BILINGUAL

HealthSun
HEALTH PLANS

2024

FORMULARY
(List of Covered Drugs)

FORMULARIO
(Lista de Medicamentos Cubiertos)

MedicareRx
Prescription Drug Coverage

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

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

HPMS Approved Formulary ID 24093, Version 21

This formulary was updated on 10/10/2024. For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST) or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 until September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Este formulario fue actualizado en 10/10/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con HealthSun Health Plans al 1-877-336-2069 / TTY: 711, de lunes a viernes de 8 a.m. a 8 p.m., o visite www.healthsun.com. Nuestro horario del 1 de octubre al 31 de marzo es de 8 a.m. a 8 p.m., los siete días de la semana (nuestra oficina permanecerá cerrada el Día de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, estaremos disponibles de lunes a viernes de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados federales).

HealthSun Health Plans
2024 Formulary List of Covered Drugs
PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary ID 24093, Version 21

This formulary was updated on **10/10/2024.** For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY users should call 1-877-2060500), from 8 am to 8 pm, EST., or visit www.healthsun.com. Ours hours of operations during October 1st through March 31st, we are open seven days a week (our office will be closed on Thanksgiving and Christmas Day). From April 1st until September 30th, we are available Monday through Friday from 8am to 8pm (our office will be closed on federal holidays).

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

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

This document includes the list of the drugs (formulary) for our plan which is current as of **11/01/2024.** For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the HealthSun Health Plans Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **11/01/2024**. To get updated information about the drugs covered by HealthSun Health Plans please contact us. Our contact information appears on the front and back cover pages. We will send you a notice and an updated list in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 20. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular agents." If you know what your drug is used for, look for the category name in the list that begins on page 20. 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 126. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthSun Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthSun Health Plans before you fill your prescriptions. If you don't get approval, HealthSun Health Plans may not cover the drug.

- **Quantity Limits:** For certain drugs, HealthSun Health Plans limits the amount of the drug that HealthSun Health Plans will cover. For example, HealthSun Health Plans provides 30 caps per prescription for TRADJENTA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, HealthSun Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthSun Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSun Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 20. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthSun Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the HealthSun Health Plans' formulary?" on page 4 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. HealthSun Health Plans pays for certain OTC drugs. Esomeprazole Magnesium Capsule Delayed Release 20MG, Omeprazole Tablet Delayed Release 20MG, or Omeprazole Capsule Delayed Release 20MG. HealthSun Health Plans will provide these OTC drugs at no cost to you. The cost to HealthSun Health Plans of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap.)

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Member Services for a list of similar drugs that are covered by HealthSun Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthSun Health Plans .

- You can ask HealthSun Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.
For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

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

HealthSun Health Plans Formulary

The formulary that begins on page 20 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 126.

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

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

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

The Drug Table starting on page 21 includes a column titled, “Drug Tier”. This column indicates what tier each drug is listed under. The table starting on page 6 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 coverage gap stage and 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	Tier Name
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Brand
5	Specialty Tier
6	Supplemental Drugs

Preferred Retail Pharmacy / Mail Order Pharmacy							
HealthSun Plan Name	**Tier 1 30-day supply** (up to a **100-day supply** for some medications)	**Tier 2 30-day supply** (up to a **90-day supply** for some medications)	**Tier 3 30-day supply**	**Insulin Drugs Tier 3 30-day supply**	**Tier 4 30-day supply**	**Tier 5 30-day supply**	**Tier 6 30-day supply**
HealthAdvantage Plan (HMO) Miami-Dade 001	$0	$0	$0	$0	$25	33%	$0
HealthAdvantage Plan (HMO) Broward 012	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) Palm Beach 013	$0	$0	$15	$15	$30	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade 017	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Broward 018	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Palm Beach 020	$0	$0	$42	$35	$95	33%	$0
***MediMax (HMO)** Miami-Dade/Broward 006	25%*	25%*	25%*	$35*	25%*	25%*	$0
MediSun Plus (HMO D-SNP) Palm Beach 016	$0	$0	$0	$0	$0	$0	$0
MediSun Extra (HMO D-SNP) Miami-Dade/Broward 019	$0	$0	$0	$0	$0	$0	$0
VitalCare (HMO C-SNP) Miami-Dade/Broward 021	$0	$0	$37	$35	$85	33%	$0
VitalCare (HMO C-SNP) Palm Beach 022	$0	$0	$37	$35	$85	33%	$0

Standard Retail Pharmacy							
HealthSun Plan Name	**Tier 1 30-day supply** (up to a **100-day supply** for some medications)	**Tier 2 30-day supply** (up to a **90-day supply** for some medications)	**Tier 3 30-day supply**	**Insulin Drugs Tier 3 30-day supply**	**Tier 4 30-day supply**	**Tier 5 30-day supply**	**Tier 6 30-day supply**
HealthAdvantage Plan (HMO) Miami-Dade 001	$0	$0	$20	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Broward 012	$0	$0	$20	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Palm Beach 013	$0	$0	$20	$15	$35	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade 017	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Broward 018	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Palm Beach 020	$0	$0	$47	$35	$100	33%	$0
***MediMax (HMO)** Miami-Dade/Broward 006	25%*	25%*	25%*	$35*	25%*	25%*	$0
MediSun Plus (HMO D-SNP) Palm Beach 016	$0	$0	$0	$0	$0	$0	$0
MediSun Extra (HMO D-SNP) Miami-Dade/Broward 019	$0	$0	$0	$0	$0	$0	$0
VitalCare (HMO C-SNP) Miami-Dade/Broward 021	$0	$0	$42	$35	$90	33%	$0
VitalCare (HMO C-SNP) Palm Beach 022	$0	$0	$42	$35	$90	33%	$0

***Members enrolled in HealthSun MediMax (HMO) / PBP 006:** If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a $0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.*

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.

SYMBOL	NAME	DESCRIPTION
90D	90 Day Benefit	This drug is approved for a 90-day supply.
100D	100 Day Benefit	This drug is approved for a 100-day supply.
B/D PA	Part B vs. Part D Prior Authorization Review	This drug may be covered under Medicare Part B or Medicare Part D depending upon the circumstances.
ED	Enhanced Drug Coverage	Coverage for excluded Medicare Part D Drugs. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
GC	Drug Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. If you are enrolled in a HealthSun Dual-Special Needs Plan (D-SNP) or in the HealthSun MediMax (HMO) plan, and you are receiving "Extra Help" from Medicare to pay for your prescription drugs, then all prescription drugs (across all drug tiers) listed in this Formulary will be covered during the Coverage Gap Stage. Please refer to your plan's Evidence of Coverage for more information about this benefit for Part D cost-sharing elimination.
HRM	High Risk Medication	PA required for ages 65 or over.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-336-2069 (TTY users should call 1-877-206-0500), from 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.
NM	Non-Mail-Order	This drug is not available at our mail order pharmacies.
OTC	Over-the-Counter Medications	Non-prescription drugs that are not covered by a Medicare Prescription Drug Plan.

SYMBOL	NAME	DESCRIPTION
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug; without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific timeframe. Certain drugs marked "QL" for quantity limit will indicate the amount (days' supply or amount dispensed).
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthSun Health Plans
Lista de medicamentos cubiertos del Formulario 2024

IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

Formulario aprobado HPMS ID 24093, versión 21

Este Formulario se actualizó el **10/10/2024**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio para Miembros de HealthSun Health Plans llamando al 1-877-336-2069 (los usuarios de TTY deben llamar al 1-877-2060500), de 8 a.m. a 8 p.m., hora del Este, o visite www.healthsun.com. Del 1 de octubre al 31 de marzo, estamos operativos los siete días de la semana (nuestra oficina permanecerá cerrada los días de Acción de Gracias y Navidad). Desde el 1 de abril hasta el 30 de septiembre, el horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. (nuestra oficina permanecerá cerrada los días feriados nacionales).

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

Cuando esta lista de medicamentos (Formulario) se refiere a "nosotros", "nos" o "nuestro", hace referencia a HealthSun Health Plans. Cuando se dice "plan" o "nuestro plan", significa HealthSun Health Plans.

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan la cual está en vigencia desde el **11/01/2024.** Para obtener un Formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

¿Qué es el Formulario de HealthSun Health Plans?

Un Formulario es una lista de medicamentos cubiertos seleccionados por HealthSun Health Plans con 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, la receta se surta 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 su Evidencia de cobertura.

¿Puede cambiar el Formulario (Lista de medicamentos)?

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

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

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

restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?".

Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamente en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico para reemplazar un medicamento de marca que actualmente, se encuentra actualmente en el Formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. También podríamos agregar un medicamento que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límites de cantidad o de tratamiento escalonado sobre un medicamento o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarle a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.

    - Si realizamos estos otros cambios, usted o su profesional que recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le enviemos también incluirá información sobre cómo solicitar una excepción, y también puede proporcionaremos también se incluirá la información sobre cómo solicitar una excepción y usted también puede encontrar información en la sección que figura a continuación titulada "¿Cómo solicito una excepción al Formulario de HealthSun Health Plans?".

Cambios que no le afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario 2024 que estaba cubierto a comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto cómo se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que están tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían el 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el **11/01/2024**. Para recibir información actualizada sobre los medicamentos cubiertos por HealthSun Health Plans, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contratapa. Le enviaremos un aviso y una lista actualizada en caso de que a mitad de año se produzcan cambios en el Formulario que no sean de mantenimiento.

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 20. 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 que se utilizan para tratar una afección cardíaca se enumeran dentro de la categoría "medicamentos cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 20. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de en qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 126. El Índice proporciona una Lista alfabética de todos los medicamentos incluidos en este documento. En el Índice están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

HealthSun Health Plans cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la (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 cuestan menos que los de marca.

¿Hay restricciones en mi cobertura?

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

- **Autorización previa:** HealthSun Health Plans exige que usted o su médico obtenga 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 HealthSun Health Plans. 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.

- **Tratamiento escalonado:** 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 el medicamento A y el medicamento B tratan su afección médica, es posible que HealthSun Health Plans no cubra el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no funciona para usted, HealthSun Health Plans cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consulte el Formulario que empieza en la página 20. 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 tratamiento escalonado. También puede pedirnos 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 solicitar a HealthSun Health Plans que haga una excepción a estas restricciones o límites o una Lista de otros medicamentos similares que puedan tratar su afección de médica. Consulte la sección "¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plans?" en la página 13 para obtener información acerca de cómo solicitar una excepción.

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

Los medicamentos de venta libre OTC son medicamentos sin receta que, normalmente no están cubiertos por un plan de medicamentos con receta de Medicare. HealthSun Health Plans paga por ciertos medicamentos de venta libre. Cápsulas de liberación retardada de esomeprazol y magnesio de 20 mg, comprimidos de liberación retardada de omeprazol de 20 mg o cápsulas de liberación retardada de omeprazol de 20 mg.
HealthSun Health Plans le proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo para HealthSun Health Plans de estos medicamentos de venta libre no se tendrá en cuenta para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de venta libre no se tiene en cuenta para el período sin cobertura).

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

Si su medicamento no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe 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, figuran 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 solicitar 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 más información sobre cómo solicitar una excepción.

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

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

- Puede pedirnos que cubramos un medicamento, incluso que 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 compartidos más bajo.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura a su medicamento.
  Por ejemplo, para ciertos medicamentos, HealthSun Health Plans limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

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

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

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

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

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 30 días. Si su receta es para menos días, le permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. 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 un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya ha pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 34 días mientras solicita la excepción al Formulario.

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

Para obtener más información

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

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

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

Formulario de HealthSun Health Plans

El Formulario que comienza en la página 20 proporciona información acerca de la cobertura de los medicamentos cubiertos por HealthSun Health Plans. Si tiene alguna dificultad para encontrar el medicamento en la Lista, consulte el Índice que comienza en la página 126.

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

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

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

La Tabla de medicamentos que comienza en la página 21 incluye una columna titulada “Nivel de medicamentos”. En esta columna se indica el nivel al que pertenece cada medicamento. En la tabla de la página 16 se indican los copagos/coseguros asociados a los niveles correspondientes si obtiene el medicamento en una farmacia dentro de la red. Estos copagos/coseguros se aplican durante la fase de cobertura inicial. Consulte la Evidencia de Cobertura para conocer lo que paga durante la etapa de periodo sin cobertura y 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 la 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 le explica la cobertura de medicamentos.

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

Farmacia minorista preferida / Farmacia de pedido por correo							
Nombre del Plan de HealthSun	**Nivel 1 suministro de 30 días** (suministro para hasta **100 días** para algunas medicinas)	**Nivel 2 suministro de 30 días** (suministro para hasta **100 días** para algunas medicinas)	**Nivel 3 suministro de 30 días**	**Productos de Insulina Nivel 3 suministro de 30 días**	**Tier 4 suministro de 30 días**	**Tier 5 suministro de 30 días**	**Tier 6 suministro de 30 días**
HealthAdvantage Plan (HMO) Miami-Dade 001	$0	$0	$0	$0	$25	33%	$0
HealthAdvantage Plan (HMO) Broward 012	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) Palm Beach 013	$0	$0	$15	$15	$30	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade 017	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Broward 018	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Palm Beach 020	$0	$0	$42	$35	$95	33%	$0
***MediMax (HMO)** Miami-Dade/Broward 006	25%*	25%*	25%*	$35*	25%*	25%*	$0
MediSun Plus (HMO D-SNP) Palm Beach 016	$0	$0	$0	$0	$0	$0	$0
MediSun Extra (HMO D-SNP) Miami-Dade/Broward 019	$0	$0	$0	$0	$0	$0	$0
VitalCare (HMO C-SNP) Miami-Dade/Broward 021	$0	$0	$37	$35	$85	33%	$0
VitalCare (HMO C-SNP) Palm Beach 022	$0	$0	$37	$35	$85	33%	$0

Farmacia minorista estándar							
Nombre del Plan de HealthSun	**Nivel 1 suministro de 30 días** (suministro para hasta **100 días** para algunas medicinas)	**Nivel 2 suministro de 30 días** (suministro para hasta **100 días** para algunas medicinas)	**Nivel 3 suministro de 30 días**	**Productos de Insulina Nivel 3 suministro de 30 días**	**Tier 4 suministro de 30 días**	**Tier 5 suministro de 30 días**	**Tier 6 suministro de 30 días**
HealthAdvantage Plan (HMO) Miami-Dade 001	$0	$0	$20	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Broward 012	$0	$0	$20	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Palm Beach 013	$0	$0	$20	$15	$35	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade 017	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Broward 018	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Palm Beach 020	$0	$0	$47	$35	$100	33%	$0
***MediMax (HMO)** Miami-Dade/Broward 006	25%*	25%*	25%*	$35*	25%*	25%*	$0
MediSun Plus (HMO D-SNP) Palm Beach 016	$0	$0	$0	$0	$0	$0	$0
MediSun Extra (HMO D-SNP) Miami-Dade/Broward 019	$0	$0	$0	$0	$0	$0	$0
VitalCare (HMO C-SNP) Miami-Dade/Broward 021	$0	$0	$42	$35	$90	33%	$0
VitalCare (HMO C-SNP) Palm Beach 022	$0	$0	$42	$35	$90	33%	$0

***Miembros inscritos en HealthSun MediMax (HMO)/PBP 006**: Si recibe Ayuda Extra ("Extra Help"), este plan cubrirá todos sus medicamentos cubiertos por Medicare de la Parte D incluidos en el formulario del plan con un copago de $0.00 durante las etapas del deducible, inicial, sin cobertura y de cobertura catastrófica.*

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

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

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

List of Covered Drugs / Lista de Medicamentos

Table of Contents (Tabla de contenido)

ANALGESICS AND ANTI-INFLAMMATORY AGENTS / AGENTES ANALGÉSICOS Y ANTI-INFLAMATORIOS 21

ANTINEOPLASTICS / ANTINEOPLÁSICOS 24

BLOOD PRODUCTS AND MODIFIERS / PRODUCTOS SANGUÍNEOS Y MODIFICADORES ... 34

CARDIOVASCULAR AGENTS / AGENTES CARDIOVASCULARES 37

CENTRAL NERVOUS SYSTEM AGENTS / AGENTES DEL SISTEMA NERVIOSO CENTRAL 44

DERMATOLOGICAL AGENTS / AGENTES DERMATOLÓGICOS 67

ELECTROLYTES / MINERALS / METALS / VITAMINS / ELECTROLITOS / MINERALES / METALES / VITAMINAS 73

ENDOCRINE AND METABOLIC DISORDER AGENTS / AGENTES DE TRASTORNOS ENDOCRINOS Y METABÓLICOS 75

GASTROINTESTINAL AGENTS / AGENTES GASTROINTESTINALES 83

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO 87

GENITOURINARY AGENTS / AGENTES GENITOURINARIOS 87

HORMONAL AGENTS / AGENTES HORMONALES 89

IMMUNOLOGICAL AGENTS / AGENTES INMUNITARIOS 96

INFECTIOUS DISEASE AGENTS / AGENTES DE ENFERMEDADES INFECCIOSAS 102

MISCELLANEOUS THERAPEUTIC AGENTS / AGENTES TERAPÉUTICOS VARIOS 116

OPHTHALMIC AGENTS / AGENTES OFTÁLMICOS 116

OTIC AGENTS / AGENTES ÓTICOS 119

RESPIRATORY TRACT/PULMONARY AGENTS / AGENTES PULMONARES/DE LAS VÍAS RESPIRATORIAS 120

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; GC
acetaminophen-codeine oral tablet	2	QL (180 per 30 days); NEDS; GC
allopurinol oral tablet 100 mg, 300 mg	1	GC; 100D
ASCOMP-CODEINE	2	PA; QL (180 per 30 days); NEDS; GC; HRM
buprenorphine transdermal	2	PA; QL (4 per 28 days); NEDS; GC
butalbital-apap-caff-cod	2	PA; QL (180 per 30 days); NEDS; GC; HRM
butalbital-asa-caff-codeine	2	PA; QL (180 per 30 days); NEDS; GC; HRM
butorphanol tartrate nasal	2	QL (5 per 30 days); NEDS; GC
celecoxib oral	2	GC; 90D
colchicine oral	2	GC
colchicine-probenecid	1	GC; 100D
diclofenac potassium oral tablet 50 mg	1	GC; 100D
diclofenac sodium er	1	GC; 100D
diclofenac sodium external gel 1 %	2	QL (1000 per 30 days); GC
diclofenac sodium external solution 1.5 %	2	QL (300 per 30 days); GC
diclofenac sodium oral	1	GC; 100D
diclofenac-misoprostol oral tablet delayed release	2	GC; 90D
diflunisal oral	2	GC; 90D
duramorph	4	
ec-naproxen	2	GC; 90D
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (180 per 30 days); NEDS; GC
etodolac er	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
lidocaine hcl external solution	2	PA; QL (300 per 30 days); GC
lidocaine hcl urethral/mucosal	2	GC
lidocaine viscous hcl	1	GC
lidocaine-prilocaine external cream	2	QL (30 per 30 days); GC
meclofenamate sodium oral	2	GC; 90D
meloxicam oral tablet	1	GC; 100D
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	2	PA; GC; HRM
meperidine hcl oral solution	2	PA; QL (900 per 30 days); NEDS; GC; HRM
meperidine hcl oral tablet 50 mg	5	PA; QL (180 per 30 days); NEDS; HRM
methadone hcl oral solution	2	QL (900 per 30 days); NEDS; GC
methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS; GC
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	QL (180 per 30 days); NEDS; GC
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	
morphine sulfate er beads	2	PA; QL (30 per 30 days); NEDS; GC
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	PA; QL (60 per 30 days); NEDS; GC
morphine sulfate er oral tablet extended release 100 mg, 200 mg	2	PA; QL (60 per 30 days); NEDS; GC
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (90 per 30 days); NEDS; GC
morphine sulfate oral solution	2	QL (900 per 30 days); NEDS; GC
morphine sulfate oral tablet 15 mg	2	QL (180 per 30 days); NEDS; GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
morphine sulfate oral tablet 30 mg	1	QL (180 per 30 days); NEDS; GC
nabumetone oral	1	GC; 100D
naproxen dr oral tablet delayed release 500 mg	2	GC; 90D
naproxen oral suspension	2	GC; 90D
naproxen oral tablet	1	GC; 100D
naproxen oral tablet delayed release	2	GC; 90D
naproxen sodium oral tablet 275 mg, 550 mg	2	GC; 90D
oxaprozin oral tablet	2	GC; 90D
oxycodone hcl oral capsule	2	QL (180 per 30 days); NEDS; GC
oxycodone hcl oral concentrate 100 mg/5ml	2	QL (180 per 30 days); NEDS; GC
oxycodone hcl oral tablet	2	QL (180 per 30 days); NEDS; GC
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; GC
oxymorphone hcl	2	QL (180 per 30 days); NEDS; GC
pentazocine-naloxone hcl	2	PA; QL (360 per 30 days); NEDS; GC; HRM
piroxicam oral	2	GC; 90D
probenecid oral	1	GC; 100D
RELAFEN	1	GC; 100D
sulindac oral	1	GC; 100D
tolmetin sodium oral tablet 600 mg	2	GC; 90D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	PA; QL (30 per 30 days); NEDS; GC
tramadol hcl er	2	PA; QL (30 per 30 days); NEDS; GC
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS; GC
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS; GC
ANTINEOPLASTICS / ANTINEOPLÁSICOS		
abiraterone acetate oral tablet 250 mg	5	PA; QL (120 per 30 days); NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
abiraterone acetate oral tablet 500 mg	5	PA; QL (60 per 30 days); NM
AKEEGA	5	PA; QL (30 per 30 days); NM
ALECENSA	5	PA; QL (240 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); NM; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); NM; LA
anastrozole oral	2	QL (30 per 30 days); GC; 90D
AUGTYRO	5	PA; QL (240 per 30 days); NM
AYVAKIT	5	PA; QL (30 per 30 days); NM; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); NM; LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); NM; LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); NM; LA
BAVENCIO	5	PA; NM; LA
BESREMI	5	PA; NM; LA
bexarotene oral	5	PA; QL (300 per 30 days); NM
bicalutamide	2	QL (30 per 30 days); GC
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days); NM; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); NM; LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); NM
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); NM; LA
BRUKINSA	5	PA; QL (120 per 30 days); NM; LA
CABOMETYX	5	PA; QL (30 per 30 days); NM; LA
CALQUENCE	5	PA; QL (60 per 30 days); NM; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); NM; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); NM; LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM; LA
COPIKTRA	5	PA; QL (60 per 30 days); NM; LA
COTELLIC	5	PA; QL (90 per 30 days); NM; LA
cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml	5	NM
cyclophosphamide oral capsule	3	B/D PA; NM
CYRAMZA	5	PA; NM; LA
DARZALEX FASPRO	5	PA; NM
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	PA; NM; LA
dasatinib	5	PA; QL (30 per 30 days); NM
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NM; LA
ELIGARD	4	PA; NM
EMCYT	5	NM
ENHERTU	5	PA; NM
ERIVEDGE	5	PA; QL (30 per 30 days); NM; LA
ERLEADA	5	PA; NM; LA
erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days); NM
erlotinib hcl oral tablet 25 mg	5	PA; QL (90 per 30 days); NM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; NM
everolimus oral tablet soluble	5	PA; NM
exemestane	2	QL (60 per 30 days); GC; 90D
EXKIVITY	5	PA; QL (120 per 30 days); NM; LA
FIRMAGON (240 MG DOSE)	5	PA; NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NM
FOTIVDA	5	PA; QL (21 per 28 days); NM
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NM; LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NM; LA
GAVRETO	5	PA; QL (120 per 30 days); NM; LA
GAZYVA	5	PA; NM; LA
gefitinib	5	PA; QL (30 per 30 days); NM
GILOTRIF	5	PA; QL (30 per 30 days); NM; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; NM
HERCEPTIN HYLECTA	5	B/D PA; NM
hydroxyurea oral	1	GC
IBRANCE	5	PA; QL (21 per 28 days); NM; LA
ICLUSIG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NM; LA
imatinib mesylate oral tablet 100 mg	5	PA; QL (90 per 30 days); NM
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 per 30 days); NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NM; LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); NM; LA
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); NM; LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NM; LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NM; LA
INQOVI	5	PA; QL (5 per 28 days); NM; LA
INREBIC	5	PA; QL (120 per 30 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
IWILFIN	5	PA; QL (240 per 30 days); NM
JAKAFI	5	PA; QL (60 per 30 days); NM; LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NM
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
KADCYLA	5	PA; NM
KISQALI (200 MG DOSE)	5	PA; QL (21 per 21 days); NM
KISQALI (400 MG DOSE)	5	PA; QL (42 per 21 days); NM
KISQALI (600 MG DOSE)	5	PA; QL (63 per 21 days); NM
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days); NM
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days); NM
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days); NM
KRAZATI	5	PA; QL (180 per 30 days); NM
lapatinib ditosylate	5	PA; QL (180 per 30 days); NM
lenalidomide oral capsule 10 mg	5	PA; QL (60 per 30 days); NM; LA
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	5	PA; QL (30 per 30 days); NM; LA
lenalidomide oral capsule 5 mg	5	PA; QL (150 per 30 days); NM; LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
letrozole oral	2	QL (30 per 30 days); GC; 90D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
leucovorin calcium oral tablet 5 mg	1	GC
LEUKERAN	3	
leuprolide acetate (3 month)	4	PA; NM
leuprolide acetate injection	2	PA; GC; NM
LONSURF	5	PA; NM
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NM
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days); NM
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days); NM
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days); NM
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 168 days); NM
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); NM; LA
LYSODREN	5	NM
LYTGOBI (12 MG DAILY DOSE)	5	PA; NM
LYTGOBI (16 MG DAILY DOSE)	5	PA; NM
LYTGOBI (20 MG DAILY DOSE)	5	PA; NM
MATULANE	5	NM; LA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	PA; GC; HRM
megestrol acetate oral tablet	1	PA; GC; HRM
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); NM
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NM; LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NM; LA
MEKTOVI	5	PA; QL (180 per 30 days); NM; LA
mercaptopurine oral	2	GC
MESNEX ORAL	5	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
NERLYNX	5	PA; QL (180 per 30 days); NM; LA
nilutamide	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days); NM
NUBEQA	5	PA; QL (120 per 30 days); NM; LA
ODOMZO	5	PA; QL (30 per 30 days); NM; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days); NM
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); NM
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days); NM; LA
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days); NM; LA
OJJAARA	5	PA; QL (30 per 30 days); NM; LA
ONUREG	5	PA; QL (14 per 28 days); NM; LA
ORGOVYX	5	PA; QL (32 per 30 days); NM; LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NM
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NM
oxaliplatin intravenous solution 200 mg/40ml	4	B/D PA; NM
pazopanib hcl	5	PA; QL (120 per 30 days); NM
PEMAZYRE	5	PA; QL (30 per 30 days); NM; LA
pemetrexed disodium intravenous solution reconstituted 100 mg	5	PA; NM
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	5	NM
pemetrexed disodium intravenous solution reconstituted 500 mg	4	PA; NM
PHESGO	5	PA; NM
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); NM
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
POMALYST	5	PA; QL (21 per 28 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PURIXAN	5	PA; NM
QINLOCK	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days); NM
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days); NM
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days); NM
REZLIDHIA	5	PA; QL (60 per 30 days); NM; LA
RIABNI	5	B/D PA; NM
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	5	B/D PA; NM; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NM; LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NM; LA
ROZLYTREK ORAL PACKET	5	PA; QL (240 per 30 days); NM; LA
RUBRACA	5	PA; QL (120 per 30 days); NM; LA
RYBREVANT	5	PA; NM
RYDAPT	5	PA; QL (240 per 30 days); NM
RYLAZE	5	PA; NM
SARCLISA	5	PA; NM
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NM
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NM
SOLTAMOX	4	
sorafenib tosylate	5	PA; QL (120 per 30 days); NM
SPRYCEL	5	PA; QL (30 per 30 days); NM
STIVARGA	5	PA; QL (84 per 28 days); NM; LA
sunitinib malate	5	PA; QL (30 per 30 days); NM
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days); NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); NM
TAGRISSO	5	PA; QL (30 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days); NM
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); NM; LA
tamoxifen citrate oral	1	GC; 100D
TASIGNA	5	PA; QL (112 per 28 days); NM
TAZVERIK	5	PA; QL (240 per 30 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA; QL (20 per 21 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PA; QL (28 per 28 days); NM; LA
TECVAYLI	5	PA; NM
TEPMETKO	5	PA; QL (60 per 30 days); NM; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days); NM
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days); NM
TIBSOVO	5	PA; QL (60 per 30 days); NM; LA
toremifene citrate	4	QL (30 per 30 days); NM
TRELSTAR MIXJECT	4	PA; NM
tretinoin oral	5	
TRODELVY	5	PA; NM
TRUQAP ORAL TABLET	5	PA; QL (64 per 28 days); NM
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); NM; LA
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); NM; LA
TUKYSA	5	PA; QL (120 per 30 days); NM; LA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
VANFLYTA	5	PA; QL (56 per 28 days); NM
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM; LA
VENCLEXTA STARTING PACK	5	PA; NM; LA
VERZENIO	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); NM; LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); NM; LA
VIZIMPRO	5	PA; QL (30 per 30 days); NM; LA
VONJO	5	PA; QL (120 per 30 days); NM; LA
WELIREG	5	PA; QL (90 per 30 days); NM; LA
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (90 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (120 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (60 per 30 days); NM; LA
XOSPATA	5	PA; QL (90 per 30 days); NM; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); NM; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days); NM
ZELBORAF	5	PA; QL (240 per 30 days); NM; LA
ZEPZELCA	5	PA; NM
ZOLINZA	5	PA; QL (120 per 30 days); NM
ZYDELIG	5	PA; QL (60 per 30 days); NM; LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); NM; LA
BLOOD PRODUCTS AND MODIFIERS / PRODUCTOS SANGUÍNEOS Y MODIFICADORES		
anagrelide hcl	2	GC; 90D
aspirin-dipyridamole er	2	QL (60 per 30 days); GC; 90D
BRILINTA	3	QL (60 per 30 days)
cilostazol	2	GC; 90D
CINRYZE	5	PA; NM; LA
clopidogrel bisulfate oral tablet 75 mg	2	QL (30 per 30 days); GC; 90D
dabigatran etexilate mesylate	2	QL (60 per 30 days); GC; 90D
dipyridamole oral tablet 25 mg, 50 mg	1	PA; GC; 100D; HRM
dipyridamole oral tablet 75 mg	2	PA; GC; 90D; HRM
DROXIA	4	
ELIQUIS	3	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ENDARI	5	NM; LA
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	QL (56 per 28 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	QL (44.8 per 28 days); GC
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	QL (16.8 per 28 days); GC
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	QL (22.4 per 28 days); GC
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	QL (33.6 per 28 days); GC
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); GC
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; GC
heparin sodium (porcine) injection solution 5000 unit/ml	1	B/D PA; GC
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	B/D PA; GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
icatibant acetate	5	PA; NM
jantoven	1	GC; 100D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; NM
l-glutamine oral packet	5	NM
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days); NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; NM
pentoxifylline er	1	GC; 100D
PRADAXA ORAL CAPSULE	4	QL (60 per 30 days)
prasugrel hcl	2	QL (30 per 30 days); GC; 90D
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NM
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); NM; LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); NM; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); NM; LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); NM; LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); NM; LA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML(1ML)	4	PA; NM
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 per 28 days); NM
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (12 per 28 days); NM
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; NM; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NM
tranexamic acid oral	2	GC
UDENYCA	5	PA; QL (1.2 per 28 days); NM
warfarin sodium oral	1	GC; 100D
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK	3	
ZARXIO	5	PA; NM
CARDIOVASCULAR AGENTS / AGENTES CARDIOVASCULARES		
acebutolol hcl oral	1	GC; 100D
acetazolamide oral	2	GC; 90D
aliskiren fumarate	2	GC; 90D
amiloride hcl oral	1	GC; 100D
amiloride-hydrochlorothiazide	1	GC; 100D
amiodarone hcl oral	2	GC; 90D
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	GC; 90D
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg	1	GC; 100D
amlodipine besylate oral	1	GC; 100D
amlodipine besylate-valsartan	2	QL (30 per 30 days); GC; 90D
amlodipine-atorvastatin	2	QL (30 per 30 days); GC; 90D
amlodipine-olmesartan	2	QL (30 per 30 days); GC; 90D
amlodipine-valsartan-hctz	2	QL (30 per 30 days); GC; 90D
atenolol oral	1	GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
droxidopa oral capsule 200 mg	4	PA; QL (180 per 30 days); NM
droxidopa oral capsule 300 mg	5	PA; QL (180 per 30 days); NM
enalapril maleate oral tablet	1	GC; 100D
enalapril-hydrochlorothiazide	1	GC; 100D
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
eplerenone	2	GC; 90D
ezetimibe	2	GC; 90D
ezetimibe-simvastatin	2	QL (30 per 30 days); GC; 90D
felodipine er	1	GC; 100D
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	GC; 90D
fenofibrate oral	2	GC; 90D
fenofibric acid oral capsule delayed release	2	GC; 90D
flecainide acetate	2	GC; 90D
fluvastatin sodium	2	QL (60 per 30 days); GC; 90D
fluvastatin sodium er	2	QL (30 per 30 days); GC; 90D
fosinopril sodium	1	GC; 100D
fosinopril sodium-hctz	1	GC; 100D
furosemide injection	1	GC
furosemide oral tablet	1	GC; 100D
gemfibrozil oral	2	GC; 90D
hydralazine hcl oral	1	GC; 100D
hydrochlorothiazide oral	1	GC; 100D
indapamide oral	1	GC; 100D
irbesartan	1	QL (30 per 30 days); GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); GC; 100D
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); GC; 100D
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); GC; 90D
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	GC; 100D
isosorbide mononitrate	1	GC; 100D
isosorbide mononitrate er	1	GC; 100D
isradipine oral capsule 2.5 mg	2	GC; 90D
isradipine oral capsule 5 mg	1	GC; 100D
ivabradine hcl	2	PA; QL (60 per 30 days); GC; 90D
labetalol hcl oral	1	GC; 100D
lisinopril oral	1	GC; 100D
lisinopril-hydrochlorothiazide	1	GC; 100D
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); GC; 100D
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); GC; 100D
losartan potassium-hctz	1	QL (30 per 30 days); GC; 100D
lovastatin oral	1	QL (60 per 30 days); GC; 100D
MATZIM LA	2	GC; 90D
metolazone	1	GC; 100D
metoprolol succinate er	1	GC; 100D
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	GC; 100D
metoprolol tartrate oral tablet 37.5 mg, 75 mg	2	GC; 90D
metoprolol-hydrochlorothiazide	1	GC; 100D
metyrosine	5	NM
mexiletine hcl oral	2	GC; 90D
midodrine hcl	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
minoxidil oral	1	GC; 100D
moexipril hcl	1	GC; 100D
MULTAQ	3	QL (60 per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	GC; 90D
nebivolol hcl	2	GC; 90D
niacin (antihyperlipidemic)	2	GC
niacin er (antihyperlipidemic)	2	GC; 90D
niacor	2	GC
nicardipine hcl oral	2	GC; 90D
nifedipine er	1	GC; 100D
nifedipine er osmotic release	1	GC; 100D
nifedipine oral capsule 10 mg	2	PA; GC; 90D; HRM
nifedipine oral capsule 20 mg	1	PA; GC; 100D; HRM
nimodipine oral	2	GC
nisoldipine er	2	GC; 90D
nitroglycerin sublingual	1	GC; 100D
nitroglycerin transdermal patch 24 hour	1	GC; 100D
nitroglycerin translingual solution	2	GC; 90D
olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); GC; 90D
olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); GC; 90D
olmesartan medoxomil-hctz	2	QL (30 per 30 days); GC; 90D
olmesartan-amlodipine-hctz	2	QL (30 per 30 days); GC; 90D
omega-3-acid ethyl esters	2	GC; 90D
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	GC; 90D
perindopril erbumine	1	GC; 100D
pindolol	1	GC; 100D
pitavastatin calcium	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 per 28 days); NM
pravastatin sodium	1	QL (30 per 30 days); GC; 100D
prazosin hcl oral	1	GC; 100D
prevalite	2	GC; 90D
propafenone hcl	2	GC; 90D
propafenone hcl er	2	GC; 90D
propranolol hcl er	2	GC; 90D
propranolol hcl oral solution	2	GC; 90D
propranolol hcl oral tablet	1	GC; 100D
quinapril hcl	1	GC; 100D
quinapril-hydrochlorothiazide	1	GC; 100D
quinidine gluconate er	2	GC; 90D
quinidine sulfate oral	1	GC; 100D
ramipril	1	GC; 100D
ranolazine er	2	PA; GC; 90D
REPATHA	3	PA; QL (3 per 28 days); NM
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days); NM
REPATHA SURECLICK	3	PA; QL (3 per 28 days); NM
rosuvastatin calcium oral	2	QL (30 per 30 days); GC; 90D
simvastatin oral tablet	1	QL (30 per 30 days); GC; 100D
SOAANZ	1	GC; 100D
SORINE	2	GC; 90D
sotalol hcl (af)	2	GC; 90D
sotalol hcl oral	2	GC; 90D
spironolactone oral tablet	1	GC; 100D
spironolactone-hctz	1	GC; 100D
TEGSEDI	5	PA; QL (6 per 28 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); GC; 90D
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); GC; 90D
telmisartan-amlodipine	2	QL (30 per 30 days); GC; 90D
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	2	QL (30 per 30 days); GC; 90D
telmisartan-hctz oral tablet 80-12.5 mg	2	QL (60 per 30 days); GC; 90D
terazosin hcl oral	1	GC; 100D
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	2	GC; 90D
timolol maleate oral	1	GC; 100D
torsemide oral tablet 10 mg, 100 mg, 20 mg	1	GC; 100D
trandolapril	1	GC; 100D
trandolapril-verapamil hcl er	2	GC; 90D
triamterene-hctz oral capsule 37.5-25 mg	1	GC; 100D
triamterene-hctz oral tablet	1	GC; 100D
valsartan oral tablet 160 mg	2	QL (60 per 30 days); GC; 90D
valsartan oral tablet 320 mg	2	QL (30 per 30 days); GC; 90D
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); GC; 90D
valsartan-hydrochlorothiazide	2	QL (30 per 30 days); GC; 90D
VASCEPA	4	
verapamil hcl er	2	GC; 90D
verapamil hcl oral	1	GC; 100D
VERQUVO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS / AGENTES DEL SISTEMA NERVIOSO CENTRAL		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days)
acamprosate calcium	2	GC; 90D
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days)
almotriptan malate	2	QL (9 per 30 days); GC
alprazolam er	2	QL (90 per 30 days); GC
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
alprazolam oral tablet	1	QL (90 per 30 days); GC
alprazolam oral tablet dispersible	2	QL (90 per 30 days); GC
alprazolam xr	2	QL (90 per 30 days); GC
amantadine hcl oral capsule	2	GC; 90D
amantadine hcl oral solution	2	GC; 90D
amantadine hcl oral tablet	2	GC; 90D
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 75 mg	1	GC; 100D
amitriptyline hcl oral tablet 25 mg, 50 mg	2	GC; 90D
amoxapine	2	PA; GC; 90D; HRM
amphetamine-dextroamphet er	2	PA; QL (30 per 30 days); GC; 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); GC; 90D
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	5	QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	5	QL (45 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	5	QL (30 per 30 days)
apomorphine hcl subcutaneous	5	PA; QL (60 per 30 days); NM
APTIOM	5	
aripiprazole oral solution	2	QL (900 per 30 days); GC; 90D
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	GC; 90D
aripiprazole oral tablet 20 mg, 30 mg	2	QL (30 per 30 days); GC; 90D
aripiprazole oral tablet dispersible 10 mg	2	QL (90 per 30 days); GC; 90D
aripiprazole oral tablet dispersible 15 mg	4	QL (60 per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg	2	QL (60 per 30 days); GC; 90D
asenapine maleate sublingual tablet sublingual 2.5 mg	2	QL (240 per 30 days); GC; 90D
asenapine maleate sublingual tablet sublingual 5 mg	2	QL (120 per 30 days); GC; 90D
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days); GC; 90D
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days); GC; 90D
AUSTEDO	5	PA; QL (120 per 30 days); NM
AUVELITY	5	PA; QL (60 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days); NM
BAC	2	PA; QL (180 per 30 days); GC; HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
baclofen oral tablet 10 mg, 5 mg	1	QL (90 per 30 days); GC
baclofen oral tablet 20 mg	1	QL (120 per 30 days); GC
BELSOMRA	4	QL (30 per 30 days)
benztropine mesylate oral	1	PA; GC; 100D; HRM
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); NM
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	QL (60 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days)
bromocriptine mesylate oral	2	GC; 90D
buprenorphine hcl sublingual tablet sublingual 2 mg	2	QL (240 per 30 days); NEDS; GC
buprenorphine hcl sublingual tablet sublingual 8 mg	2	QL (60 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	2	QL (60 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	2	QL (480 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	2	QL (240 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	2	QL (120 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS; GC
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS; GC
bupropion hcl er (smoking det)	2	QL (60 per 30 days); GC
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); GC; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); GC; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	2	QL (30 per 30 days); GC; 90D
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); GC; 100D
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); GC; 100D
buspirone hcl oral	1	GC
butalbital-acetaminophen oral tablet 50-325 mg	2	PA; QL (180 per 30 days); GC; HRM
butalbital-apap-caffeine oral capsule	2	PA; QL (180 per 30 days); GC; HRM
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	PA; QL (180 per 30 days); GC; HRM
CAPLYTA	5	QL (30 per 30 days)
carbamazepine er	2	GC; 90D
carbamazepine oral suspension	2	GC; 90D
carbamazepine oral tablet	1	GC; 100D
carbamazepine oral tablet chewable	1	GC; 100D
carbidopa oral	2	GC; 90D
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	GC; 90D
carbidopa-levodopa oral tablet 10-100 mg	1	GC; 100D
carbidopa-levodopa oral tablet 25-100 mg, 25-250 mg	2	GC; 90D
carbidopa-levodopa oral tablet dispersible	2	GC; 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	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
carisoprodol oral	2	GC
chlordiazepoxide hcl	2	QL (120 per 30 days); GC
chlordiazepoxide-amitriptyline	2	PA; GC; 90D; HRM
chlorpromazine hcl oral concentrate	4	
chlorpromazine hcl oral tablet	2	GC; 90D
chlorzoxazone oral tablet 500 mg	2	PA; GC; HRM
citalopram hydrobromide oral solution	2	QL (600 per 30 days); GC; 90D
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); GC; 100D
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); GC; 100D
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); GC; 100D
clobazam oral suspension	2	PA; QL (480 per 30 days); GC; 90D
clobazam oral tablet 10 mg	2	PA; QL (120 per 30 days); GC; 90D
clobazam oral tablet 20 mg	2	PA; QL (60 per 30 days); GC; 90D
clomipramine hcl oral	2	PA; GC; 90D; HRM
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days); GC
clonazepam oral tablet 1 mg	1	QL (600 per 30 days); GC
clonazepam oral tablet 2 mg	1	QL (300 per 30 days); GC
clonazepam oral tablet dispersible 0.125 mg	2	QL (4800 per 30 days); GC
clonazepam oral tablet dispersible 0.25 mg	2	QL (2400 per 30 days); GC
clonazepam oral tablet dispersible 0.5 mg	2	QL (1200 per 30 days); GC
clonazepam oral tablet dispersible 1 mg	2	QL (600 per 30 days); GC
clonazepam oral tablet dispersible 2 mg	2	QL (300 per 30 days); GC
clonidine hcl er oral tablet extended release 12 hour	2	QL (120 per 30 days); GC; 90D
clorazepate dipotassium	2	GC
clozapine oral tablet 100 mg	2	QL (270 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
clozapine oral tablet 200 mg	2	QL (120 per 30 days); GC
clozapine oral tablet 25 mg	2	QL (1080 per 30 days); GC
clozapine oral tablet 50 mg	2	QL (540 per 30 days); GC
clozapine oral tablet dispersible 100 mg	2	QL (270 per 30 days); GC
clozapine oral tablet dispersible 12.5 mg	2	QL (2160 per 30 days); GC
clozapine oral tablet dispersible 150 mg	2	QL (180 per 30 days); GC
clozapine oral tablet dispersible 200 mg	5	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	2	QL (1080 per 30 days); GC
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); NM
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NM
cyclobenzaprine hcl oral	2	PA; GC; HRM
dalfampridine er	3	PA; QL (60 per 30 days); NM
desipramine hcl oral tablet 10 mg, 25 mg	1	PA; GC; 100D; HRM
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	PA; GC; 90D; HRM
desvenlafaxine er	2	QL (30 per 30 days); GC; 90D
desvenlafaxine succinate er	2	GC; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 25 mg, 35 mg	1	QL (30 per 30 days); GC; 100D
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg	2	QL (30 per 30 days); GC; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	QL (60 per 30 days); GC; 100D
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 per 30 days); GC; 90D
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 per 30 days); GC; 90D
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 per 30 days); GC; 90D
duloxetine hcl oral capsule delayed release particles 40 mg	2	QL (90 per 30 days); GC; 90D
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 per 30 days); GC; 90D
eletriptan hydrobromide	2	QL (9 per 30 days); GC
EMSAM	5	PA; QL (30 per 30 days)
entacapone	2	GC; 90D
EPIDIOLEX	5	PA; NM; LA
EPITOL	1	GC; 100D
EPRONTIA	4	
ergoloid mesylates oral	2	PA; GC; 90D; HRM
ergotamine-caffeine	2	GC
escitalopram oxalate oral solution	2	QL (600 per 30 days); GC; 90D
escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); GC; 90D
escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); GC; 90D
escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); GC; 90D
ESGIC ORAL CAPSULE	2	PA; QL (180 per 30 days); GC; HRM
estazolam	2	QL (30 per 30 days); GC
eszopiclone	2	QL (30 per 30 days); GC
ethosuximide oral	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
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)
lacosamide oral solution	2	QL (1200 per 30 days); GC; 90D
lacosamide oral tablet	2	QL (60 per 30 days); GC; 90D
LAMICTAL XR ORAL KIT	4	
lamotrigine er	2	GC; 90D
lamotrigine oral tablet	1	GC; 100D
lamotrigine oral tablet chewable 25 mg	1	GC; 100D
lamotrigine oral tablet chewable 5 mg	2	GC; 90D
lamotrigine oral tablet dispersible	2	GC; 90D
lamotrigine starter kit-blue	2	GC
lamotrigine starter kit-green	5	
lamotrigine starter kit-orange	2	GC
levetiracetam er oral tablet extended release 24 hour 500 mg	2	QL (180 per 30 days); GC; 90D
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (120 per 30 days); GC; 90D
levetiracetam oral solution	2	GC; 90D
levetiracetam oral tablet	1	GC; 100D
LIBERVANT	4	QL (10 per 30 days)
lithium	3	
lithium carbonate er	1	GC; 100D
lithium carbonate oral	1	GC; 100D
LORAZEPAM INTENSOL	2	QL (150 per 30 days); GC
lorazepam oral concentrate	2	QL (150 per 30 days); GC
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days); GC
lorazepam oral tablet 2 mg	1	QL (150 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	2	GC; 90D
loxapine succinate oral capsule 50 mg	1	GC; 100D
lurasidone hcl oral tablet 120 mg	5	QL (30 per 30 days)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days)
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days)
LYBALVI	5	QL (30 per 30 days)
MARPLAN	4	
memantine hcl er	2	PA; QL (30 per 30 days); GC; 90D
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); GC; 90D
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	PA; QL (60 per 30 days); GC
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); GC; 90D
meprobamate	2	PA; GC; HRM
methocarbamol oral tablet 500 mg, 750 mg	2	GC
methsuximide	2	GC; 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); GC; 90D
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	2	PA; QL (30 per 30 days); GC; 90D
methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); GC; 90D
methylphenidate hcl er oral tablet extended release 20 mg	2	PA; QL (90 per 30 days); GC; 90D
methylphenidate hcl oral solution 10 mg/5ml	2	PA; QL (900 per 30 days); GC; 90D
methylphenidate hcl oral solution 5 mg/5ml	2	PA; QL (1800 per 30 days); GC; 90D
methylphenidate hcl oral tablet 10 mg, 20 mg	2	PA; QL (90 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
NURTEC	5	PA; QL (16 per 30 days)
olanzapine intramuscular	2	QL (90 per 30 days); GC
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	2	GC; 90D
olanzapine oral tablet 20 mg	2	QL (30 per 30 days); GC; 90D
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	2	GC; 90D
olanzapine oral tablet dispersible 20 mg	2	QL (30 per 30 days); GC; 90D
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	2	QL (30 per 30 days); GC; 90D
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	2	QL (90 per 30 days); GC; 90D
orphenadrine citrate er	2	GC
oxazepam	2	QL (120 per 30 days); GC
oxcarbazepine oral suspension	2	GC; 90D
oxcarbazepine oral tablet 150 mg, 600 mg	2	GC; 90D
oxcarbazepine oral tablet 300 mg	1	GC; 100D
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	QL (30 per 30 days); GC; 90D
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (60 per 30 days); GC; 90D
paliperidone er oral tablet extended release 24 hour 9 mg	4	QL (30 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	2	QL (30 per 30 days); GC; 90D
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	2	QL (60 per 30 days); GC; 90D
paroxetine hcl oral suspension	2	QL (900 per 30 days); GC; 90D
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 per 30 days); GC; 100D
paroxetine hcl oral tablet 20 mg	1	QL (30 per 30 days); GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); GC; 90D
paroxetine mesylate	2	GC; 90D
perphenazine oral	2	GC; 90D
perphenazine-amitriptyline	2	PA; GC; 90D; HRM
PERSERIS	5	QL (1 per 28 days)
phenelzine sulfate oral	2	GC; 90D
phenobarbital oral elixir	1	PA; QL (3000 per 30 days); GC; 100D; HRM
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA; QL (120 per 30 days); GC; 100D; HRM
phenobarbital oral tablet 16.2 mg, 32.4 mg	1	PA; QL (210 per 30 days); GC; 100D; HRM
PHENYTOIN INFATABS	1	GC; 100D
phenytoin oral	1	GC; 100D
phenytoin sodium extended	1	GC; 100D
pimozide	2	GC; 90D
pramipexole dihydrochloride	2	GC; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg	2	GC; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg	1	GC; 100D
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	GC; 100D
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); GC; 100D
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); GC; 100D
pregabalin oral solution	1	QL (900 per 30 days); GC; 100D
primidone oral	1	GC; 100D
protriptyline hcl	2	PA; GC; 90D; HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
risperidone oral solution	2	QL (480 per 30 days); GC; 90D
risperidone oral tablet 0.25 mg	2	QL (1920 per 30 days); GC; 90D
risperidone oral tablet 0.5 mg	2	QL (960 per 30 days); GC; 90D
risperidone oral tablet 1 mg	2	QL (480 per 30 days); GC; 90D
risperidone oral tablet 2 mg	2	QL (240 per 30 days); GC; 90D
risperidone oral tablet 3 mg, 4 mg	2	QL (120 per 30 days); GC; 90D
risperidone oral tablet dispersible 0.25 mg	2	QL (1920 per 30 days); GC; 90D
risperidone oral tablet dispersible 0.5 mg	2	QL (960 per 30 days); GC; 90D
risperidone oral tablet dispersible 1 mg	2	QL (480 per 30 days); GC; 90D
risperidone oral tablet dispersible 2 mg	2	QL (240 per 30 days); GC; 90D
risperidone oral tablet dispersible 3 mg	2	QL (150 per 30 days); GC; 90D
risperidone oral tablet dispersible 4 mg	2	QL (120 per 30 days); GC; 90D
rivastigmine	2	QL (30 per 30 days); GC; 90D
rivastigmine tartrate	2	QL (60 per 30 days); GC; 90D
ropinirole hcl	2	GC; 90D
ROWEEPRA ORAL TABLET 500 MG	1	GC; 100D
rufinamide oral suspension	5	PA; QL (2400 per 30 days)
rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days)
rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days)
RYTARY	4	ST
SAVELLA	4	QL (60 per 30 days)
SAVELLA TITRATION PACK	4	
SECUADO	5	QL (30 per 30 days)
selegiline hcl oral	2	GC; 90D
sertraline hcl oral concentrate	2	QL (300 per 30 days); GC; 90D
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); GC; 100D
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); GC; 100D
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); NM
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days); NM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (120 per 30 days)
SUBVENITE	1	GC; 100D
SUBVENITE STARTER KIT-BLUE	2	GC
SUBVENITE STARTER KIT-GREEN	2	GC
SUBVENITE STARTER KIT-ORANGE	2	GC
sumatriptan nasal	2	GC
sumatriptan succinate oral	2	QL (9 per 30 days); GC
sumatriptan succinate refill subcutaneous solution cartridge	1	QL (6 per 30 days); GC
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL (6 per 30 days); GC
sumatriptan succinate subcutaneous solution auto-injector	1	QL (6 per 30 days); GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	PA; QL (14 per 7 days); NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	PA; QL (60 per 30 days); NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	PA; NM; LA
TEGLUTIK	5	NM
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days); GC
temazepam oral capsule 22.5 mg, 7.5 mg	2	QL (30 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TENCON ORAL TABLET 50-325 MG	2	PA; QL (180 per 30 days); GC; HRM
tetrabenazine oral tablet 12.5 mg	5	PA; QL (240 per 30 days); NM
tetrabenazine oral tablet 25 mg	5	PA; QL (120 per 30 days); NM
thioridazine hcl oral tablet 10 mg	2	GC; 90D
thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg	1	GC; 100D
thiothixene oral capsule 1 mg, 10 mg	2	GC; 90D
thiothixene oral capsule 2 mg, 5 mg	1	GC; 100D
tiagabine hcl	2	GC; 90D
TIGLUTIK	5	NM
tizanidine hcl oral	2	GC
tolcapone	5	PA; QL (180 per 30 days)
topiramate oral capsule sprinkle	2	GC; 90D
topiramate oral tablet	1	GC; 100D
tranylcypromine sulfate	2	GC; 90D
trazodone hcl oral	1	GC; 100D
triazolam	2	QL (30 per 30 days); GC
trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg	1	GC; 100D
trifluoperazine hcl oral tablet 10 mg	2	GC; 90D
trihexyphenidyl hcl oral solution	2	PA; GC; 90D; HRM
trihexyphenidyl hcl oral tablet	1	GC; 100D
trimipramine maleate oral	2	GC; 90D
TRINTELLIX	4	QL (30 per 30 days)
UBRELVY ORAL TABLET 100 MG	5	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	5	PA; QL (20 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 30 days)
valproic acid oral capsule	2	GC; 90D
valproic acid oral solution	2	GC; 90D
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
varenicline tartrate (starter)	3	PA
varenicline tartrate oral tablet 0.5 mg	3	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	3	PA; QL (56 per 28 days)
varenicline tartrate(continue)	3	PA; QL (56 per 28 days)
venlafaxine besylate er	4	QL (60 per 30 days)
venlafaxine hcl	1	QL (90 per 30 days); GC; 100D
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); GC; 100D
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); GC; 100D
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	2	GC; 90D
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	2	QL (30 per 30 days); GC; 90D
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	2	QL (90 per 30 days); GC; 90D
VERSACLOZ	4	QL (600 per 30 days)
vigabatrin	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL PACKET	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days); NM
VIGPODER	5	PA; QL (180 per 30 days); NM
vilazodone hcl	2	QL (30 per 30 days); GC; 90D
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days)
WAKIX	5	PA; QL (60 per 30 days); NM
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (56 per 365 days)
zaleplon oral capsule 10 mg	2	QL (60 per 30 days); GC
zaleplon oral capsule 5 mg	2	QL (30 per 30 days); GC
ZENZEDI ORAL TABLET 10 MG	2	QL (180 per 30 days); GC; 90D
ZENZEDI ORAL TABLET 5 MG	2	QL (90 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ziprasidone hcl oral capsule 20 mg	2	QL (240 per 30 days); GC; 90D
ziprasidone hcl oral capsule 40 mg	2	QL (120 per 30 days); GC; 90D
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL (60 per 30 days); GC; 90D
ziprasidone mesylate	4	QL (6 per 3 days)
zolpidem tartrate er	2	QL (30 per 30 days); GC
zolpidem tartrate oral tablet	2	QL (30 per 30 days); GC
ZONISADE	5	
zonisamide oral	2	GC; 90D
ZTALMY	5	QL (1100 per 30 days); NM
ZURZUVAE	5	NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days); NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days); NM
DERMATOLOGICAL AGENTS / AGENTES DERMATOLÓGICOS		
ACCUTANE	2	GC
acitretin oral capsule 10 mg, 25 mg	2	GC
acitretin oral capsule 17.5 mg	4	
acyclovir external ointment	2	QL (30 per 30 days); GC
ala-cort external cream	1	GC
alclometasone dipropionate	2	GC
amcinonide external cream	2	GC
amcinonide external ointment	3	
ammonium lactate external	1	GC
AMNESTEEM	2	GC
azelaic acid external	2	GC
benzoyl peroxide-erythromycin	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 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); GC
clobetasol propionate external lotion	2	GC
clobetasol propionate external ointment	2	QL (120 per 30 days); GC
clobetasol propionate external shampoo	2	GC
clobetasol propionate external solution	2	QL (50 per 30 days); GC
CLODAN EXTERNAL SHAMPOO	2	GC
clotrimazole external cream	1	GC
clotrimazole external solution	1	GC
clotrimazole mouth/throat troche	1	QL (150 per 30 days); GC
clotrimazole-betamethasone external cream	2	QL (120 per 30 days); GC
clotrimazole-betamethasone external lotion	2	GC
CONDYLOX EXTERNAL GEL	4	
desonide external cream	2	GC
desonide external lotion	2	GC
desonide external ointment	2	GC
desoximetasone external cream	2	QL (100 per 30 days); GC
desoximetasone external gel	2	GC
desoximetasone external liquid	2	GC
desoximetasone external ointment 0.25 %	2	GC
diclofenac sodium external gel 3 %	2	PA; QL (100 per 30 days); GC
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); NM
econazole nitrate external	2	QL (90 per 30 days); GC
erythromycin external gel	2	GC
erythromycin external solution	1	GC
EUCRISA	4	
fluocinolone acetonide body	2	QL (120 per 30 days); GC
fluocinolone acetonide external	2	QL (120 per 30 days); GC
fluocinolone acetonide scalp	2	QL (120 per 30 days); GC
fluocinonide emulsified base	2	QL (240 per 30 days); GC
fluocinonide external gel	2	QL (240 per 30 days); GC
fluocinonide external ointment	2	QL (240 per 30 days); GC
fluocinonide external solution	2	QL (240 per 30 days); GC
fluorouracil external cream 5 %	2	GC
fluorouracil external solution	2	GC
fluticasone propionate external cream	2	GC
fluticasone propionate external ointment	2	GC
gentamicin sulfate external	2	QL (30 per 30 days); GC
halobetasol propionate external cream	2	GC
halobetasol propionate external ointment	2	GC
hydrocortisone (perianal) external cream 1 %	2	GC
hydrocortisone (perianal) external cream 2.5 %	1	GC
hydrocortisone butyrate external lotion	2	GC
hydrocortisone butyrate external ointment	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
hydrocortisone butyrate external solution	2	GC
hydrocortisone external cream 1 %, 2.5 %	1	GC
hydrocortisone external lotion 2.5 %	1	GC
hydrocortisone external ointment 1 %, 2.5 %	1	GC
hydrocortisone valerate	2	GC
imiquimod external cream 5 %	2	GC
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	2	GC
isotretinoin oral capsule 25 mg	5	
ivermectin external cream	2	GC
JUBLIA	4	PA
ketoconazole external cream	2	QL (120 per 30 days); GC
ketoconazole external shampoo 2 %	1	QL (120 per 30 days); GC
KLAYESTA	2	GC
KOURZEQ	2	GC
lindane external shampoo	2	GC
malathion external	4	
methoxsalen rapid	5	NM
metronidazole external	2	GC
mometasone furoate external cream	1	GC
mometasone furoate external ointment	1	GC
mupirocin calcium	2	QL (30 per 30 days); GC
mupirocin external	2	QL (120 per 30 days); GC
MYORISAN	2	GC
naftifine hcl external cream	2	GC
nitroglycerin rectal	2	QL (30 per 30 days); GC
NYAMYC	2	GC
nystatin external cream	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
nystatin external ointment	1	GC
nystatin external powder	2	GC
nystatin mouth/throat	2	GC
nystatin-triamcinolone	2	GC
NYSTOP	2	GC
ORALONE	2	GC
PANRETIN	5	NM
penciclovir	2	QL (5 per 30 days); GC
PERIOGARD	1	GC
permethrin external cream	2	GC
pilocarpine hcl oral	2	GC; 90D
pimecrolimus	2	PA; QL (100 per 30 days); GC
podofilox external	2	GC
PROCTO-MED HC EXTERNAL	2	GC
PROCTOSOL HC EXTERNAL	2	GC
PROCTOZONE-HC EXTERNAL	2	GC
RECTIV	4	QL (30 per 30 days)
REGRANEX	5	PA
SANTYL	4	QL (30 per 30 days)
selenium sulfide external lotion	2	GC
silver sulfadiazine external	2	GC
SSD (SILVER SULFADIAZINE)	2	GC
sulfacetamide sodium (acne)	2	GC
tacrolimus external ointment	2	PA; QL (100 per 30 days); GC
tazarotene external cream	2	PA; GC
tazarotene external gel	2	PA; GC
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
tretinoin external	2	PA; QL (45 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
triamcinolone acetonide external aerosol solution	2	GC
triamcinolone acetonide external cream	1	QL (454 per 30 days); GC
triamcinolone acetonide external lotion 0.025 %	1	GC
triamcinolone acetonide external lotion 0.1 %	2	GC
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	GC
triamcinolone acetonide mouth/throat	2	GC
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days); GC
VALCHLOR	5	PA; NM; LA
ZENATANE	2	GC
ELECTROLYTES / MINERALS / METALS / VITAMINS / ELECTROLITOS / MINERALES / METALES / VITAMINAS		
carglumic acid oral tablet soluble	5	PA; NM; LA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX E/DEXTROSE (5/15)	4	B/D PA
CLINIMIX E/DEXTROSE (5/20)	4	B/D PA
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
clinimix/dextrose (8/10)	4	B/D PA
clinimix/dextrose (8/14)	4	B/D PA
CLINISOL SF	2	B/D PA; GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
multiple electro type 1 ph 5.5	2	GC
multiple electro type 1 ph 7.4	2	GC
NUTRILIPID	2	B/D PA; GC
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLENAMINE	2	B/D PA; GC
potassium chloride crys er	1	GC; 100D
potassium chloride er	1	GC; 100D
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	2	GC
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml	2	GC
potassium chloride oral packet	2	GC; 90D
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	GC; 90D
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	2	GC
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
PROSOL	4	B/D PA
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	GC
sodium fluoride oral tablet 2.2 (1 f) mg	2	GC; 90D
sodium fluoride oral tablet chewable 2.2 (1 f) mg	2	GC; 90D
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS / AGENTES DE TRASTORNOS ENDOCRINOS Y METABÓLICOS		

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
acarbose oral	2	QL (90 per 30 days); GC; 90D
alendronate sodium oral solution	2	QL (300 per 28 days); GC; 90D
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); GC; 100D
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); GC; 100D
AURYXIA	5	PA
BYDUREON BCISE	3	PA; QL (4 per 28 days)
calcitonin (salmon) nasal	2	QL (4 per 30 days); GC; 90D
calcitriol oral capsule	1	B/D PA; GC; 100D
calcitriol oral solution	2	B/D PA; GC; 90D
calcium acetate (phos binder)	2	GC; 90D
calcium acetate oral tablet 667 mg	2	GC; 90D
cinacalcet hcl oral tablet 30 mg	2	B/D PA; QL (60 per 30 days); GC; NM; 90D
cinacalcet hcl oral tablet 60 mg	4	B/D PA; QL (60 per 30 days); NM
cinacalcet hcl oral tablet 90 mg	5	B/D PA; QL (120 per 30 days); NM
CYCLOSET	4	QL (180 per 30 days)
deferasirox oral tablet soluble 125 mg	4	PA; NM
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA; NM
deferiprone oral tablet 1000 mg	5	PA; NM
deferiprone oral tablet 500 mg	5	PA; NM; LA
diazoxide oral	2	GC; 90D
doxercalciferol oral	2	B/D PA; GC; 90D
ergocalciferol oral capsule	6	
FARXIGA	3	QL (30 per 30 days)
FERRIPROX ORAL SOLUTION	4	PA; NM; LA
FERRIPROX ORAL TABLET 1000 MG	5	PA; NM; LA
FIASP FLEXTOUCH	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
FIASP INJECTION	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (3 per 28 days); NM
FOSAMAX PLUS D	4	ST; QL (4 per 28 days)
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); GC; 100D
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); GC; 100D
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); GC; 100D
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); GC; 100D
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); GC; 100D
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); GC; 100D
glipizide oral tablet 10 mg	1	QL (120 per 30 days); GC; 100D
glipizide oral tablet 2.5 mg	1	GC; 100D
glipizide oral tablet 5 mg	1	QL (240 per 30 days); GC; 100D
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); GC; 100D
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); GC; 100D
glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); GC; 100D
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); GC; 100D
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); GC; 100D
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY INJECTION KIT	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
glyburide micronized oral tablet 1.5 mg	2	QL (240 per 30 days); GC; 90D
glyburide micronized oral tablet 3 mg	2	QL (120 per 30 days); GC; 90D
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); GC; 100D
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); GC; 100D
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); GC; 100D
glyburide oral tablet 5 mg	1	QL (120 per 30 days); GC; 100D
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); GC; 100D
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); GC; 90D
GLYXAMBI	3	QL (30 per 30 days)
ibandronate sodium oral	2	QL (1 per 28 days); GC; 90D
insulin asp prot & asp flexpen	3	
insulin aspart flexpen	3	
insulin aspart injection	3	
insulin aspart penfill	3	
insulin aspart prot & aspart	3	
INVOKAMET	4	QL (60 per 30 days)
INVOKAMET XR	4	QL (60 per 30 days)
INVOKANA	4	QL (30 per 30 days)
JANUMET	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	QL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	QL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	QL (60 per 30 days)
JARDIANCE	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
JENTADUETO	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
KERENDIA	3	QL (30 per 30 days)
KIONEX COMBINATION	2	GC
KIONEX ORAL SUSPENSION	2	GC
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR	3	
LOKELMA	3	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	2	QL (60 per 30 days); GC; 90D
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	2	QL (120 per 30 days); GC; 90D
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	QL (60 per 30 days); GC; 100D
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); GC; 100D
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); GC; 100D
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); GC; 100D
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); GC; 100D
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); GC; 100D
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); GC; 100D
miglitol	2	QL (90 per 30 days); GC; 90D
MOUNJARO	3	PA; QL (2 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
nateglinide oral tablet 120 mg	2	QL (90 per 30 days); GC; 90D
nateglinide oral tablet 60 mg	2	QL (180 per 30 days); GC; 90D
NOVOLIN 70/30	3	OTC
NOVOLIN 70/30 RELION	3	OTC
NOVOLIN N	3	OTC
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	OTC
NOVOLIN N RELION	3	OTC
NOVOLIN R	3	OTC
NOVOLIN R RELION	3	OTC
NOVOLOG 70/30 FLEXPEN RELION	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
NOVOLOG RELION INJECTION	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days)
SYNJARDY	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days)
teriparatide	5	PA; QL (3 per 28 days); NM
tolvaptan oral tablet 15 mg	5	PA; QL (30 per 30 days); NM
tolvaptan oral tablet 30 mg	5	PA; QL (60 per 30 days); NM
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	QL (30 per 30 days)
TRESIBA	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days)
trientine hcl	5	NM
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days); NM
VELPHORO	5	QL (180 per 30 days)
VELTASSA	5	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	6	ED
vitamin d (ergocalciferol) oral capsule 50000 unit	6	
XGEVA	5	PA; QL (5.1 per 28 days); NM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS / AGENTES GASTROINTESTINALES		
alosetron hcl oral tablet 0.5 mg	2	PA; QL (60 per 30 days); GC; 90D
alosetron hcl oral tablet 1 mg	5	PA; QL (60 per 30 days)
amoxicill-clarithro-lansopraz oral therapy pack	2	GC
aprepitant oral	2	B/D PA; QL (15 per 30 days); GC
aprepitant oral capsule 125 mg	2	B/D PA; QL (5 per 30 days); GC
aprepitant oral capsule 40 mg	2	B/D PA; QL (1 per 28 days); GC
aprepitant oral capsule 80 & 125 mg	2	B/D PA; QL (15 per 30 days); GC
aprepitant oral capsule 80 mg	2	B/D PA; QL (10 per 30 days); GC
balsalazide disodium	2	GC
budesonide er oral tablet extended release 24 hour	5	PA
budesonide oral	2	GC
budesonide rectal	2	GC
chlordiazepoxide-clidinium	2	PA; GC; HRM
cimetidine hcl oral solution 300 mg/5ml	2	GC; 90D
cimetidine oral tablet 200 mg	2	GC
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	GC; 90D
CLENPIQ	4	
COMPRO	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
constulose	1	GC; 100D
dexlansoprazole	2	ST; QL (30 per 30 days); GC; 90D
dicyclomine hcl oral capsule	1	GC
dicyclomine hcl oral solution	2	GC
dicyclomine hcl oral tablet	1	GC
diphenoxylate-atropine oral liquid	2	GC
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	GC
dronabinol	2	B/D PA; QL (120 per 30 days); GC
enulose	2	GC; 90D
esomeprazole magnesium oral capsule delayed release 20 mg	2	OTC; GC; 90D
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	QL (30 per 30 days); GC; 90D
famotidine oral tablet 20 mg, 40 mg	1	GC; 100D
fosaprepitant dimeglumine	2	GC
GATTEX	5	PA; NM; LA
GAVILYTE-C	1	GC
GAVILYTE-G	1	GC
GAVILYTE-N WITH FLAVOR PACK	2	GC
generlac	2	GC; 90D
glycopyrrolate oral tablet 1 mg	1	GC
glycopyrrolate oral tablet 2 mg	2	GC
granisetron hcl oral	2	B/D PA; QL (30 per 30 days); GC
hydrocortisone ace-pramoxine external cream 1-1 %	1	GC
hydrocortisone oral	1	GC
hyoscyamine sulfate oral tablet	2	GC; 90D
hyoscyamine sulfate oral tablet dispersible	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
hyoscyamine sulfate sublingual	2	GC; 90D
lactulose encephalopathy	2	GC; 90D
lactulose oral solution	1	GC; 100D
lansoprazole oral capsule delayed release 15 mg	2	OTC; GC; 90D
lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); GC; 90D
LINZESS	3	QL (30 per 30 days)
loperamide hcl oral capsule	1	GC
lubiprostone	2	QL (60 per 30 days); GC; 90D
meclizine hcl oral tablet 12.5 mg, 25 mg	1	GC
mesalamine er oral capsule extended release 24 hour	2	GC; 90D
mesalamine oral capsule delayed release	2	GC; 90D
mesalamine oral tablet delayed release 1.2 gm	2	GC; 90D
mesalamine oral tablet delayed release 800 mg	2	GC
mesalamine rectal	2	GC
methscopolamine bromide oral	2	GC
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	GC
metoclopramide hcl oral tablet	1	GC
misoprostol oral tablet 100 mcg	1	GC; 100D
misoprostol oral tablet 200 mcg	2	GC; 90D
MOVANTIK	3	QL (30 per 30 days)
MYTESI	5	NM
nizatidine oral capsule	1	GC; 100D
omeprazole oral capsule delayed release 10 mg, 40 mg	2	GC; 90D
omeprazole oral tablet delayed release	2	OTC; GC; 90D
ondansetron hcl oral solution	2	B/D PA; QL (450 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ondansetron hcl oral tablet 24 mg	2	B/D PA; QL (30 per 30 days); GC
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days); GC
ondansetron oral tablet dispersible 16 mg	2	B/D PA; QL (30 per 30 days); GC
ondansetron oral tablet dispersible 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days); GC
pantoprazole sodium oral tablet delayed release	2	GC; 90D
peg 3350-kcl-na bicarb-nacl	2	GC
peg-3350/electrolytes	1	GC
prochlorperazine	2	GC
prochlorperazine maleate oral	1	GC; 100D
promethazine hcl oral solution	2	GC
promethazine hcl oral syrup	2	GC
promethazine hcl oral tablet	1	GC
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	PA; GC; HRM
PROMETHEGAN	2	PA; GC; HRM
scopolamine	2	QL (10 per 28 days); GC
sucralfate oral suspension	4	
sucralfate oral tablet	1	GC; 100D
sulfasalazine oral	1	GC; 100D
SUPREP BOWEL PREP KIT	4	
SYNDROS	5	B/D PA
UCERIS RECTAL	4	
ursodiol oral capsule 300 mg	2	GC; 90D
ursodiol oral tablet	2	GC; 90D
VARUBI (180 MG DOSE)	4	B/D PA; QL (4 per 28 days); NM
XERMELO	5	PA; QL (90 per 30 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO		
betaine	5	NM; LA
CREON	3	
cromolyn sodium oral	2	GC; 90D
CYSTAGON	4	NM; LA
GALAFOLD	5	PA; NM; LA
JAVYGTOR	5	PA; NM
miglustat	5	PA; NM; LA
nitisinone	5	PA; NM
PROLASTIN-C	5	PA; NM; LA
sapropterin dihydrochloride oral packet	5	PA; NM
sapropterin dihydrochloride oral tablet	5	PA; NM
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA; NM
sodium phenylbutyrate oral tablet	5	PA; NM
XURIDEN	5	PA; QL (120 per 30 days); NM
YARGESA	5	PA; NM; LA
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	
GENITOURINARY AGENTS / AGENTES GENITOURINARIOS		
alfuzosin hcl er	1	GC; 100D
bethanechol chloride oral	1	GC
clindamycin phosphate vaginal	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
darifenacin hydrobromide er	2	QL (30 per 30 days); GC; 90D
dutasteride oral	2	QL (30 per 30 days); GC; 90D
dutasteride-tamsulosin hcl	2	QL (30 per 30 days); GC; 90D
finasteride oral tablet 5 mg	1	GC; 100D
flavoxate hcl	2	GC; 90D
GEMTESA	4	QL (30 per 30 days)
LITHOSTAT	4	
metronidazole vaginal	2	GC
miconazole 3 vaginal suppository	2	GC
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	2	QL (60 per 30 days); GC; 90D
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	2	QL (30 per 30 days); GC; 90D
oxybutynin chloride oral solution	1	QL (600 per 30 days); GC; 100D
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); GC; 100D
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); GC; 100D
penicillamine oral tablet	5	NM
potassium citrate er	2	GC
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	6	QL (6 per 30 days); ED
silodosin	2	GC; 90D
solifenacin succinate	2	QL (30 per 30 days); GC; 90D
tadalafil oral tablet 10 mg, 20 mg	6	QL (6 per 30 days); ED
tamsulosin hcl	2	GC; 90D
terconazole vaginal cream 0.4 %	1	GC
terconazole vaginal suppository	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
tolterodine tartrate er	2	QL (30 per 30 days); GC; 90D
VANDAZOLE	2	GC
HORMONAL AGENTS / AGENTES HORMONALES		
ALTAVERA	1	GC; 100D
APRI	1	GC; 100D
AUROVELA 1.5/30	2	GC; 90D
AUROVELA 1/20	1	GC; 100D
AUROVELA FE 1/20	1	GC; 100D
AYUNA	1	GC; 100D
AZURETTE	2	GC; 90D
BIJUVA	3	PA; HRM
cabergoline	2	GC
CAMILA	3	
CHARLOTTE 24 FE	2	GC; 90D
CHATEAL EQ	1	GC; 100D
CLIMARA PRO	4	PA; QL (4 per 28 days); HRM
CRYSELLE-28	1	GC; 100D
CYRED EQ	1	GC; 100D
danazol oral	2	GC
DEBLITANE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA; GC; 90D
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	GC; 90D
desmopressin ace spray refrig	2	GC; 90D
desmopressin acetate oral tablet 0.1 mg	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
desmopressin acetate oral tablet 0.2 mg	1	GC; 100D
desmopressin acetate spray	2	GC; 90D
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	GC; 90D
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	GC; 100D
dexamethasone oral elixir	1	GC
dexamethasone oral tablet	1	GC
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	GC; 90D
ELINEST	1	GC; 100D
ELURYNG	4	
EMZAHH	3	
ENILLORING	4	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	GC; 100D
ERRIN	3	
ESTARYLLA	2	GC; 90D
estradiol oral	1	GC; 100D
estradiol vaginal	2	GC; 90D
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	GC; 100D
etonogestrel-ethinyl estradiol	4	
EUTHYROX	1	GC; 100D
FEMYNOR	2	GC; 90D
FINZALA	2	GC; 90D
fludrocortisone acetate oral	1	GC; 100D
GALLIFREY	2	GC; 90D
HAILEY 1.5/30	2	GC; 90D
HAILEY FE 1/20	1	GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
HALOETTE	4	
HEATHER	3	
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days)
IMVEXXY STARTER PACK	3	QL (18 per 28 days)
INCASSIA	3	
INCRELEX	5	PA; NM; LA
INTRAROSA	3	QL (30 per 30 days)
ISIBLOOM	1	GC; 100D
JASMIEL	2	GC; 90D
JENCYCLA	3	
JULEBER	1	GC; 100D
JUNEL 1.5/30	2	GC; 90D
JUNEL 1/20	1	GC; 100D
JUNEL FE 1/20	1	GC; 100D
KALLIGA	1	GC; 100D
KARIVA	2	GC; 90D
KELNOR 1/50	1	GC; 100D
KORLYM	5	PA; NM; LA
KURVELO	1	GC; 100D
lanreotide acetate	5	PA; NM
LARIN 1.5/30	2	GC; 90D
LARIN 1/20	1	GC; 100D
LARIN FE 1/20	1	GC; 100D
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	GC; 100D
LEVORA 0.15/30 (28)	1	GC; 100D
LEVO-T	1	GC; 100D
levothyroxine sodium oral tablet	1	GC; 100D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
LEVOXYL	1	GC; 100D
liothyronine sodium oral	1	GC; 100D
LOESTRIN 1.5/30 (21)	2	GC; 90D
LOESTRIN 1/20 (21)	1	GC; 100D
LOESTRIN FE 1/20	1	GC; 100D
LORYNA	2	GC; 90D
LOW-OGESTREL	1	GC; 100D
LO-ZUMANDIMINE	2	GC; 90D
LYLEQ	3	
LYZA	3	
marlissa	1	GC; 100D
medroxyprogesterone acetate intramuscular	2	GC
medroxyprogesterone acetate oral tablet 10 mg, 5 mg	1	GC; 100D
medroxyprogesterone acetate oral tablet 2.5 mg	2	GC; 90D
megestrol acetate oral suspension 625 mg/5ml	2	PA; GC; 90D; HRM
methimazole oral	1	GC; 100D
methylprednisolone oral	1	GC
methyltestosterone oral	5	
MIBELAS 24 FE	2	GC; 90D
MICROGESTIN 1.5/30	2	GC; 90D
MICROGESTIN 1/20	1	GC; 100D
MICROGESTIN 24 FE	1	GC; 100D
MICROGESTIN FE 1/20	1	GC; 100D
mifepristone oral tablet 300 mg	5	PA; NM; LA
MILI	2	GC; 90D
MONO-LINYAH	2	GC; 90D
NIKKI	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
NOCDURNA	4	
NORA-BE	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML	5	PA; NM
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML	4	PA; NM
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	GC; 100D
norethin ace-eth estrad-fe oral tablet chewable	2	GC; 90D
norethindrone acetate oral	2	GC; 90D
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	2	GC; 90D
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	GC; 100D
norethindrone oral	3	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	2	GC; 90D
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	GC; 90D
norgestim-eth estrad triphasic	2	GC; 90D
NORLYDA	3	
NORLYROC	3	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	PA; GC; NM; 90D
octreotide acetate injection solution 500 mcg/ml	4	PA; NM
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	2	PA; GC; NM; 90D
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	5	PA; NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
TRI-VYLIBRA	2	GC; 90D
TRI-VYLIBRA LO	2	GC; 90D
TURQOZ	1	GC; 100D
UNITHROID	1	GC; 100D
viorele	2	GC; 90D
VOLNEA	2	GC; 90D
VYLIBRA	2	GC; 90D
WYMZYA FE	2	GC; 90D
yuvafem	2	GC; 90D
IMMUNOLOGICAL AGENTS / AGENTES INMUNITARIOS		
ABRYSVO	3	
ACTHIB	4	
ACTIMMUNE	5	PA; NM; LA
ADACEL	3	
ARCALYST	5	PA; NM
AREXVY	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D PA; NM
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D PA; NM
AZASAN	4	B/D PA; NM
azathioprine oral	2	B/D PA; GC; NM; 90D
bcg vaccine injection solution reconstituted	2	GC
BENLYSTA SUBCUTANEOUS	5	PA; NM
BEXSERO	3	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA; NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days); NM
cyclosporine modified oral capsule 100 mg, 50 mg	2	B/D PA; GC; NM; 90D
cyclosporine modified oral capsule 25 mg	1	B/D PA; GC; NM; 100D
cyclosporine modified oral solution	2	B/D PA; GC; NM; 90D
cyclosporine oral capsule 100 mg	2	B/D PA; GC; NM; 90D
cyclosporine oral capsule 25 mg	1	B/D PA; GC; NM; 100D
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
diphtheria-tetanus toxoids dt	2	GC
ENBREL MINI	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days); NM
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days); NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	4	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	4	B/D PA
ENVARSUS XR	4	B/D PA; NM
everolimus oral tablet 0.25 mg	2	B/D PA; GC; NM; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
everolimus oral tablet 0.5 mg, 0.75 mg	4	B/D PA; NM
everolimus oral tablet 1 mg	5	B/D PA; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	5	PA; NM
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 2.5 GM/25ML	5	PA; NM
GAMMAGARD S/D LESS IGA	5	PA; NM
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA; NM
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NM
GARDASIL 9	4	
GENGRAF ORAL CAPSULE 100 MG	2	B/D PA; GC; NM; 90D
GENGRAF ORAL CAPSULE 25 MG	1	B/D PA; GC; NM; 100D
GENGRAF ORAL SOLUTION	2	B/D PA; GC; NM; 90D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (2.4 per 28 days); NM
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (4.8 per 28 days); NM
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (2.4 per 28 days); NM
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (4.8 per 28 days); NM
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	4	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days); NM
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL (6 per 365 days); NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
INFANRIX	4	
IPOL	4	
IXCHIQ	3	
IXIARO	4	
JYLAMVO	4	NM
JYNNEOS	3	B/D PA
kedrab injection solution 1500 unit/10ml	3	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
leflunomide oral	2	QL (30 per 30 days); GC; 90D
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
methotrexate oral	1	GC
methotrexate sodium (pf) injection solution 50 mg/2ml	1	GC; NM
methotrexate sodium injection solution 50 mg/2ml	1	GC; NM
methotrexate sodium oral	1	GC
M-M-R II INJECTION	4	
MRESVIA	3	
mycophenolate mofetil oral capsule	2	B/D PA; GC; NM; 90D
mycophenolate mofetil oral suspension reconstituted	5	B/D PA; NM
mycophenolate mofetil oral tablet	2	B/D PA; GC; NM; 90D
mycophenolate sodium	2	B/D PA; GC; NM; 90D
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	B/D PA; GC; NM; 90D
MYHIBBIN	5	B/D PA; NM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	PA; NM
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days); NM
OTEZLA ORAL TABLET THERAPY PACK	5	PA; NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SKYRIZI PEN	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days); NM
STELARA INTRAVENOUS	5	PA; NM; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); NM; LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days); NM
tacrolimus oral	2	B/D PA; GC; NM; 90D
TDVAX	2	GC
TENIVAC	4	
TICOVAC	3	
TREXALL	4	ST
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	NM
VAXCHORA	3	
XATMEP	4	ST; NM
YF-VAX	4	
INFECTIOUS DISEASE AGENTS / AGENTES DE ENFERMEDADES INFECCIOSAS		

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
abacavir sulfate oral solution	2	QL (960 per 30 days); GC; NM; 90D
abacavir sulfate oral tablet	2	QL (60 per 30 days); GC; NM; 90D
abacavir sulfate-lamivudine	2	QL (30 per 30 days); GC; NM; 90D
ABELCET	4	B/D PA
acyclovir oral capsule	1	GC
acyclovir oral suspension	2	GC
acyclovir oral tablet	1	GC
acyclovir sodium intravenous solution	2	B/D PA; GC
adefovir dipivoxil	2	PA; GC; NM; 90D
albendazole oral	4	
amikacin sulfate injection solution 500 mg/2ml	2	GC
amoxicillin oral capsule	1	GC
amoxicillin oral suspension reconstituted	1	GC
amoxicillin oral tablet	1	GC
amoxicillin oral tablet chewable 125 mg, 250 mg	1	GC
amoxicillin-pot clavulanate er	2	GC
amoxicillin-pot clavulanate oral	2	GC
amphotericin b intravenous	2	B/D PA; GC
amphotericin b liposome	5	B/D PA
ampicillin oral capsule 500 mg	1	GC
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	GC
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	2	GC
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ampicillin-sulbactam sodium intravenous	2	GC
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); NM
ARIKAYCE	5	NM; LA
atazanavir sulfate oral capsule 150 mg, 200 mg	2	QL (60 per 30 days); GC; NM; 90D
atazanavir sulfate oral capsule 300 mg	2	QL (30 per 30 days); GC; NM; 90D
atovaquone oral	2	PA; GC
atovaquone-proguanil hcl	2	GC
azithromycin intravenous	2	GC
azithromycin oral packet	2	GC
azithromycin oral suspension reconstituted	2	GC
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	1	GC
azithromycin oral tablet 600 mg	2	GC
aztreonam injection solution reconstituted 1 gm	2	GC
BARACLUDE ORAL SOLUTION	5	PA; NM
benznidazole	3	
BICILLIN C-R	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); NM
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
cefaclor oral capsule	2	GC
cefadroxil	2	GC
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	2	GC
cefazolin sodium intravenous solution reconstituted 1 gm	2	GC
cefdinir	2	GC
cefepime hcl injection solution reconstituted 1 gm	2	GC
cefepime hcl intravenous solution reconstituted 2 gm	2	GC
cefixime	2	GC
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm	2	GC
cefoxitin sodium intravenous solution reconstituted 2 gm	4	
cefpodoxime proxetil	2	GC
cefprozil	2	GC
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	GC
ceftazidime intravenous	2	GC
ceftriaxone sodium in dextrose	2	GC
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	GC
ceftriaxone sodium intravenous	2	GC
cefuroxime axetil oral tablet	2	GC
cefuroxime sodium injection solution reconstituted 750 mg	2	GC
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	GC
cephalexin oral capsule 250 mg, 500 mg	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
cephalexin oral suspension reconstituted	2	GC
cephalexin oral tablet	2	GC
chloroquine phosphate oral	1	GC; 100D
CIMDUO	5	QL (30 per 30 days); NM
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	GC
ciprofloxacin hcl oral tablet 750 mg	2	GC
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	GC
clarithromycin er	2	GC
clarithromycin oral	2	GC
clindamycin hcl oral	1	GC
clindamycin palmitate hcl	2	GC
clindamycin phosphate in d5w	2	GC
clindamycin phosphate injection solution 600 mg/4ml	2	GC
COARTEM	4	
colistimethate sodium (cba)	2	GC
COMPLERA	5	QL (30 per 30 days); NM
dapsone oral	2	GC; 90D
daptomycin	5	
darunavir	5	QL (60 per 30 days); NM
DELSTRIGO	5	QL (30 per 30 days); NM
DESCOVY	5	QL (30 per 30 days); NM
dicloxacillin sodium	2	GC
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days); NM
DOXY 100	2	GC
doxycycline hyclate intravenous	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
famciclovir oral tablet 125 mg, 250 mg	2	QL (60 per 30 days); GC
famciclovir oral tablet 500 mg	2	QL (21 per 7 days); GC
FIRVANQ	4	QL (1200 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	GC
fluconazole oral	2	GC
flucytosine oral	5	
fosamprenavir calcium	4	QL (120 per 30 days); NM
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days); NM
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	GC
gentamicin sulfate injection solution 40 mg/ml	2	GC
GENVOYA	5	QL (30 per 30 days); NM
griseofulvin microsize oral suspension	2	GC
hydroxychloroquine sulfate oral tablet 200 mg	1	GC; 100D
imipenem-cilastatin intravenous solution reconstituted 250 mg	2	GC
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days); NM
ISENTRESS HD	5	QL (60 per 30 days); NM
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days); NM
isoniazid oral	1	GC; 100D
itraconazole oral capsule	2	PA; GC
ivermectin oral	2	PA; GC
JULUCA	5	QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ketoconazole oral	1	GC
LAGEVRIO	5	QL (40 per 90 days)
lamivudine oral solution	2	QL (960 per 30 days); GC; NM; 90D
lamivudine oral tablet 100 mg	2	GC; NM; 90D
lamivudine oral tablet 150 mg	2	QL (60 per 30 days); GC; NM; 90D
lamivudine oral tablet 300 mg	2	QL (30 per 30 days); GC; NM; 90D
lamivudine-zidovudine	2	QL (60 per 30 days); GC; NM; 90D
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	GC
levofloxacin intravenous	2	GC
levofloxacin oral solution	2	GC
levofloxacin oral tablet	1	GC
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days); NM
linezolid in sodium chloride	2	GC
linezolid intravenous solution 600 mg/300ml	2	GC
linezolid oral suspension reconstituted	5	PA; QL (1800 per 30 days)
linezolid oral tablet	4	PA; QL (56 per 28 days)
lopinavir-ritonavir oral solution	2	QL (480 per 30 days); GC; NM; 90D
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days); NM
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days); NM
maraviroc	5	QL (120 per 30 days); NM
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days); NM
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days); NM
mefloquine hcl	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	GC
methenamine hippurate	2	GC
metronidazole intravenous solution 500 mg/100ml	2	GC
metronidazole oral capsule	2	GC
metronidazole oral tablet	1	GC
micafungin sodium	5	
minocycline hcl oral capsule 100 mg, 75 mg	2	GC
minocycline hcl oral capsule 50 mg	1	GC
minocycline hcl oral tablet	2	GC
MONDOXYNE NL ORAL CAPSULE 100 MG	2	GC
moxifloxacin hcl in nacl	2	GC
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	GC
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL (30 per 30 days); GC; NM; 90D
nevirapine oral suspension	2	QL (1200 per 30 days); GC; NM; 90D
nevirapine oral tablet	2	QL (60 per 30 days); GC; NM; 90D
nitazoxanide oral	4	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	2	GC
nitrofurantoin monohyd macro	2	GC
NORVIR ORAL PACKET	4	QL (360 per 30 days); NM
NOXAFIL ORAL SUSPENSION	5	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
nystatin oral tablet	1	GC
ODEFSEY	5	QL (30 per 30 days); NM
ofloxacin oral tablet 300 mg, 400 mg	2	GC
oseltamivir phosphate oral capsule 30 mg	2	QL (168 per 365 days); GC
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (84 per 365 days); GC
oseltamivir phosphate oral suspension reconstituted	2	QL (1080 per 365 days); GC
paromomycin sulfate oral	2	GC
PAXLOVID (150/100)	5	QL (20 per 90 days)
PAXLOVID (300/100)	5	QL (30 per 90 days)
penicillin g potassium	2	GC
penicillin g sodium	2	GC
penicillin v potassium oral solution reconstituted	2	GC
penicillin v potassium oral tablet	1	GC
pentamidine isethionate inhalation	2	B/D PA; GC; NM
pentamidine isethionate injection	2	GC; NM
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	2	GC
PIFELTRO	5	QL (30 per 30 days); NM
piperacillin sod-tazobactam intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm	2	GC
posaconazole oral	5	PA
PREVYMIS ORAL	5	QL (30 per 30 days); NM
PREZCOBIX	5	QL (30 per 30 days); NM
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); NM
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days); NM
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days); NM
PRIFTIN	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
pyrazinamide oral	2	GC
pyrimethamine oral	5	
quinine sulfate oral	2	PA; GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	NM
REYATAZ ORAL PACKET	4	QL (240 per 30 days); NM
ribavirin oral capsule	2	GC; NM
ribavirin oral tablet 200 mg	2	GC; NM
rifabutin	2	GC
rifampin intravenous	4	
rifampin oral	2	GC
rimantadine hcl	2	GC
ritonavir	2	QL (360 per 30 days); GC; NM; 90D
RUKOBIA	5	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days); NM
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days); NM
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); NM
SIRTURO	5	PA; NM; LA
sofosbuvir-velpatasvir	5	PA; QL (30 per 30 days); NM
streptomycin sulfate intramuscular	5	
STRIBILD	5	QL (30 per 30 days); NM
sulfadiazine oral	2	GC
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	GC
sulfamethoxazole-trimethoprim oral tablet	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
SUNLENCA ORAL	3	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
SYMTUZA	5	QL (30 per 30 days); NM
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	GC
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	2	GC
TEFLARO	5	
tenofovir disoproxil fumarate	2	QL (30 per 30 days); GC; NM; 90D
terbinafine hcl oral	1	GC
tetracycline hcl oral capsule	2	GC
tigecycline	5	
tinidazole oral	2	GC
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days); NM
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days); NM
TIVICAY PD	5	QL (360 per 30 days); NM
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	GC
TRECATOR	4	
trifluridine ophthalmic	2	GC
trimethoprim oral	1	GC
TRIUMEQ	5	QL (30 per 30 days); NM
TRIUMEQ PD	5	QL (180 per 30 days); NM
TRIZIVIR	5	QL (60 per 30 days); NM
TYBOST	4	QL (30 per 30 days); NM
valacyclovir hcl oral tablet 1 gm	2	QL (90 per 30 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
valacyclovir hcl oral tablet 500 mg	2	QL (60 per 30 days); GC
valganciclovir hcl oral solution reconstituted	2	GC; NM; 90D
valganciclovir hcl oral tablet	3	NM
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	GC
vancomycin hcl oral capsule 125 mg	2	PA; QL (240 per 30 days); GC
vancomycin hcl oral capsule 250 mg	4	PA; QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	2	PA; QL (1200 per 30 days); GC
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); NM
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days); NM
VIREAD ORAL POWDER	3	QL (240 per 30 days); NM
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days); NM
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days); NM
voriconazole intravenous	4	PA
voriconazole oral suspension reconstituted	5	PA; QL (300 per 30 days)
voriconazole oral tablet 200 mg	2	PA; QL (60 per 30 days); GC
voriconazole oral tablet 50 mg	2	PA; QL (120 per 30 days); GC
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
zidovudine oral capsule	2	QL (180 per 30 days); GC; NM; 90D
zidovudine oral syrup	2	QL (1920 per 30 days); GC; NM; 90D
zidovudine oral tablet	2	QL (60 per 30 days); GC; NM; 90D
ZIRGAN	3	
MISCELLANEOUS THERAPEUTIC AGENTS / AGENTES TERAPÉUTICOS VARIOS		
ALCOHOL SWABS	3	OTC
benzonatate oral capsule 100 mg, 200 mg	6	QL (30 per 10 days); ED
GAUZE STERILE PADS 2	2	OTC; GC
hydrocodone bit-homatrop mbr oral solution	6	ED
IGALMI	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	3	OTC; QL (200 per 30 days)
INSULIN SYRINGE	3	OTC; QL (200 per 30 days)
KOSELUGO	5	PA; NM
promethazine-codeine oral solution	6	ED
promethazine-phenyleph-codeine	6	ED
sodium chloride irrigation solution 0.9 %	1	GC
OPHTHALMIC AGENTS / AGENTES OFTÁLMICOS		
acetazolamide er	2	GC; 90D
ak-poly-bac	1	GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
ALREX	4	
atropine sulfate ophthalmic ointment	3	
atropine sulfate ophthalmic solution 1 %	2	GC; 90D
azelastine hcl ophthalmic	2	GC
bacitracin ophthalmic	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	GC
bacitra-neomycin-polymyxin-hc	2	GC
bepotastine besilate	2	GC
BESIVANCE	4	
betaxolol hcl ophthalmic	2	GC; 90D
bimatoprost ophthalmic	2	GC; 90D
brimonidine tartrate ophthalmic	2	GC; 90D
brimonidine tartrate-timolol	2	GC; 90D
brinzolamide	2	GC; 90D
bromfenac sodium ophthalmic solution 0.07 %	4	
bromfenac sodium ophthalmic solution 0.075 %	2	GC
BROMSITE	4	
carteolol hcl	1	GC; 100D
ciprofloxacin hcl ophthalmic	1	GC
COMBIGAN	3	
cromolyn sodium ophthalmic	1	GC
cyclopentolate hcl ophthalmic solution 1 %	2	GC; 90D
CYSTARAN	5	NM; LA
dexamethasone sodium phosphate ophthalmic	2	GC
diclofenac sodium ophthalmic	1	GC
difluprednate	2	GC
dorzolamide hcl ophthalmic	1	GC; 100D
dorzolamide hcl-timolol mal	1	GC; 100D
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	GC; 100D
erythromycin ophthalmic	1	QL (3.5 per 30 days); GC
fluorometholone ophthalmic	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
flurbiprofen sodium	2	GC
FML FORTE	4	
gatifloxacin ophthalmic	2	GC
gentamicin sulfate ophthalmic solution	1	GC
ILEVRO	3	
ketorolac tromethamine ophthalmic	2	GC
latanoprost ophthalmic	1	GC; 100D
levobunolol hcl ophthalmic solution 0.5 %	1	GC; 100D
levofloxacin ophthalmic	2	GC
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	2	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
methazolamide oral	2	GC; 90D
moxifloxacin hcl (2x day)	2	GC
moxifloxacin hcl ophthalmic solution	2	GC
NATACYN	4	
neomycin-bacitracin zn-polymyx	2	GC
neomycin-polymyxin-dexameth	1	GC
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	GC
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	GC
NEO-POLYCIN	2	GC
NEO-POLYCIN HC	2	GC
ofloxacin ophthalmic	1	GC
olopatadine hcl ophthalmic	2	GC
OXERVATE	5	NM

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	GC; 90D
POLYCIN	1	GC
polymyxin b-trimethoprim	1	GC
prednisolone acetate ophthalmic	2	GC
prednisolone sodium phosphate ophthalmic	3	
proparacaine hcl ophthalmic	1	GC
RESTASIS	3	QL (60 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days)
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	
sulfacetamide sodium ophthalmic solution	1	GC
sulfacetamide-prednisolone ophthalmic solution	2	GC
timolol maleate (once-daily)	1	GC; 100D
timolol maleate ophthalmic gel forming solution	2	GC; 90D
timolol maleate ophthalmic solution	1	GC; 100D
TOBRADEX OPHTHALMIC OINTMENT	4	
TOBRADEX ST	4	
tobramycin ophthalmic	1	GC
tobramycin-dexamethasone	2	GC
TOBREX OPHTHALMIC OINTMENT	4	
travoprost (bak free)	2	GC; 90D
VYZULTA	4	
XIIDRA	3	QL (60 per 30 days)
ZYLET	4	
OTIC AGENTS / AGENTES ÓTICOS		
acetic acid otic	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
ciprofloxacin hcl otic	2	GC
ciprofloxacin-dexamethasone	2	GC
FLAC	2	GC
fluocinolone acetonide otic	2	GC
hydrocortisone-acetic acid	2	GC
neomycin-polymyxin-hc otic	2	GC
ofloxacin otic	2	GC
RESPIRATORY TRACT/PULMONARY AGENTS / AGENTES PULMONARES/DE LAS VÍAS RESPIRATORIAS		
acetylcysteine inhalation	2	B/D PA; GC
ADEMPAS	5	PA; NM; LA
ADVAIR HFA	3	QL (12 per 30 days)
albuterol sulfate hfa	2	GC; 90D
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	2	B/D PA; QL (360 per 30 days); GC; 90D
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	2	B/D PA; QL (60 per 30 days); GC; 90D
albuterol sulfate oral syrup	1	GC; 100D
albuterol sulfate oral tablet	2	GC; 90D
ambrisentan oral tablet 10 mg	5	PA; QL (30 per 30 days); NM; LA
ambrisentan oral tablet 5 mg	5	PA; QL (60 per 30 days); NM; LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days)
arformoterol tartrate	4	B/D PA; QL (120 per 30 days)
ARNUITY ELLIPTA	3	QL (30 per 30 days)
ATROVENT HFA	3	QL (26 per 30 days)
azelastine hcl nasal	2	QL (30 per 25 days); GC
azelastine-fluticasone	2	QL (23 per 28 days); GC

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
bosentan	5	PA; QL (60 per 30 days); NM; LA
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)
breyna	3	QL (30.9 per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days)
BRONCHITOL	5	NM; LA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D PA; QL (120 per 30 days); GC; 90D
budesonide inhalation suspension 1 mg/2ml	2	B/D PA; QL (60 per 30 days); GC; 90D
budesonide-formoterol fumarate	3	QL (30.6 per 30 days)
carbinoxamine maleate oral solution	2	PA; GC; HRM
CAYSTON	5	PA; NM; LA
cetirizine hcl oral solution	1	GC
clemastine fumarate oral tablet 2.68 mg	2	PA; GC; HRM
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
cromolyn sodium inhalation	2	B/D PA; GC; 90D
cyproheptadine hcl oral syrup	1	PA; GC; HRM
cyproheptadine hcl oral tablet	1	GC
DULERA	4	QL (13 per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	2	GC
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (2 per 28 days); GC
FASENRA PEN	5	PA; QL (1 per 28 days); NM
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 per 28 days); NM
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 per 28 days); NM; LA

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days); GC
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	3	QL (60 per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	3	QL (240 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	3	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	3	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	3	QL (11 per 30 days)
fluticasone propionate nasal	1	QL (16 per 30 days); GC
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); GC; 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); GC; 90D
hydroxyzine hcl oral syrup	1	GC
hydroxyzine hcl oral tablet	1	GC
hydroxyzine pamoate oral	2	GC
ipratropium bromide inhalation	1	B/D PA; GC; 100D
ipratropium bromide nasal	1	QL (30 per 30 days); GC; 100D
ipratropium-albuterol	2	B/D PA; QL (540 per 30 days); GC; 90D
KALYDECO ORAL PACKET	5	PA; QL (56 per 28 days); NM
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); NM
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); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
sildenafil citrate oral tablet 20 mg	2	PA; QL (360 per 30 days); GC; NM; 90D
SPIRIVA HANDIHALER	3	QL (30 per 30 days)
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
STIOLTO RESPIMAT	3	QL (4 per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA; QL (56 per 28 days); NM; LA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA; QL (56 per 28 days); NM
theophylline er oral tablet extended release 12 hour 300 mg	1	GC; 100D
theophylline er oral tablet extended release 24 hour	1	GC; 100D
theophylline oral	2	GC; 90D
TOBI PODHALER	5	QL (224 per 28 days); NM; LA
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PA; QL (280 per 28 days); NM
TRACLEER ORAL TABLET SOLUBLE	5	PA; QL (120 per 30 days); NM; LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days); NM; LA
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days); NM
UPTRAVI ORAL	5	PA; QL (60 per 30 days); NM; LA
UPTRAVI TITRATION	5	PA; NM; LA
VENTOLIN HFA	3	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 per 30 days); GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER / NIVEL	REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM; LA
zafirlukast	2	GC; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 6 of this document. Usted puede encontrar información del significado de los símbolos y abreviaciones en la página 12 de este documento.

Index / Índice

A

abacavir sulfate 103
abacavir sulfate-lamivudine . 103
ABELCET 103
ABILIFY ASIMTUFII 44, 45
ABILIFY MAINTENA 45
abiraterone acetate 24, 25
ABRYSVO 96
acamprosate calcium 45
acarbose 76
ACCUTANE 67
acebutolol hcl 37
acetaminophen-codeine 21
acetazolamide 37
acetazolamide er 116
acetic acid 119
acetylcysteine 120
acitretin 67
ACTHIB 96
ACTIMMUNE 96
acyclovir 67, 103
acyclovir sodium 103
ADACEL 96
adefovir dipivoxil 103
ADEMPAS 120
ADVAIR HFA 120
AIMOVIG 45
AKEEGA 25
ak-poly-bac 116
ala-cort 67
albendazole 103
albuterol sulfate 120
albuterol sulfate hfa 120
alclometasone dipropionate ... 67
ALCOHOL SWABS 116
ALECENSA 25
alendronate sodium 76
alfuzosin hcl er 87
aliskiren fumarate 37
allopurinol 21
almotriptan malate 45
alosetron hcl 83
ALPHAGAN P 116
alprazolam 45
alprazolam er 45
ALPRAZOLAM INTENSOL 45
alprazolam xr 45
ALREX 116
ALTAVERA 89
ALUNBRIG 25
amantadine hcl 45
ambrisentan 120
amcinonide 67
amikacin sulfate 103
amiloride hcl 37
amiloride-hydrochlorothiazide 37
amiodarone hcl 37
amitriptyline hcl 45
amlodipine besy-benazepril hcl 37
amlodipine besylate 37
amlodipine besylate-valsartan 37
amlodipine-atorvastatin 37
amlodipine-olmesartan 37
amlodipine-valsartan-hctz 37
ammonium lactate 67
AMNESTEEM 67
amoxapine 45
amoxicill-clarithro-lansopraz 83
amoxicillin 103
amoxicillin-pot clavulanate .. 103
amoxicillin-pot clavulanate er 103
amphetamine-dextroamphet er 45
amphetamine-dextroamphetamine 45
amphotericin b 103
amphotericin b liposome 103
ampicillin 103
ampicillin sodium 103
ampicillin-sulbactam sodium 103, 104
anagrelide hcl 34
anastrozole 25
ANORO ELLIPTA 120
APLENZIN 46
apomorphine hcl 46
aprepitant 83
APRI 89
APTIOM 46
APTIVUS 104
ARCALYST 96
AREXVY 96
arformoterol tartrate 120
ARIKAYCE 104
aripiprazole 46
ARNUITY ELLIPTA 120
ASCOMP-CODEINE 21
asenapine maleate 46
aspirin-dipyridamole er 34
ASTAGRAF XL 96
atazanavir sulfate 104
atenolol 37
atenolol-chlorthalidone 38
atomoxetine hcl 46
atorvastatin calcium 38
atovaquone 104
atovaquone-proguanil hcl 104
atropine sulfate 116
ATROVENT HFA 120
AUGTYRO 25
AUROVELA 1.5/30 89
AUROVELA 1/20 89
AUROVELA FE 1/20 89
AURYXIA 76
AUSTEDO 46
AUVELITY 46
AVONEX PEN 46
AVONEX PREFILLED 46
AYUNA 89
AYVAKIT 25
AZASAN 96
azathioprine 96
azelaic acid 67
azelastine hcl 116, 120
azelastine-fluticasone 120
azithromycin 104
aztreonam 104
AZURETTE 89

B

BAC 46
bacitracin 116
bacitracin-polymyxin b 117

bacitra-neomycin-polymyxin-hc 117
baclofen 47
balsalazide disodium 83
BALVERSA 25
BARACLUDE 104
BAVENCIO 25
bcg vaccine 96
BELSOMRA 47
benazepril hcl 38
benazepril-hydrochlorothiazide 38
BENLYSTA 96
benznidazole 104
benzonatate 116
benzoyl peroxide-erythromycin 67
benztropine mesylate 47
bepotastine besilate 117
BESIVANCE 117
BESREMI 25
betaine 87
betamethasone dipropionate .. 68
betamethasone dipropionate aug 68
betamethasone valerate 68
BETASERON 47
betaxolol hcl 38, 117
bethanechol chloride 87
bexarotene 25, 68
BEXSERO 96
bicalutamide 25
BICILLIN C-R 104
BICILLIN L-A 104
BIJUVA 89
BIKTARVY 104
bimatoprost 117
bisoprolol fumarate 38
bisoprolol-hydrochlorothiazide 38
BIVIGAM 96
BOOSTRIX 96, 97
bosentan 121
BOSULIF 25
BRAFTOVI 25
BREO ELLIPTA 121
breyna 121
BREZTRI AEROSPHERE .. 121
BRILINTA 34
brimonidine tartrate 117
brimonidine tartrate-timolol 117
brinzolamide 117
BRIVIACT 47
bromfenac sodium 117
bromocriptine mesylate 47
BROMSITE 117
BRONCHITOL 121
BRUKINSA 25
budesonide 83, 121
budesonide er 83
budesonide-formoterol fumarate 121
bumetanide 38
buprenorphine 21
buprenorphine hcl 47
buprenorphine hcl-naloxone hcl 47
bupropion hcl 48
bupropion hcl er (smoking det) 47
bupropion hcl er (sr) 47, 48
bupropion hcl er (xl) 48
buspirone hcl 48
butalbital-acetaminophen 48
butalbital-apap-caff-cod 21
butalbital-apap-caffeine 48
butalbital-asa-caff-codeine 21
butorphanol tartrate 21
BYDUREON BCISE 76
BYSTOLIC 38

C

CABENUVA 104
cabergoline 89
CABOMETYX 25
calcipotriene 68
calcitonin (salmon) 76
CALCITRENE 68
calcitriol 76
calcium acetate 76
calcium acetate (phos binder) 76
CALQUENCE 25
CAMILA 89
candesartan cilexetil 38
candesartan cilexetil-hctz 38
CAPLYTA 48
CAPRELSA 25
captopril 38
captopril-hydrochlorothiazide 38
carbamazepine 48
carbamazepine er 48
carbidopa 48
carbidopa-levodopa 48
carbidopa-levodopa er 48
carbidopa-levodopa-entacapone 48
carbinoxamine maleate 121
carglumic acid 73
carisoprodol 49
carteolol hcl 117
CARTIA XT 38
carvedilol 38
carvedilol phosphate er 38
caspofungin acetate 104
CAYSTON 121
cefaclor 105
cefaclor er 104
cefadroxil 105
cefazolin sodium 105
cefdinir 105
cefepime hcl 105
cefixime 105
cefoxitin sodium 105
cefpodoxime proxetil 105
cefprozil 105
ceftazidime 105
ceftriaxone sodium 105
ceftriaxone sodium in dextrose 105
cefuroxime axetil 105
cefuroxime sodium 105
celecoxib 21
cephalexin 105, 106
cetirizine hcl 121
cevimeline hcl 68
CHARLOTTE 24 FE 89
CHATEAL EQ 89
chlordiazepoxide hcl 49
chlordiazepoxide-amitriptyline 49
chlordiazepoxide-clidinium 83
chlorhexidine gluconate 68
chloroquine phosphate 106
chlorpromazine hcl 49
chlorthalidone 38

chlorzoxazone 49
cholestyramine 38
cholestyramine light 38
CICLODAN 68
ciclopirox 68
ciclopirox olamine 68
cilostazol 34
CIMDUO 106
cimetidine 83
cimetidine hcl 83
cinacalcet hcl 76
CINRYZE 34
ciprofloxacin hcl ... 106, 117, 120
ciprofloxacin in d5w 106
ciprofloxacin-dexamethasone 120
citalopram hydrobromide 49
CLARAVIS 68
clarithromycin 106
clarithromycin er 106
clemastine fumarate 121
CLENPIQ 83
CLIMARA PRO 89
CLINDACIN ETZ 68
CLINDACIN-P 68
clindamycin hcl 106
clindamycin palmitate hcl 106
clindamycin phosphate 68, 87, 106
clindamycin phosphate in d5w 106
CLINIMIX E/DEXTROSE (2.75/5) 73
CLINIMIX E/DEXTROSE (4.25/10) 73
CLINIMIX E/DEXTROSE (4.25/5) 73
CLINIMIX E/DEXTROSE (5/15) 73
CLINIMIX E/DEXTROSE (5/20) 73
clinimix e/dextrose (8/10) 73
clinimix e/dextrose (8/14) 73
CLINIMIX/DEXTROSE (4.25/10) 73
CLINIMIX/DEXTROSE (4.25/5) 73
CLINIMIX/DEXTROSE (5/15) 73
CLINIMIX/DEXTROSE (5/20) 73
clinimix/dextrose (6/5) 73
clinimix/dextrose (8/10) 73
clinimix/dextrose (8/14) 73
CLINISOL SF 73
CLINOLIPID 74
clobazam 49
clobetasol propionate 68, 69
clobetasol propionate e 68
CLODAN 69
clomipramine hcl 49
clonazepam 49
clonidine 38
clonidine hcl 38
clonidine hcl er 49
clopidogrel bisulfate 34
clorazepate dipotassium 49
clotrimazole 69
clotrimazole-betamethasone ... 69
clozapine 49, 50
COARTEM 106
colchicine 21
colchicine-probenecid 21
colesevelam hcl 38
colestipol hcl 38
colistimethate sodium (cba) .. 106
COMBIGAN 117
COMBIVENT RESPIMAT . 121
COMETRIQ (100 MG DAILY DOSE) 26
COMETRIQ (140 MG DAILY DOSE) 26
COMETRIQ (60 MG DAILY DOSE) 26
COMPLERA 106
COMPRO 83
CONDYLOX 69
constulose 84
COPAXONE 50
COPIKTRA 26
CORLANOR 39
COSENTYX 97
COSENTYX (300 MG DOSE) 97
COSENTYX SENSOREADY (300 MG) 97
COSENTYX SENSOREADY PEN 97
COTELLIC 26
CREON 87
cromolyn sodium 87, 117, 121
CRYSELLE-28 89
cyclobenzaprine hcl 50
cyclopentolate hcl 117
cyclophosphamide 26
CYCLOSET 76
cyclosporine 97
cyclosporine modified 97
cyproheptadine hcl 121
CYRAMZA 26
CYRED EQ 89
CYSTAGON 87
CYSTARAN 117

D

dabigatran etexilate mesylate . 34
dalfampridine er 50
danazol 89
dapsone 106
DAPTACEL 97
daptomycin 106
darifenacin hydrobromide er .. 88
darunavir 106
DARZALEX 26
DARZALEX FASPRO 26
dasatinib 26
DAURISMO 26
DEBLITANE 89
deferasirox 76
deferiprone 76
DELSTRIGO 106
DEPO-SUBQ PROVERA 104 89
DEPO-TESTOSTERONE 89
DESCOVY 106
desipramine hcl 50
desmopressin ace spray refrig 89
desmopressin acetate 89, 90
desmopressin acetate spray 90
desogestrel-ethinyl estradiol .. 90
desonide 69
desoximetasone 69
desvenlafaxine er 50

desvenlafaxine succinate er....50
dexamethasone.....90
dexamethasone sodium phosphate.....117
dexlansoprazole.....84
dexmethylphenidate hcl er.....50
dextroamphetamine sulfate....51
dextroamphetamine sulfate er 50
dextrose.....74
dextrose-sodium chloride.....74
DIACOMIT.....51
diazepam.....51
DIAZEPAM INTENSOL.....51
diazoxide.....76
diclofenac potassium.....21
diclofenac sodium.....21, 69, 117
diclofenac sodium er.....21
diclofenac-misoprostol.....21
dicloxacillin sodium.....106
dicyclomine hcl.....84
DIFICID.....106
diflunisal.....21
difluprednate.....117
digox.....39
digoxin.....39
dihydroergotamine mesylate..51
DILANTIN.....51
diltiazem hcl.....39
diltiazem hcl er.....39
diltiazem hcl er beads.....39
diltiazem hcl er coated beads.39
dilt-xr.....39
diphenoxylate-atropine.....84
diphtheria-tetanus toxoids dt..97
dipyridamole.....34
disopyramide phosphate.....39
disulfiram.....51
divalproex sodium.....51
divalproex sodium er.....51
dofetilide.....39
donepezil hcl.....51
dorzolamide hcl.....117
dorzolamide hcl-timolol mal 117
dorzolamide hcl-timolol mal pf.....117
DOVATO.....106
doxazosin mesylate.....39
doxepin hcl.....51
doxercalciferol.....76
DOXY 100.....106
doxycycline hyclate.....106, 107
doxycycline monohydrate.....107
DRIZALMA SPRINKLE.....52
dronabinol.....84
*drospirenone-ethinyl estradiol*90
DROXIA.....34
droxidopa.....39, 40
DULERA.....121
duloxetine hcl.....52
DUPIXENT.....69, 70
duramorph.....21
dutasteride.....88
dutasteride-tamsulosin hcl.....88

E

E.E.S. 400.....107
ec-naproxen.....21
econazole nitrate.....70
EDURANT.....107
efavirenz.....107
efavirenz-emtricitab-tenofo df.....107
efavirenz-lamivudine-tenofovir.....107
eletriptan hydrobromide.....52
ELIGARD.....26
ELINEST.....90
ELIQUIS.....34
ELIQUIS DVT/PE STARTER PACK.....34
ELURYNG.....90
EMCYT.....26
EMSAM.....52
emtricitabine.....107
emtricitabine-tenofovir df.....107
EMTRIVA.....107
EMVERM.....107
EMZAHH.....90
enalapril maleate.....40
*enalapril-hydrochlorothiazide*40
ENBREL.....97
ENBREL MINI.....97
ENBREL SURECLICK.....97
ENDARI.....34
ENDOCET.....21
ENGERIX-B.....97
ENHERTU.....26
ENILLORING.....90
enoxaparin sodium.....34, 35
ENSKYCE.....90
entacapone.....52
entecavir.....107
ENTRESTO.....40
enulose.....84
ENVARSUS XR.....97
EPIDIOLEX.....52
epinephrine.....121
EPITOL.....52
EPIVIR HBV.....107
eplerenone.....40
EPRONTIA.....52
ERAXIS.....108
ergocalciferol.....76
ergoloid mesylates.....52
ergotamine-caffeine.....52
ERIVEDGE.....26
ERLEADA.....26
erlotinib hcl.....26
ERRIN.....90
ertapenem sodium.....108
ERY-TAB.....108
ERYTHROCIN STEARATE.....108
erythromycin.....70, 108, 117
erythromycin base.....108
erythromycin ethylsuccinate.108
erythromycin lactobionate....108
escitalopram oxalate.....52
ESGIC.....52
esomeprazole magnesium.....84
ESTARYLLA.....90
estazolam.....52
estradiol.....90
eszopiclone.....52
ethambutol hcl.....108
ethosuximide.....52
ethynodiol diac-eth estradiol..90
etodolac.....22
etodolac er.....21
etonogestrel-ethinyl estradiol.90
etravirine.....108
EUCRISA.....70
EUTHYROX.....90
everolimus.....26, 97, 98
EVOTAZ.....108

exemestane 26
EXKIVITY 26
ezetimibe 40
ezetimibe-simvastatin 40
F
famciclovir 109
famotidine 84
FANAPT 53
FANAPT TITRATION PACK 53
FARXIGA 76
FASENRA 121
FASENRA PEN 121
febuxostat 22
felbamate 53
felodipine er 40
FEMYNOR 90
fenofibrate 40
fenofibrate micronized 40
fenofibric acid 40
fenoprofen calcium 22
fentanyl 22
fentanyl citrate 22
FERRIPROX 76
FETZIMA 53
FETZIMA TITRATION 53
FIASP 77
FIASP FLEXTOUCH 76
FIASP PENFILL 77
FIASP PUMPCART 77
finasteride 88
fingolimod hcl 53
FINTEPLA 53
FINZALA 90
FIRMAGON 27
FIRMAGON (240 MG DOSE) 26
FIRVANQ 109
FLAC 120
flavoxate hcl 88
FLEBOGAMMA DIF 98
flecainide acetate 40
fluconazole 109
fluconazole in sodium chloride 109
flucytosine 109
fludrocortisone acetate 90
flunisolide 122
fluocinolone acetonide ... 70, 120
fluocinolone acetonide body ... 70
fluocinolone acetonide scalp .. 70
fluocinonide 70
fluocinonide emulsified base .. 70
fluorometholone 117
fluorouracil 70
fluoxetine hcl 53
fluphenazine decanoate 53
fluphenazine hcl 53
flurazepam hcl 53
flurbiprofen 22
flurbiprofen sodium 118
fluticasone propionate 70, 122
fluticasone propionate diskus 122
fluticasone propionate hfa 122
fluticasone-salmeterol 122
fluvastatin sodium 40
fluvastatin sodium er 40
fluvoxamine maleate 54
fluvoxamine maleate er 54
FML FORTE 118
folic acid 74
fondaparinux sodium 35
FORTEO 77
FOSAMAX PLUS D 77
fosamprenavir calcium 109
fosaprepitant dimeglumine 84
fosinopril sodium 40
fosinopril sodium-hctz 40
FOTIVDA 27
FRAGMIN 35
FRUZAQLA 27
furosemide 40
FUZEON 109
FYCOMPA 54
G
gabapentin 54
gabapentin (once-daily) 54
GALAFOLD 87
galantamine hydrobromide 54
galantamine hydrobromide er 54
GALLIFREY 90
GAMMAGARD 98
GAMMAGARD S/D LESS IGA 98
GAMMAKED 98
GAMMAPLEX 98
GAMUNEX-C 98
GARDASIL 9 98
gatifloxacin 118
GATTEX 84
GAUZE STERILE PADS 2 .116
GAVILYTE-C 84
GAVILYTE-G 84
GAVILYTE-N WITH FLAVOR PACK 84
GAVRETO 27
GAZYVA 27
gefitinib 27
gemfibrozil 40
GEMTESA 88
generlac 84
GENGRAF 98
gentamicin in saline 109
gentamicin sulfate ... 70, 109, 118
GENVOYA 109
GILENYA 54
GILOTRIF 27
GLEOSTINE 27
glimepiride 77
glipizide 77
glipizide er 77
glipizide xl 77
glipizide-metformin hcl 77
GLUCAGEN HYPOKIT 77
GLUCAGON EMERGENCY 77
glyburide 78
glyburide micronized 78
glyburide-metformin 78
glycopyrrolate 84
GLYDO 22
GLYXAMBI 78
GOCOVRI 54
GRALISE 54
granisetron hcl 84
griseofulvin microsize 109
guanfacine hcl er 54
H
HADLIMA 98
HADLIMA PUSHTOUCH 98
HAILEY 1.5/30 90
HAILEY FE 1/20 90
halobetasol propionate 70
HALOETTE 91

haloperidol 55
haloperidol decanoate 54
haloperidol lactate 55
HAVRIX 98
HEATHER 91
heparin sodium (porcine) 35
heparin sodium (porcine) pf ... 35
HEPLISAV-B 98
HERCEPTIN HYLECTA 27
HIBERIX 98
HUMIRA 99
HUMIRA (2 PEN) 98, 99
HUMIRA (2 SYRINGE) 99
HUMIRA PEN 99
HUMIRA PEN-PEDIATRIC UC START 99
HUMIRA-CD/UC/HS STARTER 99
HUMIRA-PSORIASIS/UVEIT STARTER 99
hydralazine hcl 40
hydrochlorothiazide 40
hydrocodone bit-homatrop mbr 116
hydrocodone-acetaminophen . 22
hydrocodone-homatropine 22
hydrocodone-ibuprofen 22
hydrocortisone 71, 84
hydrocortisone (perianal) 70
hydrocortisone ace-pramoxine 84
hydrocortisone butyrate ... 70, 71
hydrocortisone valerate 71
hydrocortisone-acetic acid ... 120
hydromorphone hcl 22
hydroxychloroquine sulfate .. 109
hydroxyurea 27
hydroxyzine hcl 122
hydroxyzine pamoate 122
hyoscyamine sulfate 84, 85

I

ibandronate sodium 78
IBRANCE 27
IBU 22
ibuprofen 22
icatibant acetate 36
ICLUSIG 27
IDHIFA 27
IGALMI 116
ILEVRO 118
imatinib mesylate 27
IMBRUVICA 27
imipenem-cilastatin 109
imipramine hcl 55
imipramine pamoate 55
imiquimod 71
IMOVAX RABIES 99
IMVEXXY MAINTENANCE PACK 91
IMVEXXY STARTER PACK 91
INCASSIA 91
INCRELEX 91
indapamide 40
indomethacin 22
indomethacin er 22
INFANRIX 99
INGREZZA 55
INLYTA 27
INQOVI 27
INREBIC 27
insulin asp prot & asp flexpen 78
insulin aspart 78
insulin aspart flexpen 78
insulin aspart penfill 78
insulin aspart prot & aspart ... 78
INSULIN PEN NEEDLE 116
INSULIN SYRINGE 116
INTELENCE 109
INTRALIPID 74
INTRAROSA 91
INVEGA HAFYERA 55
INVEGA SUSTENNA 55
INVEGA TRINZA 55, 56
INVOKAMET 78
INVOKAMET XR 78
INVOKANA 78
IPOL 99
ipratropium bromide 122
ipratropium-albuterol 122
irbesartan 40
irbesartan-hydrochlorothiazide 41
ISENTRESS 109
ISENTRESS HD 109
ISIBLOOM 91
ISOLYTE-P IN D5W 74
ISOLYTE-S 74
isoniazid 109
isosorb dinitrate-hydralazine .41
isosorbide dinitrate 41
isosorbide mononitrate 41
isosorbide mononitrate er 41
isotretinoin 71
isradipine 41
itraconazole 109
ivabradine hcl 41
ivermectin 71, 109
IWILFIN 28
IXCHIQ 99
IXIARO 99

J

JAKAFI 28
jantoven 36
JANUMET 78
JANUMET XR 78
JANUVIA 78
JARDIANCE 78
JASMIEL 91
JAVYGTOR 87
JAYPIRCA 28
JENCYCLA 91
JENTADUETO 79
JENTADUETO XR 79
JUBLIA 71
JULEBER 91
JULUCA 109
JUNEL 1.5/30 91
JUNEL 1/20 91
JUNEL FE 1/20 91
JYLAMVO 99
JYNNEOS 99

K

KADCYLA 28
KALLIGA 91
KALYDECO 122
KARIVA 91
kcl (0.149%) in nacl 74
kcl in dextrose-nacl 74
kcl-lactated ringers-d5w 74
kedrab 99
KELNOR 1/50 91
KERENDIA 79
ketoconazole 71, 110

ketoprofen 22
ketoprofen er 22
ketorolac tromethamine .. 22, 118
KINRIX 99
KIONEX 79
KISQALI (200 MG DOSE) ... 28
KISQALI (400 MG DOSE) ... 28
KISQALI (600 MG DOSE) ... 28
KISQALI FEMARA (200 MG DOSE) 28
KISQALI FEMARA (400 MG DOSE) 28
KISQALI FEMARA (600 MG DOSE) 28
KLAYESTA 71
KLOR-CON 74
KLOR-CON 10 74
KLOR-CON M10 74
KLOR-CON M15 74
KLOR-CON M20 74
KORLYM 91
KOSELUGO 116
KOURZEQ 71
KRAZATI 28
KURVELO 91

L

labetalol hcl 41
lacosamide 56
lactulose 85
lactulose encephalopathy 85
LAGEVRIO 110
LAMICTAL XR 56
lamivudine 110
lamivudine-zidovudine 110
lamotrigine 56
lamotrigine er 56
lamotrigine starter kit-blue 56
lamotrigine starter kit-green .. 56
lamotrigine starter kit-orange 56
lanreotide acetate 91
lansoprazole 85
LANTUS 79
LANTUS SOLOSTAR 79
lapatinib ditosylate 28
LARIN 1.5/30 91
LARIN 1/20 91
LARIN FE 1/20 91
latanoprost 118
leflunomide 100
lenalidomide 28
LENVIMA (10 MG DAILY DOSE) 28
LENVIMA (12 MG DAILY DOSE) 28
LENVIMA (14 MG DAILY DOSE) 28
LENVIMA (18 MG DAILY DOSE) 28
LENVIMA (20 MG DAILY DOSE) 28
LENVIMA (24 MG DAILY DOSE) 28
LENVIMA (4 MG DAILY DOSE) 28
LENVIMA (8 MG DAILY DOSE) 28
letrozole 28
leucovorin calcium 28, 29
LEUKERAN 29
LEUKINE 36
leuprolide acetate 29
leuprolide acetate (3 month) .. 29
levalbuterol hcl 122, 123
levalbuterol tartrate 123
LEVEMIR 79
levetiracetam 56
levetiracetam er 56
levobunolol hcl 118
levocarnitine 74
levocarnitine sf 74
levocetirizine dihydrochloride 123
levofloxacin 110, 118
levofloxacin in d5w 110
levonorgestrel-ethinyl estrad .. 91
LEVORA 0.15/30 (28) 91
LEVO-T 91
levothyroxine sodium 91
LEVOXYL 92
LEXIVA 110
l-glutamine 36
LIBERVANT 56
lidocaine 22
lidocaine hcl 23
lidocaine hcl urethral/mucosal 23
lidocaine viscous hcl 23
lidocaine-prilocaine 23
lindane 71
linezolid 110
linezolid in sodium chloride . 110
LINZESS 85
liothyronine sodium 92
lisinopril 41
lisinopril-hydrochlorothiazide 41
lithium 56
lithium carbonate 56
lithium carbonate er 56
LITHOSTAT 88
LOESTRIN 1.5/30 (21) 92
LOESTRIN 1/20 (21) 92
LOESTRIN FE 1/20 92
LOKELMA 79
LONSURF 29
loperamide hcl 85
lopinavir-ritonavir 110
lorazepam 56
LORAZEPAM INTENSOL ... 56
LORBRENA 29
LORYNA 92
losartan potassium 41
losartan potassium-hctz 41
LOTEMAX 118
LOTEMAX SM 118
loteprednol etabonate 118
lovastatin 41
LOW-OGESTREL 92
loxapine succinate 57
LO-ZUMANDIMINE 92
lubiprostone 85
LUMAKRAS 29
LUMIGAN 118
LUPRON DEPOT (1-MONTH) 29
LUPRON DEPOT (3-MONTH) 29
LUPRON DEPOT (4-MONTH) 29
LUPRON DEPOT (6-MONTH) 29
lurasidone hcl 57
LYBALVI 57
LYLEQ 92
LYNPARZA 29

LYSODREN.....29
LYTGOBI (12 MG DAILY DOSE).....29
LYTGOBI (16 MG DAILY DOSE).....29
LYTGOBI (20 MG DAILY DOSE).....29
LYZA.....92

M

magnesium sulfate.....74
malathion.....71
maraviroc.....110
marlissa.....92
MARPLAN.....57
MATULANE.....29
MATZIM LA.....41
MAVYRET.....110
meclizine hcl.....85
meclofenamate sodium.....23
medroxyprogesterone acetate 92
mefloquine hcl.....110
megestrol acetate.....29, 92
MEKINIST.....29
MEKTOVI.....29
meloxicam.....23
memantine hcl.....57
memantine hcl er.....57
MENACTRA.....100
MENQUADFI.....100
MENVEO.....100
meperidine hcl.....23
meprobamate.....57
mercaptopurine.....29
meropenem.....111
mesalamine.....85
mesalamine er.....85
MESNEX.....29
metformin hcl.....79
metformin hcl er.....79
metformin hcl er (mod).....79
metformin hcl er (osm).....79
methadone hcl.....23
methazolamide.....118
methenamine hippurate.....111
methimazole.....92
methocarbamol.....57
methotrexate.....100
methotrexate sodium.....100
methotrexate sodium (pf).....100
methoxsalen rapid.....71
methscopolamine bromide.....85
methsuximide.....57
methylphenidate hcl.....57, 58
methylphenidate hcl er.....57
methylphenidate hcl er (cd)....57
methylphenidate hcl er (osm) .57
methylprednisolone.....92
methyltestosterone.....92
metoclopramide hcl.....85
metolazone.....41
metoprolol succinate er.....41
metoprolol tartrate.....41
metoprolol-hydrochlorothiazide.....41
metronidazole.....71, 88, 111
metyrosine.....41
mexiletine hcl.....41
MIBELAS 24 FE.....92
micafungin sodium.....111
miconazole 3.....88
MICROGESTIN 1.5/30.....92
MICROGESTIN 1/20.....92
MICROGESTIN 24 FE.....92
MICROGESTIN FE 1/20.....92
midodrine hcl.....41
mifepristone.....92
MIGERGOT.....58
miglitol.....79
miglustat.....87
MILI.....92
minocycline hcl.....111
minoxidil.....42
mirtazapine.....58
misoprostol.....85
M-M-R II.....100
modafinil.....58
moexipril hcl.....42
molindone hcl.....58
mometasone furoate.....71, 123
MONDOXYNE NL.....111
MONO-LINYAH.....92
montelukast sodium.....123
morphine sulfate.....23, 24
morphine sulfate (concentrate).....23
morphine sulfate (pf).....23
morphine sulfate er.....23
morphine sulfate er beads.....23
MOUNJARO.....79
MOVANTIK.....85
moxifloxacin hcl.....111, 118
moxifloxacin hcl (2x day).....118
moxifloxacin hcl in nacl.....111
MRESVIA.....100
MULTAQ.....42
multiple electro type 1 ph 5.5 .75
multiple electro type 1 ph 7.4 .75
mupirocin.....71
mupirocin calcium.....71
mycophenolate mofetil.....100
mycophenolate sodium.....100
mycophenolic acid.....100
MYHIBBIN.....100
MYORISAN.....71
MYRBETRIQ.....88
MYTESI.....85

N

nabumetone.....24
nadolol.....42
nafcillin sodium.....111
naftifine hcl.....71
naloxone hcl.....58
naltrexone hcl.....58
NAMZARIC.....58
naproxen.....24
naproxen dr.....24
naproxen sodium.....24
NATACYN.....118
nateglinide.....80
NAYZILAM.....58
nebivolol hcl.....42
nefazodone hcl.....58
neomycin sulfate.....111
neomycin-bacitracin zn-polymyx.....118
neomycin-polymyxin-dexameth.....118
neomycin-polymyxin-gramicidin.....118
neomycin-polymyxin-hc 118, 120
NEO-POLYCIN.....118
NEO-POLYCIN HC.....118
NERLYNX.....30
NEULASTA.....36

NEUPOGEN 36
NEUPRO 58
nevirapine 111
nevirapine er 111
niacin (antihyperlipidemic) 42
niacin er (antihyperlipidemic) 42
niacor 42
nicardipine hcl 42
NICOTROL 58
nifedipine 42
nifedipine er 42
nifedipine er osmotic release .. 42
NIKKI 92
nilutamide 30
nimodipine 42
NINLARO 30
nisoldipine er 42
nitazoxanide 111
nitisinone 87
nitrofurantoin macrocrystal . 111
nitrofurantoin monohyd macro 111
nitroglycerin 42, 71
nizatidine 85
NOCDURNA 93
NORA-BE 93
NORDITROPIN FLEXPRO .. 93
norethin ace-eth estrad-fe 93
norethindrone 93
norethindrone acetate 93
norethindrone acet-ethinyl est 93
norethin-eth estradiol-fe 93
norgestimate-eth estradiol 93
norgestim-eth estrad triphasic 93
NORLYDA 93
NORLYROC 93
nortriptyline hcl 58
NORVIR 111
NOVOLIN 70/30 80
NOVOLIN 70/30 RELION 80
NOVOLIN N 80
NOVOLIN N FLEXPEN 80
NOVOLIN N FLEXPEN RELION 80
NOVOLIN N RELION 80
NOVOLIN R 80
NOVOLIN R RELION 80
NOVOLOG 80
NOVOLOG 70/30 FLEXPEN RELION 80
NOVOLOG FLEXPEN 80
NOVOLOG FLEXPEN RELION 80
NOVOLOG MIX 70/30 80
NOVOLOG MIX 70/30 FLEXPEN 80
NOVOLOG MIX 70/30 RELION 80
NOVOLOG PENFILL 80
NOVOLOG RELION 80
NOXAFIL 111
NUBEQA 30
NUCALA 123
NUEDEXTA 58
NUPLAZID 58
NURTEC 59
NUTRILIPID 75
NYAMYC 71
nystatin 71, 72, 112
nystatin-triamcinolone 72
NYSTOP 72

O

OCTAGAM 100
octreotide acetate 93
ODEFSEY 112
ODOMZO 30
OFEV 123
ofloxacin 112, 118, 120
OGSIVEO 30
OJEMDA 30
OJJAARA 30
olanzapine 59
olanzapine-fluoxetine hcl 59
olmesartan medoxomil 42
olmesartan medoxomil-hctz 42
olmesartan-amlodipine-hctz ... 42
olopatadine hcl 118, 123
omega-3-acid ethyl esters 42
omeprazole 85
OMNITROPE 94
ondansetron 86
ondansetron hcl 85, 86
ONUREG 30
OPSUMIT 123
ORALONE 72
ORGOVYX 30
ORKAMBI 123
orphenadrine citrate er 59
ORSERDU 30
oseltamivir phosphate 112
OSPHENA 94
OTEZLA 100
oxaliplatin 30
oxandrolone 94
oxaprozin 24
oxazepam 59
oxcarbazepine 59
OXERVATE 118
oxybutynin chloride 88
oxybutynin chloride er 88
oxycodone hcl 24
oxycodone-acetaminophen 24
oxymorphone hcl 24
OZEMPIC (0.25 OR 0.5 MG/DOSE) 80
OZEMPIC (1 MG/DOSE) 80
OZEMPIC (2 MG/DOSE) 80

P

pacerone 42
paliperidone er 59
PANRETIN 72
pantoprazole sodium 86
paricalcitol 81
paromomycin sulfate 112
paroxetine hcl 59, 60
paroxetine hcl er 59
paroxetine mesylate 60
PAXLOVID (150/100) 112
PAXLOVID (300/100) 112
pazopanib hcl 30
PEDIARIX 100
PEDVAX HIB 100
peg 3350-kcl-na bicarb-nacl .. 86
peg-3350/electrolytes 86
PEGASYS 100, 101
PEMAZYRE 30
pemetrexed disodium 30
PENBRAYA 101
penciclovir 72
penicillamine 88
penicillin g potassium 112
penicillin g sodium 112
penicillin v potassium 112
PENTACEL 101

pentamidine isethionate.....112
pentazocine-naloxone hcl.....24
pentoxifylline er.....36
perindopril erbumine.....42
PERIOGARD.....72
permethrin.....72
perphenazine.....60
perphenazine-amitriptyline....60
PERSERIS.....60
PFIZERPEN.....112
phenelzine sulfate.....60
phenobarbital.....60
phenytoin.....60
PHENYTOIN INFATABS....60
phenytoin sodium extended....60
PHESGO.....30
PIFELTRO.....112
pilocarpine hcl.....72, 119
pimecrolimus.....72
pimozide.....60
PIMTREA.....94
pindolol.....42
pioglitazone hcl.....81
pioglitazone hcl-glimepiride..81
pioglitazone hcl-metformin hcl.....81
piperacillin sod-tazobactam.112
PIQRAY (200 MG DAILY DOSE).....30
PIQRAY (250 MG DAILY DOSE).....30
PIQRAY (300 MG DAILY DOSE).....30
pirfenidone.....123
piroxicam.....24
pitavastatin calcium.....42
PLASMA-LYTE 148.....75
PLASMA-LYTE A.....75
PLENAMINE.....75
podofilox.....72
POLYCIN.....119
polymyxin b-trimethoprim....119
POMALYST.....30
PORTIA-28.....94
posaconazole.....112
potassium chloride.....75
potassium chloride crys er.....75
potassium chloride er.....75
potassium chloride in nacl.....75
potassium citrate er.....88
potassium cl in dextrose 5%...75
PRADAXA.....36
PRALUENT.....43
pramipexole dihydrochloride.60
pramipexole dihydrochloride er.....60
prasugrel hcl.....36
pravastatin sodium.....43
prazosin hcl.....43
prednicarbate.....94
prednisolone.....94
prednisolone acetate.....119
prednisolone sodium phosphate.....94, 119
prednisone.....94
pregabalin.....60
PREHEVBRIO.....101
PREMARIN.....94
PREMASOL.....75
prevalite.....43
PREVYMIS.....112
PREZCOBIX.....112
PREZISTA.....112
PRIFTIN.....112
primaquine phosphate.....113
primidone.....60
PRIORIX.....101
PRIVIGEN.....101
PROAIR RESPICLICK.....123
probenecid.....24
prochlorperazine.....86
prochlorperazine maleate.....86
PROCRIT.....36
PROCTO-MED HC.....72
PROCTOSOL HC.....72
PROCTOZONE-HC.....72
progesterone.....94
PROGRAF.....101
PROLASTIN-C.....87
PROLIA.....81
PROMACTA.....36
promethazine hcl.....86
promethazine-codeine.....116
promethazine-phenyleph-codeine.....116
*promethazine-phenylephrine*123
PROMETHEGAN.....86
propafenone hcl.....43
propafenone hcl er.....43
proparacaine hcl.....119
propranolol hcl.....43
propranolol hcl er.....43
propylthiouracil.....94
PROQUAD.....101
PROSOL.....75
protriptyline hcl.....60
PROVENTIL HFA.....123
PULMOZYME.....123
PURIXAN.....31
pyrazinamide.....113
pyridostigmine bromide.....61
pyridostigmine bromide er.....61
pyrimethamine.....113

Q

QINLOCK.....31
QUADRACEL.....101
quetiapine fumarate.....61
quetiapine fumarate er.....61
quinapril hcl.....43
*quinapril-hydrochlorothiazide*43
quinidine gluconate er.....43
quinidine sulfate.....43
quinine sulfate.....113

R

RABAVERT.....101
raloxifene hcl.....94
ramelteon.....61
ramipril.....43
ranolazine er.....43
rasagiline mesylate.....61
RECLIPSEN.....94
RECOMBIVAX HB.....101
RECTIV.....72
REGRANEX.....72
RELAFEN.....24
RELENZA DISKHALER....113
repaglinide.....81
REPATHA.....43
REPATHA PUSHTRONEX SYSTEM.....43
REPATHA SURECLICK.....43
RESTASIS.....119
RESTASIS MULTIDOSE....119
RETACRIT.....36

RETEVMO....31
RETROVIR....113
REXULTI....61
REYATAZ....113
REZLIDHIA....31
REZUROCK....101
RHOPRESSA....119
RIABNI....31
ribavirin....113
rifabutin....113
rifampin....113
riluzole....61
rimantadine hcl....113
RINVOQ....101
RINVOQ LQ....101
risedronate sodium....81
RISPERDAL CONSTA....61
risperidone....62
risperidone microspheres er...61
ritonavir....113
RITUXAN....31
rivastigmine....62
rivastigmine tartrate....62
ROCKLATAN....119
roflumilast....123
ropinirole hcl....62
rosuvastatin calcium....43
ROTARIX....101
ROTATEQ....101
ROWEEPRA....62
ROZLYTREK....31
RUBRACA....31
rufinamide....62
RUKOBIA....113
RYBELSUS....81
RYBREVANT....31
RYDAPT....31
RYLAZE....31
RYTARY....62

S

SAJAZIR....36
SANTYL....72
sapropterin dihydrochloride..87
SARCLISA....31
SAVELLA....62
SAVELLA TITRATION PACK....62
SCEMBLIX....31
scopolamine....86
SECUADO....62
selegiline hcl....62
selenium sulfide....72
SELZENTRY....113
SEREVENT DISKUS....123
sertraline hcl....62
sevelamer carbonate....81
SHAROBEL....94
SHINGRIX....101
SIGNIFOR....94
sildenafil citrate....88, 124
silodosin....88
silver sulfadiazine....72
SIMBRINZA....119
SIMLIYA....94
simvastatin....43
sirolimus....101
SIRTURO....113
SKYRIZI....101, 102
SKYRIZI PEN....102
SOAANZ....43
sodium chloride....75, 116
sodium fluoride....75
sodium phenylbutyrate....87
sodium polystyrene sulfonate.81
sofosbuvir-velpatasvir....113
solifenacin succinate....88
SOLIQUA....81
SOLTAMOX....31
SOMATULINE DEPOT....94
SOMAVERT....95
sorafenib tosylate....31
SORINE....43
sotalol hcl....43
sotalol hcl (af)....43
SPIRIVA HANDIHALER...124
SPIRIVA RESPIMAT....124
spironolactone....43
spironolactone-hctz....43
SPRAVATO (56 MG DOSE) 63
SPRAVATO (84 MG DOSE) 63
SPRINTEC 28....95
SPRITAM....63
SPRYCEL....31
SPS....81
SPS (SODIUM POLYSTYRENE SULF)...81
SSD (SILVER SULFADIAZINE)....72
STELARA....102
STIOLTO RESPIMAT....124
STIVARGA....31
streptomycin sulfate....113
STRIBILD....113
SUBVENITE....63
SUBVENITE STARTER KIT-BLUE....63
SUBVENITE STARTER KIT-GREEN....63
SUBVENITE STARTER KIT-ORANGE....63
sucralfate....86
sulfacetamide sodium....119
sulfacetamide sodium (acne)..72
sulfacetamide-prednisolone..119
sulfadiazine....113
sulfamethoxazole-trimethoprim....113
sulfasalazine....86
sulindac....24
sumatriptan....63
sumatriptan succinate....63
sumatriptan succinate refill....63
sunitinib malate....31
SUNLENCA....114
SUPRAX....114
SUPREP BOWEL PREP KIT 86
SYMDEKO....124
SYMLINPEN 120....81
SYMLINPEN 60....82
SYMPAZAN....63
SYMTUZA....114
SYNAREL....95
SYNDROS....86
SYNJARDY....82
SYNJARDY XR....82
SYNTHROID....95

T

TABLOID....31
TABRECTA....31
tacrolimus....72, 102
tadalafil....88
TAFINLAR....32
TAGRISSO....32
TAKHZYRO....37

TALZENNA....32
tamoxifen citrate....32
tamsulosin hcl....88
TARINA FE 1/20 EQ....95
TASIGNA....32
tazarotene....72
TAZICEF....114
TAZORAC....72
TAZVERIK....32
TDVAX....102
TECENTRIQ....32
TECFIDERA....63
TECVAYLI....32
TEFLARO....114
TEGLUTIK....63
TEGSEDI....43
telmisartan....44
telmisartan-amlodipine....44
telmisartan-hctz....44
temazepam....63
TENCON....64
TENIVAC....102
tenofovir disoproxil fumarate....114
TEPMETKO....32
terazosin hcl....44
terbinafine hcl....114
terconazole....88
teriparatide....82
testosterone....95
testosterone cypionate....95
testosterone enanthate....95
tetrabenazine....64
tetracycline hcl....114
THALOMID....32
theophylline....124
theophylline er....124
thioridazine hcl....64
thiothixene....64
TIADYLT ER....44
tiagabine hcl....64
TIBSOVO....32
TICOVAC....102
tigecycline....114
TIGLUTIK....64
timolol maleate....44, 119
timolol maleate (once-daily) 119
tinidazole....114
TIVICAY....114
TIVICAY PD....114
tizanidine hcl....64
TOBI PODHALER....124
TOBRADEX....119
TOBRADEX ST....119
tobramycin....119, 124
tobramycin sulfate....114
tobramycin-dexamethasone..119
TOBREX....119
tolcapone....64
tolmetin sodium....24
tolterodine tartrate er....89
tolvaptan....82
topiramate....64
toremifene citrate....32
torsemide....44
TOUJEO MAX SOLOSTAR.82
TOUJEO SOLOSTAR....82
TPN ELECTROLYTES....75
TRACLEER....124
TRADJENTA....82
tramadol hcl....24
tramadol hcl (er biphasic)....24
tramadol hcl er....24
tramadol-acetaminophen....24
trandolapril....44
trandolapril-verapamil hcl er.44
tranexamic acid....37
tranylcypromine sulfate....64
TRAVASOL....75
travoprost (bak free)....119
trazodone hcl....64
TRECATOR....114
TRELEGY ELLIPTA....124
TRELSTAR MIXJECT....32
TRESIBA....82
TRESIBA FLEXTOUCH....82
tretinoin....32, 72
TREXALL....102
TRI FEMYNOR....95
triamcinolone acetonide....73
triamterene-hctz....44
triazolam....64
TRIDERM....73
trientine hcl....82
TRI-ESTARYLLA....95
trifluoperazine hcl....64
trifluridine....114
trihexyphenidyl hcl....64
TRIJARDY XR....82
TRIKAFTA....124
TRI-LINYAH....95
TRI-LO-ESTARYLLA....95
TRI-LO-MARZIA....95
TRI-LO-MILI....95
TRI-LO-SPRINTEC....95
trimethoprim....114
TRI-MILI....95
trimipramine maleate....64
TRINTELLIX....64
TRI-NYMYO....95
TRI-SPRINTEC....95
TRIUMEQ....114
TRIUMEQ PD....114
TRI-VYLIBRA....96
TRI-VYLIBRA LO....96
TRIZIVIR....114
TRODELVY....32
TROPHAMINE....75
TRULICITY....82
TRUMENBA....102
TRUQAP....32
TRUSELTIQ (100MG DAILY DOSE)....32
TRUSELTIQ (125MG DAILY DOSE)....32
TRUSELTIQ (50MG DAILY DOSE)....32
TRUSELTIQ (75MG DAILY DOSE)....32
TUKYSA....32
TURALIO....32
TURQOZ....96
TWINRIX....102
TYBOST....114
TYMLOS....82
TYPHIM VI....102

U

UBRELVY....64
UCERIS....86
UDENYCA....37
UNITHROID....96
UPTRAVI....124
UPTRAVI TITRATION....124
ursodiol....86

UZEDY 64, 65
V
valacyclovir hcl 114, 115
VALCHLOR 73
valganciclovir hcl 115
valproic acid 65
valsartan 44
valsartan-hydrochlorothiazide 44
VALTOCO 10 MG DOSE 65
VALTOCO 15 MG DOSE 65
VALTOCO 20 MG DOSE 65
VALTOCO 5 MG DOSE 65
vancomycin hcl 115
VANDAZOLE 89
VANFLYTA 33
VAQTA 102
varenicline tartrate 65
varenicline tartrate (starter) .. 65
varenicline tartrate(continue) 65
VARIVAX 102
VARIZIG 102
VARUBI (180 MG DOSE) 86
VASCEPA 44
VAXCHORA 102
VELPHORO 82
VELTASSA 82
VENCLEXTA 33
VENCLEXTA STARTING PACK 33
venlafaxine besylate er 65
venlafaxine hcl 65
venlafaxine hcl er 65, 66
VENTOLIN HFA 124
verapamil hcl 44
verapamil hcl er 44
VERQUVO 44
VERSACLOZ 66
VERZENIO 33
VICTOZA 82
vigabatrin 66
VIGADRONE 66
VIGPODER 66
vilazodone hcl 66
viorele 96
VIRACEPT 115
VIREAD 115
vitamin d (ergocalciferol) 83
VITRAKVI 33
VIZIMPRO 33
VOLNEA 96
VONJO 33
voriconazole 115
VRAYLAR 66
VYLIBRA 96
VYZULTA 119
W
WAKIX 66
warfarin sodium 37
WELIREG 33
wixela inhub 124
WYMZYA FE 96
X
XALKORI 33
XARELTO 37
XARELTO STARTER PACK 37
XATMEP 102
XCOPRI 66
XCOPRI (250 MG DAILY DOSE) 66
XCOPRI (350 MG DAILY DOSE) 66
XERMELO 86
XGEVA 83
XIFAXAN 115
XIGDUO XR 83
XIIDRA 119
XOFLUZA (40 MG DOSE) 115
XOFLUZA (80 MG DOSE) 115
XOLAIR 125
XOSPATA 33
XPOVIO (100 MG ONCE WEEKLY) 33
XPOVIO (40 MG ONCE WEEKLY) 33
XPOVIO (40 MG TWICE WEEKLY) 33
XPOVIO (60 MG ONCE WEEKLY) 33
XPOVIO (60 MG TWICE WEEKLY) 33
XPOVIO (80 MG ONCE WEEKLY) 33
XPOVIO (80 MG TWICE WEEKLY) 33
XTANDI 34
XURIDEN 87
Y
YARGESA 87
YF-VAX 102
yuvafem 96
Z
zafirlukast 125
zaleplon 66
ZARXIO 37
ZEJULA 34
ZELBORAF 34
ZENATANE 73
ZENPEP 87
ZENZEDI 66
ZEPZELCA 34
zidovudine 116
ziprasidone hcl 67
ziprasidone mesylate 67
ZIRGAN 116
ZOLINZA 34
zolpidem tartrate 67
zolpidem tartrate er 67
ZONISADE 67
zonisamide 67
ZTALMY 67
ZURZUVAE 67
ZYDELIG 34
ZYKADIA 34
ZYLET 119
ZYPREXA RELPREVV 67

Notice of Non-Discrimination

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

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

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

Grievance Department
11430 NW 20th Street, Suite 300
Miami, FL 33172
T. 877-336-2069 (TTY: 711) F. 305-234-9275
E-mail: HScivilrights@healthsun.com

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

Y0114_NND_C Rev. 04/24

Aviso de no discriminación

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

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

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

Departamento de Quejas
11430 NW 20th Street, Suite 300
Miami, FL 33172
T. 877-336-2069 (TTY: 711) F. 305-234-9275
E-mail: HScivilrights@healthsun.com

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

Form Approved
OMB#0938-1421

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HealthSun
HEALTH PLANS

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

MedicareRx
Prescription Drug Coverage

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

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

HPMS Approved Formulary ID 24093, Version 21

This formulary was updated on 10/10/2024. For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST) or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 until September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Este formulario fue actualizado en 10/10/2024. 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).