MMM of Florida, Inc.
MMM Platinum (HMO-SNP)
2020 Formulary
(List of Covered Drugs)

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

HRMS ID 20339, Version Number 13

This formulary was updated on May 19, 2020. For more cent information or other questions, please contact MMM of Florida, Inc. Member Services, at 1-844-212-9858 (Toll Free) or, for TTY users, 711, Monday through Sunday from 8:00 a.m. to 8:00 p.m., or visit www.mmm-fl.com.

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 MMM of Florida, Inc. When it refers to "plan" or "our plan," it means MMM Platinum.

This document includes list of the drugs (formulary) for our plan which is current as of May 19, 2020. 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, 2020, and from time to time during the year.

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

MMM of Florida, Inc.
MMM Platinum (HMO-SNP)
Formulario para 2020
(Lista de medicamentos cubiertos)

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

HPMS ID 20339, Versión # 13

Este formulario fue actualizado el 19 de mayo de 2020. Para información más reciente, o para otras preguntas, por favor, comuníquese con Servicios al Afiliado MMM of Florida, Inc. al 1-844-212-9858 (libre de cargos), o usuarios de TTY deben llamar al 711, lunes a domingo, de 8:00 a.m. a 8:00 p.m., o visite www.mmm-fl.com.

NOTA PARA LOS AFILIADOS ACTUALES

Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma. Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a MMM of Florida, Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a MMM Platinum.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 19 de mayo de 2020. 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 contraportada.

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 2020 y periódicamente durante el año.

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

¿Qué Es El Formulario De MMM Of Florida, Inc.?
Un Formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, nuestro plan cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de nuestro plan y se cumpla con otras reglas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cubierta.

Can the Formulary (Drug List) Change?
Most changes in drug coverage happen on January 1, but our plan 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 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 also find information in the section below entitled “How do I request an exception to the MMM of Florida 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.

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Other Changes

- We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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 or the drug, at which time the member will receive a month day supply of the drug.

Changes that will not affect you, if you are currently taking the drug: Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of January 1, 2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 60 days before the change becomes effective). In addition, an updated version of our printed formulary will be updated the first week of the effective month and posted on our website at www.mmm-fl.com.

¿Puede Cambiar El Formulario (Lista De Medicamentos)?
La mayoría de los cambios en la cubierta de medicamentos ocurren el 1 de enero, pero nuestro plan podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles
de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cubierta 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 MMM of Florida?".

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 afiliados que toman el medicamento en cuestión.

Otros Cambios

- Podemos hacer otros cambios que afectan a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de terapia escalonada en un medicamento o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los afiliados afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el afiliado solicite un resurtido del medicamento, momento en el cual el afiliado recibirá un suministro del medicamento para un mes.
    - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida?".

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2020 que estaba cubierto al comienzo del año, nosotros no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cubierta 2020, excepto como se describe anteriormente. Esto significa que, por el resto del año de cubierta, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que estén tomándolos.

El Formulario adjunto es vigente a partir del 1 de enero de 2020. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con

nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. En el caso de cambios en el formulario, no de mantenimiento a mitad de año, todos los afiliados afectados serán notificados por correo (al menos 60 días antes de que el cambio entre en vigencia). Además, una versión actualizada de nuestro formulario impreso se actualizará la primera semana del mes efectivo y se publicará en nuestro sitio web www.mmm-fl.com.

How Do I Use the Formulary?
There are two ways to find your drug within the formulary:

Medical Condition
The formulary begins on page 18. 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 18. 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 111. 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.

¿Cómo Utilizo El Formulario?
Hay dos formas para encontrar su medicamento dentro del Formulario:

Condición Médica
El Formulario comienza en la página 18. Los medicamentos de este Formulario están agrupados en categorías según el tipo de condición médica para la cual son utilizados. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se agrupan dentro de la categoría Agentes Cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 18. Luego, busque su medicamento debajo del nombre de la categoría.

Listado Alfabético
Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 111. 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 cubierta. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

What Are Generic Drugs?

Our plan 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.

¿Qué Son Los Medicamentos Genéricos?
Nuestro plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

Are There Any Restrictions on My Coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

- Quantity Limits
    - For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for glimepiride. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 18. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 MMM of Florida formulary?" on page 9 for information about how to request an exception.

¿Hay Alguna Restricción En Mi Cubierta?
Algunos medicamentos cubiertos pueden tener requisitos o límites de cubierta adicionales. Estos requisitos y límites pueden incluir:

- Autorización Previa
    - Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.

- Límites De Cantidad
    - Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 60 tabletas por receta para glimepiride. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- Terapia Escalonada
    - En algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 18. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

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

What If My Drug Is Not on The Formulary?
If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

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

¿Qué Pasa Si Mi Medicamento No Está En El Formulario?
Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al afiliado y preguntar si su medicamento está cubierto.

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

- Puede pedir a Servicios al afiliado una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.

- Puede solicitar que nuestro plan haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

How Do I Request an Exception to the MMM of Florida, Inc. Formulary?
You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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, lower cost-sharing drug or utilization restriction exception. When you request a formulary, lower cost-sharing drug 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.

¿Cómo Puedo Solicitar Que Se Haga Una Excepción Al Formulario De MMM Of Florida, Inc.?
Puede solicitarle a nuestro plan que haga una excepción a nuestras reglas de cubierta. Hay varios tipos de excepciones que puede solicitarnos.

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

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor si este medicamento no está incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

- Puede pedirnos que no apliquemos restricciones o límites de cubierta para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

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

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

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 90days 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 31-day emergency supply of that drug while you pursue a formulary exception.

For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

¿Qué Debo Hacer Antes De Hablar Con Mi Médico Sobre El Cambio De Los Medicamentos Que Tomo O La Solicitud De Una Excepción?

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

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

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Para aquellos afiliados que son dados de alta de un hospital o de una facilidad de cuidado a sus hogares, o si su capacidad para obtener medicamentos es limitada, nuestro plan proveerá un suplido temporal de 30 días de medicamentos que no están en nuestro formulario, mientras le pide a su médico que le recete un medicamento similar que esté cubierto por nuestro plan.

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

If you have questions about our plan, 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.

Para Obtener Más Información
Para obtener información más detallada sobre la cubierta de medicamentos con receta de nuestro plan, consulte la Evidencia de Cubierta y otra documentación del plan.

Si tiene alguna pregunta sobre nuestro plan, 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 contraportada.

Si tiene preguntas generales sobre su cubierta 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 visite http://www.medicare.gov.

MMM Platinum Formulary
The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 111. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JENTADUETO) and generic drugs are listed in lower-case italics (e.g., *glipizide*).

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

Formulario de MMM Platinum
El formulario a continuación proporciona información acerca de la cubierta de medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 111. La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, JENTADUETO), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *glipizide*).

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

TIER LEVEL STRUCTURE

Deductible Stage

During the Deductible Stage, you pay the full cost of your drugs in Level 3, Level 4, and Level 5. You stay in this stage until you paid $435 for your drugs in Level 3, level 4, and Level 5. Most of our members get “Extra Help” with their prescription drug costs, so the Deductible Stage does not apply to many of them. If you receive: Extra Help”, your deductible amount depends on the level of “Extra Help” you receive – you will either:

- Do not pay a deductible
- -or- Pay a $89 deductible

See the “LIS Rider” document for more information about the amount of your deductible.

If you do not receive “Extra Help”, the Deductible Stage is the first payment stage for your drug coverage. You will pay a yearly deductible of $435 on Tier 3, Tier 4 and Tier 5 drugs. **You must pay the full cost of your drugs in Tier 3, Tier 4, and Tier 5 drugs** until you reach the plan deductible amount. For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately. Once you have paid $ 435 for your Tier 3, Tier 4 and Tier 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

Initial Coverage Stage

Before the total annual cost of drugs (paid for by you or by our plan) reaches $4,500.00, you will pay the following for prescription drugs:

	Tier Level	Drug	Retail Copayment (30 Days)	Retail Copayment (90 Days)	Mail Order Copayment (90 Days)
MMM Platinum (HMO-SNP)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$45 or $0-$8.95 / 15%	$45 or $0-$8.95 / 15%	$45 or $0-$8.95 / 15%
	4	Non-Preferred Drug	$100 or $0-$8.95 / 15%	$100 or $0-$8.95 / 15%	$100 or $0-$8.95 / 15%

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

	5	Specialty	25% or $0-$8.95 / 15%	Not Covered	Not Covered

*The amount you pay is determined by the covered part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

After your total yearly drug cost reaches $4,500.00, you receive a full coverage by the plan (all drugs at certain levels).

- For generic drugs in cost-sharing Tier 1 and Tier 2, you pay $0.
- For generic drugs in cost-sharing Tier 3, Tier 4 and Tier 5 you pay 25% of the costs or $0-$8.95 /15% depending on your Low-Income Subsidy coverage.
- For brand name drug's in cost-sharing Tier 3, Tier 4 and Tier 5 you pay 25% of the costs (plus a portion of the dispensing fee) or $0-$8.95 / 15% depending on your Low-Income Subsidy coverage

You stay in this stage until your year-to-date "Out-of-pocket cost" (your payments) reach a total of
$6,350.00

After your yearly out-of-pocket drug costs reach $6,350.00, you pay the greater of:

- $0; or
- Whichever amount is greater between:
    - Coinsurance of 5% the cost of the drug – or-
    - $3.60 for generic drug or a drug that is treated like a generic and $8.95 for all other drugs.

For more information on how the tier level is applied, please review your Evidence of Coverage.

ESTRUCTURA DE NIVELES

Etapa De Deducible
Durante la Etapa de Deducible, usted paga el costo completo de sus medicamentos en el Nivel 3, Nivel 4 y Nivel 5. Usted permanece en esta etapa hasta que haya pagado $435 por sus medicamentos en el Nivel 3, Nivel 4 y Nivel 5. La mayoría de los afiliados reciben "Ayuda Adicional" para los costos de sus medicamentos recetados, así es que la Etapa de Deducible no le aplica a muchos de ellos. Si usted recibe "Ayuda Adicional", la cantidad de su deducible va a depender del nivel de "Ayuda Adicional" que usted reciba – usted puede:

- No pagar un deducible
- -o-- Pagar un deducible de $89

Vea el documento "LIS Rider" para más información sobre la cantidad de su deducible

Si usted no recibe “Ayuda Adicional”, la Etapa de Deducible es la primera etapa de pago para su cobertura de medicamentos. Usted pagará un deducible anual de $435 para los medicamentos en el Nivel 3, Nivel 4 y Nivel 5. Usted deberá pagar el costo total de sus medicamentos en el Nivel 3, Nivel 4 y Nivel 5 hasta que alcance la cantidad del deducible del plan. Para todos los demás medicamentos, usted no tendrá que pagar ningún deducible y comenzará a recibir cobertura inmediatamente. Una vez haya pagado $435 por sus medicamentos en el Nivel 3, Nivel 4 y Nivel 5, dejará la Etapa de Deducible y pasara a la próxima etapa de pago, la Etapa de Cobertura Inicial.

Etapa De Cobertura Inicial

Antes de que el costo total anual de medicamentos (pagados tanto por usted como por nuestro plan*)* alcance los $4,500.00, usted pagará lo siguiente por medicamentos recetados:

	Nivel	Medicamento	Copago Por Cantidad Al Detal (30 Días)	Copago Por Cantidad Al Detal (30 Días)	Copago Por Orden Por Correo (90 Días)
MMM Platinum (HMO-SNP)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$45 or $0-$8.95 / 15%	$45 or $0-$8.95 / 15%	$45 or $0-$8.95 / 15%
	4	Non-Preferred Drug	$100 or $0-$8.95 / 15%	$100 or $0-$8.95 / 15%	$100 or $0-$8.95 / 15%
	5	Specialty	25% or $0-$8.95 / 15%	No Cubierto	No Cubierto

* La cantidad que usted paga es determinada por la cobertura de la Parte D y su Nivel de LIS. Favor hacer referencia a su “LIS Rider” para la cantidad específica que debe pagar.

Luego de que su costo total anual en medicamentos alcance $4,500.00, usted recibe cubierta completa por el plan (todos los medicamentos en ciertos niveles).

- Usted paga $0 de copago por medicamentos genéricos en el Nivel 1 o 2.
- Para los medicamentos genéricos en el Nivel 3, Nivel 4 y Nivel 5, usted paga el 25% del costo o $0-$8.95 / 15% dependiendo de su Nivel de LIS.
- Para los medicamentos de marca en el Nivel 3, Nivel 4 y Nivel 5, usted paga 25% del costo (más una porción del cargo por despacho) o $0-$8.95 / 15% dependiendo de su Nivel de LIS.

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Usted permanece en la Etapa de Brecha de Cobertura hasta que sus costos de bolsillo lleguen a $6,350.00.

Luego de que los costos totales de su bolsillo alcancen los $6,350.00 en el año, usted pagará:

- $0; o
- La cantidad mayor entre:
    - 5% de coaseguro, o
    - $3.60 por medicamentos genéricos (incluyendo medicamentos de marca tratados como genéricos) y $8.95 por todos los demás medicamentos.

Para más información sobre cómo los niveles de copago son aplicados, por favor revise su Evidencia de Cubierta.

Symbols and Abbreviations Used in The Formulary

PA - drugs that need prior authorization
QL (##/##) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply
ST - step therapy
LA - drugs with limited access (ex. Specialty Drugs)
MT - maintenance drugs (ex. Contracted pharmacies and Mail Order, 90-day supply) GC – drugs covered during the coverage gap
ED- 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.]
NM - Not available at mail-order
B/D - Covered under Medicare B or D

SÍMBOLOS Y ABREVIATURAS UTILIZADAS EN EL FORMULARIO

PA - medicamentos que requieren preautorización
QL (##/##) - medicamentos con límite de cantidad; la cantidad en paréntesis especifica la cantidad límite que le podemos suplir en el número máximo autorizado de días.
ST - terapia escalonada
LA - medicamentos con acceso limitado (ej. Medicamentos de especialidad)
MT - medicamentos de mantenimiento (ej. suplido de 90 días - farmacias contratadas y envío por correo) GC - medicamentos cubiertos durante su brecha de cubierta
ED – Este medicamento recetado normalmente no está cubierto en un Plan de Medicamentos Recetados de Medicare. La cantidad que usted paga cuando usted compra una receta para este medicamento no cuenta para sus costos totales de medicamentos (es decir, la cantidad que usted paga no le ayuda a cualificar para la cubierta catastrófica). Además, si usted está recibiendo ayuda adicional para pagar por sus medicamentos recetados, usted no obtendrá ayuda adicional para pagar por este medicamento.
NM – No disponible para envío por correo
B/D – Cubierto por la Parte B o D de Medicare

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ANALGESICOS/ANALGESICS		
GOTA/GOUT		
allopurinol tab	2	GC
colchicine w/ probenecid	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
probenecid	2	GC
NSAIDS		
celecoxib CAPS 50mg	3	QL (240 caps / 30 days)
celecoxib CAPS 100mg	3	QL (120 caps / 30 days)
celecoxib CAPS 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium	3	QL (120 tabs / 30 days)
diclofenac sodium TB24	3	
diclofenac sodium TBEC	2	GC
diflunisal TABS	3	
etodolac	3	
flurbiprofen TABS 100mg	2	GC
ibu tab 600mg	1	GC
ibu tab 800mg	1	GC
ibuprofen SUSP	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	GC
meloxicam TABS	1	GC
nabumetone TABS	2	GC
naproxen TABS 250mg, 375mg, 500mg	1	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
naproxen dr	2	GC
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS	3	
sulindac TABS	2	GC
ANALGESICOS OPIOIDES/OPIOID ANALGESICS		
acetaminophen w/ codeine 300-15mg	2	GC, QL (400 tabs / 30 days)
acetaminophen w/ codeine 300-30mg	2	GC, QL (360 tabs / 30 days)
acetaminophen w/ codeine 300-60mg	2	GC, QL (180 tabs / 30 days)
acetaminophen w/ codeine soln	2	GC, QL (2700 mL / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
nalbuphine hcl SOLN	4	
tramadol hcl tab 50 mg	2	GC, QL (240 tabs / 30 days)
tramadol-acetaminophen	3	QL (240 tabs / 30 days)
ANALGESICOS OPIOIDES, CII/OPIOID ANALGESICS, CII		
endocet 2.5-325mg	3	QL (360 tabs / 30 days)
endocet 5-325mg	3	QL (360 tabs / 30 days)
endocet 7.5-325mg	3	QL (240 tabs / 30 days)
endocet 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP	5	QL (120 lozenges / 30 days), PA
fentanyl patch 12 mcg/hr	4	QL (10 patches / 30 days), PA

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
fentanyl patch 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl patch 100 mcg/hr	4	QL (10 patches / 30 days), PA
hydroco/apap tab 5-325mg	3	QL (240 tabs / 30 days)
hydroco/apap tab 7.5-325	3	QL (180 tabs / 30 days)
hydroco/apap tab 10-325mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	4	QL (600 mL / 30 days)
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
hydromorphone hcl TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
lorcet hd tab 10-325mg	3	QL (180 tabs / 30 days)
lorcet plus tab 7.5-325	3	QL (180 tabs / 30 days)
lorcet tab 5-325mg	3	QL (240 tabs / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl 5mg	3	QL (90 tabs / 30 days), PA
methadone hcl 10mg	3	QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
methadone hcl intensol	3	QL (90 mL / 30 days), PA
morphine ext-rel tab	3	QL (90 tabs / 30 days), PA
morphine sul inj 1mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate TABS	3	QL (180 tabs / 30 days)
morphine sulfate oral soln 10mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 100mg/5ml	3	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 tabs / 30 days), PA
oxycodone hcl CAPS	4	QL (180 caps / 30 days)
oxycodone hcl CONC	4	QL (180 mL / 30 days)
oxycodone hcl SOLN	4	QL (900 mL / 30 days)
oxycodone hcl TABS	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	3	QL (180 tabs / 30 days)

ANESTESICOS/ANESTHETICS

ANESTESICOS LOCALES/LOCAL ANESTHETICS

lidocaine hcl (local anesth.)	2	GC, B/D
lidocaine inj 0.5%	2	GC, B/D
lidocaine inj 1%	2	GC, B/D

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
lidocaine inj 1.5% preservative free (pf)	2	GC, B/D
ANTI-INFECTIVOS/ANTI-INFECTIVES		
ANTIBACTERIALES -MISCELANEOS/ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	4	
gentamicin in saline	2	GC
gentamicin sulfate SOLN	2	GC
neomycin sulfate TABS	2	GC
paromomycin sulfate CAPS	4	
streptomycin sulfate SOLR	5	
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NM, PA
tobramycin inj 1.2 gm/30ml	3	
tobramycin inj 1.2gm	5	
tobramycin inj 10mg/ml	3	
tobramycin inj 80mg/2ml	3	
tobramycin sulfate SOLN	3	
ANTI-INFECTIVOS - MISCELANEOS/ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS	5	
ALINIA	5	
atovaquone SUSP	5	
aztreonam	4	
CAYSTON	5	NM, LA, PA
clindamycin cap 75mg	1	GC
clindamycin cap 300 mg	1	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clindamycin hcl cap 150 mg	1	GC
clindamycin phosphate in d5w	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
clindamycin phosphate inj	3	
clindamycin soln 75mg/5ml	4	
colistimethate sodium SOLR	4	
dapsone TABS	3	
daptomycin	5	
EMVERM	5	QL (12 tabs / 365 days)
ertapenem sodium	4	
imipenem-cilastatin	3	
ivermectin TABS	3	
linezolid in sodium chloride	4	
linezolid inj	4	
linezolid susp	5	
linezolid tab 600mg	4	
meropenem	4	
methenamine hippurate	3	
metronidazole TABS	2	GC
metronidazole in nacl	2	GC
nitrofurantoin macrocrystal 50mg, 100mg	3	
nitrofurantoin monohyd macro	3	
pentamidine isethionate inh	4	B/D
pentamidine isethionate inj	4	
praziquantel TABS	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SIVEXTRO	5	
sulfamethoxazole-trimethop ds	1	GC
sulfamethoxazole-trimethoprim inj	4	
sulfamethoxazole-trimethoprim susp	3	
sulfamethoxazole-trimethoprim tab 400-80mg	1	GC
SYNERCID	5	
tigecycline	5	
trimethoprim TABS	2	GC
vancomycin hcl CAPS 125mg	4	QL (120 caps / 30 days)
vancomycin hcl CAPS 250mg	5	QL (240 caps / 30 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALES/ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b SOLR	4	B/D
caspofungin acetate	5	
fluconazole SUSR	3	
fluconazole TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	1	GC
fluconazole inj nacl 200	3	
fluconazole inj nacl 400	3	
flucytosine CAPS	5	
griseofulvin microsize	4	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
griseofulvin ultramicrosize	4	
itraconazole CAPS	4	PA
ketoconazole TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
nystatin TABS	3	
posaconazole	5	QL (93 tabs / 30 days)
terbinafine hcl TABS	1	GC, QL (90 tabs / year)
voriconazole SOLR	5	PA
voriconazole SUSR	5	PA
voriconazole TABS 50mg	4	
voriconazole TABS 200mg	5	
ANTIMALARIA/ANTIMALARIALS		
atovaquone-proguanil hcl	4	
chloroquine phosphate TABS	3	
COARTEM	4	
mefloquine hcl	3	
primaquine phosphate 26.3mg	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
quinine sulfate CAPS	4	PA
AGENTES ANTIRRETROVIRALES/ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN	4	NM
abacavir sulfate TABS	3	NM
APTIVUS	5	NM
atazanavir sulfate	4	NM
CRIXIVAN	4	NM

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
didanosine	4	NM
EDURANT	5	NM
efavirenz CAPS 50mg	4	NM
efavirenz CAPS 200mg	5	NM
efavirenz TABS	5	NM
EMTRIVA	3	NM
fosamprenavir tab 700 mg	5	NM
FUZEON	5	NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	NM
lamivudine	3	NM
LEXIVA SUSP	4	NM
nevirapine susp 50 mg/5ml	4	NM
nevirapine tab 100mg er	4	NM
nevirapine tab 200mg	3	NM
nevirapine tab 400mg er	4	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
REYATAZ PACK	5	NM
ritonavir	3	NM
SELZENTRY SOLN	5	NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
stavudine	3	NM
tenofovir disoproxil fumarate	3	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIDEX EC 125MG	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM
zidovudine cap 100mg	4	NM

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
zidovudine syp 50mg/5ml	4	NM
zidovudine tab 300mg	3	NM

COMBINACION DE AGENTES ANTIRRETROVIRALES/ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine	3	NM
abacavir sulfate-lamivudine-zidovudine	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
CIMDUO	5	NM
COMPLERA	5	NM
DELSTRIGO	5	NM
DESCOVY	5	NM
DOVATO	5	NM
EVOTAZ	5	NM
GENVOYA	5	NM
JULUCA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
lamivudine-zidovudine	4	NM
lopinavir-ritonavir	4	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMFI	5	NM
SYMFI LO	5	NM

You can find information on what the symbols and abbreviations on this table by going to page 17
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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SYMTUZA	5	NM
TEMIXYS	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM
AGENTES ANTITUBERCULARES/ANTITUBERCULAR AGENTS		
cycloserine CAPS	5	
ethambutol hcl TABS	3	
isoniazid TABS	1	GC
isoniazid syp 50mg/5ml	4	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	4	
rifabutin	4	
rifampin CAPS	3	
rifampin SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
ANTIVIRALES/ANTIVIRALS		
acyclovir CAPS; TABS	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
acyclovir SUSP	4	
acyclovir sodium	4	B/D
adefovir dipivoxil	5	NM
BARACLUDE SOLN	5	NM
entecavir	4	NM
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	NM
famciclovir TABS	3	
ganciclovir sodium	4	B/D
HARVONI	5	NM, PA
lamivudine (hbv)	4	NM
MAVYRET	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
ribavirin cap 200mg	3	NM
ribavirin tab 200mg	4	NM
rimantadine hydrochloride	3	
valacyclovir hcl TABS	3	
valganciclovir hcl	5	
VEMLIDY	5	NM
VOSEVI	5	NM, PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
CEFALOSPORINAS/CEPHALOSPORINS		
cefaclor CAPS	3	
cefaclor SUSR	4	
CEFACLOR ER TAB 500MG	4	
cefadroxil CAPS	2	GC
cefadroxil SUSR	3	
cefadroxil TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	3	
cefazolin sodium SOLR 1gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir CAPS	2	GC
cefdinir SUSR	4	
cefepime for inj	4	
cefixime SUSR	4	
cefoxitin for inj	4	
cefpodoxime proxetil SUSR	4	
cefpodoxime proxetil TABS	3	
cefprozil	3	
ceftazidime SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
cefuroxime axetil	3	
cefuroxime sodium	3	
cephalexin CAPS 250mg, 500mg	1	GC

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
cephalexin SUSR	3	
tazicef SOLR	3	
TEFLARO	5	
ERYTHROMYCINA, MACROLIDOS/ERYTHROMYCINS, MACROLIDES		
azithromycin PACK; SOLR; SUSR	3	
azithromycin TABS	1	GC
clarithromycin TABS	3	
clarithromycin er	3	
clarithromycin for susp	4	
DIFICID	5	
e.e.s. 400	4	
ery-tab	4	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	4	
erythromycin base	4	
erythromycin cap 250mg ec	4	
erythromycin ethylsuccinate TABS	4	
erythromycin tab ec	4	
FLUOROQUINOLONAS/FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin hcl tab 100mg	4	
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1	GC
ciprofloxacin in d5w	3	
levofloxacin TABS	1	GC
levofloxacin in d5w	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
moxifloxacin hcl TABS	4	
PENICILINA/PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	GC
amoxicillin CHEW	2	GC
amoxicillin & pot clavulanate 200-28.5 chw tabs	4	
amoxicillin & pot clavulanate 200/5ml susr	3	
amoxicillin & pot clavulanate 250-125 tabs	4	
amoxicillin & pot clavulanate 250/5ml susr	4	
amoxicillin & pot clavulanate 400-57 chw tabs	4	
amoxicillin & pot clavulanate 400/5ml susr	3	
amoxicillin & pot clavulanate 500-125 tabs	2	GC
amoxicillin & pot clavulanate 600/5ml susr	3	
amoxicillin & pot clavulanate 875-125 tabs	2	GC
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs	4	
ampicillin & sulbactam sodium	4	
ampicillin cap 500mg	2	GC
ampicillin inj	4	
ampicillin sodium	4	
BICILLIN L-A	4	
dicloxacillin sodium	3	
nafcillin sodium for inj 1gm, 2gm	4	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
nafcillin sodium for inj 10gm	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
oxacillin sodium SOLR 1gm, 2gm	4	
oxacillin sodium SOLR 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
penicillin g sodium	4	
penicillin v potassium SOLR	2	GC
penicillin v potassium TABS	1	GC
penicilln gk inj 5mu	4	
penicilln gk inj 20mu	4	
pfizerpen-g inj 5mu	4	
pfizerpen-g inj 20mu	4	
piper/tazoba inj 2-0.25gm	4	
piper/tazoba inj 3-0.375gm	4	
piper/tazoba inj 4-0.5gm	4	
piper/tazoba inj 12-1.5gm	4	
piper/tazoba inj 36-4.5gm	4	
TETRACICLINAS/TETRACYCLINES		
doxy 100	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	GC
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
doxycycline hyclate SOLR	4	
doxycycline hyclate 20 mg	3	
doxycycline hyclate 100 mg	3	
minocycline hcl CAPS	2	GC
mondoxyne nl cap 100mg	2	GC
tetracycline hcl CAPS	4	
AGENTES ANTINEOPLASICOS/ANTINEOPLASTIC AGENTS		
AGENTES ALQUILANTES/ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
cyclophosphamide CAPS	3	B/D
cyclophosphamide SOLR	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	
ANTRACICLINAS/ANTHRACYCLINES		
adriamycin SOLN	4	B/D
doxorubicin hcl	4	B/D
doxorubicin hcl liposomal	5	B/D
epirubicin hcl	4	B/D
ANTIMETABOLITOS/ANTIMETABOLITES		
adrucil inj	3	B/D
ALIMTA	5	B/D
azacitidine	5	B/D, NM
cytarabine 20mg/ml	3	B/D
fluorouracil SOLN	3	B/D

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
gemcitabine inj soln	4	B/D
gemcitabine inj solr	4	B/D
mercaptopurine TABS	3	
methotrexate sodium inj soln	2	GC, B/D
methotrexate sodium inj solr	2	GC, B/D
PURIXAN	5	NM
TABLOID	5	
ANTIMITOTICOS, TAXOIDES/ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
paclitaxel	4	B/D
TAXOTERE	5	B/D
ANTIMITOTICOS, ALCALOIDES DE VINCA/ANTIMITOTIC, VINCA ALKALOIDS		
vincristine sulfate	2	GC, B/D
vinorelbine tartrate	3	B/D
MODIFICADORES DE RESPUESTA BIOLOGICA/BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
HERCEPTIN HYLECTA	5	NM, PA
IBRANCE CAPS	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS	5	QL (21 tabs / 28 days), NM, LA, PA
IDHIFA	5	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	B/D, NM
KANJINTI	5	NM, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MVASI	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
OGIVRI	5	NM, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
RUXIENCE	5	NM, PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
TRAZIMERA	5	NM, PA
TRUXIMA	5	NM, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZIRABEV	5	NM, PA
ZOLINZA	5	NM, PA
AGENTES ANTINEOPLASICOS HORMONALES/HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	5	NM, PA
anastrozole TABS	1	GC
bicalutamide	2	GC
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
exemestane	4	
flutamide	3	
fulvestrant	5	B/D
letrozole TABS	1	GC
leuprolide inj 1mg/0.2	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	3	
megestrol ac tab 20mg	3	
megestrol ac tab 40mg	3	
megestrol sus 625mg/5ml	4	PA
nilutamide	5	
NUBEQA	5	NM, LA, PA
SOLTAMOX	5	
tamoxifen citrate TABS	1	GC
toremifene citrate	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA
IMMUNOMODULADORES/IMMUNOMODULATORS		
POMALYST 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INHIBIDORES DE KINASA/KINASE INHIBITORS		
AFINITOR 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
AYVAKIT	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
BRUKINSA	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
erlotinib hcl 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
everolimus	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
imatinib mesylate 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
ROZLYTREK	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TURALIO	5	NM, LA, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELANEOS/MISCELLANEOUS		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	GC
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON 200mcg, 300mcg	5	NM, PA
SYNRIBO	5	NM, PA
TAZVERIK	5	NM, LA, PA
tretinoin (chemotherapy)	5	
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NM, LA, PA
AGENTES BASADOS EN PLATINO/PLATINUM-BASED AGENTS		
carboplatin	3	B/D
cisplatin SOLN	3	B/D
oxaliplatin inj 50mg	5	B/D
oxaliplatin inj 50mg/10ml	4	B/D
oxaliplatin inj 100mg	5	B/D
oxaliplatin inj 100mg/20ml	4	B/D
AGENTES DE PROTECCION/PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml	4	B/D
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS	5	
INHIBIDORES DE LA TOPOISOMERASA/TOPOISOMERASE INHIBITORS		
etoposide SOLN	3	B/D
irinotecan hcl	4	B/D
toposar	3	B/D
CARDIOVASCULARES/CARDIOVASCULAR		
COMBINACION DE INHIBIDORES DE ACE/ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-10 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-20 mg	1	GC
amlodipine besylate-benazepril hcl cap 5-40 mg	1	GC
amlodipine besylate-benazepril hcl cap 10-20 mg	1	GC
amlodipine besylate-benazepril hcl cap 10-40 mg	1	GC
benazepril & hydrochlorothiazide	1	GC
captopril & hydrochlorothiazide	1	GC
enalapril maleate & hydrochlorothiazide	1	GC
fosinopril sodium & hydrochlorothiazide	1	GC
lisinopril & hydrochlorothiazide	1	GC
quinapril-hydrochlorothiazide	1	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INHIBIDORES ACE/ACE INHIBITORS		
benazepril hcl TABS	1	GC
captopril TABS	1	GC
enalapril maleate TABS	1	GC
fosinopril sodium	1	GC
lisinopril TABS	1	GC
moexipril hcl	1	GC
perindopril erbumine	1	GC
quinapril hcl	1	GC
ramipril	1	GC
trandolapril	1	GC
RECEPTOR ANTAGONISTA DE LA ALDOSTERONA/ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	3	
spironolactone TABS	1	GC
ALFA BLOQUEADORES/ALPHA BLOCKERS		
doxazosin mesylate TABS	2	GC
prazosin hcl	3	
terazosin hcl 1mg, 2mg, 5mg	1	GC
terazosin hcl 10mg	2	GC
COMBINACION DE RECEPTOR DE ANTAGONISTA DE ANGIOTENSINA II/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	1	GC
amlodipine besylate-valsartan tab	1	GC
amlodipine-valsartan-hydrochlorothiazide tab	1	GC
candesartan cilexetil-hydrochlorothiazide	1	GC

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	GC
losartan-hydrochlorothiazide	1	GC
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	GC
olmesartan medoxomil-hydrochlorothiazide	1	GC
telmisartan-amlodipine	1	GC
telmisartan-hydrochlorothiazide	1	GC
valsartan-hydrochlorothiazide	1	GC
RECEPTORES ANTAGONISTAS DE ANGIOTENSINA II/ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	GC
irbesartan	1	GC
losartan potassium TABS	1	GC
olmesartan medoxomil TABS	1	GC
telmisartan	1	GC
valsartan	1	GC
ANTIARRITMICOS/ANTIARRHYTHMICS		
amiodarone hcl soln	2	GC
amiodarone tab 100mg	4	
amiodarone tab 200mg	1	GC
amiodarone tab 400mg	4	
disopyramide phosphate	4	
dofetilide	4	NM
flecainide acetate	3	
MULTAQ	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NORPACE CR	4	
pacerone 100mg, 400mg	4	
pacerone 200mg	1	GC
propafenone hcl	2	GC
propafenone hcl 12hr	4	
quinidine sulfate	2	GC
sorine	2	GC
sotalol hcl	2	GC
sotalol hcl (afib/afl)	2	GC
ANTILIPIDEMICOS, INHIBIDORES DE LA HMG-CoA REDUCTASA/ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS	1	GC
lovastatin	1	GC
pravastatin sodium	1	GC
rosuvastatin calcium	1	GC, QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg	1	GC
simvastatin TABS 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPIDEMICOS, MISCELANEOS/ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	3	
cholestyramine light pack	4	
cholestyramine light powd	3	
colesevelam hcl	4	
colestipol hcl gran	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
colestipol hcl pack	4	
colestipol hcl tabs	3	
ezetimibe	3	
ezetimibe-simvastatin	1	GC
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized 67mg, 134mg, 200mg	3	
gemfibrozil TABS	1	GC
JUXTAPID	5	NM, LA, PA
niacin (antihyperlipidemic)	4	
niacin er (antihyperlipidemic) 500mg	4	QL (60 tabs / 30 days)
niacin er (antihyperlipidemic) 750mg, 1000mg	4	
niacor	4	
PRALUENT	3	NM, PA
prevalite PACK	4	
prevalite POWD	3	
VASCEPA	4	
BETA-BLOQUEADORES, COMBINACION DE DIURETICOS/BETA-BLOCKER, DIURETIC COMBINATIONS		
atenolol & chlorthalidone	2	GC
bisoprolol & hydrochlorothiazide	1	GC
metoprolol & hydrochlorothiazide	3	
propranolol & hydrochlorothiazide	3	
BETA-BLOQUEADORES/BETA-BLOCKERS		
acebutolol hcl CAPS	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
atenolol TABS	1	GC
betaxolol hcl	3	
bisoprolol fumarate	2	GC
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
carvedilol	1	GC
labetalol hcl TABS	3	
metoprolol succinate	2	GC
metoprolol tartrate SOCT	3	
metoprolol tartrate SOLN	3	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	GC
nadolol TABS	3	
pindolol	3	
propranolol cap er	3	
propranolol hcl TABS	2	GC
propranolol oral sol	3	
timolol maleate TABS	3	
BLOQUEADORES DEL CANAL DE CALCIO/CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS	1	GC
cartia xt	2	GC
dilt-xr cap	2	GC
diltiazem cap 240mg cd	2	GC
diltiazem cap 360mg cd	4	
diltiazem cap er/12hr	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
diltiazem hcl TABS	2	GC
diltiazem hcl coated beads CP24	4	
diltiazem hcl coated beads cap sr 24hr	2	GC
diltiazem hcl extended release beads cap sr	2	GC
diltiazem inj	2	GC
felodipine	2	GC
isradipine	3	
nicardipine hcl CAPS	4	
nifedipine TB24	2	GC
nifedipine er	2	GC
nimodipine CAPS	5	
NYMALIZE 60mg/20ml	5	
taztia xt	2	GC
tiadylt er	2	GC
verapamil cap er 100mg, 200mg, 300mg, 360mg	4	
verapamil cap er 120mg, 180mg, 240mg	3	
verapamil hcl SOLN	4	
verapamil hcl TABS	1	GC
verapamil hcl TBCR	2	GC
verapamil tab er	2	GC
GLUCOSIDOS DIGITALIS/DIGITALIS GLYCOSIDES		
digitek .25mg	2	GC, PA; PA if 70 years and older
digitek .125mg	2	GC, QL (30 tabs / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
digox 125mcg	2	GC, QL (30 tabs / 30 days)
digox 250mcg	2	GC, PA; PA if 70 years and older
digoxin TABS 125mcg	2	GC, QL (30 tabs / 30 days)
digoxin TABS 250mcg	2	GC, PA; PA if 70 years and older
digoxin inj	4	
digoxin sol 50mcg/ml	4	PA; PA if 70 years and older
DIURETICOS/DIURETICS		
acetazolamide CP12	4	
acetazolamide TABS	3	
amiloride & hydrochlorothiazide	2	GC
amiloride hcl TABS	2	GC
bumetanide inj 0.25/ml	3	
bumetanide tab	3	
chlorothiazide TABS	3	
chlorthalidone	2	GC
furosemide SOLN	2	GC
furosemide TABS	1	GC
furosemide inj	2	GC
hydrochlorothiazide CAPS; TABS	1	GC
indapamide	2	GC
methazolamide TABS	4	
metolazone	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
spironolactone & hydrochlorothiazide	3	
torsemide tabs	2	GC
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tabs	1	GC
MISCELANEOS/MISCELLANEOUS		
aliskiren fumarate	4	
clonidine hcl TABS	1	GC
clonidine hcl ptwk	4	
CORLANOR	4	
DEMSER	5	PA
hydralazine hcl SOLN	4	
hydralazine hcl TABS	2	GC
midodrine hcl	3	
minoxidil TABS	2	GC
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
ranolazine	4	
NITRATOS/NITRATES		
isosorb mononitrate tab	2	GC
isosorbide dinitrate 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate er	1	GC
minitran	2	GC
NITRO-BID	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
nitroglycerin SOLN .4mg/spray	4	
nitroglycerin SUBL	3	
nitroglycerin td patch	2	GC
HYPERTENSION PULMONAR ALTERIAL/PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan	5	QL (30 tabs / 30 days), NM, LA, PA
bosentan 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
bosentan 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate tab 20 mg (pulmonary hypertension)	3	QL (90 tabs / 30 days), NM, PA
treprostinil	5	NM, LA, PA
VENTAVIS	5	NM, PA
SISTEMA NERVIOSO CENTRAL/CENTRAL NERVOUS SYSTEM		
ANSIEDAD/ANTIANXIETY		
alprazolam tab 0.5mg	2	GC, QL (150 tabs / 30 days)
alprazolam tab 0.25mg	2	GC, QL (150 tabs / 30 days)
alprazolam tab 1mg	2	GC, QL (150 tabs / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
alprazolam tab 2 mg	2	GC, QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	GC
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS	2	GC
lorazepam SOLN	2	GC
lorazepam TABS	2	GC, QL (150 tabs / 30 days)
lorazepam intensol	3	QL (150 mL / 30 days)
ANTICONVULSANTES/ANTICONVULSANTS		
APTIOM	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
carbamazepine CHEW; TABS	3	
carbamazepine CP12; SUSP; TB12	4	
CELONTIN	4	
clobazam	4	PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clonazepam TABS 2mg	2	GC, QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	GC, QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
diazepam TABS	2	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam gel	4	
diazepam inj	3	
diazepam intensol	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam oral soln 1 mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
divalproex sodium CSDR	4	
divalproex sodium TB24; TBEC	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
epitol	3	
ethosuximide CAPS; SOLN	4	
felbamate SUSP	5	
felbamate TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	2	GC, QL (1080 caps / 30 days)
gabapentin CAPS 300mg	2	GC, QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	GC, QL (270 caps / 30 days)
gabapentin SOLN	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	3	QL (180 tabs / 30 days)
gabapentin TABS 800mg	3	QL (120 tabs / 30 days)
lamotrigine CHEW	3	
lamotrigine TABS	1	GC
lamotrigine TB24	4	
levetiracetam SOLN	4	
levetiracetam TABS	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
levetiracetam TB24	3	
levetiracetam in sodium chloride	4	
levetiracetam oral soln 100 mg/ml	3	
NAYZILAM	4	
oxcarbazepine SUSP	4	
oxcarbazepine TABS	3	
PEGANONE	4	
phenobarbital ELIX	4	PA; PA if 70 years and older
phenobarbital TABS	3	PA; PA if 70 years and older
phenobarbital sodium SOLN	4	PA; PA if 70 years and older
PHENYTEK	3	
phenytoin CHEW; SUSP	3	
phenytoin sodium extended	3	
phenytoin sodium inj 50mg/ml	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
pregabalin SOLN	4	QL (900 mL / 30 days), PA
primidone TABS	2	GC
roweepra	2	GC
roweepra xr	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SPRITAM	4	
subvenite tab	1	GC
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
tiagabine hcl	4	
topiramate CPSP	3	
topiramate TABS	2	GC
valproate sodium SOLN	3	
valproate sodium oral soln	3	
valproic acid CAPS	3	
VALTOCO	4	
vigabatrin powd pack 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadrone	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
zonisamide CAPS	2	GC
A ANTIDEMENCIA/NTIDEMENTIA		
donepezil hydrochloride TABS 5mg	2	GC, QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
donepezil hydrochloride TBDP 5mg	2	GC, QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	GC
galantamine hydrobromide SOLN	4	
galantamine hydrobromide TABS	3	QL (60 tabs / 30 days)
galantamine hydrobromide er	3	QL (30 caps / 30 days)
memantine hcl cp24	4	PA; PA if < 30 yrs
memantine soln	4	PA; PA if < 30 yrs
memantine tabs	3	PA; PA if < 30 yrs
memantine titration pak	4	PA; PA if < 30 yrs
NAMZARIC	4	
rivastigmine tartrate 1.5mg, 3mg	4	QL (90 caps / 30 days)
rivastigmine tartrate 4.5mg, 6mg	4	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)
ANTIDEPRESIVOS/ANTIDEPRESSANTS		
amitriptyline hcl TABS	3	
amoxapine	3	
bupropion hcl TABS	3	
bupropion hcl TB12	2	GC
bupropion hcl TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN	3	
citalopram hydrobromide TABS	1	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clomipramine hcl CAPS	4	PA
desipramine hcl TABS	4	
desvenlafaxine succinate	4	QL (30 tabs / 30 days), PA
doxepin hcl CAPS; CONC	3	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN	4	
escitalopram oxalate TABS	1	GC
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
fluoxetine cap 10mg	1	GC
fluoxetine cap 20mg	1	GC
fluoxetine cap 40mg	2	GC
fluoxetine hcl SOLN	2	GC
imipramine hcl TABS	2	GC
maprotiline hcl	3	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
mirtazapine TABS 15mg, 30mg, 45mg	1	GC
mirtazapine TBDP	3	
nefazodone hcl	4	
nortriptyline hcl CAPS	2	GC
nortriptyline hcl SOLN	4	
paroxetine hcl tabs	2	GC
PAXIL SUSP	4	QL (900 mL / 30 days)
phenelzine sulfate TABS	3	
protriptyline hcl	4	
sertraline hcl CONC	4	
sertraline hcl TABS	1	GC
tranylcypromine sulfate	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	GC
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24; TABS	2	GC
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
AGENTES ANTIPARKINSON/ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS	3	QL (120 caps / 30 days)
amantadine hcl SYRP	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
amantadine hcl TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj	4	
benztropine mesylate tab 0.5mg	3	PA; PA if 70 years and older
benztropine mesylate tab 1mg	3	PA; PA if 70 years and older
benztropine mesylate tab 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS; TABS	4	
carbidopa-levodopa TABS	2	GC
carbidopa-levodopa TBCR	3	
carbidopa-levodopa TBDP	4	
carbidopa/levodopa/entacapone	4	
entacapone	4	
NEUPRO	4	
pramipexole tab 0.5mg	1	GC
pramipexole tab 0.25mg	1	GC
pramipexole tab 0.75mg	1	GC
pramipexole tab 0.125mg	1	GC
pramipexole tab 1.5mg	1	GC
pramipexole tab 1mg	1	GC
rasagiline mesylate TABS	4	
ropinirole tab 0.5mg	2	GC
ropinirole tab 0.25mg	2	GC
ropinirole tab 1mg	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ropinirole tab 2mg	2	GC
ropinirole tab 3mg	2	GC
ropinirole tab 4mg	2	GC
ropinirole tab 5mg	2	GC
selegiline hcl CAPS; TABS	3	
trihexyphenidyl hcl	3	PA; PA if 70 years and older
ANTIPSICOTICOS/ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
aripiprazole odt	5	QL (60 tabs / 30 days)
aripiprazole oral solution 1 mg/ml	5	QL (900 mL / 30 days)
aripiprazole tab	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
CAPLYTA	4	QL (30 caps / 30 days)
chlorpromazine hcl TABS	4	
CHLORPROMAZINE INJ	4	
clozapine odt 12.5mg, 25mg	4	PA
clozapine odt 100mg	4	QL (270 tabs / 30 days), PA
clozapine odt 150mg	4	QL (180 tabs / 30 days), PA
clozapine odt 200mg	4	QL (135 tabs / 30 days), PA

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clozapine tab 25mg	3	
clozapine tab 50mg	3	
clozapine tab 100mg	4	QL (270 tabs / 30 days)
clozapine tab 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
fluphenazine decanoate SOLN	4	
fluphenazine hcl	4	
GEODON SOLR	4	QL (6 mL / 3 days)
haloperidol TABS	3	
haloperidol conc 2mg/ml	2	GC
haloperidol decanoate SOLN	3	
haloperidol lactate inj 5mg/ml	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
loxapine succinate	3	
molindone hcl	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	GC, QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days)
paliperidone 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS	3	
PERSERIS	5	QL (1 injection / 30 days)
pimozide	4	
quetiapine fumarate TABS	2	GC
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
risperidone SOLN	3	QL (240 mL / 30 days)
risperidone TABS	2	GC
risperidone TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
SECUADO	4	QL (30 patches / 30 days)
thioridazine hcl TABS	3	
thiothixene	4	
trifluoperazine hcl	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	4	QL (60 caps / 30 days)
ziprasidone mesylate	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
DESORDEN HIPERACTIVO Y DEFICIT DE ATENCION/ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	4	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
atomoxetine hcl 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	4	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	4	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	4	QL (900 mL / 30 days)
methylphenidate hcl tbcr 10 mg	4	QL (90 tabs / 30 days)
methylphenidate hcl tbcr 20mg	4	QL (90 tabs / 30 days)
HIPNOTICOS/HYPNOTICS		
BELSOMRA	4	QL (30 tabs / 30 days)
doxepin hcl (sleep)	3	QL (30 tabs / 30 days)
eszopiclone	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ	5	NM, LA, PA
temazepam 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
temazepam 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon	2	GC, QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	2	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAÑA/MIGRAINE		
AIMOVIG	3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate inj 1 mg/ml	5	
dihydroergotamine mesylate nasal spr 4 mg/ml	5	QL (8 mL / 30 days), PA
eletriptan hydrobromide	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine TABS	4	
naratriptan hcl	3	QL (12 tabs / 30 days)
rizatriptan benzoate	3	QL (18 tabs / 30 days)
rizatriptan benzoate odt	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 inhalers / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
sumatriptan SOLN 20mg/act	4	QL (12 inhalers / 30 days)
sumatriptan inj 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	GC, QL (12 tabs / 30 days)
zolmitriptan TABS	4	QL (12 tabs / 30 days)
zolmitriptan odt	4	QL (12 tabs / 30 days)
MISCELANEOS/MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
lithium carbonate CAPS	1	GC
lithium carbonate TABS	2	GC
lithium carbonate er	2	GC
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
pyridostigmine tab 60mg	3	
riluzole	3	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
AGENTES PARA MULTIPLE ESCLEROSIS/MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL (14 syringes / 28 days), NM, PA
dalfampridine TB12	5	NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
glatiramer acetate 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
AGENTES PARA TERAPIA MUSCULOESQUELETAL/MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	3	
carisoprodol TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS	4	
methocarbamol TABS	3	PA; PA if 70 years and older
tizanidine hcl TABS	2	GC
NARCOLEPSIA, CATAPLEXIA/NARCOLEPSY, CATAPLEXY		
armodafinil 50mg	3	QL (90 tabs / 30 days), PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
armodafinil 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSICOTERAPEUTICOS-MISCELANEOS/PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	4	
buprenorphine hcl SUBL	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 4-1mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 8-2mg	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 12-3mg	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl	2	GC, QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent)	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	3	
naloxone inj 0.4mg/ml	2	GC
naloxone inj 1mg/ml	2	GC
naltrexone hcl TABS	3	
NARCAN	3	
NICOTROL INHALER	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NICOTROL NS	4	
VIVITROL	5	NM
ENDOCRINO Y METABOLICO/ENDOCRINE AND METABOLIC		
ANDROGENOS/ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
oxandrolone tab 2.5mg	3	PA
oxandrolone tab 10mg	4	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
testosterone cypionate SOLN	3	PA
testosterone enanthate SOLN	3	PA
ANTIDIABETICOS, INJECTABLES/ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN N FLEXPEN	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLIN R FLEXPEN	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
ANTIDIABETICOS, ORALES/ANTIDIABETICS, ORAL		
acarbose TABS	3	
FARXIGA	3	QL (30 tabs / 30 days)
glimepiride 1mg, 2mg	2	GC, QL (90 tabs / 30 days)
glimepiride 4mg	2	GC, QL (60 tabs / 30 days)
glip/metform tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	GC, QL (120 tabs / 30 days)
glipizide TABS 5mg	1	GC, QL (240 tabs / 30 days)
glipizide TABS 10mg	1	GC, QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide TB24 10mg	1	GC, QL (60 tabs / 30 days)
glipizide xl 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide xl 10mg	1	GC, QL (60 tabs / 30 days)
glyburide TABS 1.25mg	2	GC, QL (480 tabs / 30 days), PA; PA if 70 years and older

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
glyburide TABS 2.5mg	2	GC, QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide TABS 5mg	2	GC, QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized 1.5mg	2	GC, QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized 3mg	2	GC, QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized 6mg	2	GC, QL (60 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 1.25-250 mg	2	GC, QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	2	GC, QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500mg	2	GC, QL (120 tabs / 30 days), PA; PA if 70 years and older
GLYXAMBI	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
metformin er 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	1	GC, QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	GC, QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	GC, QL (75 tabs / 30 days)
nateglinide	1	GC, QL (90 tabs / 30 days)
pioglitazone hcl	1	GC, QL (30 tabs / 30 days)
repaglinide 2mg	1	GC, QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BIFOSFONATOS/BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml	4	
alendronate sodium tab 5 mg	1	GC
alendronate sodium tab 10 mg	1	GC
alendronate sodium tab 35 mg	1	GC
alendronate sodium tab 40 mg	3	
alendronate sodium tab 70 mg	1	GC
ibandronate sodium tabs	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	3	B/D
pamidronate inj 30mg	3	B/D
pamidronate inj 90mg	3	B/D
risedronate sodium TABS 5mg, 35mg, 150mg	4	
risedronate sodium TBEC	4	
zoledronic acid inj 4mg/100ml	4	B/D, NM

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
zoledronic acid inj 5mg/100ml	4	B/D, NM
zoledronic inj 4mg/5ml	4	B/D, NM
AGENTES QUELANTES/CHELATING AGENTS		
CHEMET	4	
clovique	5	PA
deferasirox TABS 90mg, 360mg	5	NM, PA
JADENU 180mg	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
kionex sus 15gm/60ml	3	
LOKELMA	3	
penicillamine TABS	5	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp	3	
sps susp 15gm/60ml	3	
trientine hcl	5	PA
VELTASSA	4	LA, PA
CONTRACEPTIVOS/CONTRACEPTIVES		
altavera tab	2	GC
alyacen 1/35	2	GC
amethia	3	
amethia lo	3	
apri	2	GC
aranelle	3	
ashlyna	3	
aubra	2	GC
aviane	2	GC

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
balziva	3	
bekyree	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila	2	GC
camrese lo	3	
caziant pak	2	GC
cryselle-28	2	GC
cyclafem 1/35	2	GC
cyclafem 7/7/7	2	GC
cyred tab	2	GC
dasetta 1/35	2	GC
dasetta 7/7/7	2	GC
deblitane	2	GC
desogestrel & ethinyl estradiol	2	GC
desogestrel-ethinyl estradiol (biphasic)	3	
drospirenone-ethinyl estradiol	3	
drospirenone-ethinyl estradiol-levomefolate calcium	4	
ELLA	3	
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
errin	2	GC
estarylla tab 0.25-35	2	GC
ethynodiol diacet & eth estrad	2	GC
ethynodiol tab 1-50	3	
etonogestrel-ethinyl estradiol	4	
falmina	2	GC
fayosim	3	
femynor	2	GC
gianvi tab 3-0.02mg	3	
hailey 24 fe	3	
heather	2	GC
incassia	2	GC
introvale	3	
isibloom	2	GC
jasmiel	3	
jolessa tab 0.15-0.03 mg	3	
jolivette	2	GC
juleber	2	GC
junel 1.5/30	2	GC
junel 1/20	2	GC
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
junel fe 24	3	
kaitlib fe	4	
kariva	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
kelnor 1/35	2	GC
kelnor 1/50	3	
kurvelo	2	GC
larin 1.5/30	2	GC
larin 1/20	2	GC
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
larissia tab	2	GC
layolis fe	4	
leena tab	3	
lessina	2	GC
levonest	2	GC
levonor-eth est tab 0.15-0.02/0.025/0.03mg & eth est 0.01mg	3	
levonor/ethi tab	2	GC
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorg-eth est tab 0.15-0.03mg (84) & eth est tab 0.01mg(7)	3	
levonorgestrel & eth estradiol	2	GC
levonorgestrel-ethinyl estradiol 0.15-0.03mg (91-day)	3	
levora 0.15/30-28	2	GC
loryna	3	
low-ogestrel	2	GC
lutera	2	GC
lyza	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
marlissa	2	GC
medroxyprogesterone acetate (contraceptive)	2	GC
melodetta 24 fe	4	
mibelas 24 fe	4	
microgestin 1.5/30	2	GC
microgestin 1/20	2	GC
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mili	2	GC
mono-linyah tab 0.25-35	2	GC
necon 0.5/35-28	3	
nikki	3	
nora-be tab 0.35mg	2	GC
nore/eth/fer chw 0.4mg-35	3	
noreth/ethin chw fe	4	
norethin acet & estrad-fe	4	
norethindrone (contraceptive)	2	GC
norethindrone acet & eth estra	2	GC
norgest/ethi tab 0.25/35	2	GC
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	2	GC
nortrel 0.5/35 (28)	3	
nortrel 1/35	2	GC

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
nortrel 7/7/7	2	GC
ocella tab 3-0.03mg	3	
orsythia	2	GC
philith	3	
pimtrea	3	
pirmella 1/35	2	GC
portia-28	2	GC
previfem	2	GC
reclipsen	2	GC
rivelsa	3	
setlakin tab	3	
sharobel	2	GC
sprintec 28	2	GC
sronyx	2	GC
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	2	GC
tilia fe	3	
tri-estarylla	2	GC
tri-legest fe	3	
tri-linyah	2	GC
tri-lo marzia	3	
tri-lo-estarylla	3	
tri-lo-sprintec	3	
tri-mili	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
tri-previfem	2	GC
tri-sprintec	2	GC
tri-vylibra	2	GC
tri-vylibra lo	3	
trivora-28	2	GC
tulana	2	GC
tydemy	4	
velivet	2	GC
vienva	2	GC
viorele	3	
vyfemla	3	
vylibra	2	GC
wymzya fe	3	
xulane dis 150-35	4	
zarah	3	
zovia 1/35e	2	GC
ENDOMETRIOSIS		
danazol CAPS	4	
SYNAREL	5	
REEMPLAZOS DE ENZIMAS/ENZYME REPLACEMENTS		
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
levocarnitine (metabolic modifiers)	4	B/D
LUMIZYME	5	NM, LA, PA
miglustat	5	NM, PA
NAGLAZYME	5	NM, LA, PA
nitisinone	5	NM, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
sodium phenylbutyrate	5	NM, PA
ESTROGENOS/ESTROGENS		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	GC
estradiol vaginal cream	3	
estradiol vaginal tab	4	
estradiol valerate inj	4	
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvafem vaginal tablet 10 mcg	4	
GLUCOCORTICOIDES/GLUCOCORTICOIDS		
cortisone acetate TABS	4	
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
dexamethasone TABS	2	GC
dexamethasone sodium phosphate	2	GC
fludrocortisone acetate TABS	2	GC
hydrocortisone TABS	3	
methylpr ss inj	3	B/D
methylpred pak 4mg	2	GC
methylpred tab 4mg	3	B/D
methylpred tab 8mg	3	B/D
methylpred tab 16mg	3	B/D
methylpred tab 32mg	3	B/D
methylprednisolone acetate	2	GC, B/D
pred sod pho sol 5mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	GC, B/D
prednisolone sol 15mg/5ml	2	GC, B/D
prednisolone sol 25mg/5ml	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	3	
prednisone pak 10mg	3	
prednisone sol 5mg/5ml	4	B/D
prednisone tab 1mg	1	GC, B/D
prednisone tab 2.5mg	1	GC, B/D
prednisone tab 5mg	1	GC, B/D
prednisone tab 10mg	1	GC, B/D
prednisone tab 20mg	1	GC, B/D

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
prednisone tab 50mg	1	GC, B/D
SOLU-CORTEF	4	
AGENTES ELEVADORES DE GLUCOSA/GLUCOSE ELEVATING AGENTS		
diazoxide SUSP	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GVOKE PFS	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELANEOS/MISCELLANEOUS		
cabergoline	3	
calcitonin (salmon)	3	B/D
cinacalcet hcl 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl 60mg	5	B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH	5	NM, PA
LUPRON DEPOT-PED (3-MONTH	5	NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene tab 60mg	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
AGENTES FIJADORES DE FOSFATO/PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINAS/PROGESTINS		
medroxyprogesterone acetate tab	1	GC
norethindrone acetate TABS	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
AGENTES DE TIROIDE/THYROID AGENTS		
euthyrox	2	GC
levo-t	2	GC
levothyroxine sodium TABS	2	GC
levoxyl	2	GC
liothyronine sodium TABS	3	
methimazole TABS	1	GC
propylthiouracil TABS	3	
SYNTHROID	4	
unithroid	2	GC
VASOPRESINAS/VASOPRESSINS		
desmopressin acetate spray	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs	3	
desmopressin inj 4mcg/ml	4	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICOS/ANTIEMETICS		
aprepitant	4	B/D
aprepitant pak 80mg & 125mg	4	B/D
compro supp	4	
dronabinol	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
granisetron hcl SOLN	3	
granisetron hcl TABS	4	B/D
meclizine hcl TABS	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
metoclopramide hcl SOLN	2	GC
metoclopramide hcl TABS	1	GC
metoclopramide hcl inj	2	GC
ondansetron hcl TABS	3	B/D
ondansetron hcl inj	2	GC
ondansetron hcl oral soln	4	B/D
ondansetron odt	2	GC, B/D
prochlorperazine inj	4	
prochlorperazine maleate TABS	2	GC
prochlorperazine supp	4	
promethazine hcl SYRP; TABS	2	GC, PA; PA if 70 years and older
promethazine hcl inj	4	PA; PA if 70 years and older
scopolamine	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTIESPASMODICOS/ANTISPASMODICS		
dicyclomine hcl cap 10mg	3	
dicyclomine hcl soln 10mg/5ml	4	
dicyclomine hcl tab 20mg	3	
glycopyrrolate tab 1mg	3	
glycopyrrolate tab 2mg	3	
ANTAGONISTAS DEL RECEPTOR H2/H2-RECEPTOR ANTAGONISTS		
famotidine SUSR	4	
famotidine TABS 20mg, 40mg	1	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
famotidine in nacl	2	GC
famotidine inj	2	GC
nizatidine CAPS	3	
ENFERMEDAD INTESTINAL INFLAMATORIA/INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	3	
budesonide ec	4	
colocort	4	
hydrocortisone (enema)	4	
mesalamine CPDR	4	
mesalamine ENEM	4	
mesalamine SUPP	5	
mesalamine TBEC 1.2gm	4	
mesalamine w/ cleanser	4	
sulfasalazine TABS	2	GC
sulfasalazine ec	3	
LAXANTES/LAXATIVES		
constulose	3	
enulose	3	
gavilyte-c	2	GC
gavilyte-g	2	GC
gavilyte-n/flavor pack	2	GC
generlac	3	
GOLYTELY	3	
lactulose SOLN	3	
lactulose (encephalopathy)	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	GC
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	GC
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
trilyte	2	GC

MISCELANEOS/MISCELLANEOUS

alosetron hcl	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine LIQD	4	
diphenoxylate w/ atropine TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
loperamide hcl CAPS	3	
misoprostol TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	2	GC
ursodiol CAPS	3	
ursodiol TABS	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
XIFAXAN 550mg	5	PA
ENZYMAS PANCREATICAS/PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
INHIBIDORES DE LA BOMBA DE PROTONES/PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium CPDR	4	QL (30 caps / 30 days), ST
lansoprazole CPDR	3	QL (30 caps / 30 days)
omeprazole cap 10mg	1	GC
omeprazole cap 20mg	1	GC
omeprazole cap 40mg	1	GC
pantoprazole sodium SOLR	4	
pantoprazole sodium tbec	1	GC
rabeprazole sodium	3	QL (30 tabs / 30 days)
GENITOURINARIOS/GENITOURINARY		
HIPERPLASIA PROSTATICA BENIGNA/BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	GC, QL (30 tabs / 30 days)
dutasteride CAPS	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl	4	QL (30 caps / 30 days)
finasteride TABS 5mg	1	GC
tamsulosin hcl	2	GC
MISCELANEOS/MISCELLANEOUS		
bethanechol chloride TABS	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
potassium citrate (alkalinizer) er tabs	4	
ANTIESPASMODICOS URINARIOS/URINARY ANTISPASMODICS		
MYRBETRIQ	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	3	
oxybutynin chloride TABS	3	
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
tolterodine tartrate CP24	4	QL (30 caps / 30 days), ST
tolterodine tartrate TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
trospium chloride TABS	3	QL (60 tabs / 30 days)
ANTI-INFECTIVOS VAGINALES/VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	3	
metronidazole vaginal	4	
terconazole vaginal	3	
vandazole	4	
HEMATOLOGIA/HEMATOLOGIC		
ANTICOAGULANTES/ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
enoxaparin sodium	4	
fondaparinux sodium 2.5mg/0.5ml	4	
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
heparin sod (porcine) in d5w	3	
heparin sod inj 1000/ml	3	B/D
heparin sod inj 5000/ml	3	B/D
heparin sod inj 10000/ml	3	B/D
heparin sod inj 20000/ml	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
jantoven	1	GC
PRADAXA	4	QL (60 caps / 30 days)
warfarin sodium	1	GC
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
FACTORES DE CRECIMIENTO HEMATOPOYETICO/HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO	5	NM, PA
MISCELANEOS/MISCELLANEOUS		
anagrelide hcl	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol	2	GC
DROXIA	3	
ENDARI	5	NM, LA, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR	2	GC
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid SOLN	4	
tranexamic acid TABS	3	
INHIBIDORES DE LA AGREGACION PLAQUETARIA/PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	4	
BRILINTA	3	
clopidogrel tab 75mg	1	GC
prasugrel hcl	3	
AGENTES INMUNOLOGICOS/IMMUNOLOGIC AGENTS		
MEDICAMENTOS ANTIRREUMATICOS MODIFICADORES DE LA ENFERMEDAD/DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ENBREL SOLR	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI	5	QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK	5	QL (8 injections / 28 days), NM, PA
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
hydroxychloroquine sulfate	3	
leflunomide TABS	3	QL (30 tabs / 30 days)
methotrexate sodium tabs	3	
REMICADE	5	NM, PA
RENFLEXIS	5	NM, LA, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RINVOQ	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI	5	QL (7 injections / year), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA
INMUNOGLOBULINAS/IMMUNOGLOBULINS		
BIVIGAM	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
INMUNOMODULADORES/IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
INMUNOSUPRESORES/IMMUNOSUPPRESSANTS		
azathioprine TABS	3	B/D
BENLYSTA	5	NM, PA
cyclosporine CAPS; SOLN	4	B/D, NM
cyclosporine modified (for microemulsion)	4	B/D, NM
everolimus (immunosuppressant) .5mg, .75mg	5	B/D, NM
everolimus (immunosuppressant) .25mg	4	B/D, NM
gengraf	4	B/D, NM
mycophenolate mofetil CAPS; TABS	3	B/D, NM
mycophenolate mofetil SUSR	5	B/D, NM
mycophenolate sodium tbec	4	B/D, NM
NULOJIX	5	B/D, NM
PROGRAF PACK	4	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
sirolimus SOLN	5	B/D, NM
sirolimus TABS 2mg	5	B/D, NM
sirolimus TABS .5mg, 1mg	4	B/D, NM
tacrolimus CAPS	4	B/D, NM
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ZORTRESS TAB 1MG	5	B/D, NM
VACUNAS/VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
SUPLEMENTOS NUTRICIONALES/NUTRITIONAL SUPPLEMENTS		
ELECTROLITOS/ELECTROLYTES		
klor-con 8	2	GC
klor-con 10	2	GC
klor-con m10	2	GC
klor-con m15	2	GC
klor-con m20	2	GC
klor-con pak 20meq	4	
klor-con spr cap 8meq	3	
klor-con spr cap 10meq	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose	3	
magnesium sulfate inj 50%	3	
potassium chloride CPCR	3	
potassium chloride PACK	4	
potassium chloride SOLN 10%, 20%	4	
potassium chloride TBCR	2	GC
potassium chloride microencapsulated crystals er	2	GC
sodium chloride SOLN 2.5meq/ml	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC
TPN ELECTROLYTES	4	B/D
NUTRICION IV/IV NUTRITION		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
clinisol sf 15%	4	B/D

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
hepatamine	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
plenamine	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
SOLUCIONES INTRAVENOSAS DE REMPLAZO/IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	2	GC
dextrose 5%	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
dextrose 5%/nacl 0.2%	2	GC
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.9%	2	GC
dextrose 5%/nacl 0.45%	2	GC
dextrose 5%/nacl 0.225%	2	GC
dextrose 5%/potassium chl	2	GC
dextrose 10% flex contain	2	GC

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
dextrose 10%/nacl 0.45%	2	GC
dextrose 50%	2	GC
dextrose in lactated ringers	2	GC
dextrose inj 70%	2	GC
ISOLYTE P	4	
ISOLYTE S	4	
kcl0.15%/d5w/nacl0.2%	3	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	3	
kcl 0.15%/d5w/nacl 0.9%	3	
KCL 0.15%/D5W/NACL 0.225%	4	
kcl 0.075%/d5w/nacl 0.45%	3	
kcl/d5w inj 0.3%	2	GC
kcl/d5w/nacl inj 0.22%/0.45%	3	
kcl/d5w/nacl inj .15/.45%	3	
kcl/nacl inj 0.3-0.9	2	GC
kcl/nacl inj 0.15%-0.9%	2	GC
lactated ringer's	2	GC
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
pot chloride inj 2meq/ml	2	GC
potassium chloride SOLN 2meq/ml	2	GC
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	GC
potassium chloride in nacl	2	GC
sodium chloride SOLN 3%, 5%	3	
sodium chloride 0.45%	3	
sodium chloride inj 0.9%	3	
VITAMINAS/VITAMINS		
calcitriol CAPS	2	GC, B/D
calcitriol inj	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
M-NATAL PLUS	3	
paricalcitol CAPS	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	
OFTALMICOS/OPHTHALMIC		
ANTI-INFECTIVO, ANTI-INFLAMATORIOS/ANTI-INFECTIVE, ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	3	
BLEPHAMIDE OINT	4	
neomycin-polymy-dexameth	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
neomycin-polymyxin-hc (ophth)	4	
sulfacetamide sod-prednisolone	2	GC
TOBRADEX OINT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	4	
ZYLET	3	
ANTI-INFECTIVOS/ANTI-INFECTIVES		
AZASITE	4	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	2	GC
BESIVANCE	3	
CILOXAN OINT	3	
ciprofloxacin hcl (ophth)	2	GC
erythromycin (ophth)	2	GC
gatifloxacin (ophth)	3	
gentak	2	GC
gentamicin sulfate soln (ophth)	2	GC
MOXEZA	3	
moxifloxacin hcl (ophth)	3	
NATACYN	4	
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
ofloxacin (ophth)	2	GC
polymyxin b-trimethoprim	2	GC
sulfacetamide sodium (ophth)	3	

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
tobramycin (ophth)	2	GC
trifluridine	3	
ZIRGAN	4	
ANTI-INFLAMATORIOS/ANTI-INFLAMMATORIES		
ALREX	3	
bromfenac sodium (ophth)	4	
BROMSITE	4	
dexamethasone sodium phosphate (ophth)	3	
diclofenac sodium (ophth)	3	
DUREZOL	3	
fluorometholone	3	
flurbiprofen sodium	3	
ILEVRO	3	
ketorolac tromethamine (ophth) .4%	3	
ketorolac tromethamine (ophth) .5%	2	GC
LOTEMAX GEL; OINT	3	
loteprednol etabonate	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALERGICOS/ANTIALLERGICS		
azelastine drop 0.05%	3	
BEPREVE	3	
cromolyn sodium (ophth)	1	GC
LASTACAFT	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
olopatadine hcl 0.2%	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
betaxolol hcl (ophth)	3	
BETOPTIC-S	3	
brimonidine sol 0.2%	1	GC
brimonidine sol 0.15%	4	
carteolol hcl (ophth)	2	GC
COMBIGAN	3	
dorzolamide hcl	2	GC
dorzolamide hcl-timolol maleate	2	GC
latanoprost SOLN	2	GC
levobunolol hcl	2	GC
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl SOLN	3	
RHOPRESSA	3	
SIMBRINZA	3	
timolol maleate (ophth) soln	1	GC
timolol maleate gel	4	
timolol maleate ophth soln 0.5% (once-daily)	4	
travoprost	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
MISCELANEOS/MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NM, LA, PA
proparacaine hcl SOLN	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
INHIBIDORES DE LA FOSFODIESTERASA TIPO 5/ PHOSPHODIESTERASE TYPE 5 INHIBITORS		
CIALIS 10mg, 20mg	1	ED, QL (4 tabs / 30 days)
LEVITRA	1	ED, QL (4 tabs / 30 days)
sildenafil citrate TABS	1	ED, QL (4 tabs / 30 days)
VIAGRA	1	ED, QL (4 tabs / 30 days)
RESPIRATORIO/RESPIRATORY		
ANTICOLINERGICO, BETA ANTAGONISTAS COMBINACION/ANTICHOLINERGIC, BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICOLINERGICOS/ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN	2	GC, B/D
ipratropium bromide (nasal)	3	
ANTIHISTAMINICOS/ANTIHISTAMINES		
azelastine spr 0.1%	3	
azelastine spr 0.15%	3	
cetirizine syrup	2	GC
cyproheptadine hcl SYRP; TABS	3	PA; PA if 70 years and older
diphenhydramine hcl inj 50mg/ml	3	
hydroxyzine hcl SYRP	3	PA; PA if 70 years and older
hydroxyzine hcl TABS	2	GC, PA; PA if 70 years and older
hydroxyzine hcl inj	4	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	GC, PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN	4	
levocetirizine dihydrochloride TABS	2	GC
BETA AGONISTAS/BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
albuterol sulfate NEBU .083%	2	GC, B/D
albuterol sulfate SYRP	2	GC
albuterol sulfate TABS	4	
albuterol sulfate TB12	3	
levalbuterol hcl NEBU	4	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	4	B/D
levalbuterol tartrate hfa	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
MODULADORES DE LEUKOTRIENO/LEUKOTRIENE MODULATORS		
montelukast sodium CHEW	2	GC
montelukast sodium PACK	4	
montelukast sodium TABS	1	GC
zafirlukast	3	
ESTABILIZADORES DE MASTOCITOS/MAST CELL STABILIZERS		
cromolyn sod neb 20mg/2ml	3	B/D
MISCELANEOS/MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
FASENRA	5	NM, LA, PA
FASENRA PEN	5	NM, LA, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
SYMJEPI	4	
THEO-24	4	
theophylline	4	
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab sr 24hr	3	
TRIKAFTA	5	NM, LA, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
ESTEROIDES NASALES/NASAL STEROIDS		
flunisolide (nasal)	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal)	2	GC, QL (1 bottle / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ESTEROIDES INHALADOS/STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
budesonide (inhalation) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
ESTEROIDES, BETA AGONISTAS COMBINACIONES/STEROID, BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
TOPICOS/TOPICAL		
DERMATOLOGIA, ACNE/DERMATOLOGY, ACNE		
amnesteem	4	PA
avita	4	QL (45 grams / 30 days), PA
benzoyl peroxide-erythromycin	4	
claravis	4	PA
clindamycin phosphate (topical) GEL	4	QL (75 grams / 30 days)
clindamycin phosphate (topical) LOTN	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clindamycin phosphate (topical) SOLN	4	QL (60 mL / 30 days)
ery pad 2%	3	
erythromycin (acne aid) GEL	4	
erythromycin (acne aid) SOLN	3	
isotretinoin CAPS	4	PA
myorisan	4	PA
sulfacetamide sodium (acne)	4	
tretinoin CREA	4	QL (45 grams / 30 days), PA
tretinoin GEL .01%, .025%	4	QL (45 grams / 30 days), PA
zenatane	4	PA
DERMATOLOGIA, ANTIBIOTICOS/DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA	4	
gentamicin sulfate (topical) OINT	3	
mupirocin OINT	2	GC, QL (220 grams / 30 days)
silver sulfadiazine CREA	2	GC
ssd	2	GC
SULFAMYLON CREA	4	
DERMATOLOGIA, ANTIFUNGALES/DERMATOLOGY, ANTIFUNGALS		
ciclopirox CREA	3	QL (90 grams / 30 days)
ciclopirox SUSP	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA	3	
clotrimazole (topical) SOLN	3	QL (30 mL / 30 days)
clotrimazole w/ betamethasone CREA	3	
ketoconazole cream	3	QL (60 grams / 30 days)

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
nyamyc	3	QL (60 grams / 30 days)
nystatin (topical) CREA; OINT	3	
nystatin (topical) POWD	3	QL (60 grams / 30 days)
nystop	3	QL (60 grams / 30 days)
DERMATOLOGIA, ANTIPSORIASICOS/DERMATOLOGY, ANTIPSORIATICS		
acitretin	4	PA
calcipotriene CREA; OINT	4	QL (120 grams / 30 days), PA
calcipotriene SOLN	4	QL (120 mL / 30 days), PA
calcitrene	4	QL (120 grams / 30 days), PA
tazarotene CREA	3	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA
DERMATOLOGIA, ANTISEBORREICA/DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	2	GC
selenium sulfide LOTN	2	GC
DERMATOLOGIA, CORTICOSTEROIDES/DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	1	GC
ala-cort cre 2.5%	2	GC
alclometasone dipropionate CREA	4	
alclometasone dipropionate OINT	3	
betamethasone dipropionate (topical) CREA; LOTN	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
betamethasone dipropionate (topical) OINT	4	
betamethasone dipropionate augmented CREA	3	
betamethasone dipropionate augmented GEL; LOTN; OINT	4	
betamethasone valerate CREA; LOTN; OINT	3	
ENSTILAR	4	QL (120 grams / 30 days), PA
fluocinolone acetonide CREA; OINT	3	
fluocinolone acetonide OIL	4	
fluocinolone acetonide SOLN	4	QL (90 mL / 30 days)
fluocinolone acetonide oil body	4	
fluocinonide CREA .05%	4	QL (120 grams / 30 days)
fluocinonide GEL	4	QL (60 grams / 30 days)
fluocinonide OINT	4	QL (60 grams / 30 days)
fluocinonide SOLN	4	QL (60 mL / 30 days)
fluocinonide emulsified base	4	QL (120 grams / 30 days)
fluticasone propionate CREA; OINT	3	
halobetasol propionate CREA; OINT	4	QL (50 grams / 30 days)
hydrocortisone (topical) cream 1%	1	GC
hydrocortisone (topical) cream 2.5%	2	GC
hydrocortisone (topical) lotion 2.5%	3	
hydrocortisone (topical) oint 2.5%	2	GC
hydrocortisone butyrate cream 0.1%	4	QL (45 grams / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
hydrocortisone butyrate oint 0.1%	4	QL (45 grams / 30 days)
mometasone furoate CREA; OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
triamcinolone acetonide (topical) CREA .1%	2	GC, QL (454 grams / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%	2	GC
triamcinolone acetonide (topical) LOTN	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	GC
DERMATOLOGIA, ANESTESICOS LOCALES/DERMATOLOGY, LOCAL ANESTHETICS		
glydo	3	QL (30 mL / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl GEL	3	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine oint 5%	4	QL (50 grams / 30 days), PA
lidocaine-prilocaine	3	QL (30 grams / 30 days), PA
DERMATOLOGIA, MISCELANEOS PIEL Y MEMBRANAS MUCOSAS/DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA	2	GC
ammonium lactate LOTN	3	
diclofenac sodium (topical) 1% gel	3	QL (1000 grams / 30 days), PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
fluorouracil (topical) CREA 5%	4	QL (40 grams / 30 days)
fluorouracil (topical) SOLN	3	QL (10 mL / 30 days)
imiquimod CREA 5%	3	QL (24 packets / 30 days)
metronidazole (topical) CREA; LOTN	4	
metronidazole gel 0.75%	4	
PANRETIN	5	QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
podofilox SOLN	3	
procto-med hc	3	
procto-pak	3	
proctosol hc cre 2.5%	3	
proctozone-hc	3	
RECTIV	4	QL (30 grams / 30 days)
rosadan cre 0.75%	4	
tacrolimus (topical)	4	QL (100 grams / 30 days)
TARGRETIN GEL	5	QL (60 grams / 30 days), NM, PA
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA

DERMATOLOGIA, ESCABICIDAS Y PEDICULOSIS/DERMATOLOGY, SCABICIDES AND PEDICULIDES

malathion	4	
permethrin cre 5%	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
DERMATOLOGIA, AGENTES PARA EL CUIDADO DE ULCERAS/DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	GC
REGRANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	GC
water for irrigation, sterile	2	GC
BOCA, GARGANTA, AGENTES DENTALES/MOUTH,THROAT, DENTAL AGENTS		
cevimeline hcl	4	
chlorhexidine gluconate (mouth-throat)	1	GC
clotrimazole LOZG	4	
lidocaine hcl (mouth-throat)	2	GC
nystatin (mouth-throat)	3	
paroex sol 0.12%	1	GC
periogard	1	GC
pilocarpine hcl (oral)	4	
triamcinolone acetonide (mouth)	3	
OTICOS/OTIC		
acetic acid (otic)	3	
CIPRODEX	3	
flac	4	
fluocinolone acetonide (otic)	4	
neomycin-polymyxin-hc (otic)	3	
ofloxacin (otic)	4	

Index

A
abacavir sulfate 15
abacavir sulfate-lamivudine 18
abacavir sulfate-lamivudine-zidovudine 18
ABELCET 14
ABILIFY MAINTENA 53
abiraterone acetate 28
ABRAXANE 26
acamprosate calcium 62
acarbose 65
acebutolol hcl 38
acetaminophen w/ codeine 300-15mg 9
acetaminophen w/ codeine 300-30mg 9
acetaminophen w/ codeine 300-60mg 9
acetaminophen w/ codeine soln 9
acetazolamide 41
acetic acid 110
acetic acid (otic) 110
acetylcysteine 102
acitretin 106
ACTHIB 91
ACTIMMUNE 89
acyclovir 19, 20
acyclovir sodium 20
ADACEL 91
adefovir dipivoxil 20
ADEMPAS 43
adriamycin 25
adrucil inj 25
ADVAIR DISKUS 104
ADVAIR HFA 104
AFINITOR 30
AFINITOR DISPERZ 30
AIMOVIG 59
ala-cort cre 1% 106
ala-cort cre 2.5% 106
albendazole 12
albuterol sulfate 101, 102
alclometasone dipropionate 106
ALDURAZYME 75
ALECENSA 30
alendronate sodium soln 70mg/75ml 68
alendronate sodium tab 10 mg 68
alendronate sodium tab 35 mg 68
alendronate sodium tab 40 mg 68
alendronate sodium tab 5 mg 68
alendronate sodium tab 70 mg 68
alfuzosin hcl 84
ALIMTA 25
ALINIA 12
aliskiren fumarate 42
allopurinol tab 8
alosetron hcl 83
ALPHAGAN P SOL 0.1% 99
alprazolam tab 0.25mg 43
alprazolam tab 0.5mg 43
alprazolam tab 1mg 43
alprazolam tab 2 mg 44
ALREX 98
altavera tab 69
ALUNBRIG 30
alyacen 1/35 69
amantadine hcl 51, 52
AMBISOME 14
ambrisentan 43
amethia 69
amethia lo 69
amikacin sulfate 12
amiloride & hydrochlorothiazide 41
amiloride hcl 41
AMINOSYN II INJ 10% 93
AMINOSYN-PF 7% 93
AMINOSYN-PF INJ 10% 93
amiodarone hcl soln 36
amiodarone tab 100mg 36
amiodarone tab 200mg 36
amiodarone tab 400mg 36

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

AMITIZA CAP 24MCG 83
AMITIZA CAP 8MCG 83
amitriptyline hcl 49
amlodipine besylate 39
amlodipine besylate-benazepril hcl cap 10-20 mg 34
amlodipine besylate-benazepril hcl cap 10-40 mg 34
amlodipine besylate-benazepril hcl cap 2.5-10 mg 34
amlodipine besylate-benazepril hcl cap 5-10 mg 34
amlodipine besylate-benazepril hcl cap 5-20 mg 34
amlodipine besylate-benazepril hcl cap 5-40 mg 34
amlodipine besylate-olmesartan medoxomil 35
amlodipine besylate-valsartan tab 35
amlodipine-valsartan-hydrochlorothiazide tab 35
ammonium lactate 108
amnesteem 104
amoxapine 49
amoxicillin 23
amoxicillin & pot clavulanate 200/5ml susr 23
amoxicillin & pot clavulanate 200-28.5 chw tabs 23
amoxicillin & pot clavulanate 250/5ml susr 23
amoxicillin & pot clavulanate 250-125 tabs 23
amoxicillin & pot clavulanate 400/5ml susr 23
amoxicillin & pot clavulanate 400-57 chw tabs 23
amoxicillin & pot clavulanate 500-125 tabs 23
amoxicillin & pot clavulanate 600/5ml susr 23
amoxicillin & pot clavulanate 875-125 tabs 23
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs 23
amphetamine-dextroamphetamine cap sr 24hr 10 mg 57
amphetamine-dextroamphetamine cap sr 24hr 15 mg 57
amphetamine-dextroamphetamine cap sr 24hr 20 mg 57
amphetamine-dextroamphetamine cap sr 24hr 25 mg 57
amphetamine-dextroamphetamine cap sr 24hr 30 mg 57
amphetamine-dextroamphetamine cap sr 24hr 5 mg 57
amphetamine-dextroamphetamine tab 10 mg 57
amphetamine-dextroamphetamine tab 12.5 mg 57
amphetamine-dextroamphetamine tab 15 mg 57
amphetamine-dextroamphetamine tab 20 mg 57
amphetamine-dextroamphetamine tab 30 mg 57
amphetamine-dextroamphetamine tab 5 mg 57
amphetamine-dextroamphetamine tab 7.5 mg 57
amphotericin b 14
ampicillin & sulbactam sodium 23
ampicillin cap 500mg 23
ampicillin inj 23
ampicillin sodium 23
ANADROL-50 63
anagrelide hcl 86
anastrozole 28
ANDRODERM 63
ANORO ELLIPTA 100
APOKYN 52
aprepitant 80
aprepitant pak 80mg & 125mg 80
apri 69

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

APTIOM 44
APTIVUS 15
ARALAST NP 102
aranelle 69
ARCALYST 89
aripiprazole odt 53
aripiprazole oral solution 1 mg/ml 53
aripiprazole tab 53
ARISTADA 53
ARISTADA INITIO 53
armodafinil 61, 62
ARNUITY ELLIPTA 104
ashlyna 69
aspirin-dipyridamole 87
atazanavir sulfate 15
atenolol 39
atenolol & chlorthalidone 38
atomoxetine hcl 57, 58
atorvastatin calcium 37
atovaquone 12
atovaquone-proguanil hcl 15
ATRIPLA 18
ATROPINE SULFATE 100
ATROVENT HFA 100
aubra 69
AURYXIA 79
AUSTEDO 60
AVASTIN 26
aviane 69
avita 104
AYVAKIT 30
azacitidine 25
AZASITE 97
azathioprine 90
azelastine drop 0.05% 98
azelastine spr 0.1% 101
azelastine spr 0.15% 101
azithromycin 22
AZOPT 99
aztreonam 12

B

bacitracin (ophthalmic) 97
bacitracin-polymyxin b (ophth) 97
bacitracin-poly-neomycin-hc 96
baclofen 61
balsalazide disodium 82
BALVERSA 30
balziva 70
BANZEL SUS 40MG/ML 44
BANZEL TAB 200MG 44
BANZEL TAB 400MG 44
BARACLUDE 20
BASAGLAR KWIKPEN 63
BCG VACCINE 91
BD ALCOHOL SWABS 63
BD ULTRAFINE INSULIN SYRINGE 63
BD ULTRAFINE/NANO PEN NEEDLES 63
bekyree 70
BELSOMRA 58
benazepril & hydrochlorothiazide 34
benazepril hcl 35
BENDEKA 25
BENLYSTA 90
benzoyl peroxide-erythromycin 104
benztropine mesylate inj 52
benztropine mesylate tab 0.5mg 52
benztropine mesylate tab 1mg 52
benztropine mesylate tab 2mg 52
BEPREVE 98
BERINERT 86
BESIVANCE 97
betamethasone dipropionate (topical) 106, 107
betamethasone dipropionate augmented 107
betamethasone valerate 107
BETASERON 61
betaxolol hcl 39
betaxolol hcl (ophth) 99
bethanechol chloride 84
BETOPTIC-S 99

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

BEVESPI AEROSPHERE 100
bexarotene 33
BEXSERO 91
bicalutamide 28
BICILLIN L-A 23
BIKTARVY 18
bisoprolol & hydrochlorothiazide 38
bisoprolol fumarate 39
BIVIGAM 89
BLEPHAMIDE 96
blisovi 24 fe 70
blisovi fe 1.5/30 70
BOOSTRIX 91
BORTEZOMIB 26
bosentan 43
BOSULIF 30
BRAFTOVI 30
BREO ELLIPTA 104
briellyn 70
BRILINTA 87
brimonidine sol 0.15% 99
brimonidine sol 0.2% 99
BRIVIACT INJ 50MG/5ML 44
BRIVIACT SOL 10MG/ML 44
BRIVIACT TAB 100MG 44
BRIVIACT TAB 10MG 44
BRIVIACT TAB 25MG 44
BRIVIACT TAB 50MG 44
BRIVIACT TAB 75MG 44
bromfenac sodium (ophth) 98
bromocriptine mesylate 52
BROMSITE 98
BRUKINSA 30
budesonide (inhalation) 104
budesonide ec 82
bumetanide inj 0.25/ml 41
bumetanide tab 41
buprenorphine hcl 62
buprenorphine hcl-naloxone hcl dihydrate 12-3mg 62
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg 62
buprenorphine hcl-naloxone hcl dihydrate 4-1mg 62
buprenorphine hcl-naloxone hcl dihydrate 8-2mg 62
buprenorphine hcl-naloxone hcl sl 62
bupropion hcl 49
bupropion hcl (smoking deterrent) 62
buspirone hcl 44
butorphanol tartrate 9
BYDUREON BCISE 63
BYDUREON PEN 63
BYETTA 63
BYSTOLIC 39

C

cabergoline 78
CABOMETYX 30
calcipotriene 106
calcitonin (salmon) 78
calcitrene 106
calcitriol 96
calcitriol inj 96
calcitriol oral soln 1 mcg/ml 96
calcium acetate (phosphate binder) 79
CALQUENCE 30
camila 70
camrese lo 70
candesartan cilexetil 36
candesartan cilexetil-hydrochlorothiazide 35
CAPLYTA 53
CAPRELSA 30
captopril 35
captopril & hydrochlorothiazide 34
CARBAGLU 75
carbamazepine 44
carbidopa/levodopa/entacapone 52
carbidopa-levodopa 52
carboplatin 33
carisoprodol 61
carteolol hcl (ophth) 99
cartia xt 39

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

carvedilol 39
caspofungin acetate 14
CAYSTON 12
caziant pak 70
cefaclor 21
CEFACLOR ER TAB 500MG 21
cefadroxil 21
CEFAZOLIN IN DEXTROSE 2GM/100ML-4% 21
cefazolin inj 21
cefazolin sodium 21
CEFAZOLIN SODIUM 1 GM/50ML 21
cefdinir 21
cefepime for inj 21
cefixime 21
cefoxitin for inj 21
cefpodoxime proxetil 21
cefprozil 21
ceftazidime 21
CEFTAZIDIME/DEXTROSE 21
ceftriaxone sodium 21
cefuroxime axetil 21
cefuroxime sodium 21
celecoxib 8
CELONTIN 44
cephalexin 21, 22
CERDELGA 75
CEREZYME 75
cetirizine syrup 101
cevimeline hcl 110
CHANTIX 62
CHANTIX CONTINUING MONTH 62
CHANTIX STARTER PACK 62
CHEMET 69
chlorhexidine gluconate (mouth-throat) 110
chloroquine phosphate 15
chlorothiazide 41
chlorpromazine hcl 53
CHLORPROMAZINE INJ 53
chlorthalidone 41
cholestyramine 37
cholestyramine light pack 37
cholestyramine light powd 37
CIALIS 100
ciclopirox 105
cilostazol 86
CILOXAN 97
CIMDUO 18
cinacalcet hcl 78
CIPRO 22
CIPRODEX 110
ciprofloxacin hcl (ophth) 97
ciprofloxacin hcl tab 22
ciprofloxacin in d5w 22
cisplatin 33
citalopram hydrobromide 49
claravis 104
clarithromycin 22
clarithromycin er 22
clarithromycin for susp 22
clindamycin cap 300 mg 12
clindamycin cap 75mg 12
clindamycin hcl cap 150 mg 13
clindamycin phosphate (topical) 104, 105
clindamycin phosphate in d5w 13
CLINDAMYCIN PHOSPHATE IN NACL 13
clindamycin phosphate inj 13
clindamycin phosphate vaginal 85
clindamycin soln 75mg/5ml 13
CLINIMIX 4.25%/DEXTROSE 5% 93
CLINIMIX 5%/DEXTROSE 15% 93
CLINIMIX 5%/DEXTROSE 20% 93
CLINIMIX INJ 4.25/D10 93
clinisol sf 15% 93
CLINOLIPID 94
clobazam 44
clomipramine hcl 50
clonazepam 45
clonidine hcl 42
clonidine hcl ptwk 42
clopidogrel tab 75mg 87

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

clorazepate dipotassium 45
clotrimazole 110
clotrimazole (topical) 105
clotrimazole w/ betamethasone 105
clovique 69
clozapine odt 53
clozapine tab 100mg 54
clozapine tab 200mg 54
clozapine tab 25mg 54
clozapine tab 50mg 54
COARTEM 15
colchicine w/ probenecid 8
COLCRYS 8
colesevelam hcl 37
colestipol hcl gran 37
colestipol hcl pack 38
colestipol hcl tabs 38
colistimethate sodium 13
colocort 82
COMBIGAN 99
COMBIVENT RESPIMAT 100
COMETRIQ 30
COMPLERA 18
compro supp 80
constulose 82
COPIKTRA 30
CORLANOR 42
cortisone acetate 76
COTELLIC 30
COUMADIN 85
CREON 84
CRIXIVAN 15
cromolyn sod neb 20mg/2ml 102
cromolyn sodium (mastocytosis) 83
cromolyn sodium (ophth) 98
cryselle-28 70
cyclafem 1/35 70
cyclafem 7/7/7 70
cyclobenzaprine hcl 61
cyclophosphamide 25
cycloserine 19
cyclosporine 90
cyclosporine modified (for microemulsion) 90
cyproheptadine hcl 101
cyred tab 70
CYSTADANE 75
CYSTAGON 75
CYSTARAN 100
cytarabine 25

D

dalfampridine 61
DALIRESP 102
danazol 75
dantrolene sodium 61
dapsone 13
DAPTACEL 91
daptomycin 13
dasetta 1/35 70
dasetta 7/7/7 70
DAURISMO 26
deblitane 70
deferasirox 69
DELESTROGEN 76
DELSTRIGO 18
DEMSER 42
DEPO-PROVERA INJ 400/ML 28
DESCOVY 18
desipramine hcl 50
desmopressin acetate spray 80
desmopressin acetate spray refrigerated 80
desmopressin acetate tabs 80
desmopressin inj 4mcg/ml 80
desogestrel & ethinyl estradiol 70
desogestrel-ethinyl estradiol (biphasic) 70
desvenlafaxine succinate 50
dexamethasone 76, 77
DEXAMETHASONE 76
dexamethasone sodium phosphate 77
dexamethasone sodium phosphate (ophth) 98

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

DEXILANT 84
dexmethylphenidate hcl 58
dextrose 10% flex contain 94
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2% 95
dextrose 10%/nacl 0.45% 95
dextrose 2.5%/nacl 0.45% 94
dextrose 5% 94
DEXTROSE 5% /ELECTROLYTE 94
dextrose 5%/nacl 0.2% 94
dextrose 5%/nacl 0.225% 94
DEXTROSE 5%/NACL 0.3% 94
dextrose 5%/nacl 0.45% 94
dextrose 5%/nacl 0.9% 94
dextrose 5%/potassium chl 94
dextrose 50% 95
dextrose in lactated ringers 95
dextrose inj 70% 95
DIASTAT ACUDIAL 45
DIASTAT PEDIATRIC 45
diazepam 45
diazepam gel 45
diazepam inj 45
diazepam intensol 45
diazepam oral soln 1 mg/ml 45
diazoxide 78
diclofenac potassium 8
diclofenac sodium 8
diclofenac sodium (ophth) 98
diclofenac sodium (topical) 1% gel 108
dicloxacillin sodium 23
dicyclomine hcl cap 10mg 81
dicyclomine hcl soln 10mg/5ml 81
dicyclomine hcl tab 20mg 81
didanosine 16
DIFICID 22
diflunisal 8
digitek 40
digox 41
digoxin 41
digoxin inj 41
digoxin sol 50mcg/ml 41
dihydroergotamine mesylate inj 1 mg/ml 59
dihydroergotamine mesylate nasal spr 4 mg/ml 59
DILANTIN CAP 100MG 45
DILANTIN CAP 30MG 45
DILANTIN CHEW TAB 50MG 45
DILANTIN-125 SUSP 45
diltiazem cap 240mg cd 39
diltiazem cap 360mg cd 39
diltiazem cap er/12hr 39
diltiazem hcl 40
diltiazem hcl coated beads 40
diltiazem hcl coated beads cap sr 24hr 40
diltiazem hcl extended release beads cap sr 40
diltiazem inj 40
dilt-xr cap 39
diphenhydramine hcl inj 50mg/ml 101
diphenoxylate w/ atropine 83
DIPHTHERIA/TETANUS TOXOID 91
disopyramide phosphate 36
disulfiram 62
divalproex sodium 45
docetaxel 26
DOCETAXEL 26
dofetilide 36
donepezil hydrochloride 48, 49
dorzolamide hcl 99
dorzolamide hcl-timolol maleate 99
DOVATO 18
doxazosin mesylate 35
doxepin hcl 50
doxepin hcl (sleep) 58
doxorubicin hcl 25
doxorubicin hcl liposomal 25
doxy 100 24
doxycycline (monohydrate) 24
doxycycline hyclate 24, 25
doxycycline hyclate 100 mg 25
doxycycline hyclate 20 mg 25

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

DRIZALMA SPRINKLE 50
dronabinol 80
drospirenone-ethinyl estradiol 70
drospirenone-ethinyl estradiol-levomefolate calcium 70
DROXIA 86
duloxetine hcl 50
DUREZOL 98
dutasteride 84
dutasteride-tamsulosin hcl 84
E
e.e.s. 400 22
EDURANT 16
efavirenz 16
eletriptan hydrobromide 59
ELIQUIS 85
ELIQUIS STARTER PACK 85
ELLA 70
eluryng 70
EMCYT 25
EMEND 80
EMGALITY 59
emoquette 70
EMSAM 50
EMTRIVA 16
EMVERM 13
enalapril maleate 35
enalapril maleate & hydrochlorothiazide 34
ENBREL 87, 88
ENBREL MINI 88
ENBREL SURECLICK 88
ENDARI 86
endocet 10-325mg 9
endocet 2.5-325mg 9
endocet 5-325mg 9
endocet 7.5-325mg 9
ENGERIX-B 91
enoxaparin sodium 85
enpresse-28 70
enskyce 70
ENSTILAR 107
entacapone 52
entecavir 20
ENTRESTO 36
enulose 82
EPCLUSA 20
EPIDIOLEX 46
epinephrine (anaphylaxis) 102, 103
epirubicin hcl 25
epitol 46
EPIVIR HBV 20
eplerenone 35
ergotamine w/ caffeine 59
ERIVEDGE 27
ERLEADA 28
erlotinib hcl 30
errin 71
ertapenem sodium 13
ery pad 2% 105
ery-tab 22
ERYTHROCIN LACTOBIONATE 22
erythrocin stearate 22
erythromycin (acne aid) 105
erythromycin (ophth) 97
erythromycin base 22
erythromycin cap 250mg ec 22
erythromycin ethylsuccinate 22
erythromycin tab ec 22
ESBRIET 103
escitalopram oxalate 50
esomeprazole magnesium 84
estarylla tab 0.25-35 71
estradiol 76
estradiol vaginal cream 76
estradiol vaginal tab 76
estradiol valerate inj 76
eszopiclone 58
ethambutol hcl 19
ethosuximide 46
ethynodiol diacet & eth estrad 71
ethynodiol tab 1-50 71
etodolac 8
etonogestrel-ethinyl estradiol 71
etoposide 34
euthyrox 80

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

everolimus 31
everolimus (immunosuppressant) 90
EVOTAZ 18
exemestane 28
ezetimibe 38
ezetimibe-simvastatin 38
F
FABRAZYME 76
falmina 71
famciclovir 20
famotidine 81
famotidine in nacl 82
famotidine inj 82
FANAPT 54
FANAPT TITRATION PACK 54
FARXIGA 65
FARYDAK 27
FASENRA 103
FASENRA PEN 103
fayosim 71
felbamate 46
felodipine 40
femynor 71
fenofibrate 38
fenofibrate micronized 38
fentanyl citrate 9
fentanyl patch 100 mcg/hr 10
fentanyl patch 12 mcg/hr 9
fentanyl patch 25 mcg/hr 10
fentanyl patch 50 mcg/hr 10
fentanyl patch 75 mcg/hr 10
FETZIMA 50
FETZIMA TITRATION PACK 50
FIASP 63
FIASP FLEXTOUCH 63
FIASP PENFILL 63
finasteride 84
flac 110
flecainide acetate 36
FLOVENT DISKUS 104
FLOVENT HFA 104
fluconazole 14
fluconazole inj nacl 200 14
fluconazole inj nacl 400 14
flucytosine 14
fludrocortisone acetate 77
flunisolide (nasal) 103
fluocinolone acetonide 107
fluocinolone acetonide (otic) 110
fluocinolone acetonide oil body 107
fluocinonide 107
fluocinonide emulsified base 107
fluorometholone 98
fluorouracil 25
fluorouracil (topical) 109
fluoxetine cap 10mg 50
fluoxetine cap 20mg 50
fluoxetine cap 40mg 50
fluoxetine hcl 50
fluphenazine decanoate 54
fluphenazine hcl 54
flurbiprofen 8
flurbiprofen sodium 98
flutamide 28
fluticasone propionate 107
fluticasone propionate (nasal) 103
fluvoxamine maleate 44
fondaparinux sodium 85
FORTEO 78
fosamprenavir tab 700 mg 16
fosinopril sodium 35
fosinopril sodium & hydrochlorothiazide 34
FREAMINE HBC 6.9% 94
FREAMINE III 94
fulvestrant 28
furosemide 41
furosemide inj 41
FUZEON 16
fyavolv 76
FYCOMPA 46
G
gabapentin 46
galantamine hydrobromide 49
galantamine hydrobromide er 49

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

GAMASTAN S/D 89
GAMMAGARD LIQUID 89
GAMMAGARD S/D 89
GAMMAKED 89
GAMMAPLEX 89
GAMMAPLEX 10GM/100ML 89
GAMUNEX-C 89
ganciclovir sodium 20
GARDASIL 9 91
gatifloxacin (ophth) 97
GATTEX 83
GAUZE PADS 2 63
gavilyte-c 82
gavilyte-g 82
gavilyte-n/flavor pack 82
gemcitabine inj soln 26
gemcitabine inj solr 26
gemfibrozil 38
generlac 82
gengraf 90
GENOTROPIN 78
GENOTROPIN MINIQUICK 78
gentak 97
gentamicin in saline 12
gentamicin sulfate 12
gentamicin sulfate (topical) 105
gentamicin sulfate soln (ophth) 97
GENVOYA 18
GEODON 54
gianvi tab 3-0.02mg 71
GILENYA 61
GILOTRIF TAB 20MG 31
GILOTRIF TAB 30MG 31
GILOTRIF TAB 40MG 31
glatiramer acetate 20mg/ml 61
glatiramer acetate 40mg/ml 61
glatopa 61
GLEOSTINE 25
glimepiride 65
glip/metform tab 2.5-250mg 65
glip/metform tab 2.5-500mg 65
glip/metform tab 5-500mg 65
glipizide 65
glipizide xl 65
GLUCAGEN HYPOKIT 78
GLUCAGON EMERGENCY KIT 78
glyburide 65, 66
glyburide micronized 66
glyburide-metformin tab 1.25-250 mg 66
glyburide-metformin tab 2.5-500 mg 66
glyburide-metformin tab 5-500mg 66
glycopyrrolate tab 1mg 81
glycopyrrolate tab 2mg 81
glydo 108
GLYXAMBI 66
GOLYTELY 82
granisetron hcl 80
griseofulvin microsize 14
griseofulvin ultramicrosize 15
guanfacine er (adhd) 58
GVOKE PFS 78

H

HAEGARDA 87
hailey 24 fe 71
halobetasol propionate 107
haloperidol 54
haloperidol conc 2mg/ml 54
haloperidol decanoate 54
haloperidol lactate inj 5mg/ml 54
HARVONI 20
HAVRIX 91
heather 71
heparin sod (porcine) in d5w 86
heparin sod inj 1000/ml 86
heparin sod inj 10000/ml 86
heparin sod inj 20000/ml 86
heparin sod inj 5000/ml 86
HEPARIN SODIUM/NACL 0.45% 86
hepatamine 94
HERCEPTIN 27
HERCEPTIN HYLECTA 27
HETLIOZ 58
HIBERIX 91

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

HUMIRA 88
HUMIRA INJ 10MG/0.2ML 88
HUMIRA KIT 20MG/0.4ML 88
HUMIRA KIT 40MG/0.8ML 88
HUMIRA PEDIATRIC CROHNS DISEASE 88
HUMIRA PEN 88
HUMIRA PEN CD/UC/HS STARTER 88
HUMIRA PEN INJ CD/UC/HS STARTER 88
HUMIRA PEN INJ PS/UV STARTER 88
HUMIRA PEN-PS/UV STARTER 88
HUMULIN R INJ U-500 63
HUMULIN R U-500 KWIKPEN 63
hydralazine hcl 42
hydrochlorothiazide 41
hydroco/apap tab 10-325mg 10
hydroco/apap tab 5-325mg 10
hydroco/apap tab 7.5-325 10
hydrocodone-acetaminophen 7.5-325 mg/15ml 10
hydrocodone-ibuprofen tab 7.5-200 mg 10
hydrocortisone 77
hydrocortisone (enema) 82
hydrocortisone (topical) cream 1% 107
hydrocortisone (topical) cream 2.5% 107
hydrocortisone (topical) lotion 2.5% 107
hydrocortisone (topical) oint 2.5% 107
hydrocortisone butyrate cream 0.1% 107
hydrocortisone butyrate oint 0.1% 108
hydromorphone hcl 10
hydroxychloroquine sulfate 88
hydroxyurea 33
hydroxyzine hcl 101
hydroxyzine hcl inj 101
hydroxyzine pamoate 101
HYSINGLA ER 10

I

ibandronate sodium tabs 68
IBRANCE 27
ibu tab 600mg 8
ibu tab 800mg 8
ibuprofen 8
icatibant acetate 87
ICLUSIG 31
IDHIFA 27
ILEVRO 98
imatinib mesylate 31
IMBRUVICA 31
imipenem-cilastatin 13
imipramine hcl 50
imiquimod 109
IMOVAX RABIES (H.D.C.V.) 91
incassia 71
INCRELEX 78
INCRUSE ELLIPTA 101
indapamide 41
INFANRIX 91
INLYTA 31
INREBIC 31
INSULIN PEN NEEDLE 64
INSULIN SAFETY NEEDLES 64
INSULIN SYRINGE 64
INTELENCE 16
INTRALIPID 30% 94
INTRALIPID INJ 20% 94
INTRON-A INJ 10MU 90
INTRON-A INJ 18MU 90
INTRON-A INJ 25MU 90
INTRON-A INJ 50MU 90
introvale 71
INVEGA SUST INJ 117 MG/0.75 ML 54
INVEGA SUST INJ 156MG/ML 54
INVEGA SUST INJ 234 MG/1.5 ML 54
INVEGA SUST INJ 39 MG/0.25 ML

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

54
INVEGA SUST INJ 78 MG/0.5 ML 54
INVEGA TRINZA 54
INVIRASE 16
IPOL INACTIVATED IPV 91
ipratropium bromide 101
ipratropium bromide (nasal) 101
ipratropium-albuterol nebu 100
irbesartan 36
irbesartan-hydrochlorothiazide 36
IRESSA 31
irinotecan hcl 34
ISENTRESS 16
ISENTRESS HD 16
isibloom 71
ISOLYTE P 95
ISOLYTE S 95
isoniazid 19
isoniazid syp 50mg/5ml 19
isosorb mononitrate tab 42
isosorbide dinitrate 42
isosorbide mononitrate er 42
isotretinoin 105
isradipine 40
itraconazole 15
ivermectin 13
IXIARO 91
J
JADENU 69
JADENU SPRINKLE 69
JAKAFI 31
jantoven 86
JANUMET 66
JANUMET XR TAB 100-1000 66
JANUMET XR TAB 50-1000 66
JANUMET XR TAB 50-500MG 66
JANUVIA 66
JARDIANCE 66, 67
jasmiel 71
JENTADUETO 67
JENTADUETO TAB XR 2.5-1000 MG 67
JENTADUETO TAB XR 5-1000 MG 67
jinteli 76
jolessa tab 0.15-0.03 mg 71
jolivette 71
juleber 71
JULUCA 18
junel 1.5/30 71
junel 1/20 71
junel fe 1.5/30 71
junel fe 1/20 71
junel fe 24 71
JUXTAPID 38
K
KADCYLA 27
kaitlib fe 71
KALETRA TAB 100-25MG 18
KALETRA TAB 200-50MG 18
KALYDECO 103
KANJINTI 27
kariva 71
kcl 0.075%/d5w/nacl 0.45% 95
KCL 0.15%/D5W/NACL 0.225% 95
kcl 0.15%/d5w/nacl 0.9% 95
kcl 0.3%/d5w/nacl 0.45% 95
KCL 0.3%/D5W/NACL 0.9% 95
kcl/d5w inj 0.3% 95
kcl/d5w/nacl inj .15/.45% 95
kcl/d5w/nacl inj 0.22%/0.45% 95
kcl/nacl inj 0.15%-0.9% 95
kcl/nacl inj 0.3-0.9 95
kcl0.15%/d5w/nacl0.2% 95
kelnor 1/35 72
kelnor 1/50 72
ketoconazole 15
ketoconazole cream 105
ketoconazole shampoo 106
ketorolac tromethamine (ophth) 98
KEYTRUDA 27
KINRIX 91
kionex sus 15gm/60ml 69
KISQALI 27
KISQALI FEMARA 200 DOSE 27

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

KISQALI FEMARA 400 DOSE 27
KISQALI FEMARA 600 DOSE 27
klor-con 10 92
klor-con 8 92
klor-con m10 92
klor-con m15 92
klor-con m20 92
klor-con pak 20meq 92
klor-con spr cap 10meq 92
klor-con spr cap 8meq 92
KORLYM 78
kurvelo 72
KUVAN 76
L
labetalol hcl 39
lactated ringer's 95
lactulose 82
lactulose (encephalopathy) 82
lamivudine 16
lamivudine (hbv) 20
lamivudine-zidovudine 18
lamotrigine 46
lansoprazole 84
larin 1.5/30 72
larin 1/20 72
larin fe 1.5/30 72
larin fe 1/20 72
larissia tab 72
LASTACAFT 98
latanoprost 99
LATUDA 54
layolis fe 72
leena tab 72
leflunomide 88
LENVIMA 10 MG DAILY DOSE 31
LENVIMA 12MG DAILY DOSE 31
LENVIMA 14 MG DAILY DOSE 31
LENVIMA 18 MG DAILY DOSE 31
LENVIMA 20 MG DAILY DOSE 31
LENVIMA 24 MG DAILY DOSE 31
LENVIMA 4 MG DAILY DOSE 31
LENVIMA 8 MG DAILY DOSE 31
lessina 72
letrozole 28
leucovorin calcium 33, 34
LEUKERAN 25
leuprolide inj 1mg/0.2 28
levalbuterol hcl 102
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml 102
levalbuterol tartrate hfa 102
LEVEMIR 64
LEVEMIR FLEXTOUCH 64
levetiracetam 46, 47
levetiracetam in sodium chloride 47
levetiracetam oral soln 100 mg/ml 47
LEVITRA 100
levobunolol hcl 99
levocarnitine (metabolic modifiers) 76
levocetirizine dihydrochloride 101
levofloxacin 22
levofloxacin in d5w 22
levofloxacin inj 25mg/ml 23
levofloxacin oral soln 25 mg/ml 23
levonest 72
levonor/ethi tab 72
levonor-eth est tab 0.15-0.02/0.025/0.03mg & eth est 0.01mg 72
levonorgestrel & eth estradiol 72
levonorgestrel-ethinyl estradiol 0.15-0.03mg (91-day) 72
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 72
levonorg-eth est tab 0.15-0.03mg (84) & eth est tab 0.01mg(7) 72
levora 0.15/30-28 72
levo-t 80
levothyroxine sodium 80
levoxyl 80
LEXIVA 16
lidocaine 108

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

lidocaine hcl 108
lidocaine hcl (local anesth.) 11
lidocaine hcl (mouth-throat) 110
lidocaine inj 0.5% 11
lidocaine inj 1% 11
lidocaine inj 1.5% preservative free (pf) 12
lidocaine oint 5% 108
lidocaine-prilocaine 108
linezolid in sodium chloride 13
linezolid inj 13
linezolid susp 13
linezolid tab 600mg 13
LINZESS 83
liothyronine sodium 80
lisinopril 35
lisinopril & hydrochlorothiazide 34
lithium carbonate 60
lithium carbonate er 60
LITHIUM SOLN 8MEQ/5ML 60
LOKELMA 69
LONSURF 33
loperamide hcl 83
lopinavir-ritonavir 18
lorazepam 44
lorazepam intensol 44
LORBRENA 32
lorcet hd tab 10-325mg 10
lorcet plus tab 7.5-325 10
lorcet tab 5-325mg 10
loryna 72
losartan potassium 36
losartan-hydrochlorothiazide 36
LOTEMAX 98
loteprednol etabonate 98
lovastatin 37
low-ogestrel 72
loxapine succinate 55
LUMIGAN 99
LUMIZYME 76
LUPRON DEPOT (1-MONTH) 28
LUPRON DEPOT INJ 11.25MG (3-MONTH) 29
LUPRON DEPOT-PED (1-MONTH 78
LUPRON DEPOT-PED (3-MONTH 78
LUPRON DEP-PED INJ 11.25MG (3-MONTH) 78
LUPRON DEP-PED INJ 7.5MG 78
lutera 72
LYNPARZA 27
LYRICA CR 60
LYSODREN 29
lyza 72

M

magnesium sulfate 93
MAGNESIUM SULFATE 93
MAGNESIUM SULFATE IN D5W 93
magnesium sulfate in dextrose 93
magnesium sulfate inj 50% 93
malathion 109
maprotiline hcl 50
marlissa 73
MARPLAN TAB 10MG 50
MATULANE 33
MAVYRET 20
meclizine hcl 80
medroxyprogesterone acetate (contraceptive) 73
medroxyprogesterone acetate tab 79
mefloquine hcl 15
megestrol ac sus 40mg/ml 29
megestrol ac tab 20mg 29
megestrol ac tab 40mg 29
megestrol sus 625mg/5ml 29
MEKINIST 32
MEKTOVI 32
melodetta 24 fe 73
meloxicam 8
memantine hcl cp24 49
memantine soln 49
memantine tabs 49
memantine titration pak 49
MENACTRA 91
MENVEO 91
mercaptopurine 26

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

meropenem 13
mesalamine 82
mesalamine w/ cleanser 82
MESNEX 34
metadate er tab 20mg 58
metformin er 67
metformin hcl 67
methadone hcl 10
methadone hcl 10mg 10
methadone hcl 5mg 10
methadone hcl intensol 11
methazolamide 41
methenamine hippurate 13
methimazole 80
methocarbamol 61
methotrexate sodium inj soln 26
methotrexate sodium inj solr 26
methotrexate sodium tabs 88
methylphenidate hcl 58
methylphenidate hcl oral soln 58
methylphenidate hcl tbcr 10 mg 58
methylphenidate hcl tbcr 20mg 58
methylpr ss inj 77
methylpred pak 4mg 77
methylpred tab 16mg 77
methylpred tab 32mg 77
methylpred tab 4mg 77
methylpred tab 8mg 77
methylprednisolone acetate 77
metoclopramide hcl 81
metoclopramide hcl inj 81
metolazone 41
metoprolol & hydrochlorothiazide 38
metoprolol succinate 39
metoprolol tartrate 39
metronidazole 13
metronidazole (topical) 109
metronidazole gel 0.75% 109
metronidazole in nacl 13
metronidazole vaginal 85
mibelas 24 fe 73
microgestin 1.5/30 73
microgestin 1/20 73
microgestin fe 1.5/30 73
microgestin fe 1/20 73
midodrine hcl 42
miglustat 76
mili 73
minitran 42
minocycline hcl 25
minoxidil 42
mirtazapine 50, 51
misoprostol 83
MITIGARE 8
M-M-R II 91
M-NATAL PLUS 96
moexipril hcl 35
molindone hcl 55
mometasone furoate 108
mondoxyne nl cap 100mg 25
mono-linyah tab 0.25-35 73
montelukast sodium 102
morphine ext-rel tab 11
morphine sul inj 1mg/ml 11
morphine sulfate 11
MORPHINE SULFATE 11
morphine sulfate oral soln 100mg/5ml 11
morphine sulfate oral soln 10mg/5ml 11
morphine sulfate oral soln 20mg/5ml 11
MOVANTIK 83
MOXEZA 97
moxifloxacin hcl 23
moxifloxacin hcl (ophth) 97
MULTAQ 36
mupirocin 105
MVASI 27
MYCAMINE 15
mycophenolate mofetil 90
mycophenolate sodium tbec 90
myorisan 105
MYRBETRIQ 85

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

N
nabumetone 8
nadolol 39
nafcillin sodium for inj 23, 24
NAFCILLIN SODIUM FOR INJ 10GM 24
NAGLAZYME 76
nalbuphine hcl 9
naloxone inj 0.4mg/ml 62
naloxone inj 1mg/ml 62
naltrexone hcl 62
NAMZARIC 49
naproxen 8
naproxen dr 9
naproxen sodium 9
naratriptan hcl 59
NARCAN 62
NATACYN 97
nateglinide 67
NATPARA 79
NAYZILAM 47
necon 0.5/35-28 73
nefazodone hcl 51
neomycin sulfate 12
neomycin-bacitracin zn-polymyxin 97
neomycin-polymy-dexameth 96
neomycin-polymyxin-gramicidin 97
neomycin-polymyxin-hc (ophth) 97
neomycin-polymyxin-hc (otic) 110
NEPHRAMINE 94
NERLYNX 32
NEUPRO 52
nevirapine susp 50 mg/5ml 16
nevirapine tab 100mg er 16
nevirapine tab 200mg 16
nevirapine tab 400mg er 16
NEXAVAR 32
niacin (antihyperlipidemic) 38
niacin er (antihyperlipidemic) 38
niacor 38
nicardipine hcl 40
NICOTROL INHALER 62
NICOTROL NS 63
nifedipine 40
nifedipine er 40
nikki 73
nilutamide 29
nimodipine 40
NINLARO 27
nitisinone 76
NITRO-BID 42
NITRO-DUR DIS 0.3MG/HR 43
NITRO-DUR DIS 0.8MG/HR 43
nitrofurantoin macrocrystal 13
nitrofurantoin monohyd macro 13
nitroglycerin 43
nitroglycerin td patch 43
NITYR 76
nizatidine 82
nora-be tab 0.35mg 73
nore/eth/fer chw 0.4mg-35 73
noreth/ethin chw fe 73
norethin acet & estrad-fe 73
norethindrone (contraceptive) 73
norethindrone acet & eth estra 73
norethindrone acetate 79
norethindrone acetate-ethinyl estradiol 76
norgest/ethi tab 0.25/35 73
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg 73
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg 73
NORMOSOL-M IN D5W 95
NORMOSOL-R 95
NORMOSOL-R IN D5W 95
NORPACE CR 37
NORTHERA 42
nortrel 0.5/35 (28) 73
nortrel 1/35 73
nortrel 7/7/7 74
nortriptyline hcl 51
NORVIR PACK 16

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

NORVIR SOLN 16
NOVOLIN 70/30 64
NOVOLIN 70/30 FLEXPEN 64
NOVOLIN N 64
NOVOLIN N FLEXPEN 64
NOVOLIN R 64
NOVOLIN R FLEXPEN 64
NOVOLOG 64
NOVOLOG 70/30 FLEXPEN 64
NOVOLOG FLEXPEN 64
NOVOLOG MIX 70/30 64
NOVOLOG PENFILL 64
NOXAFIL 15
NUBEQA 29
NUCALA 103
NUCYNTA ER 11
NUEDEXTA 60
NULOJIX 90
NULYTELY/FLAVOR PACKS 83
NUPLAZID CAPS 55
NUPLAZID TABS 10MG 55
NUTRILIPID INJ 20% 94
nyamyc 106
NYMALIZE 40
nystatin 15
nystatin (mouth-throat) 110
nystatin (topical) 106
nystop 106
O
ocella tab 3-0.03mg 74
OCTAGAM 89
octreotide acetate 79
ODEFSEY 18
ODOMZO 27
OFEV 103
ofloxacin (ophth) 97
ofloxacin (otic) 110
OGIVRI 27
olanzapine 55
olmesartan medoxomil 36
olmesartan medoxomil-amlodipine-hydrochlorothiazide 36
olmesartan medoxomil-hydrochlorothiazide 36
olopatadine hcl 0.2% 99
omeprazole cap 10mg 84
omeprazole cap 20mg 84
omeprazole cap 40mg 84
ondansetron hcl 81
ondansetron hcl inj 81
ondansetron hcl oral soln 81
ondansetron odt 81
OPSUMIT 43
ORFADIN 76
ORKAMBI 103
orsythia 74
oseltamivir phosphate 20
OSPHENA 79
oxacillin sodium 24
oxaliplatin inj 100mg 33
oxaliplatin inj 100mg/20ml 33
oxaliplatin inj 50mg 33
oxaliplatin inj 50mg/10ml 33
oxandrolone tab 10mg 63
oxandrolone tab 2.5mg 63
oxcarbazepine 47
oxybutynin chloride 85
oxycodone hcl 11
oxycodone w/ acetaminophen 10-325mg 11
oxycodone w/ acetaminophen 2.5-325mg 11
oxycodone w/ acetaminophen 5-325mg 11
oxycodone w/ acetaminophen 7.5-325mg 11
OZEMPIC INJ 0.25 OR 0.5MG/DOSE 64
OZEMPIC INJ 1MG/DOSE 64
P
pacerone 37
paclitaxel 26
paliperidone 55
pamidronate disodium 68
PAMIDRONATE DISODIUM 68
pamidronate inj 30mg 68

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

pamidronate inj 90mg 68
PANRETIN 109
pantoprazole sodium 84
pantoprazole sodium tbec 84
PANZYGA 89
paricalcitol 96
paroex sol 0.12% 110
paromomycin sulfate 12
paroxetine hcl tabs 51
PASER D/R 19
PAXIL 51
PAZEO 99
PEDIARIX 91
PEDVAX HIB 91
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 83
peg 3350-potassium chloride-sod bicarbonate-sod chloride 83
PEGANONE 47
PEGASYS 20
PEGASYS PROCLICK 20
penicillamine 69
PENICILLIN G POT IN DEXTROSE 2MU 24
PENICILLIN G POT IN DEXTROSE 3MU 24
PENICILLIN G PROCAINE 24
penicillin g sodium 24
penicillin v potassium 24
penicilln gk inj 20mu 24
penicilln gk inj 5mu 24
PENTACEL 91
pentamidine isethionate inh 13
pentamidine isethionate inj 13
pentoxifylline 87
perindopril erbumine 35
periogard 110
permethrin cre 5% 109
perphenazine 55
PERSERIS 55
pfizerpen-g inj 20mu 24
pfizerpen-g inj 5mu 24
phenelzine sulfate 51
phenobarbital 47
phenobarbital sodium 47
PHENYTEK 47
phenytoin 47
phenytoin sodium extended 47
phenytoin sodium inj 50mg/ml 47
philith 74
PHOSPHOLINE IODIDE 99
PICATO 109
PIFELTRO 16
pilocarpine hcl 99
pilocarpine hcl (oral) 110
pimozide 55
pimtrea 74
pindolol 39
pioglitazone hcl 67
piper/tazoba inj 12-1.5gm 24
piper/tazoba inj 2-0.25gm 24
piper/tazoba inj 3-0.375gm 24
piper/tazoba inj 36-4.5gm 24
piper/tazoba inj 4-0.5gm 24
PIQRAY 200MG DAILY DOSE 32
PIQRAY 250MG DAILY DOSE 32
PIQRAY 300MG DAILY DOSE 32
pirmella 1/35 74
piroxicam 9
PLASMA-LYTE A 95
PLASMA-LYTE-148 95
plenamine 94
PLENVU 83
PNV FOLIC ACID + IRON MUL 96
podofilox 109
polymyxin b-trimethoprim 97
POMALYST 29
portia-28 74
posaconazole 15
pot chloride inj 2meq/ml 96
potassium chloride 93, 96
POTASSIUM CHLORIDE 96
potassium chloride in nacl 96
potassium chloride microencapsulated crystals er 93
potassium citrate (alkalinizer) er

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

tabs 85
PRADAXA 86
PRALUENT 38
pramipexole tab 0.125mg 52
pramipexole tab 0.25mg 52
pramipexole tab 0.5mg 52
pramipexole tab 0.75mg 52
pramipexole tab 1.5mg 52
pramipexole tab 1mg 52
prasugrel hcl 87
pravastatin sodium 37
praziquantel 13
prazosin hcl 35
pred sod pho sol 5mg/5ml 77
prednisolone acetate (ophth) 98
prednisolone sodium phosphate 77
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) 98
prednisolone sol 15mg/5ml 77
prednisolone sol 25mg/5ml 77
PREDNISONE CON 5MG/ML 77
prednisone pak 10mg 77
prednisone pak 5mg 77
prednisone sol 5mg/5ml 77
prednisone tab 10mg 77
prednisone tab 1mg 77
prednisone tab 2.5mg 77
prednisone tab 20mg 77
prednisone tab 50mg 78
prednisone tab 5mg 77
pregabalin 47
PREMASOL 10% 94
PRENATAL 96
PRENATAL PLUS 96
PRENATAL PLUS LOW IRON 96
prevalite 38
previfem 74
PREZCOBIX 18
PREZISTA 17
PRIFTIN 19
primaquine phosphate 15
PRIMAQUINE PHOSPHATE 15
primidone 47
PRIVIGEN 89
probenecid 8
PROCALAMINE 94
prochlorperazine inj 81
prochlorperazine maleate 81
prochlorperazine supp 81
PROCRIT 86
procto-med hc 109
procto-pak 109
proctosol hc cre 2.5% 109
proctozone-hc 109
PROGLYCEM SUS 50MG/ML 78
PROGRAF 90
PROLASTIN-C 103
PROLENSA 98
PROLIA 79
PROMACTA 87
promethazine hcl 81
promethazine hcl inj 81
propafenone hcl 37
propafenone hcl 12hr 37
proparacaine hcl 100
propranolol & hydrochlorothiazide 38
propranolol cap er 39
propranolol hcl 39
propranolol oral sol 39
propylthiouracil 80
PROQUAD 91
PROSOL 94
protriptyline hcl 51
PULMICORT FLEXHALER 104
PULMOZYME 103
PURIXAN 26
pyrazinamide 19
pyridostigmine tab 60mg 60

Q

QUADRACEL 92
quetiapine fumarate 55
quinapril hcl 35
quinapril-hydrochlorothiazide 34
quinidine sulfate 37
quinine sulfate 15

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

R
RABAVERT 92
rabeprazole sodium 84
raloxifene tab 60mg 79
ramipril 35
ranolazine 42
rasagiline mesylate 52
RAYALDEE 96
reclipsen 74
RECOMBIVAX HB 92
RECTIV 109
REGRANEX 110
RELENZA DISKHALER 20
RELISTOR 83
REMICADE 88
RENFLEXIS 88
repaglinide 67
RESTASIS 100
RESTASIS MULTIDOSE 100
REVLIMID 29
REXULTI 55
REYATAZ 17
RHOPRESSA 99
ribavirin cap 200mg 20
ribavirin tab 200mg 20
rifabutin 19
rifampin 19
RIFATER 19
riluzole 60
rimantadine hydrochloride 20
RINVOQ 89
risedronate sodium 68
RISPERDAL INJ 12.5MG 55
RISPERDAL INJ 25MG 56
RISPERDAL INJ 37.5MG 56
RISPERDAL INJ 50MG 56
risperidone 56
ritonavir 17
RITUXAN 27
RITUXAN HYCELA 27
rivastigmine tartrate 49
rivastigmine td patch 24hr 13.3 mg/24hr 49
rivastigmine td patch 24hr 4.6 mg/24hr 49
rivastigmine td patch 24hr 9.5 mg/24hr 49
rivelsa 74
rizatriptan benzoate 59
rizatriptan benzoate odt 59
ropinirole tab 0.25mg 52
ropinirole tab 0.5mg 52
ropinirole tab 1mg 52
ropinirole tab 2mg 53
ropinirole tab 3mg 53
ropinirole tab 4mg 53
ropinirole tab 5mg 53
rosadan cre 0.75% 109
rosuvastatin calcium 37
ROTARIX 92
ROTATEQ 92
roweepra 47
roweepra xr 47
ROZLYTREK 32
RUBRACA 27
RUXIENCE 27
RYDAPT 32
S
SANDIMMUNE 90
SANTYL 110
SAPHRIS 56
scopolamine 81
SECUADO 56
selegiline hcl 53
selenium sulfide 106
SELZENTRY 17
SEREVENT DISKUS 102
sertraline hcl 51
setlakin tab 74
sevelamer carbonate 79
sharobel 74
SHINGRIX 92
SIGNIFOR 79
sildenafil citrate 100
sildenafil citrate tab 20 mg (pulmonary hypertension) 43

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

silver sulfadiazine 105
SIMBRINZA 99
simvastatin 37
sirolimus 90
SIRTURO 19
SIVEXTRO 14
SKYRIZI 89
sodium chlor sol 0.9% irr 110
sodium chloride 93, 96
sodium chloride 0.45% 96
sodium chloride inj 0.9% 96
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 93
sodium phenylbutyrate 76
sodium polystyrene sulfonate powder 69
sodium polystyrene sulfonate susp 69
SOLIQUA 100/33 64
SOLTAMOX 29
SOLU-CORTEF 78
SOMATULINE DEPOT 79
SOMAVERT 79
sorine 37
sotalol hcl 37
sotalol hcl (afib/afl) 37
spironolactone 35
spironolactone & hydrochlorothiazide 42
sprintec 28 74
SPRITAM 48
SPRYCEL 32
sps susp 15gm/60ml 69
sronyx 74
ssd 105
stavudine 17
STELARA 89
STIMATE 80
STIVARGA 32
streptomycin sulfate 12
STRIBILD 18
subvenite tab 48
sucralfate 83
sulfacetamide sodium (acne) 105
sulfacetamide sodium (ophth) 97
sulfacetamide sod-prednisolone 97
SULFADIAZINE 12
sulfamethoxazole-trimethop ds 14
sulfamethoxazole-trimethoprim inj 14
sulfamethoxazole-trimethoprim susp 14
sulfamethoxazole-trimethoprim tab 400-80mg 14
SULFAMYLON 105
sulfasalazine 82
sulfasalazine ec 82
sulindac 9
sumatriptan 59, 60
sumatriptan inj 4mg/0.5ml 60
sumatriptan inj 6mg/0.5ml 60
sumatriptan succinate 60
SUPREP BOWEL PREP KIT 83
SUTENT 32
syeda 74
SYLATRON 33
SYMBICORT 104
SYMDEKO 103
SYMFI 18
SYMFI LO 18
SYMJEPI 103
SYMPAZAN 48
SYMTUZA 19
SYNAREL 75
SYNERCID 14
SYNJARDY TAB 12.5-1000MG 67
SYNJARDY TAB 12.5-500MG 67
SYNJARDY TAB 5-1000MG 67
SYNJARDY TAB 5-500MG 67
SYNJARDY XR TAB 10-1000MG 68
SYNJARDY XR TAB 12.5-1000MG 68
SYNJARDY XR TAB 25-1000MG 68
SYNJARDY XR TAB 5-1000MG 67
SYNRIBO 33
SYNTHROID 80

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

T
TABLOID 26
tacrolimus 90
tacrolimus (topical) 109
TAFINLAR 32
TAGRISSO 32
TALZENNA 28
tamoxifen citrate 29
tamsulosin hcl 84
TARGRETIN 109
tarina 24 fe 74
tarina fe 1/20 74
TASIGNA 32
TAXOTERE 26
tazarotene 106
tazicef 22
TAZORAC 106
taztia xt 40
TAZVERIK 33
TDVAX 92
TECENTRIQ 28
TEFLARO 22
telmisartan 36
telmisartan-amlodipine 36
telmisartan-hydrochlorothiazide 36
temazepam 58, 59
TEMIXYS 19
TENIVAC 92
tenofovir disoproxil fumarate 17
terazosin hcl 35
terbinafine hcl 15
terbutaline sulfate 102
terconazole vaginal 85
testosterone 63
testosterone cypionate 63
testosterone enanthate 63
tetrabenazine 60
tetracycline hcl 25
TEXACORT SOLN 2.5% 108
THALOMID 29
THEO-24 103
theophylline 103
theophylline tab er 12hr 300 mg 103
theophylline tab er 12hr 450 mg 103
theophylline tab sr 24hr 103
thioridazine hcl 56
thiothixene 56
tiadylt er 40
tiagabine hcl 48
TIBSOVO 28
tigecycline 14
tilia fe 74
timolol maleate 39
timolol maleate (ophth) soln 99
timolol maleate gel 99
timolol maleate ophth soln 0.5% (once-daily) 99
TIVICAY 17
tizanidine hcl 61
TOBRADEX 97
TOBRADEX ST 97
tobramycin 12
tobramycin (ophth) 98
tobramycin inj 1.2 gm/30ml 12
tobramycin inj 1.2gm 12
tobramycin inj 10mg/ml 12
tobramycin inj 80mg/2ml 12
tobramycin sulfate 12
tobramycin-dexamethasone 97
tolterodine tartrate 85
topiramate 48
toposar 34
toremifene citrate 29
torsemide tabs 42
TOVIAZ 85
TPN ELECTROLYTES 93
TRADJENTA 68
tramadol hcl tab 50 mg 9
tramadol-acetaminophen 9
trandolapril 35
tranexamic acid 87
tranylcypromine sulfate 51
TRAVASOL 94
travoprost 99

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

TRAZIMERA 28
trazodone hcl 51
TRECATOR 19
TRELEGY ELLIPTA 100
TRELSTAR DEP INJ 3.75MG 29
TRELSTAR LA INJ 11.25MG 29
treprostinil 43
TRESIBA FLEXTOUCH 64
TRESIBA INJ 64
tretinoin 105
tretinoin (chemotherapy) 33
triamcinolone acetonide (mouth) 110
triamcinolone acetonide (topical) 108
triamterene & hydrochlorothiazide cap 37.5-25 mg 42
triamterene & hydrochlorothiazide tabs 42
TRICARE 96
trientine hcl 69
tri-estarylla 74
trifluoperazine hcl 56
trifluridine 98
trihexyphenidyl hcl 53
TRIKAFTA 103
tri-legest fe 74
tri-linyah 74
tri-lo marzia 74
tri-lo-estarylla 74
tri-lo-sprintec 74
trilyte 83
trimethoprim 14
tri-mili 74
trimipramine maleate 51
TRINTELLIX 51
tri-previfem 75
tri-sprintec 75
TRIUMEQ 19
trivora-28 75
tri-vylibra 75
tri-vylibra lo 75
TROGARZO 17
TROPHAMINE INJ 10% 94
trospium chloride 85
TRULICITY 65
TRUMENBA 92
TRUVADA TAB 100-150 19
TRUVADA TAB 133-200 19
TRUVADA TAB 167-250 19
TRUVADA TAB 200-300 19
TRUXIMA 28
tulana 75
TURALIO 32
TWINRIX INJ 92
TYBOST 17
tydemy 75
TYKERB 32
TYMLOS 79
TYPHIM VI 92

U

unithroid 80
ursodiol 83

V

valacyclovir hcl 20
VALCHLOR 109
valganciclovir hcl 20
valproate sodium 48
valproate sodium oral soln 48
valproic acid 48
valsartan 36
valsartan-hydrochlorothiazide 36
VALTOCO 48
vancomycin hcl 14
VANCOMYCIN IN NACL 14
vandazole 85
VAQTA 92
VARIVAX 92
VASCEPA 38
VELCADE 28
velivet 75
VELTASSA 69
VEMLIDY 20
VENCLEXTA 28
VENCLEXTA STARTING PACK 28
venlafaxine hcl 51

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

VENTAVIS 43
VENTOLIN HFA 102
verapamil cap er 40
verapamil hcl 40
verapamil tab er 40
VERSACLOZ 56
VERZENIO 28
VIAGRA 100
VICTOZA 65
VIDEX EC 125MG 17
VIDEX PEDIATRIC 17
vienva 75
vigabatrin powd pack 500mg 48
vigabatrin tab 500mg 48
vigadrone 48
VIIBRYD STARTER PACK 51
VIIBRYD TAB 51
VIMPAT 48
VIMPAT INJ 200MG/20ML 48
VIMPAT SOL 10MG/ML 48
vincristine sulfate 26
vinorelbine tartrate 26
viorele 75
VIRACEPT 17
VIREAD 17
VITRAKVI 32
VIVITROL 63
VIZIMPRO 32
voriconazole 15
VOSEVI 20
VOTRIENT 32
VRAYLAR 56
VRAYLAR THERAPY PACK 56
vyfemla 75
vylibra 75
W
warfarin sodium 86
water for irrigation, sterile 110
wymzya fe 75
X
XALKORI 32
XARELTO 86
XARELTO STARTER PACK 86
XATMEP 89
XELJANZ 89
XELJANZ XR 89
XGEVA 79
XIFAXAN 84
XIGDUO XR TAB 10-1000MG 68
XIGDUO XR TAB 10-500MG 68
XIGDUO XR TAB 2.5-1000MG 68
XIGDUO XR TAB 5-1000MG 68
XIGDUO XR TAB 5-500MG 68
XOLAIR 103
XOSPATA 32
XPOVIO 100 MG ONCE WEEKLY 33
XPOVIO 60 MG ONCE WEEKLY 33
XPOVIO 80 MG ONCE WEEKLY 33
XPOVIO 80 MG TWICE WEEKLY 33
XTANDI 29
xulane dis 150-35 75
XULTOPHY 100/3.6 65
XYREM 62
Y
YF-VAX 92
yuvafem vaginal tablet 10 mcg 76
Z
zafirlukast 102
zaleplon 59
zarah 75
ZARXIO 86
ZEJULA 28
ZELBORAF 32
ZEMAIRA 103
zenatane 105
ZENPEP 84
zidovudine cap 100mg 17
zidovudine syp 50mg/5ml 18
zidovudine tab 300mg 18
ziprasidone hcl 56
ziprasidone mesylate 56
ZIRABEV 28
ZIRGAN 98
zoledronic acid inj 4mg/100ml 68
zoledronic acid inj 5mg/100ml 69
zoledronic inj 4mg/5ml 69

You can find information on what the symbols and abbreviations on this table by going to page 17
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 17

ZOLINZA 28
zolmitriptan 60
zolmitriptan odt 60
zolpidem tartrate 59
zonisamide 48
ZORTRESS TAB 0.25MG 90
ZORTRESS TAB 0.5MG 90
ZORTRESS TAB 0.75MG 90
ZORTRESS TAB 1MG 91
ZOSTAVAX 92
zovia 1/35e 75
ZYDELIG 33
ZYKADIA 33
ZYLET 97
ZYPREXA RELPREVV 56
ZYPREXA RELPREVV INJ 210MG 57
ZYTIGA 29

This formulary was updated on August 27, 2019. For more recent information or other questions, please contact MMM of Florida, Inc. Member Services, at 1-844-212-9858 (Toll Free) or, for TTY users, 711, Monday through Sunday from 8:00 a.m. to 8:00 p.m., or visit www.mmm-fl.com.

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