULICITY 79
TRUMENBA..... 97
TRUQAP 34
TUKYSA..... 34
TURALIO 34
TURQOZ 91
TWINRIX..... 97
TYBOST 109
TYENNE 97
TYMLOS..... 79
TYPHIM VI..... 97

U
UBRELVY 64
UDENYCA 38
umeclidinium-vilanterol 117
UNITHROID 91
ursodiol 83
ustekinumab 97
V
valacyclovir hcl 109
VALCHLOR 71
valganciclovir hcl 109
valproic acid 64
valsartan 45, 46
valsartan-hydrochlorothiazide 46
VALTOCO 10 MG DOSE .. 64
VALTOCO 15 MG DOSE .. 64
VALTOCO 20 MG DOSE .. 64
VALTOCO 5 MG DOSE 65
VALTYA 1/50 91
vancomycin hcl 109
VANDAZOLE 85
VANFLYTA 34
VAQTA 97
varenicline tartrate 65
varenicline tartrate (starter) 65
varenicline tartrate(continue) 65
VARIVAX 98
VARIZIG 98
VARUBI (180 MG DOSE) .. 83
VASCEPA 46
VAXCHORA 98
VELTASSA 79
VENCLEXTA 34
VENCLEXTA STARTING PACK 34
venlafaxine besylate er .. 65
venlafaxine hcl 65
venlafaxine hcl er 65
VEPPANU 34
verapamil hcl 46
verapamil hcl er 46
VERQUVO 46
VERSACLOZ 65
VERZENIO 34
VESTURA 91
vigabatrin 65
VIGADRONE 65
vilazodone hcl 65
VIMKUNYA 98
viorele 91
VIRACEPT 109
VIREAD 109
vitamin d (ergocalciferol) 79
VITRAKVI 34
VIVOTIF 98
VIZIMPRO 34
VOLNEA 91
VONJO 34
VORANIGO 34
voriconazole 109
VOSEVI 109
VOWST 83
VRAYLAR 65
VYLIBRA 91
VYZULTA 113
W
warfarin sodium 38
WELIREG 34
WINREVAIR 117
wixela inhub 117
WYMZYA FE 91
X
XALKORI 34
XARELTO 38
XARELTO STARTER PACK . 38
XATMEP 98
XCOPRI 65, 66
XCOPRI (250 MG DAILY DOSE) 65
XCOPRI (350 MG DAILY DOSE) 65
XDEMVY 113
XELJANZ 98
XELJANZ XR 98
XELRIA FE 91
XERMELO 83
XGEVA 79
XIFAXAN 109
XIGDUO XR 80
XIIDRA 113
XOCOVA 109
XOLAIR 117
XOSPATA 35
XPOVIO (100 MG ONCE WEEKLY) 35
XPOVIO (40 MG ONCE WEEKLY) 35
XPOVIO (40 MG TWICE WEEKLY) 35
XPOVIO (60 MG ONCE WEEKLY) 35
XPOVIO (60 MG TWICE WEEKLY) 35
XPOVIO (80 MG ONCE WEEKLY) 35
XPOVIO (80 MG TWICE WEEKLY) 35
XTANDI 35
Y
YARGESA 83
YESINTEK 98
YF-VAX 98
YULITHIRA 35
yuvafem 91
Z
zafirlukast 117
zaleplon 66
ZARXIO 38
ZEJULA 35
ZELBORAF 35
ZENATANE 71
ZENBEXUS 35
ZENPEP 83
ZENZEDI 66
zidovudine 109
ziprasidone hcl 66
ziprasidone mesylate 66
ZIRGAN 109
ZOLINZA 35
zolpidem tartrate 66
zolpidem tartrate er 66
ZONISADE 66
zonisamide 66
ZTALMY 66
ZURZUVAE 66
ZYDELIG 35
ZYKADIA 35
ZYPREXA RELPREVV 66

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

Arabic - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل برقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

Chinese Simplified – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打您的会员 ID 卡上的电话号码或与您的提供者交谈。

Chinese Traditional –注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die Telefonnummer auf Ihrer Mitglieds-ID-Karte an oder wenden Sie sich an Ihren Anbieter.

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના

મૂલ્યે ઉપલબ્ધ છે. તમારા સભ્ય ID કાર્ડ પર આપેલા ફોન નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lenguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn ki sou kat ID manm ou an oswa pale ak founisè w la.

Hebrew – לתשומת לבך: אם הנך דובר/ת עברית, שירותי סיוע בשפה בחינם זמינים עבורך. אמצעי עזר ושירותים נלווים מתאימים, שנועדו לספק מידע בפורמטים נגישים, זמינים גם הם ללא תשלום. יש להתקשר למספר הטלפון המופיע על כרטיס החבר שלך או לפנות לספק השירות שלך.

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। अपने सदस्य ID कार्ड पर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Korean – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone indicado no seu cartão de identificação de membro ou fale com o seu prestador.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Thai – **หมายเหตุ: หากคุณพูด ภาษาไทย เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนียังมีความช่วยเหลือและบริการเสริมทีเหมาะสม เพือให้ข้อมูลในรูปแบบทีเข้าถึง ได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปทีหมายเลขโทรศัพท์บนบัตรประจำตัวสมาชิกของคุณ หรือพูดคุยกับผู้ให้บริการของคุณ.**

Ukrainian – УВАГА. Якщо ви розмовляєте українською here, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за номером, указаним на ідентифікаційній карті учасника, або зверніться до свого постачальника.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

HealthSun
HEALTH PLANS

877-336-2069 / TTY: 711 | Fax: 305-448-5783
11430 NW 20th Street, Suite 300, Miami, FL 33172
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 26045, Version 19

This formulary was updated on 10/7/2026. 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 through 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 se actualizó en 10/7/2026. 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).

Y0114_26_3017611_0000_I_C Approved: 08/30/2025