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 16

This formulary was updated on August 25, 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 August 25, 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 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 # 16

Este formulario fue actualizado el 25 de agosto 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 25 de agosto 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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 122. 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 122. 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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

¿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 find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

- 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

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 122. 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

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 122.
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:

MMM Platinum (HMO-SNP)	Tier Level	Drug	Retail Copayment (30 Days)	Retail Copayment (90 Days)	Mail Order Copayment (90 Days)

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

	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%	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

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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.

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.

You can find information on what the symbols and abbreviations on this table by going to page 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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 16
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

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	
ec-naproxen	2	GC
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

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

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
clindamycin hcl cap 150 mg	1	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
SIVEXTRO	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
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	
griseofulvin ultramicrosize	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
itraconazole CAPS	4	PA
ketoconazole TABS	3	PA
micafungin sodium	5	
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

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

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
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
TIVICAY PD	3	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIRACEPT	5	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM
zidovudine cap 100mg	4	NM
zidovudine syp 50mg/5ml	4	NM

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
SYMTUZA	5	NM
TEMIXYS	5	NM

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
SIRTURO 100mg	5	LA, PA
TRECATOR	4	
ANTIVIRALES/ANTIVIRALS		
acyclovir CAPS; TABS	2	GC
acyclovir SUSP	4	
acyclovir sodium	4	B/D
adefovir dipivoxil	5	NM

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
CEFALOSPORINAS/CEPHALOSPORINS		
cefaclor CAPS	3	
cefaclor SUSR	4	
CEFACLOR ER TAB 500MG	4	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
cephalexin SUSR	3	
tazicef SOLR	3	
TEFLARO	5	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
moxifloxacin hcl TABS	4	
PENICILINA/PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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	

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
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
HERCEPTIN HYLECTA	5	NM, PA
HERZUMA	5	NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
ONTRUZANT	5	NM, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
RUXIENCE	5	NM, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PEMAZYRE	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
QINLOCK	5	NM, LA, PA
RETEVMO	5	NM, LA, 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
TABRECTA	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TUKYSA	5	NM, LA, 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

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	5	NM, PA
SYNRIBO	5	NM, PA
TAZVERIK	5	NM, LA, PA
tretinoin (chemotherapy)	5	
XPOVIO 40 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 60 MG TWICE 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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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		
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
lisinopril & hydrochlorothiazide	1	GC
quinapril-hydrochlorothiazide	1	GC
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab	1	GC
candesartan cilexetil-hydrochlorothiazide	1	GC
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
dofetilide	4	NM
flecainide acetate	3	
MULTAQ	4	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
colesevelam hcl	4	
colestipol hcl gran	4	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
BETA-BLOQUEADORES/BETA-BLOCKERS		
acebutolol hcl CAPS	2	GC
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
diltiazem cap 360mg cd	4	
diltiazem cap er/12hr	4	
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	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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
digitek .125mg	2	GC, QL (30 tabs / 30 days)
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
metolazone	3	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NITRO-BID	3	
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
clonazepam TABS 2mg	2	GC, QL (300 tabs / 30 days)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
epitol	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
levetiracetam TB24	3	
levetiracetam in sodium chloride	4	
levetiracetam oral soln 100 mg/ml	3	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
SPRITAM	4	
subvenite tab	1	GC
SYMPAZAN 5mg	4	PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
XCOPRI MAINTENANCE PAK 150-200MG	5	QL (56 tabs / 28 days)
XCOPRI PAK 12.5-25MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	QL (56 tabs / 28 days)
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TITRATION PAK 150-200MG	5	QL (28 tabs / 28 days)
zonisamide CAPS	2	GC

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ANTIDEMENCIA/ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	2	GC, QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	2	GC
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
bupropion hcl TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN	3	
citalopram hydrobromide TABS	1	GC
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg	3	
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
amantadine hcl SYRP	2	GC
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ropinirole tab 1mg	2	GC
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
clozapine odt 200mg	4	QL (135 tabs / 30 days), PA
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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
INGREZZA CAPS	5	QL (30 caps / 30 days), NM, PA
INGREZZA CPPK	5	QL (28 caps / 28 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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
dantrolene sodium CAPS	4	
methocarbamol TABS	3	PA; PA if 70 years and older
tizanidine hcl TABS	2	GC
vanadom	3	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSIA, CATAPLEXIA/NARCOLEPSY, CATAPLEXY NARCOLEPSY/CATAPLEXY

armodafinil 50mg	3	QL (90 tabs / 30 days), PA
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
repaglinide 2mg	1	GC, QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS	3	QL (30 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)
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)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000 MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000 MG	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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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 tab	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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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 HYPOPEN 2-PACK	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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

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
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	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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 PACK 25mg	5	QL (180 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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
RINVOQ	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI	5	QL (7 kits / 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	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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/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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
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	
ONE VITE WOMENS PRENATAL	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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits

OFTALMICOS/OPHTHALMIC

ANTI-INFECTIVO, ANTI-INFLAMATORIOS/ANTI-INFECTIVE, ANTI-INFLAMMATORY

bacitracin-poly-neomycin-hc	3	
BLEPHAMIDE OINT	4	
neomycin-polymy-dexameth	2	GC
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
ofloxacin (ophth)	2	GC
polymyxin b-trimethoprim	2	GC
sulfacetamide sodium (ophth)	3	
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	
FLAREX	4	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PROLENSA	3	
ANTIALERGICOS/ANTIALLERGICS		
azelastine drop 0.05%	3	
BEPREVE	3	
cromolyn sodium (ophth)	1	GC
LASTACAFT	4	
olopatadine hcl 0.2%	4	
PAZEO	3	
ZERVIATE	4	
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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SIMBRINZA	3	
timolol maleate (ophth) soln	1	GC
timolol maleate gel	4	
timolol maleate ophth soln 0.5% (once-daily)	4	
travoprost	4	
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
benzoyl peroxide-erythromycin	4	
claravis	4	PA
clindamycin phosphate (topical) GEL	4	QL (75 grams / 30 days)
clindamycin phosphate (topical) LOTN	3	
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)

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
alclometasone dipropionate CREA	4	
alclometasone dipropionate OINT	3	
betamethasone dipropionate (topical) CREA; LOTN	3	
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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)
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits

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
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

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA
DERMATOLOGIA, ESCABICIDAS Y PEDICULOSIS/DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	4	
permethrin cre 5%	3	
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 TROC	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	

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
flac	4	
fluocinolone acetonide (otic)	4	
neomycin-polymyxin-hc (otic)	3	
ofloxacin (otic)	4	

Index

A

abacavir sulfate 25
abacavir sulfate-lamivudine 28
abacavir sulfate-lamivudine-zidovudine 28
ABELCET 24
ABILIFY MAINTENA 63
abiraterone acetate 38
ABRAXANE 36
acamprosate calcium 72
acarbose 75
acebutolol hcl 49
acetaminophen w/ codeine 300-15mg 19
acetaminophen w/ codeine 300-30mg 19
acetaminophen w/ codeine 300-60mg 19
acetaminophen w/ codeine soln .. 19
acetazolamide 51
acetic acid 120
acetic acid (otic) 120
acetylcysteine 113
acitretin 116
ACTHIB 101
ACTIMMUNE 100
acyclovir 29
acyclovir sodium 29
ADACEL 101
adefovir dipivoxil 29
ADEMPAS 53
adriamycin 35
adrucil inj 35
ADVAIR DISKUS 114
ADVAIR HFA 114
AFINITOR 39
AFINITOR DISPERZ 39, 40
AIMOVIG 69
ala-cort cre 1% 116
ala-cort cre 2.5% 116
albendazole 22
albuterol sulfate 112
alclometasone dipropionate 117
ALDURAZYME 86
ALECENSA 40
alendronate sodium soln 70mg/75ml 78
alendronate sodium tab 10 mg .. 79
alendronate sodium tab 35 mg .. 79
alendronate sodium tab 40 mg .. 79
alendronate sodium tab 5 mg 79
alendronate sodium tab 70 mg .. 79
alfuzosin hcl 95
ALIMTA 35
ALINIA 22
aliskiren fumarate 52
allopurinol tab 18
alosetron hcl 93
ALPHAGAN P SOL 0.1% 109
alprazolam tab 0.25mg 53
alprazolam tab 0.5mg 53
alprazolam tab 1mg 53
alprazolam tab 2 mg 54
ALREX 108
altavera tab 80
ALUNBRIG 40
alyacen 1/35 80
amantadine hcl 61, 62
AMBISOME 24
ambrisentan 53
amethia 80
amethia lo 80
amikacin sulfate 22
amiloride & hydrochlorothiazide . 51
amiloride hcl 51
AMINOSYN II INJ 10% 103
AMINOSYN-PF 7% 103
amiodarone hcl soln 46
amiodarone tab 100mg 46
amiodarone tab 200mg 46
amiodarone tab 400mg 46
AMITIZA CAP 24MCG 93

AMITIZA CAP 8MCG 93
amitriptyline hcl 59
amlodipine besylate 49
amlodipine besylate-benazepril hcl cap 10-20 mg 44
amlodipine besylate-benazepril hcl cap 10-40 mg 44
amlodipine besylate-benazepril hcl cap 2.5-10 mg 44
amlodipine besylate-benazepril hcl cap 5-10 mg 44
amlodipine besylate-benazepril hcl cap 5-20 mg 44
amlodipine besylate-benazepril hcl cap 5-40 mg 44
amlodipine besylate-olmesartan medoxomil.....45
amlodipine besylate-valsartan tab 45
amlodipine-valsartan-hydrochlorothiazide tab 46
ammonium lactate.....119
amnesteem.....114
amoxapine.....59
amoxicillin 32, 33
amoxicillin & pot clavulanate 200/5ml susr 33
amoxicillin & pot clavulanate 200-28.5 chw tabs 33
amoxicillin & pot clavulanate 250/5ml susr 33
amoxicillin & pot clavulanate 250-125 tabs.....33
amoxicillin & pot clavulanate 400/5ml susr 33
amoxicillin & pot clavulanate 400-57 chw tabs 33
amoxicillin & pot clavulanate 500-125 tabs.....33
amoxicillin & pot clavulanate 600/5ml susr 33
amoxicillin & pot clavulanate 875-125 tabs.....33
amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs.....33
amphetamine-dextroamphetamine cap sr 24hr 10 mg.....67
amphetamine-dextroamphetamine cap sr 24hr 15 mg.....67
amphetamine-dextroamphetamine cap sr 24hr 20 mg.....67
amphetamine-dextroamphetamine cap sr 24hr 25 mg.....67
amphetamine-dextroamphetamine cap sr 24hr 30 mg.....67
amphetamine-dextroamphetamine cap sr 24hr 5 mg 67
amphetamine-dextroamphetamine tab 10 mg 67
amphetamine-dextroamphetamine tab 12.5 mg 67
amphetamine-dextroamphetamine tab 15 mg 67
amphetamine-dextroamphetamine tab 20 mg 67
amphetamine-dextroamphetamine tab 30 mg 68
amphetamine-dextroamphetamine tab 5 mg 67
amphetamine-dextroamphetamine tab 7.5 mg 67
amphotericin b.....24
ampicillin & sulbactam sodium ...33
ampicillin cap 500mg 33
ampicillin inj 33
ampicillin sodium 33
ANADROL-50 73
anagrelide hcl 97
anastrozole 38
ANDRODERM 73
ANORO ELLIPTA 110
APOKYN 62
aprepitant 91
aprepitant pak 80mg & 125mg...91
apri 80
APTIOM.....54
APTIVUS 25
ARALAST NP 113

aranelle 80
ARCALYST 100
aripiprazole odt 63
aripiprazole oral solution 1 mg/ml 63
aripiprazole tab 63
ARISTADA 63
ARISTADA INITIO 63
armodafinil 72
ARNUITY ELLIPTA 114
ashlyna 80
aspirin-dipyridamole 97
atazanavir sulfate 25
atenolol 49
atenolol & chlorthalidone 48
atomoxetine hcl 68
atorvastatin calcium 47
atovaquone 22
atovaquone-proguanil hcl 25
ATRIPLA 28
ATROPINE SULFATE 110
ATROVENT HFA 111
aubra 80
AURYXIA 90
AUSTEDO 70
AVASTIN 36
aviane 80
avita 114
AYVAKIT 40
azacitidine 35
AZASITE 107
azathioprine 100
azelastine drop 0.05% 109
azelastine spr 0.1% 111
azelastine spr 0.15% 111
azithromycin 32
AZOPT 109
aztreonam 22

B

bacitracin (ophthalmic) 107
bacitracin-polymyxin b (ophth) 107
bacitracin-poly-neomycin-hc 107
baclofen 71
balsalazide disodium 92
BALVERSA 40
balziva 80
BANZEL SUS 40MG/ML 54
BANZEL TAB 200MG 54
BANZEL TAB 400MG 54
BARACLUDE 30
BASAGLAR KWIKPEN 73
BCG VACCINE 101
BD ALCOHOL SWABS 73
BD ULTRAFINE INSULIN SYRINGE 73
BD ULTRAFINE/NANO PEN NEEDLES 73
bekyree 80
BELSOMRA 68
benazepril & hydrochlorothiazide 44
benazepril hcl 45
BENDEKA 35
BENLYSTA 100
benzoyl peroxide-erythromycin 115
benztropine mesylate inj 62
benztropine mesylate tab 0.5mg 62
benztropine mesylate tab 1mg ... 62
benztropine mesylate tab 2mg ... 62
BEPREVE 109
BERINERT 97
BESIVANCE 107
betamethasone dipropionate (topical) 117
betamethasone dipropionate augmented 117
betamethasone valerate 117
BETASERON 71
betaxolol hcl 49
betaxolol hcl (ophth) 109
bethanechol chloride 95
BETOPTIC-S 109
BEVESPI AEROSPHERE 110
bexarotene 43
BEXSERO 101
bicalutamide 38
BICILLIN L-A 33
BIKTARVY 28
bisoprolol & hydrochlorothiazide . 48

bisoprolol fumarate 49
BIVIGAM 99
BLEPHAMIDE 107
blisovi 24 fe 80
blisovi fe 1.5/30 80
BOOSTRIX 101
BORTEZOMIB 36
bosentan 53
BOSULIF 40
BRAFTOVI 40
BREO ELLIPTA 114
briellyn 80
BRILINTA 98
brimonidine sol 0.15% 109
brimonidine sol 0.2% 109
BRIVIACT INJ 50MG/5ML 54
BRIVIACT SOL 10MG/ML 54
BRIVIACT TAB 100MG 54
BRIVIACT TAB 10MG 54
BRIVIACT TAB 25MG 54
BRIVIACT TAB 50MG 54
BRIVIACT TAB 75MG 54
bromfenac sodium (ophth) 108
bromocriptine mesylate 62
BROMSITE 108
BRUKINSA 40
budesonide (inhalation) 114
budesonide ec 92
bumetanide inj 0.25/ml 51
bumetanide tab 51
buprenorphine hcl 72
buprenorphine hcl-naloxone hcl dihydrate 12-3mg 72
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg 72
buprenorphine hcl-naloxone hcl dihydrate 4-1mg 72
buprenorphine hcl-naloxone hcl dihydrate 8-2mg 72
buprenorphine hcl-naloxone hcl sl 72
bupropion hcl 59, 60
bupropion hcl (smoking deterrent) 72
buspirone hcl 54
butorphanol tartrate 19
BYDUREON BCISE 74
BYDUREON PEN 74
BYETTA 74
BYSTOLIC 49

C

cabergoline 88
CABOMETYX 40
calcipotriene 116
calcitonin (salmon) 88
calcitrene 116
calcitriol 106
calcitriol inj 106
calcitriol oral soln 1 mcg/ml 106
calcium acetate (phosphate binder) 90
CALQUENCE 40
camila 80
camrese lo 80
candesartan cilexetil 46
candesartan cilexetil-hydrochlorothiazide 46
CAPLYTA 63
CAPRELSA 40
captopril 45
captopril & hydrochlorothiazide .. 44
CARBAGLU 86
carbamazepine 54
carbidopa/levodopa/entacapone . 62
carbidopa-levodopa 62
carboplatin 43
carisoprodol 71
carteolol hcl (ophth) 109
cartia xt 49
carvedilol 49
caspofungin acetate 24
CAYSTON 22
caziant pak 80
cefaclor 30
CEFACLOR ER TAB 500MG 30
cefadroxil 31
CEFAZOLIN IN DEXTROSE 2GM/100ML-4% 31

cefazolin inj 31
cefazolin sodium.....31
CEFAZOLIN SODIUM 1 GM/50ML 31
cefdinir.....31
cefepime for inj 31
cefixime 31
cefoxitin for inj.....31
cefpodoxime proxetil.....31
cefprozil 31
ceftazidime 31
CEFTAZIDIME/DEXTROSE.....31
ceftriaxone sodium 31
cefuroxime axetil.....31
cefuroxime sodium 31
celecoxib 18
CELONTIN 54
cephalexin 31
CERDELGA.....86
CEREZYME.....86
cetirizine syrup.....111
cevimeline hcl 120
CHANTIX 73
CHANTIX CONTINUING MONTH ..73
CHANTIX STARTER PACK.....73
CHEMET 79
chlorhexidine gluconate (mouth-throat) 120
chloroquine phosphate 25
chlorothiazide 51
chlorpromazine hcl 63
CHLORPROMAZINE INJ.....63
chlorthalidone 51
cholestyramine.....47
cholestyramine light pack 47
cholestyramine light powd 47
CIALIS 110
ciclopirox.....115
cilostazol 97
CILOXAN 107
CIMDUO 28
cinacalcet hcl 88, 89
CIPRO 32
CIPRODEX 120
ciprofloxacin hcl (ophth) 107
ciprofloxacin hcl tab.....32
ciprofloxacin in d5w.....32
cisplatin 43
citalopram hydrobromide 60
claravis 115
clarithromycin.....32
clarithromycin er.....32
clarithromycin for susp 32
clindamycin cap 300 mg.....22
clindamycin cap 75mg 22
clindamycin hcl cap 150 mg.....22
*clindamycin phosphate (topical)*115
clindamycin phosphate in d5w ...23
CLINDAMYCIN PHOSPHATE IN NACL 23
clindamycin phosphate inj 23
clindamycin phosphate vaginal...95
clindamycin soln 75mg/5ml 23
CLINIMIX 4.25%/DEXTROSE 5% 104
CLINIMIX 5%/DEXTROSE 15% 104
CLINIMIX 5%/DEXTROSE 20% 104
CLINIMIX INJ 4.25/D10 104
clinisol sf 15% 104
CLINOLIPID 104
clobazam 54
clomipramine hcl.....60
clonazepam 54, 55
clonidine hcl 52
clonidine hcl ptwk.....52
clopidogrel tab 75mg 98
clorazepate dipotassium.....55
clotrimazole..... 120
clotrimazole (topical) 116
clotrimazole w/ betamethasone 116
clovique 79
clozapine odt 63, 64
clozapine tab 100mg 64
clozapine tab 200mg 64
clozapine tab 25mg 64
clozapine tab 50mg 64
COARTEM.....25
colchicine w/ probenecid 18
COLCRYS 18

colesevelam hcl 48
colestipol hcl gran 48
colestipol hcl pack 48
colestipol hcl tabs 48
colistimethate sodium 23
colocort 92
COMBIGAN 109
COMBIVENT RESPIMAT 111
COMETRIQ 40
COMPLERA 28
compro supp 91
constulose 93
COPIKTRA 40
CORLANOR 52
cortisone acetate 87
COTELLIC 40
COUMADIN 96
CREON 94
CRIXIVAN 25
cromolyn sod neb 20mg/2ml 112
cromolyn sodium (mastocytosis) 93
cromolyn sodium (ophth) 109
cryselle-28 80
cyclafem 1/35 80
cyclafem 7/7/7 80
cyclobenzaprine hcl 71
cyclophosphamide 35
cycloserine 29
cyclosporine 100
cyclosporine modified (for microemulsion) 100
cyproheptadine hcl 111
cyred tab 81
CYSTADANE 86
CYSTAGON 86
CYSTARAN 110
cytarabine 35
D
dalfampridine 71
DALIRESP 113
danazol 86
dantrolene sodium 72
dapsone 23
DAPTACEL 101
daptomycin 23
dasetta 1/35 81
dasetta 7/7/7 81
DAURISMO 36
deblitane 81
deferasirox tab 79
DELESTROGEN 86
DELSTRIGO 28
DEMSER 52
DEPO-PROVERA INJ 400/ML 38
DESCOVY 28
desipramine hcl 60
desmopressin acetate spray 90
desmopressin acetate spray refrigerated 90
desmopressin acetate tabs 90
desmopressin inj 4mcg/ml 90
desogestrel & ethinyl estradiol ... 81
desogestrel-ethinyl estradiol (biphasic) 81
desvenlafaxine succinate 60
dexamethasone 87
DEXAMETHASONE 87
dexamethasone sodium phosphate 87
dexamethasone sodium phosphate (ophth) 108
DEXILANT 94
dexmethylphenidate hcl 68
dextrose 10% flex contain 105
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2% 105
dextrose 10%/nacl 0.45% 105
dextrose 2.5%/nacl 0.45% 104
dextrose 5% 104
DEXTROSE 5% /ELECTROLYTE. 104
dextrose 5%/nacl 0.2% 104
dextrose 5%/nacl 0.225% 105
DEXTROSE 5%/NACL 0.3% 104
dextrose 5%/nacl 0.45% 105
dextrose 5%/nacl 0.9% 105
dextrose 5%/potassium chl 105
dextrose 50% 105
dextrose in lactated ringers 105

dextrose inj 70% 105
DIASTAT ACUDIAL 55
DIASTAT PEDIATRIC 55
diazepam 55
diazepam gel 55
diazepam inj 55
diazepam intensol 55
diazepam oral soln 1 mg/ml 55
diazoxide 88
diclofenac potassium 18
diclofenac sodium 18
diclofenac sodium (ophth) 108
diclofenac sodium (topical) 1% gel 119
dicloxacillin sodium 33
dicyclomine hcl cap 10mg 92
dicyclomine hcl soln 10mg/5ml .. 92
dicyclomine hcl tab 20mg 92
didanosine 26
DIFICID 32
diflunisal 18
digitek 50, 51
digox 51
digoxin 51
digoxin inj 51
digoxin sol 50mcg/ml 51
dihydroergotamine mesylate inj 1 mg/ml 69
dihydroergotamine mesylate nasal spr 4 mg/ml 69
DILANTIN CAP 100MG 55
DILANTIN CAP 30MG 55
DILANTIN CHEW TAB 50MG 55
DILANTIN-125 SUSP 55
diltiazem cap 240mg cd 49
diltiazem cap 360mg cd 50
diltiazem cap er/12hr 50
diltiazem hcl 50
diltiazem hcl coated beads 50
diltiazem hcl coated beads cap sr 24hr 50
diltiazem hcl extended release beads cap sr 50
diltiazem inj 50
dilt-xr cap 49
diphenhydramine hcl inj 50mg/ml 111
diphenoxylate w/ atropine 93
DIPHTHERIA/TETANUS TOXOID 101
disopyramide phosphate 46
disulfiram 73
divalproex sodium 55
docetaxel 36
DOCETAXEL 36
dofetilide 47
donepezil hydrochloride 59
dorzolamide hcl 109
dorzolamide hcl-timolol maleate 109
DOVATO 28
doxazosin mesylate 45
doxepin hcl 60
doxepin hcl (sleep) 68
doxorubicin hcl 35
doxorubicin hcl liposomal 35
doxy 100 34
doxycycline (monohydrate) 34
doxycycline hyclate 34
doxycycline hyclate 100 mg 34
doxycycline hyclate 20 mg 34
DRIZALMA SPRINKLE 60
dronabinol 91
drospirenone-ethinyl estradiol 81
drospirenone-ethinyl estradiol-levomefolate calcium 81
DROXIA 97
duloxetine hcl 60
DUREZOL 108
dutasteride 95
dutasteride-tamsulosin hcl 95

E

ec-naproxen 18
EDURANT 26
efavirenz 26
eletriptan hydrobromide 69
ELIQUIS 96
ELIQUIS STARTER PACK 96
ELLA 81

eluryng 81
EMCYT 35
EMEND.....91
EMGALITY.....69
emoquette.....81
EMSAM.....60
EMTRIVA 26
EMVERM.....23
enalapril maleate.....45
enalapril maleate & hydrochlorothiazide 44
ENBREL.....98
ENBREL MINI 98
ENBREL SURECLICK.....98
ENDARI.....97
endocet 10-325mg 19
endocet 2.5-325mg 19
endocet 5-325mg 19
endocet 7.5-325mg 19
ENGERIX-B.....101
enoxaparin sodium 96
enpresse-28.....81
enskyce.....81
ENSTILAR.....117
entacapone.....62
entecavir.....30
ENTRESTO.....46
enulose 93
EPCLUSA 30
EPIDIOLEX.....55
epinephrine (anaphylaxis) 113
epirubicin hcl 35
epitol 55
EPIVIR HBV 30
eplerenone 45
ergotamine w/ caffeine.....69
ERIVEDGE 36
ERLEADA.....38
erlotinib hcl.....40
errin 81
ertapenem sodium.....23
ery pad 2%.....115
ery-tab.....32
ERYTHROCIN LACTOBIONATE 32
erythrocin stearate.....32
erythromycin (acne aid)..... 115
erythromycin (ophth) 107
erythromycin base.....32
erythromycin cap 250mg ec 32
erythromycin ethylsuccinate 32
erythromycin tab ec 32
ESBRIET 113
escitalopram oxalate.....60
esomeprazole magnesium 94
estarylla tab 0.25-35 81
estradiol.....87
estradiol vaginal cream 87
estradiol vaginal tab 87
estradiol valerate inj.....87
eszopiclone 68
ethambutol hcl.....29
ethosuximide.....56
ethynodiol diacet & eth estrad ...81
ethynodiol tab 1-50 81
etodolac.....18
etonogestrel-ethinyl estradiol 81
etoposide 44
euthyrox 90
everolimus 40
everolimus (immunosuppressant) 100
EVOTAZ 28
exemestane.....38
ezetimibe 48
ezetimibe-simvastatin.....48

F

FABRAZYME.....86
falmina 81
famciclovir 30
famotidine.....92
famotidine in nacl.....92
famotidine inj 92
FANAPT.....64
FANAPT TITRATION PACK.....64
FARXIGA.....75
FARYDAK 36
FASENRA 113
FASENRA PEN 113

fayosim 81
felbamate 56
felodipine 50
femynor 81
fenofibrate.....48
fenofibrate micronized.....48
fentanyl citrate.....19
fentanyl patch 100 mcg/hr.....20
fentanyl patch 12 mcg/hr 19
fentanyl patch 25 mcg/hr 20
fentanyl patch 50 mcg/hr 20
fentanyl patch 75 mcg/hr 20
FETZIMA 60
FETZIMA TITRATION PACK.....60
FIASP.....74
FIASP FLEXTOUCH.....74
FIASP PENFILL 74
finasteride 95
flac 121
FLAREX 108
flecainide acetate 47
FLOVENT DISKUS 114
FLOVENT HFA.....114
fluconazole 24
fluconazole inj nacl 200 24
fluconazole inj nacl 400 24
flucytosine 24
fludrocortisone acetate.....87
flunisolide (nasal) 114
fluocinolone acetonide.....117
fluocinolone acetonide (otic) 121
fluocinolone acetonide oil body .117
fluocinonide 117
fluocinonide emulsified base 117
fluorometholone 108
fluorouracil 35
fluorouracil (topical).....119
fluoxetine cap 10mg 60
fluoxetine cap 20mg 60
fluoxetine cap 40mg 60
fluoxetine hcl 60
fluphenazine decanoate.....64
fluphenazine hcl 64
flurbiprofen.....18
flurbiprofen sodium 108
flutamide 38
fluticasone propionate..... 117
fluticasone propionate (nasal) .. 114
fluvoxamine maleate 54
fondaparinux sodium 96
FORTEO 89
fosamprenavir tab 700 mg 26
fosinopril sodium.....45
fosinopril sodium & hydrochlorothiazide 44
FREAMINE HBC 6.9%..... 104
FREAMINE III..... 104
fulvestrant 38
furosemide 51
furosemide inj.....51
FUZEON 26
fyavolv 87
FYCOMPA 56

G

gabapentin 56
galantamine hydrobromide.....59
galantamine hydrobromide er 59
GAMASTAN.....99
GAMMAGARD LIQUID.....99
GAMMAGARD S/D 99
GAMMAKED 99
GAMMAPLEX 99
GAMMAPLEX 10GM/100ML..... 100
GAMUNEX-C 100
ganciclovir sodium.....30
GARDASIL 9 101
gatifloxacin (ophth) 107
GATTEX 93
GAUZE PADS 2 74
gavilyte-c.....93
gavilyte-g.....93
gavilyte-n/flavor pack.....93
gemcitabine inj soln 35
gemcitabine inj solr 35
gemfibrozil 48
generlac.....93
gengraf..... 100
GENOTROPIN.....89

GENOTROPIN MINIQUICK.....89
gentak 107
gentamicin in saline 22
gentamicin sulfate 22
gentamicin sulfate (topical).....115
gentamicin sulfate soln (ophth) 107
GENVOYA 28
GEODON 64
gianvi tab 3-0.02mg 81
GILENYA.....71
GILOTRIF TAB 20MG.....40
GILOTRIF TAB 30MG.....40
GILOTRIF TAB 40MG.....40
glatiramer acetate 20mg/ml.....71
glatiramer acetate 40mg/ml.....71
glatopa.....71
GLEOSTINE.....35
glimepiride 75
glip/metform tab 2.5-250mg.....75
glip/metform tab 2.5-500mg.....75
glip/metform tab 5-500mg 75
glipizide 75, 76
glipizide xl 76
GLUCAGEN HYPOKIT.....88
GLUCAGON EMERGENCY KIT.....88
glyburide.....76
glyburide micronized.....76
glyburide-metformin tab 1.25-250 mg 76
glyburide-metformin tab 2.5-500 mg 76
glyburide-metformin tab 5-500mg 77
glycopyrrolate tab 1mg 92
glycopyrrolate tab 2mg 92
glydo 118
GLYXAMBI 77
GOLYTELY.....93
granisetron hcl 91
griseofulvin microsize.....24
griseofulvin ultramicrosize 24
guanfacine er (adhd) 68
GVOKE HYPOPEN 2-PACK 88
GVOKE PFS.....88

H

HAEGARDA.....97
hailey 24 fe 81
halobetasol propionate..... 117
haloperidol 64
haloperidol conc 2mg/ml 64
haloperidol decanoate.....64
haloperidol lactate inj 5mg/ml ...64
HARVONI 30
HAVRIX..... 101
heather.....81
heparin sod (porcine) in d5w 96
heparin sod inj 1000/ml 96
heparin sod inj 10000/ml 96
heparin sod inj 20000/ml 96
heparin sod inj 5000/ml 96
HEPARIN SODIUM/NACL 0.45% .96
hepatamine 104
HERCEPTIN 36
HERCEPTIN HYLECTA.....36
HERZUMA.....36
HETLIOZ 68
HIBERIX..... 101
HUMIRA 98
HUMIRA INJ 10MG/0.2ML.....98
HUMIRA KIT 20MG/0.4ML.....98
HUMIRA KIT 40MG/0.8ML.....98
HUMIRA PEDIATRIC CROHNS DISEASE 98
HUMIRA PEN.....98
HUMIRA PEN CD/UC/HS STARTER 98
HUMIRA PEN INJ CD/UC/HS STARTER.....99
HUMIRA PEN INJ PS/UV STARTER 99
HUMIRA PEN-PS/UV STARTER....99
HUMULIN R INJ U-500 74
HUMULIN R U-500 KWIKPEN 74
hydralazine hcl.....52
hydrochlorothiazide 51
hydroco/apap tab 10-325mg 20
hydroco/apap tab 5-325mg 20
hydroco/apap tab 7.5-325.....20

hydrocodone-acetaminophen 7.5-325 mg/15ml 20
hydrocodone-ibuprofen tab 7.5-200 mg 20
hydrocortisone 87
hydrocortisone (enema) 92
hydrocortisone (topical) cream 1% 117
hydrocortisone (topical) cream 2.5% 118
hydrocortisone (topical) lotion 2.5% 118
hydrocortisone (topical) oint 2.5% 118
hydrocortisone butyrate cream 0.1% 118
hydrocortisone butyrate oint 0.1% 118
hydromorphone hcl 20
hydroxychloroquine sulfate 99
hydroxyurea 43
hydroxyzine hcl 111
hydroxyzine hcl inj 111
hydroxyzine pamoate 111
HYSINGLA ER 20
I
ibandronate sodium tabs 79
IBRANCE 37
ibu tab 600mg 18
ibu tab 800mg 18
ibuprofen 18
icatibant acetate 97
ICLUSIG 41
IDHIFA 37
ILEVRO 108
imatinib mesylate 41
IMBRUVICA 41
imipenem-cilastatin 23
imipramine hcl 60
imiquimod 119
IMOVAX RABIES (H.D.C.V.) 101
incassia 81
INCRELEX 89
INCRUSE ELLIPTA 111
indapamide 51
INFANRIX 101
INGREZZA 70
INLYTA 41
INREBIC 41
INSULIN PEN NEEDLE 74
INSULIN SAFETY NEEDLES 74
INSULIN SYRINGE 74
INTELENCE 26
INTRALIPID 30% 104
INTRALIPID INJ 20% 104
INTRON-A INJ 10MU 100
INTRON-A INJ 18MU 100
INTRON-A INJ 25MU 100
INTRON-A INJ 50MU 100
introvale 82
INVEGA SUST INJ 117 MG/0.75 ML 64
INVEGA SUST INJ 156MG/ML 64
INVEGA SUST INJ 234 MG/1.5 ML 64
INVEGA SUST INJ 39 MG/0.25 ML 64
INVEGA SUST INJ 78 MG/0.5 ML 64
INVEGA TRINZA 64
INVIRASE 26
IPOL INACTIVATED IPV 101
ipratropium bromide 111
ipratropium bromide (nasal) 111
ipratropium-albuterol nebu 111
irbesartan 46
irbesartan-hydrochlorothiazide 46
IRESSA 41
irinotecan hcl 44
ISENTRESS 26
ISENTRESS HD 26
isibloom 82
ISOLYTE P 105
ISOLYTE S 105
isoniazid 29
isoniazid syp 50mg/5ml 29
isosorb mononitrate tab 52
isosorbide dinitrate 52
isosorbide mononitrate er 52

isotretinoin 115
isradipine 50
itraconazole 25
ivermectin 23
IXIARO.....101
J
JADENU.....79
JADENU SPRINKLE.....79
JAKAFI 41
jantoven.....96
JANUMET.....77
JANUMET XR TAB 100-1000.....77
JANUMET XR TAB 50-1000.....77
JANUMET XR TAB 50-500MG.....77
JANUVIA.....77
JARDIANCE.....77
jasmiel.....82
JENTADUETO 77
JENTADUETO TAB XR 2.5-1000 MG 77
JENTADUETO TAB XR 5-1000 MG77
jinteli 87
jolessa tab 0.15-0.03 mg 82
jolivette.....82
juleber 82
JULUCA 28
junel 1.5/30.....82
junel 1/20 82
junel fe 1.5/30 82
junel fe 1/20.....82
junel fe 24 82
JUXTAPID 48
K
KADCYLA.....37
kaitlib fe.....82
KALETRA TAB 100-25MG 28
KALETRA TAB 200-50MG 28
KALYDECO.....113
KANJINTI.....37
kariva 82
kcl 0.075%/d5w/nacl 0.45%....105
KCL 0.15%/D5W/NACL 0.225%105
kcl 0.15%/d5w/nacl 0.9% 105
kcl 0.3%/d5w/nacl 0.45% 105
KCL 0.3%/D5W/NACL 0.9% 105
kcl/d5w/nacl inj .15/.45% 105
kcl/d5w/nacl inj 0.22%/0.45% 105
kcl/nacl inj 0.15%-0.9% 105
kcl/nacl inj 0.3-0.9 105
kcl0.15%/d5w/nacl0.2% 105
kelnor 1/35 82
kelnor 1/50 82
ketoconazole 25
ketoconazole cream..... 116
ketoconazole shampoo..... 116
ketorolac tromethamine (ophth) 108
KEYTRUDA 37
KINRIX 101
kionex sus 15gm/60ml.....79
KISQALI.....37
KISQALI FEMARA 200 DOSE 37
KISQALI FEMARA 400 DOSE 37
KISQALI FEMARA 600 DOSE 37
klor-con 10..... 102
klor-con 8 102
klor-con m10..... 103
klor-con m15..... 103
klor-con m20..... 103
klor-con pak 20meq 103
klor-con spr cap 10meq 103
klor-con spr cap 8meq 103
KORLYM.....89
kurvelo 82
KUVAN.....86
L
labetalol hcl.....49
lactated ringer's..... 105
lactulose 93
lactulose (encephalopathy).....93
lamivudine 26
lamivudine (hbv).....30
lamivudine-zidovudine 28
lamotrigine.....56
lansoprazole 94
larin 1.5/30 82
larin 1/20.....82
larin fe 1.5/30 82

larin fe 1/20 82
larissia tab 82
LASTACAFT 109
latanoprost 109
LATUDA 65
layolis fe 82
leena tab 82
leflunomide 99
LENVIMA 10 MG DAILY DOSE 41
LENVIMA 12MG DAILY DOSE 41
LENVIMA 14 MG DAILY DOSE 41
LENVIMA 18 MG DAILY DOSE 41
LENVIMA 20 MG DAILY DOSE 41
LENVIMA 24 MG DAILY DOSE 41
LENVIMA 4 MG DAILY DOSE 41
LENVIMA 8 MG DAILY DOSE 41
lessina 82
letrozole 38
leucovorin calcium 44
LEUKERAN 35
leuprolide inj 1mg/0.2 38
levalbuterol hcl 112
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml 112
levalbuterol tartrate hfa 112
LEVEMIR 74
LEVEMIR FLEXTOUCH 74
levetiracetam 56
levetiracetam in sodium chloride 56
levetiracetam oral soln 100 mg/ml 56
LEVITRA 110
levobunolol hcl 109
levocarnitine (metabolic modifiers) 86
levocetirizine dihydrochloride ... 111
levofloxacin 32
levofloxacin in d5w 32
levofloxacin inj 25mg/ml 32
levofloxacin oral soln 25 mg/ml .. 32
levonest 82
levonor/ethi tab 83
levonor-eth est tab 0.15-0.02/0.025/0.03mg & eth est 0.01mg 83
levonorgestrel & eth estradiol 83
levonorgestrel-ethinyl estradiol 0.15-0.03mg (91-day) 83
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 83
levonorg-eth est tab 0.15-0.03mg (84) & eth est tab 0.01mg(7) 83
levora 0.15/30-28 83
levo-t 90
levothyroxine sodium 90
levoxyl 90
LEXIVA 26
lidocaine 118
lidocaine hcl 118
lidocaine hcl (local anesth.) 21
lidocaine hcl (mouth-throat) 120
lidocaine inj 0.5% 21
lidocaine inj 1% 21
lidocaine inj 1.5% preservative free (pf) 22
lidocaine oint 5% 118
lidocaine-prilocaine 118
linezolid in sodium chloride 23
linezolid inj 23
linezolid susp 23
linezolid tab 600mg 23
LINZESS 94
liothyronine sodium 90
lisinopril 45
lisinopril & hydrochlorothiazide ... 45
lithium carbonate 70
lithium carbonate er 70
LITHIUM SOLN 8MEQ/5ML 70
LOKELMA 79
LONSURF 43
loperamide hcl 94
lopinavir-ritonavir 28
lorazepam 54
lorazepam intensol 54
LORBRENA 41
lorcet hd tab 10-325mg 20
lorcet plus tab 7.5-325 20

lorcet tab 5-325mg 20
loryna 83
losartan potassium 46
losartan-hydrochlorothiazide 46
LOTEMAX.....108
loteprednol etabonate 108
lovastatin 47
low-ogestrel.....83
loxapine succinate 65
LUMIGAN.....109
LUMIZYME 86
LUPRON DEPOT (1-MONTH) 38
LUPRON DEPOT INJ 11.25MG (3-MONTH) 38
LUPRON DEPOT-PED (1-MONTH .89
LUPRON DEPOT-PED (3-MONTH .89
LUPRON DEP-PED INJ 11.25MG (3-MONTH) 89
LUPRON DEP-PED INJ 7.5MG.....89
lutera.....83
LYNPARZA 37
LYRICA CR.....70
LYSODREN.....38
lyza 83
M
magnesium sulfate 103
MAGNESIUM SULFATE.....103
MAGNESIUM SULFATE IN D5W .103
magnesium sulfate in dextrose .103
magnesium sulfate inj 50% 103
malathion 120
maprotiline hcl 60
marlissa 83
MARPLAN TAB 10MG 61
MATULANE.....43
MAVYRET.....30
meclizine hcl 91
medroxyprogesterone acetate (contraceptive) 83
medroxyprogesterone acetate tab 90
mefloquine hcl 25
megestrol ac sus 40mg/ml.....38
megestrol ac tab 20mg 39
megestrol ac tab 40mg 39
megestrol sus 625mg/5ml.....39
MEKINIST 41
MEKTOVI.....41
melodetta 24 fe 83
meloxicam 18
memantine hcl cp24 59
memantine soln 59
memantine tabs 59
memantine titration pak.....59
MENACTRA 102
MENVEO 102
mercaptopurine 35
meropenem.....23
mesalamine.....92
mesalamine w/ cleanser.....92
MESNEX.....44
metadate er tab 20mg 68
metformin er 77
metformin hcl 77
methadone hcl 20
methadone hcl 10mg 20
methadone hcl 5mg.....20
methadone hcl intensol 21
methazolamide 51
methenamine hippurate 23
methimazole.....90
methocarbamol.....72
methotrexate sodium inj soln 35
methotrexate sodium inj solr 35
methotrexate sodium tabs.....99
methylphenidate hcl 68
methylphenidate hcl oral soln 68
methylphenidate hcl tbcr 10 mg .68
methylphenidate hcl tbcr 20mg ..68
methylpr ss inj.....87
methylpred pak 4mg 87
methylpred tab 16mg 87
methylpred tab 32mg 87
methylpred tab 4mg 87
methylpred tab 8mg 87
methylprednisolone acetate.....87
metoclopramide hcl 91
metoclopramide hcl inj.....91

metolazone 52
metoprolol & hydrochlorothiazide 48
metoprolol succinate 49
metoprolol tartrate 49
metronidazole 23
metronidazole (topical) 119
metronidazole gel 0.75% 119
metronidazole in nacl 23
metronidazole vaginal 95
mibelas 24 fe 83
micafungin sodium 25
microgestin 1.5/30 83
microgestin 1/20 83
microgestin fe 1.5/30 83
microgestin fe 1/20 83
midodrine hcl 52
miglustat 86
mili 83
minitran 52
minocycline hcl 34
minoxidil 52
mirtazapine 61
misoprostol 94
MITIGARE 18
M-M-R II 102
M-NATAL PLUS 106
moexipril hcl 45
molindone hcl 65
mometasone furoate 118
mondoxyne nl cap 100mg 34
mono-linyah tab 0.25-35 83
montelukast sodium 112
morphine ext-rel tab 21
morphine sul inj 1mg/ml 21
morphine sulfate 21
MORPHINE SULFATE 21
morphine sulfate oral soln 100mg/5ml 21
morphine sulfate oral soln 10mg/5ml 21
morphine sulfate oral soln 20mg/5ml 21
MOVANTIK 94
MOXEZA 107
moxifloxacin hcl 32
moxifloxacin hcl (ophth) 107
MULTAQ 47
mupirocin 115
MVASI 37
MYCAMINE 25
mycophenolate mofetil 100
mycophenolate sodium tbec 100
myorisan 115
MYRBETRIQ 95

N

nabumetone 18
nadolol 49
nafcillin sodium for inj 33
NAFCILLIN SODIUM FOR INJ 10GM 33
NAGLAZYME 86
nalbuphine hcl 19
naloxone inj 0.4mg/ml 73
naloxone inj 1mg/ml 73
naltrexone hcl 73
NAMZARIC 59
naproxen 18
naproxen dr 19
naproxen sodium 19
naratriptan hcl 69
NARCAN 73
NATACYN 107
nateglinide 77
NATPARA 89
NAYZILAM 57
necon 0.5/35-28 83
nefazodone hcl 61
neomycin sulfate 22
neomycin-bacitracin zn-polymyxin 108
neomycin-polymy-dexameth 107
neomycin-polymyxin-gramicidin 108
neomycin-polymyxin-hc (ophth) 107
neomycin-polymyxin-hc (otic) 121
NEPHRAMINE 104
NERLYNX 41

NEUPRO 62
nevirapine susp 50 mg/5ml.....26
nevirapine tab 100mg er 26
nevirapine tab 200mg 26
nevirapine tab 400mg er 26
NEXAVAR 41
niacin (antihyperlipidemic).....48
niacin er (antihyperlipidemic).....48
niacor 48
nicardipine hcl.....50
NICOTROL INHALER.....73
NICOTROL NS 73
nifedipine 50
nifedipine er 50
nikki 84
nilutamide 39
nimodipine.....50
NINLARO 37
nitisinone 86
NITRO-BID 53
NITRO-DUR DIS 0.3MG/HR.....53
NITRO-DUR DIS 0.8MG/HR.....53
nitrofurantoin macrocrystal.....23
nitrofurantoin monohyd macro ...23
nitroglycerin 53
nitroglycerin td patch 53
NITYR 86
nizatidine 92
nora-be tab 0.35mg.....84
nore/eth/fer chw 0.4mg-35.....84
noreth/ethin chw fe 84
norethin acet & estrad-fe.....84
norethindrone (contraceptive)....84
norethindrone acet & eth estra...84
norethindrone acetate.....90
norethindrone acetate-ethinyl estradiol.....87
norgest/ethi tab 0.25/35 84
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg.....84
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg.....84
NORMOSOL-M IN D5W..... 105
NORMOSOL-R 105
NORMOSOL-R IN D5W 106
NORPACE CR 47
NORTHERA 52
nortrel 0.5/35 (28).....84
nortrel 1/35.....84
nortrel 7/7/7 84
nortriptyline hcl 61
NORVIR PACK.....26
NORVIR SOLN.....26
NOVOLIN 70/30 74
NOVOLIN 70/30 FLEXPEN.....74
NOVOLIN N 74
NOVOLIN N FLEXPEN 74
NOVOLIN R 74
NOVOLIN R FLEXPEN 74
NOVOLOG 74
NOVOLOG 70/30 FLEXPEN.....74
NOVOLOG FLEXPEN 75
NOVOLOG MIX 70/30.....75
NOVOLOG PENFILL.....75
NOXAFIL 25
NUBEQA.....39
NUCALA 113
NUCYNTA ER 21
NUEDEXTA 71
NULOJIX 100
NULYTELY/FLAVOR PACKS.....93
NUPLAZID CAPS.....65
NUPLAZID TABS 10MG.....65
NUTRILIPID INJ 20% 104
nyamyc..... 116
NYMALIZE 50
nystatin 25
nystatin (mouth-throat) 120
nystatin (topical)..... 116
nystop 116
O
ocella tab 3-0.03mg 84
OCTAGAM 100
octreotide acetate 89
ODEFSEY 28
ODOMZO.....37

OFEV 113
ofloxacin (ophth) 108
ofloxacin (otic) 121
OGIVRI 37
olanzapine 65
olmesartan medoxomil 46
olmesartan medoxomil-amlodipine-hydrochlorothiazide 46
olmesartan medoxomil-hydrochlorothiazide 46
olopatadine hcl 0.2% 109
omeprazole cap 10mg 94
omeprazole cap 20mg 94
omeprazole cap 40mg 94
ondansetron hcl 91
ondansetron hcl inj 91
ondansetron hcl oral soln.....91
ondansetron odt 91
ONE VITE WOMENS PRENATAL.106
ONTRUZANT 37
OPSUMIT.....53
ORFADIN.....86
ORKAMBI 113
orsythia.....84
oseltamivir phosphate 30
OSPHENA 89
oxacillin sodium.....33
oxaliplatin inj 100mg 43
oxaliplatin inj 100mg/20ml 43
oxaliplatin inj 50mg 43
oxaliplatin inj 50mg/10ml 43
oxandrolone tab 10mg 73
oxandrolone tab 2.5mg 73
oxcarbazepine.....57
oxybutynin chloride 95
oxycodone hcl 21
oxycodone w/ acetaminophen 10-325mg 21
oxycodone w/ acetaminophen 2.5-325mg 21
oxycodone w/ acetaminophen 5-325mg 21
oxycodone w/ acetaminophen 7.5-325mg 21
OZEMPIC INJ 0.25 OR 0.5MG/DOSE 75
OZEMPIC INJ 1MG/DOSE.....75
P
pacerone.....47
paclitaxel 36
paliperidone 65
pamidronate disodium 79
PAMIDRONATE DISODIUM.....79
pamidronate inj 30mg 79
pamidronate inj 90mg 79
PANRETIN 119
pantoprazole sodium 94
pantoprazole sodium tbec 94
PANZYGA 100
paricalcitol..... 106
paroex sol 0.12%..... 120
paromomycin sulfate 22
paroxetine hcl tabs.....61
PASER D/R 29
PAXIL 61
PAZEO 109
PEDIARIX..... 102
PEDVAX HIB 102
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 93
peg 3350-potassium chloride-sod bicarbonate-sod chloride 93
PEGANONE.....57
PEGASYS.....30
PEGASYS PROCLICK 30
PEMAZYRE.....42
penicillamine 79
PENICILLIN G POT IN DEXTROSE 2MU 33
PENICILLIN G POT IN DEXTROSE 3MU 34
PENICILLIN G PROCAINE.....34
penicillin g sodium.....34
penicillin v potassium 34
penicilln gk inj 20mu 34
penicilln gk inj 5mu 34
PENTACEL 102
pentamidine isethionate inh.....23

pentamidine isethionate inj 23
pentoxifylline 97
perindopril erbumine 45
periogard 120
permethrin cre 5% 120
perphenazine 65
PERSERIS 65
pfizerpen-g inj 20mu 34
pfizerpen-g inj 5mu 34
phenelzine sulfate 61
phenobarbital 57
phenobarbital sodium 57
PHENYTEK 57
phenytoin 57
phenytoin sodium extended 57
phenytoin sodium inj 50mg/ml ...57
philith 84
PHOSPHOLINE IODIDE 109
PICATO 119
PIFELTRO 26
pilocarpine hcl 109
pilocarpine hcl (oral) 120
pimozide 65
pimtrea 84
pindolol 49
pioglitazone hcl 77
piper/tazoba inj 12-1.5gm 34
piper/tazoba inj 2-0.25gm 34
piper/tazoba inj 3-0.375gm 34
piper/tazoba inj 36-4.5gm 34
piper/tazoba inj 4-0.5gm 34
PIQRAY 200MG DAILY DOSE 42
PIQRAY 250MG DAILY DOSE 42
PIQRAY 300MG DAILY DOSE 42
pirmella 1/35 84
piroxicam 19
PLASMA-LYTE A 106
PLASMA-LYTE-148 106
plenamine 104
PLENVU 93
PNV FOLIC ACID + IRON MUL ..106
podofilox 119
polymyxin b-trimethoprim 108
POMALYST 39
portia-28 84
posaconazole 25
pot chloride inj 2meq/ml 106
potassium chloride 103, 106
POTASSIUM CHLORIDE 106
potassium chloride in nacl 106
potassium chloride microencapsulated crystals er .. 103
potassium citrate (alkalinizer) er tabs 95
PRADAXA 96
PRALUENT 48
pramipexole tab 0.125mg 62
pramipexole tab 0.25mg 62
pramipexole tab 0.5mg 62
pramipexole tab 0.75mg 62
pramipexole tab 1.5mg 62
pramipexole tab 1mg 62
prasugrel hcl 98
pravastatin sodium 47
praziquantel 23
prazosin hcl 45
pred sod pho sol 5mg/5ml 87
prednisolone acetate (ophth) ... 108
prednisolone sodium phosphate . 88
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) 108
prednisolone sol 15mg/5ml 88
prednisolone sol 25mg/5ml 88
PREDNISONE CON 5MG/ML 88
prednisone pak 10mg 88
prednisone pak 5mg 88
prednisone sol 5mg/5ml 88
prednisone tab 10mg 88
prednisone tab 1mg 88
prednisone tab 2.5mg 88
prednisone tab 20mg 88
prednisone tab 50mg 88
prednisone tab 5mg 88
pregabalin 57
PREMASOL 10% 104
PRENATAL 106
PRENATAL PLUS 106
PRENATAL PLUS LOW IRON 106

prevalite 48
previfem 84
PREZCOBIX 28
PREZISTA 27
PRIFTIN 29
primaquine phosphate 25
PRIMAQUINE PHOSPHATE 25
primidone 57
PRIVIGEN 100
probenecid 18
PROCALAMINE 104
prochlorperazine inj 91
prochlorperazine maleate 91
prochlorperazine supp 91
PROCRIT 96, 97
procto-med hc 119
procto-pak 119
proctosol hc cre 2.5% 119
proctozone-hc 119
PROGLYCEM SUS 50MG/ML 88
PROGRAF 100
PROLASTIN-C 113
PROLENSA 109
PROLIA 89
PROMACTA 97
promethazine hcl 91
promethazine hcl inj 91
propafenone hcl 47
propafenone hcl 12hr 47
proparacaine hcl 110
propranolol & hydrochlorothiazide 48
propranolol cap er 49
propranolol hcl 49
propranolol oral sol 49
propylthiouracil 90
PROQUAD 102
PROSOL 104
protriptyline hcl 61
PULMICORT FLEXHALER 114
PULMOZYME 113
PURIXAN 36
pyrazinamide 29
pyridostigmine tab 60mg 71

Q

QINLOCK 42
QUADRACEL 102
quetiapine fumarate 65
quinapril hcl 45
quinapril-hydrochlorothiazide 45
quinidine sulfate 47
quinine sulfate 25

R

RABAVERT 102
rabeprazole sodium 94
raloxifene tab 60mg 89
ramipril 45
ranolazine 52
rasagiline mesylate 62
RAYALDEE 106
reclipsen 84
RECOMBIVAX HB 102
RECTIV 119
REGRANEX 120
RELENZA DISKHALER 30
RELISTOR 94
REMICADE 99
RENFLEXIS 99
repaglinide 78
RESTASIS 110
RESTASIS MULTIDOSE 110
RETEVMO 42
REVLIMID 39
REXULTI 65
REYATAZ 27
RHOPRESSA 109
ribavirin cap 200mg 30
ribavirin tab 200mg 30
rifabutin 29
rifampin 29
riluzole 71
rimantadine hydrochloride 30
RINVOQ 99
risedronate sodium 79
RISPERDAL INJ 12.5MG 66
RISPERDAL INJ 25MG 66
RISPERDAL INJ 37.5MG 66
RISPERDAL INJ 50MG 66

risperidone 66
ritonavir 27
RITUXAN 37
RITUXAN HYCELA 37
rivastigmine tartrate 59
rivastigmine td patch 24hr 13.3 mg/24hr.....59
rivastigmine td patch 24hr 4.6 mg/24hr.....59
rivastigmine td patch 24hr 9.5 mg/24hr.....59
rivelsa.....84
rizatriptan benzoate.....70
rizatriptan benzoate odt 70
ropinirole tab 0.25mg.....62
ropinirole tab 0.5mg 62
ropinirole tab 1mg 63
ropinirole tab 2mg 63
ropinirole tab 3mg 63
ropinirole tab 4mg 63
ropinirole tab 5mg 63
rosadan cre 0.75% 119
rosuvastatin calcium 47
ROTARIX 102
ROTATEQ 102
roweepra.....57
roweepra xr 57
ROZLYTREK 42
RUBRACA 37
RUXIENCE 37
RYBELSUS 78
RYDAPT.....42
S
SANDIMMUNE 101
SANTYL.....120
SAPHRIS 66
scopolamine.....92
SECUADO 66
selegiline hcl 63
selenium sulfide 116
SELZENTRY.....27
SEREVENT DISKUS 112
sertraline hcl.....61
setlakin tab.....84
sevelamer carbonate 90
sharobel.....84
SHINGRIX 102
SIGNIFOR 89
sildenafil citrate 110
sildenafil citrate tab 20 mg (pulmonary hypertension) 53
silver sulfadiazine..... 115
SIMBRINZA 110
simvastatin 47
sirolimus 101
SIRTURO.....29
SIVEXTRO 23
SKYRIZI.....99
sodium chlor sol 0.9% irr 120
sodium chloride 103, 106
sodium chloride 0.45% 106
sodium chloride inj 0.9%..... 106
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln..... 103
sodium phenylbutyrate 86
sodium polystyrene sulfonate powder 80
sodium polystyrene sulfonate susp 80
SOLIQUA 100/33.....75
SOLTAMOX.....39
SOLU-CORTEF 88
SOMATULINE DEPOT 89
SOMAVERT.....89
sorine 47
sotalol hcl 47
sotalol hcl (afib/afl) 47
spironolactone 45
spironolactone & hydrochlorothiazide 52
sprintec 28 85
SPRITAM.....57
SPRYCEL.....42
sps susp 15gm/60ml 80
sronyx 85
ssd 115
stavudine 27
STELARA.....99

STIMATE 91
STIVARGA 42
streptomycin sulfate 22
STRIBILD 28
subvenite tab 57
sucralfate 94
sulfacetamide sodium (acne) ...115
sulfacetamide sodium (ophth) ..108
sulfacetamide sod-prednisolone 107
SULFADIAZINE.....22
sulfamethoxazole-trimethop ds ..24
sulfamethoxazole-trimethoprim inj 24
sulfamethoxazole-trimethoprim susp 24
sulfamethoxazole-trimethoprim tab 400-80mg 24
SULFAMYLON 115
sulfasalazine 92
sulfasalazine ec 93
sulindac.....19
sumatriptan 70
sumatriptan inj 4mg/0.5ml 70
sumatriptan inj 6mg/0.5ml 70
sumatriptan succinate 70
SUPREP BOWEL PREP KIT 93
SUTENT.....42
syeda.....85
SYLATRON 43
SYMBICORT 114
SYMDEKO 113
SYMFI 28
SYMFI LO 28
SYMJEPI 113
SYMPAZAN 57, 58
SYMTUZA 28
SYNAREL 86
SYNERCID 24
SYNJARDY TAB 12.5-1000MG.....78
SYNJARDY TAB 12.5-500MG 78
SYNJARDY TAB 5-1000MG 78
SYNJARDY TAB 5-500MG 78
SYNJARDY XR TAB 10-1000MG...78
SYNJARDY XR TAB 12.5-1000MG 78
SYNJARDY XR TAB 25-1000MG .. 78
SYNJARDY XR TAB 5-1000MG 78
SYNRIBO.....43
SYNTHROID.....90

T

TABLOID 36
TABRECTA.....42
tacrolimus 101
tacrolimus (topical) 119
TAFINLAR.....42
TAGRISSO.....42
TALZENNA.....37
tamoxifen citrate.....39
tamsulosin hcl 95
TARGRETIN 119
tarina 24 fe 85
tarina fe 1/20 85
TASIGNA.....42
TAXOTERE.....36
tazarotene..... 116
tazicef 31
TAZORAC 116
taztia xt 50
TAZVERIK 43
TDVAX 102
TECENTRIQ 37
TEFLARO 31
telmisartan.....46
telmisartan-amlodipine 46
telmisartan-hydrochlorothiazide .46
temazepam 69
TEMIXYS 28
TENIVAC 102
tenofovir disoproxil fumarate 27
terazosin hcl.....45
terbinafine hcl.....25
terbutaline sulfate 112
terconazole vaginal 95
testosterone 73
testosterone cypionate.....73
testosterone enanthate 73
tetrabenazine 71
tetracycline hcl 35
TEXACORT SOLN 2.5% 118

THALOMID 39
THEO-24 113
theophylline 113
theophylline tab er 12hr 300 mg 113
theophylline tab er 12hr 450 mg 113
theophylline tab sr 24hr 113
thioridazine hcl 66
thiothixene 66
tiadylt er 50
tiagabine hcl 58
TIBSOVO 37
tigecycline 24
tilia fe 85
timolol maleate 49
timolol maleate (ophth) soln 110
timolol maleate gel 110
timolol maleate ophth soln 0.5% (once-daily) 110
TIVICAY 27
TIVICAY PD.....27
tizanidine hcl 72
TOBRADEX 107
TOBRADEX ST.....107
tobramycin 22
tobramycin (ophth).....108
tobramycin inj 1.2 gm/30ml.....22
tobramycin inj 1.2gm.....22
tobramycin inj 10mg/ml 22
tobramycin inj 80mg/2ml 22
tobramycin sulfate.....22
tobramycin-dexamethasone.....107
tolterodine tartrate 95
topiramate.....58
toposar 44
toremifene citrate.....39
torsemide tabs 52
TOVIAZ 95
TPN ELECTROLYTES 103
TRADJENTA 78
tramadol hcl tab 50 mg 19
tramadol-acetaminophen.....19
trandolapril.....45
tranexamic acid 97
tranylcypromine sulfate.....61
TRAVASOL..... 104
travoprost 110
TRAZIMERA 38
trazodone hcl.....61
TRECATOR 29
TRELEGY ELLIPTA..... 111
TRELSTAR DEP INJ 3.75MG 39
TRELSTAR LA INJ 11.25MG..... 39
treprostinil 53
TRESIBA FLEXTOUCH..... 75
TRESIBA INJ..... 75
tretinoin 115
tretinoin (chemotherapy) 43
triamcinolone acetonide (mouth) 120
triamcinolone acetonide (topical) 118
triamterene & hydrochlorothiazide cap 37.5-25 mg 52
triamterene & hydrochlorothiazide tabs..... 52
TRICARE 106
trientine hcl 80
tri-estarylla 85
trifluoperazine hcl 66
trifluridine 108
trihexyphenidyl hcl 63
TRIJARDY XR TAB ER 24HR 10-5-1000 MG 78
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 78
TRIJARDY XR TAB ER 24HR 25-5-1000 MG 78
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 78
TRIKAFTA..... 113
tri-legest fe 85
tri-linyah 85
tri-lo marzia 85
tri-lo-estarylla..... 85
tri-lo-sprintec 85
trilyte 93

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

trimethoprim.....24
tri-mili.....85
trimipramine maleate.....61
TRINTELLIX 61
tri-previfem 85
tri-sprintec 85
TRIUMEQ.....29
trivora-28.....85
tri-vylibra 85
tri-vylibra lo.....85
TROGARZO.....27
TROPHAMINE INJ 10% 104
trospium chloride.....95
TRULICITY.....75
TRUMENBA 102
TRUVADA TAB 100-150 29
TRUVADA TAB 133-200 29
TRUVADA TAB 167-250 29
TRUVADA TAB 200-300 29
TRUXIMA.....38
TUKYSA.....42
tulana 85
TURALIO 42
TWINRIX INJ.....102
TYBOST.....27
tydemy 85
TYKERB.....42
TYMLOS 89
TYPHIM VI 102
U
unithroid 90
ursodiol.....94
V
valacyclovir hcl.....30
VALCHLOR.....120
valganciclovir hcl 30
valproate sodium.....58
valproate sodium oral soln.....58
valproic acid 58
valsartan 46
valsartan-hydrochlorothiazide 46
VALTOCO 58
vanadom 72
vancomycin hcl 24
VANCOMYCIN IN NACL.....24
vandazole 96
VAQTA 102
VARIVAX 102
VASCEPA.....48
VELCADE.....38
velivet 85
VELTASSA 80
VEMLIDY 30
VENCLEXTA 38
VENCLEXTA STARTING PACK 38
venlafaxine hcl.....61
VENTAVIS 53
VENTOLIN HFA..... 112
verapamil cap er 50
verapamil hcl.....50
verapamil tab er 50
VERSACLOZ.....66
VERZENIO.....38
VIAGRA..... 110
VICTOZA.....75
vienva 85
vigabatrin powd pack 500mg 58
vigabatrin tab 500mg 58
vigadrone.....58
VIIBRYD STARTER PACK 61
VIIBRYD TAB 61
VIMPAT.....58
VIMPAT INJ 200MG/20ML.....58
VIMPAT SOL 10MG/ML 58
vincristine sulfate 36
vinorelbine tartrate.....36
viorele 85
VIRACEPT.....27
VIREAD.....27
VITRAKVI 42
VIVITROL 73
VIZIMPRO 42
voriconazole 25
VOSEVI.....30
VOTRIENT 42
VRAYLAR.....66
VRAYLAR THERAPY PACK.....66
vyfemla 85

vylibra 85
W
warfarin sodium 96
water for irrigation, sterile 120
wymzya fe 86
X
XALKORI 42
XARELTO 96
XARELTO STARTER PACK.....96
XATMEP.....99
XCOPRI MAINTENANCE PAK 150-200MG 58
XCOPRI PAK 12.5-25MG 58
XCOPRI PAK 50-100MG 58
XCOPRI PAK 50-200MG 58
XCOPRI TABS.....58
XCOPRI TITRATION PAK 150-200MG 58
XELJANZ 99
XELJANZ XR.....99
XGEVA 89
XIFAXAN 94
XIGDUO XR TAB 10-1000MG.....78
XIGDUO XR TAB 10-500MG 78
XIGDUO XR TAB 2.5-1000MG.....78
XIGDUO XR TAB 5-1000MG 78
XIGDUO XR TAB 5-500MG 78
XOLAIR 113
XOSPATA.....42
XPOVIO 100 MG ONCE WEEKLY..43
XPOVIO 40 MG ONCE WEEKLY ...43
XPOVIO 40 MG TWICE WEEKLY ..43
XPOVIO 60 MG ONCE WEEKLY ...43
XPOVIO 60 MG TWICE WEEKLY ..43
XPOVIO 80 MG ONCE WEEKLY ...43
XPOVIO 80 MG TWICE WEEKLY ..43
XTANDI 39
xulane dis 150-35.....86
XULTOPHY 100/3.6 75
XYREM 72
Y
YF-VAX 102
yuvafem vaginal tablet 10 mcg ..87
Z
zafirlukast 112
zaleplon 69
zarah 86
ZARXIO.....97
ZEJULA 38
ZELBORAF.....42
ZEMAIRA..... 114
zenatane 115
ZENPEP.....94
ZERVIATE 109
zidovudine cap 100mg 27
zidovudine syp 50mg/5ml 27
zidovudine tab 300mg 28
ziprasidone hcl.....66
ziprasidone mesylate 66
ZIRABEV 38
ZIRGAN 108
zoledronic acid inj 4mg/100ml ...79
zoledronic acid inj 5mg/100ml ...79
zoledronic inj 4mg/5ml 79
ZOLINZA.....38
zolmitriptan 70
zolmitriptan odt 70
zolpidem tartrate 69
zonisamide 58
ZORTRESS TAB 0.25MG 101
ZORTRESS TAB 0.5MG..... 101
ZORTRESS TAB 0.75MG 101
ZORTRESS TAB 1MG..... 101
ZOSTAVAX 102
zovia 1/35e 86
ZYDELIG 43
ZYKADIA.....43
ZYLET 107
ZYPREXA RELPREVV 67
ZYPREXA RELPREVV INJ 210MG .67
ZYTIGA 39

This formulary was updated on August 25, 2020. 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.

Este formulario fue actualizado el 25 de agosto de 2020. Para información más reciente, o para otras preguntas, por favor, comuníquese con Servicios al Afiliado de 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.

The formulary may change at any time. You will receive notice when necessary.

MMM of Florida, Inc. is an HMO plan with a Medicare contract. Enrollment in MMM of Florida depends on contract renewal. MMM of Florida, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MMM of Florida, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-212-9858, (TTY: 711). MMM of Florida, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-212-9858, (TTY:711).>

H3293_2020 1085 0001 1_C