# MMM of Florida, Inc.
# MMM Elite Dade (HMO)
# MMM Elite (HMO)
# MMM Plus (HMO)
# 2020 Formulary
# (List of Covered Drugs)

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

HPMS ID 20340, Version Number 19

This formulary was updated on November 24, 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.

**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 Elite Dade, MMM Elite and MMM Plus.

This document includes list of the drugs (formulary) for our plan which is current as of November 24, 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 18
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# MMM of Florida, Inc.
# MMM Elite Dade (HMO)
# MMM Elite (HMO)
# MMM Plus (HMO)
# 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 20340, Versión # 19

Este formulario fue actualizado el 24 de noviembre 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 Elite Dade, MMM Elite y MMM Plus.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 24 de noviembre 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.



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**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.

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



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name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill or the drug, at which time the member will receive a month day supply of the drug.

Changes that will not affect you, if you are currently taking the drug: Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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

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

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

Nuevos Medicamentos Genéricos

- Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
    - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted

también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida?".

Medicamentos Retirados Del Mercado

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

Otros Cambios

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

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

El Formulario adjunto es vigente a partir del 1 de enero de 2020. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. En el caso de cambios en el formulario, no de mantenimiento a mitad de año, todos los afiliados afectados serán notificados por correo (al menos 60 días antes de que el cambio entre en vigencia). Además, una versión actualizada de nuestro formulario impreso se actualizará la primera semana del mes efectivo y se publicará en nuestro sitio web www.mmm-fl.com.



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

Medical Condition
The formulary begins on page 19. 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 19. 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 19. 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 19. 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.

**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.



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**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 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MMM of Florida formulary?" on page 9 for information about how to request an exception.

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

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



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- 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 19. 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 9 para obtener información acerca de cómo solicitar una excepción.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo



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compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

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

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

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

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

**What Do I Do Before I Can Talk to My Doctor About Changing My Drugs or Requesting an Exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

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

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

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

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

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

**For More Information**

For more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.
If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.



You can find information on what the symbols and abbreviations on this table by going to page 18
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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 Elite Dade, MMM Elite and MMM Plus 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 Elite Dade, MMM Elite and MMM Plus**
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**
Before the total yearly drug costs (paid by you and our plan) reach $6,000.00, you pay the following for prescription drugs:

| | Tier Level | Drug | Retail Copayment (30 Days) | Retail Copayment (90 Days) | Mail Order Copayment (90 Days) |
|---|---|---|---|---|---|
| MMM Elite Dade (HMO) | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |
| | 3 | Preferred | $0.00 | $0.00 | $0.00 |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| | | | | | |
|---|---|---|---|---|---|
| | 4 | Non-Preferred | $5.00 | $15.00 | $15.00 |
| | 5 | Specialty | 33% | Not Covered | Not Covered |

After your total yearly drug costs reach $6,000.00, you receive full tier coverage (all drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs until your yearly out-of- pocket drug costs reach $6,350.00.

The Plan Offers Additional Coverage in The Gap for The Following Tiers

| MMM Elite Dade (HMO) | Tier Level | Drug | Retail Copayment (30 Days) | Retail Copayment (90 Days) | Mail Order Copayment (90 Days) |
|---|---|---|---|---|---|
| | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |

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

- 5% coinsurance, or
- $3.60 for generic drugs (including brand drugs treated as 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**

Antes de que el costo total anual de medicamentos (pagados tanto por usted como por nuestro plan) alcance los $6,000.00, usted pagará lo siguiente por medicamentos recetados:

| MMM Elite Dade (HMO) | Nivel | Medicamento | Copago Por Cantidad Al Detal (30 Días) | Copago Por Cantidad Al Detal (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |
| | 3 | Marca | $0.00 | $0.00 | $0.00 |
| | 4 | Medicamento No Preferido | $5.00 | $15.00 | $15.00 |
| | 5 | Especialidad | 33% | No Cubierto | No Cubierto |

Luego de que su costo total anual en medicamentos alcance $6,000.00, usted recibe cubierta completa por el plan (todos los medicamentos en ciertos niveles). También recibe un descuento en medicamentos de marca y, por lo general, no paga más de 25%



You can find information on what the symbols and abbreviations on this table by going to page 18
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del costo del plan por medicamentos de marca y 25% del costo del plan por medicamentos genéricos hasta que su costo de bolsillo anual por medicamentos alcance $6,350.00.

El Plan Ofrece Cubierta Adicional Durante La Brecha Para Los Siguientes Niveles:

| | Nivel | Medicamento | Copago Por Cantidad Al Detal (30 Días) | Copago Por Cantidad Al Detal (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| MMM Elite Dade (HMO) | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |

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

**TIER LEVEL STRUCTURE**

Before the total yearly drug costs (paid by you and our plan) reach $6,000.00, you pay the following for prescription drugs:

| | Tier Level | Drug | Retail Copayment (30 Days) | Retail Copayment (90 Days) | Mail Order Copayment (90 Days) |
|---|---|---|---|---|---|
| MMM Elite (HMO) | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |
| | 3 | Preferred | $20.00 | $60.00 | $60.00 |
| | 4 | Non-Preferred | $75.00 | $225.00 | $225.00 |
| | 5 | Specialty | 33% | Not Covered | Not Covered |

After your total yearly drug costs reach $6,000.00, you receive full tier coverage (all drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs until your yearly out-of- pocket drug costs reach $6,350.00.

The plan offers additional coverage in the gap for the following tiers:



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| MMM Elite (HMO) | Tier Level | Drug | Retail Copayment (30 Days) | Retail Copayment (90 Days) | Mail Order Copayment (90 Days) |
|---|---|---|---|---|---|
| | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |

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

- 5% coinsurance, or
- $3.60 for generic drugs (including brand drugs treated as 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**

Antes de que el costo total anual de medicamentos (pagados tanto por usted como por nuestro plan) alcance los $6,000.00, usted pagará lo siguiente por medicamentos recetados:

| MMM Elite (HMO) | Nivel | Medicamento | Copago Por Cantidad Al Detal (30 Días) | Copago Por Cantidad Al Detal (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |
| | 3 | Marca | $20.00 | $60.00 | $60.00 |
| | 4 | Medicamento No Preferido | $75.00 | $225.00 | $225.00 |
| | 5 | Especialidad | 33% | No Cubierto | No Cubierto |

Luego de que su costo total anual en medicamentos alcance $6,000.00, usted recibe cubierta completa por el plan (todos los medicamentos en ciertos niveles). También recibe un descuento en medicamentos de marca y, por lo general, no paga más de 25% del costo del plan por medicamentos de marca y 25% del costo del plan por medicamentos genéricos hasta que su costo de bolsillo anual por medicamentos alcance $6,350.00.

El plan ofrece cubierta adicional durante la brecha para los siguientes niveles:

| MMM Elite (HMO) | Nivel | Medicamento | Copago Por Cantidad Al Detal (30 Días) | Copago Por Cantidad Al Detal (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| | | | | | |
|---|---|---|---|---|---|
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |

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

**TIER LEVEL STRUCTURE**

Before the total yearly drug costs (paid by you and our plan) reach $4,500.00, you pay the following for prescription drugs:

| | Tier Level | Drug | Retail Copayment (30 Days) | Retail Copayment (90 Days) | Mail Order Copayment (90 Days) |
|---|---|---|---|---|---|
| MMM Plus (HMO) | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |
| | 3 | Preferred | $5.00 | $15.00 | $15.00 |
| | 4 | Non-Preferred | $15.00 | $45.00 | $45.00 |
| | 5 | Specialty | 33% | Not Covered | Not Covered |

After your total yearly drug costs reach $4,500.00, you receive full tier coverage (all drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs until your yearly out-of- pocket drug costs reach $6,350.00.

The plan offers additional coverage in the gap for the following tiers:

| | Tier Level | Drug | Retail copayment (30 days) | Retail copayment (90 days) | Mail Order copayment (90 days) |
|---|---|---|---|---|---|
| MMM Plus (HMO) | 1 | Preferred | $0.00 | $0.00 | $0.00 |
| | 2 | Generic | $0.00 | $0.00 | $0.00 |

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

- 5% coinsurance, or
- $3.60 for generic drugs (including brand drugs treated as generic) and $8.95 for all other drugs

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



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

**ESTRUCTURA DE NIVELES**

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 (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| MMM Plus (HMO) | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |
| | 3 | Marca | $5.00 | $15.00 | $15.00 |
| | 4 | Medicamento No Preferido | $15.00 | $45.00 | $45.00 |
| | 5 | Especialidad | 33% | No Cubierto | No Cubierto |

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). También recibe un descuento en medicamentos de marca y, por lo general, no paga más de 25% del costo del plan por medicamentos de marca y 25% del costo del plan por medicamentos genéricos hasta que su costo de bolsillo anual por medicamentos alcance $6,350.00.

El plan ofrece cubierta adicional durante la brecha para los siguientes niveles:

| | Nivel | Medicamento | Copago Por Cantidad Al Detal (30 Días) | Copago Por Cantidad Al Detal (90 Días) | Copago Por Orden Por Correo (90 Días) |
|---|---|---|---|---|---|
| MMM Plus (HMO) | 1 | Genérico Preferido | $0.00 | $0.00 | $0.00 |
| | 2 | Genérico | $0.00 | $0.00 | $0.00 |

Luego de que los costos totales de su bolsillo alcancen los $6,350.00 en el año, usted pagará 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 18
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**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 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

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



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *ibuprofen* TABS 400mg, 600mg, 800mg | 1 | GC |
| *meloxicam* TABS | 1 | GC |
| *nabumetone* TABS | 1 | GC |
| *naproxen* TABS 250mg, 375mg, 500mg | 1 | GC |
| *naproxen dr* | 2 | GC |
| *naproxen sodium* TABS 275mg, 550mg | 2 | GC |
| *oxaprozin* | 2 | GC |
| *piroxicam* CAPS | 2 | GC |
| *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* | 2 | GC, QL (240 tabs / 30 days) |
| ***ANALGESICOS OPIOIDES, CII/OPIOID ANALGESICS, CII*** | | |
| *endocet 2.5-325mg* | 2 | GC, QL (360 tabs / 30 days) |
| *endocet 5-325mg* | 2 | GC, QL (360 tabs / 30 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *endocet 7.5-325mg* | 2 | GC, QL (240 tabs / 30 days) |
| *endocet 10-325mg* | 2 | GC, QL (180 tabs / 30 days) |
| *fentanyl citrate* LPOP | 5 | QL (120 lozenges / 30 days), PA |
| *fentanyl patch 12 mcg/hr* | 2 | GC, QL (10 patches / 30 days), PA |
| *fentanyl patch 25 mcg/hr* | 2 | GC, QL (10 patches / 30 days), PA |
| *fentanyl patch 50 mcg/hr* | 2 | GC, QL (10 patches / 30 days), PA |
| *fentanyl patch 75 mcg/hr* | 2 | GC, QL (10 patches / 30 days), PA |
| *fentanyl patch 100 mcg/hr* | 2 | GC, QL (10 patches / 30 days), PA |
| *hydroco/apap tab 5-325mg* | 2 | GC, QL (240 tabs / 30 days) |
| *hydroco/apap tab 7.5-325* | 2 | GC, QL (180 tabs / 30 days) |
| *hydroco/apap tab 10-325mg* | 2 | GC, QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen 7.5-325 mg/15ml* | 2 | GC, QL (2700 mL / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 2 | GC, QL (150 tabs / 30 days) |
| *hydromorphone hcl* LIQD | 2 | GC, QL (600 mL / 30 days) |
| *hydromorphone hcl* SOLN 10mg/ml, 50mg/5ml, 500mg/50ml | 4 | B/D |
| *hydromorphone hcl* TABS | 2 | GC, QL (180 tabs / 30 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| HYSINGLA ER | 3 | QL (30 tabs / 30 days), PA |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml | 2 | GC, QL (450 mL / 30 days), PA |
| *methadone hcl 5mg* | 2 | GC, QL (90 tabs / 30 days), PA |
| *methadone hcl 10mg* | 2 | GC, QL (90 tabs / 30 days), PA |
| *methadone hcl intensol* | 2 | GC, QL (90 mL / 30 days), PA |
| *morphine ext-rel tab* | 2 | GC, 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 | 2 | GC, QL (180 tabs / 30 days) |
| *morphine sulfate oral soln 10mg/5ml* | 2 | GC, QL (900 mL / 30 days) |
| *morphine sulfate oral soln 20mg/5ml* | 2 | GC, QL (900 mL / 30 days) |
| *morphine sulfate oral soln 100mg/5ml* | 2 | GC, QL (180 mL / 30 days) |
| NUCYNTA ER | 3 | QL (60 tabs / 30 days), PA |
| *oxycodone hcl* CAPS | 2 | GC, QL (180 caps / 30 days) |
| *oxycodone hcl* CONC | 2 | GC, QL (180 mL / 30 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *oxycodone hcl* SOLN | 2 | GC, QL (900 mL / 30 days) |
| *oxycodone hcl* TABS | 2 | GC, QL (180 tabs / 30 days) |
| *oxycodone w/ acetaminophen 2.5-325mg* | 2 | GC, QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen 5-325mg* | 2 | GC, QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen 7.5-325mg* | 2 | GC, QL (240 tabs / 30 days) |
| *oxycodone w/ acetaminophen 10-325mg* | 2 | GC, 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 |
| *lidocaine inj 1.5% preservative free (pf)* | 2 | GC, B/D |
| **ANTI-INFECTIVOS/ANTI-INFECTIVES** | | |
| ***ANTIBACTERIALES -MISCELANEOS/ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate* SOLN | 2 | GC |
| *gentamicin in saline* | 2 | GC |
| *gentamicin sulfate* SOLN | 2 | GC |
| *neomycin sulfate* TABS | 2 | GC |
| *paromomycin sulfate* CAPS | 2 | GC |
| *streptomycin sulfate* SOLR | 5 | |
| SULFADIAZINE TABS | 4 | |
| *tobramycin* NEBU 300mg/5ml | 5 | NM, PA |
| *tobramycin inj 1.2 gm/30ml* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *tobramycin inj 1.2gm* | 5 | |
| *tobramycin inj 10mg/ml* | 2 | GC |
| *tobramycin inj 80mg/2ml* | 2 | GC |
| *tobramycin sulfate* SOLN | 2 | GC |
| ***ANTI-INFECTIVOS - MISCELANEOS/ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS | 5 | |
| ALINIA | 5 | |
| *atovaquone* SUSP | 5 | |
| *aztreonam* | 2 | GC |
| CAYSTON | 5 | NM, LA, PA |
| *clindamycin cap 75mg* | 1 | GC |
| *clindamycin cap 300mg* | 1 | GC |
| *clindamycin hcl cap 150 mg* | 1 | GC |
| *clindamycin phosphate in d5w* | 2 | GC |
| CLINDAMYCIN PHOSPHATE IN NACL | 4 | |
| *clindamycin phosphate inj* | 2 | GC |
| *clindamycin soln 75mg/5ml* | 2 | GC |
| *colistimethate sodium* SOLR | 2 | GC |
| *dapsone* TABS | 2 | GC |
| *daptomycin* | 5 | |
| EMVERM | 5 | QL (12 tabs / 365 days) |
| *ertapenem sodium* | 2 | GC |
| *imipenem-cilastatin* | 2 | GC |
| *ivermectin* TABS | 2 | GC |
| *linezolid in sodium chloride* | 4 | |
| *linezolid inj* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *linezolid susp* | 5 | |
| *linezolid tab 600mg* | 2 | GC |
| *meropenem* | 2 | GC |
| *methenamine hippurate* | 2 | GC |
| *metronidazole* TABS | 1 | GC |
| *metronidazole in nacl* | 2 | GC |
| *nitrofurantoin macrocrystal* 50mg, 100mg | 3 | |
| *nitrofurantoin monohyd macro* | 3 | |
| *pentamidine isethionate inh* | 2 | GC, B/D |
| *pentamidine isethionate inj* | 2 | GC |
| *praziquantel* TABS | 2 | GC |
| SIVEXTRO | 5 | |
| *sulfamethoxazole-trimethop ds* | 1 | GC |
| *sulfamethoxazole-trimethoprim inj* | 2 | GC |
| *sulfamethoxazole-trimethoprim susp* | 2 | GC |
| *sulfamethoxazole-trimethoprim tab 400-80mg* | 1 | GC |
| SYNERCID | 5 | |
| *tigecycline* | 5 | |
| *trimethoprim* TABS | 1 | GC |
| *vancomycin hcl* CAPS 125mg | 2 | GC, QL (120 caps / 30 days) |
| *vancomycin hcl* CAPS 250mg | 5 | QL (240 caps / 30 days) |
| *vancomycin hcl* SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 2 | GC |
| VANCOMYCIN IN NACL | 4 | |
| ***ANTIFUNGALES/ANTIFUNGALS*** | | |
| ABELCET | 5 | B/D |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| AMBISOME | 5 | B/D |
| *amphotericin b* SOLR | 2 | GC, B/D |
| *caspofungin acetate* | 5 | |
| *fluconazole* SUSR | 2 | GC |
| *fluconazole* TABS 50mg, 100mg, 200mg | 2 | GC |
| *fluconazole* TABS 150mg | 1 | GC |
| *fluconazole inj nacl 200* | 2 | GC |
| *fluconazole inj nacl 400* | 2 | GC |
| *flucytosine* CAPS | 5 | |
| *griseofulvin microsize* | 2 | GC |
| *griseofulvin ultramicrosize* | 2 | GC |
| *itraconazole* CAPS | 2 | GC, PA |
| *ketoconazole* TABS | 2 | GC, PA |
| *micafungin sodium* | 5 | |
| MYCAMINE | 5 | |
| NOXAFIL SUSP | 5 | QL (630 mL / 30 days) |
| *nystatin* TABS | 2 | GC |
| *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 | 2 | GC |
| *voriconazole* TABS 200mg | 5 | |
| ***ANTIMALARIA/ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl* | 2 | GC |
| *chloroquine phosphate* TABS | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| COARTEM | 4 | |
| *mefloquine hcl* | 2 | GC |
| *primaquine phosphate* 26.3mg | 2 | GC |
| PRIMAQUINE PHOSPHATE 26.3mg | 3 | |
| *quinine sulfate* CAPS | 2 | GC, PA |
| ***AGENTES ANTIRRETROVIRALES/ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* | 2 | GC, NM |
| APTIVUS | 5 | NM |
| *atazanavir sulfate* | 2 | GC, NM |
| CRIXIVAN | 4 | NM |
| *didanosine* | 2 | GC, NM |
| EDURANT | 5 | NM |
| *efavirenz* CAPS 50mg | 2 | GC, NM |
| *efavirenz* CAPS 200mg | 5 | NM |
| *efavirenz* TABS | 5 | NM |
| *emtricitabine* | 2 | GC, 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 |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ISENTRESS HD | 5 | NM |
| *lamivudine* | 2 | GC, NM |
| LEXIVA SUSP | 4 | NM |
| *nevirapine susp 50 mg/5ml* | 2 | GC, NM |
| *nevirapine tab 100mg er* | 2 | GC, NM |
| *nevirapine tab 200mg* | 2 | GC, NM |
| *nevirapine tab 400mg er* | 2 | GC, NM |
| NORVIR PACK | 4 | NM |
| NORVIR SOLN | 4 | NM |
| PIFELTRO | 5 | NM |
| 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* | 2 | GC, NM |
| RUKOBIA | 5 | NM |
| SELZENTRY SOLN | 5 | NM |
| SELZENTRY TABS 25mg | 4 | NM |
| SELZENTRY TABS 75mg, 150mg, 300mg | 5 | NM |
| *stavudine* | 2 | GC, NM |
| *tenofovir disoproxil fumarate* | 2 | GC, NM |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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* | 2 | GC, NM |
| *zidovudine syp 50mg/5ml* | 2 | GC, NM |
| *zidovudine tab 300mg* | 2 | GC, NM |
| ***COMBINACION DE AGENTES ANTIRRETROVIRALES/ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine* | 2 | GC, 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 |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 5 | NM |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | 5 | NM |
| *emtricitabine-tenofovir disoproxil fumarate* | 5 | QL (30 tabs / 30 days), NM |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| EVOTAZ | 5 | NM |
| GENVOYA | 5 | NM |
| JULUCA | 5 | NM |
| KALETRA TAB 100-25MG | 4 | NM |
| KALETRA TAB 200-50MG | 5 | NM |
| *lamivudine-zidovudine* | 2 | GC, NM |
| *lopinavir-ritonavir* | 2 | GC, NM |
| ODEFSEY | 5 | NM |
| PREZCOBIX | 5 | NM |
| STRIBILD | 5 | NM |
| SYMFI | 5 | NM |
| SYMFI LO | 5 | NM |
| SYMTUZA | 5 | NM |
| TEMIXYS | 5 | NM |
| TRIUMEQ | 5 | NM |
| TRUVADA TAB 100-150 | 5 | QL (30 tabs / 30 days), NM |
| TRUVADA TAB 133-200 | 5 | QL (30 tabs / 30 days), NM |
| TRUVADA TAB 167-250 | 5 | QL (30 tabs / 30 days), NM |
| TRUVADA TAB 200-300 | 5 | QL (30 tabs / 30 days), NM |
| ***AGENTES ANTITUBERCULARES/ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* CAPS | 5 | |
| *ethambutol hcl* TABS | 2 | GC |
| *isoniazid* TABS | 1 | GC |
| *isoniazid syp 50mg/5ml* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PASER D/R | 4 | |
| PRIFTIN | 4 | |
| *pyrazinamide* TABS | 2 | GC |
| *rifabutin* | 2 | GC |
| *rifampin* CAPS; SOLR | 2 | GC |
| SIRTURO | 5 | LA, PA |
| TRECATOR | 4 | |
| ***ANTIVIRALES/ANTIVIRALS*** | | |
| *acyclovir* CAPS; TABS | 1 | GC |
| *acyclovir* SUSP | 2 | GC |
| *acyclovir sodium* | 2 | GC, B/D |
| *adefovir dipivoxil* | 5 | NM |
| BARACLUDE SOLN | 5 | NM |
| *entecavir* | 2 | GC, NM |
| EPCLUSA | 5 | NM, PA |
| EPIVIR HBV SOLN | 4 | NM |
| *famciclovir* TABS | 2 | GC |
| *ganciclovir sodium* | 2 | GC, B/D |
| HARVONI | 5 | NM, PA |
| *lamivudine (hbv)* | 2 | GC, NM |
| MAVYRET | 5 | NM, PA |
| *oseltamivir phosphate* CAPS 30mg | 2 | GC, QL (168 caps / year) |
| *oseltamivir phosphate* CAPS 45mg, 75mg | 2 | GC, QL (84 caps / year) |
| *oseltamivir phosphate* SUSR | 2 | GC, QL (1080 mL / year) |
| PEGASYS | 5 | NM, PA |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PEGASYS PROCLICK | 5 | NM, PA |
| RELENZA DISKHALER | 3 | QL (6 inhalers / year) |
| *ribavirin 200mg* | 2 | GC, NM |
| *rimantadine hydrochloride* | 2 | GC |
| *valacyclovir hcl* TABS | 2 | GC |
| *valganciclovir hcl* | 5 | |
| VEMLIDY | 5 | NM |
| VOSEVI | 5 | NM, PA |
| ***CEFALOSPORINAS/CEPHALOSPORINS*** | | |
| *cefaclor* | 2 | GC |
| CEFACLOR MONOHYDRATE ER | 4 | |
| *cefadroxil* CAPS | 1 | GC |
| *cefadroxil* SUSR; TABS | 2 | GC |
| CEFAZOLIN IN DEXTROSE 2GM/100ML-4% | 3 | |
| *cefazolin inj* | 2 | GC |
| *cefazolin sodium* SOLR 1gm | 2 | GC |
| CEFAZOLIN SODIUM 1 GM/50ML | 3 | |
| *cefdinir* | 2 | GC |
| *cefepime hcl* | 2 | GC |
| *cefixime* SUSR | 2 | GC |
| *cefoxitin sodium* | 2 | GC |
| *cefpodoxime proxetil* | 2 | GC |
| *cefprozil* | 2 | GC |
| *ceftazidime* SOLR | 2 | GC |
| CEFTAZIDIME/DEXTROSE | 4 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *cefuroxime axetil* | 2 | GC |
| *cefuroxime sodium* | 2 | GC |
| *cephalexin* CAPS 250mg, 500mg | 1 | GC |
| *cephalexin* SUSR | 2 | GC |
| *tazicef* SOLR | 2 | GC |
| TEFLARO | 5 | |
| ***ERYTHROMYCINA, MACROLIDOS/ERYTHROMYCINS, MACROLIDES*** | | |
| *azithromycin* PACK; SOLR; SUSR | 2 | GC |
| *azithromycin* TABS | 1 | GC |
| *clarithromycin* TABS | 2 | GC |
| *clarithromycin er* | 2 | GC |
| *clarithromycin for susp* | 2 | GC |
| DIFICID | 5 | |
| *ery-tab* | 2 | GC |
| ERYTHROCIN LACTOBIONATE | 4 | |
| *erythrocin stearate* | 2 | GC |
| *erythromycin base* | 2 | GC |
| *erythromycin cap 250mg ec* | 2 | GC |
| *erythromycin ethylsuccinate* TABS | 2 | GC |
| *erythromycin tab ec* | 2 | GC |
| ***FLUOROQUINOLONAS/FLUOROQUINOLONES*** | | |
| CIPRO SUSR 500mg/5ml | 4 | |
| *ciprofloxacin hcl tab* 100mg | 2 | GC |
| *ciprofloxacin hcl tab* 250mg, 500mg, 750mg | 1 | GC |
| *ciprofloxacin in d5w* | 2 | GC |
| *levofloxacin* TABS | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *levofloxacin in d5w* | 2 | GC |
| *levofloxacin inj 25mg/ml* | 2 | GC |
| *levofloxacin oral soln 25 mg/ml* | 2 | GC |
| *moxifloxacin hcl* TABS | 2 | GC |
| *moxifloxacin hcl in sodium chloride* | 2 | GC |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 4 | |
| ***PENICILINA/PENICILLINS*** | | |
| *amoxicillin* CAPS; SUSR; TABS | 1 | GC |
| *amoxicillin* CHEW | 2 | GC |
| *amoxicillin & pot clavulanate 200-28.5 chw tabs* | 2 | GC |
| *amoxicillin & pot clavulanate 200/5ml susr* | 2 | GC |
| *amoxicillin & pot clavulanate 250-125 tabs* | 2 | GC |
| *amoxicillin & pot clavulanate 250/5ml susr* | 2 | GC |
| *amoxicillin & pot clavulanate 400-57 chw tabs* | 2 | GC |
| *amoxicillin & pot clavulanate 400/5ml susr* | 2 | GC |
| *amoxicillin & pot clavulanate 500-125 tabs* | 2 | GC |
| *amoxicillin & pot clavulanate 600/5ml susr* | 2 | GC |
| *amoxicillin & pot clavulanate 875-125 tabs* | 2 | GC |
| *amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs* | 2 | GC |
| *ampicillin & sulbactam sodium* | 2 | GC |
| *ampicillin cap 500mg* | 1 | GC |
| *ampicillin inj* | 2 | GC |
| *ampicillin sodium* | 2 | GC |
| BICILLIN L-A | 4 | |



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



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *doxycycline hyclate* CAPS | 2 | GC |
| *doxycycline hyclate* SOLR | 2 | GC |
| *doxycycline hyclate* TABS 20mg, 100mg | 2 | GC |
| *minocycline hcl* CAPS | 2 | GC |
| *mondoxyne nl cap 100mg* | 1 | GC |
| *tetracycline hcl* CAPS | 2 | GC |
| **AGENTES ANTINEOPLASICOS/ANTINEOPLASTIC AGENTS** | | |
| ***AGENTES ALQUILANTES/ALKYLATING AGENTS*** | | |
| BENDEKA | 5 | B/D, NM |
| *cyclophosphamide* CAPS | 2 | GC, B/D |
| CYCLOPHOSPHAMIDE SOLN | 5 | B/D |
| *cyclophosphamide* SOLR | 5 | B/D |
| EMCYT | 4 | |
| GLEOSTINE 10mg | 4 | |
| GLEOSTINE 40mg, 100mg | 5 | |
| LEUKERAN | 5 | |
| ***ANTRACICLINAS/ANTHRACYCLINES*** | | |
| *adriamycin* SOLN | 2 | GC, B/D |
| *doxorubicin hcl* | 2 | GC, B/D |
| *doxorubicin hcl liposomal* | 5 | B/D |
| *epirubicin hcl* | 2 | GC, B/D |
| ***ANTIMETABOLITOS/ANTIMETABOLITES*** | | |
| ALIMTA | 5 | B/D |
| *azacitidine* | 5 | B/D, NM |
| *cytarabine* 20mg/ml | 2 | GC, B/D |
| *fluorouracil* SOLN | 2 | GC, B/D |
| *gemcitabine inj soln* | 2 | GC, B/D |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *gemcitabine inj solr* | 2 | GC, B/D |
| *mercaptopurine* TABS | 2 | GC |
| *methotrexate sodium inj soln* | 2 | GC, B/D |
| *methotrexate sodium inj solr* | 2 | GC, B/D |
| ONUREG | 5 | NM, LA, PA |
| 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* 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml | 2 | GC, B/D |
| TAXOTERE | 5 | B/D |
| ***ANTIMITOTICOS, ALCALOIDES DE VINCA/ANTIMITOTIC, VINCA ALKALOIDS*** | | |
| *vincristine sulfate* | 2 | GC, B/D |
| *vinorelbine tartrate* | 2 | GC, 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 |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| FARYDAK 10mg, 20mg | 5 | NM, LA, PA |
| HERCEPTIN | 5 | NM, PA |
| HERCEPTIN HYLECTA | 5 | NM, PA |
| HERZUMA | 5 | NM, PA |
| IBRANCE CAPS | 5 | QL (21 caps / 28 days), NM, LA, PA |
| IBRANCE TABS | 5 | QL (21 tabs / 28 days), NM, LA, PA |
| IDHIFA | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| KADCYLA | 5 | B/D, NM |
| KANJINTI | 5 | NM, PA |
| KEYTRUDA | 5 | NM, PA |
| KISQALI | 5 | NM, PA |
| KISQALI FEMARA 200 DOSE | 5 | NM, PA |
| KISQALI FEMARA 400 DOSE | 5 | NM, PA |
| KISQALI FEMARA 600 DOSE | 5 | NM, PA |
| LYNPARZA | 5 | NM, LA, PA |
| MVASI | 5 | NM, LA, PA |
| NINLARO | 5 | NM, PA |
| ODOMZO | 5 | NM, LA, PA |
| OGIVRI | 5 | NM, PA |
| ONTRUZANT | 5 | NM, PA |
| PHESGO | 5 | NM, LA, PA |
| RITUXAN | 5 | NM, LA, PA |
| RITUXAN HYCELA | 5 | NM, LA, PA |
| RUBRACA | 5 | NM, LA, PA |



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



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

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



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 |
| 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 |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *everolimus* | 5 | QL (30 tabs / 30 days), NM, PA |
| GAVRETO | 5 | NM, LA, PA |
| GILOTRIF TAB 20MG | 5 | NM, LA, PA |
| GILOTRIF TAB 30MG | 5 | NM, LA, PA |
| GILOTRIF TAB 40MG | 5 | NM, LA, PA |
| ICLUSIG | 5 | NM, LA, PA |
| *imatinib mesylate* 100mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *imatinib mesylate* 400mg | 5 | QL (60 tabs / 30 days), NM, PA |
| IMBRUVICA | 5 | NM, LA, PA |
| INLYTA 1mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| INLYTA 5mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| INREBIC | 5 | NM, LA, PA |
| IRESSA | 5 | NM, LA, PA |
| JAKAFI | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| *lapatinib ditosylate* | 5 | NM, 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 |



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



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 |
| ZYDELIG | 5 | NM, LA, PA |
| ZYKADIA | 5 | NM, LA, PA |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| *bexarotene* | 5 | NM, PA |
| *hydroxyurea* CAPS | 2 | GC |
| INQOVI | 5 | NM, LA, PA |
| 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* | 2 | GC, B/D |
| *cisplatin* SOLN | 2 | GC, B/D |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *oxaliplatin inj 50mg* | 5 | B/D |
| *oxaliplatin inj 50mg/10ml* | 2 | GC, B/D |
| *oxaliplatin inj 100mg* | 5 | B/D |
| *oxaliplatin inj 100mg/20ml* | 2 | GC, B/D |
| ***AGENTES DE PROTECCION/PROTECTIVE AGENTS*** | | |
| *leucovorin calcium* SOLN 500mg/50ml | 2 | GC, B/D |
| *leucovorin calcium* SOLR | 2 | GC, B/D |
| *leucovorin calcium* TABS | 2 | GC |
| MESNEX TABS | 5 | |
| ***INHIBIDORES DE LA TOPOISOMERASA/TOPOISOMERASE INHIBITORS*** | | |
| *etoposide* SOLN | 2 | GC, B/D |
| *irinotecan hcl* | 2 | GC, B/D |
| *toposar* | 2 | GC, B/D |
| **CARDIOVASCULARES/CARDIOVASCULAR** | | |
| ***COMBINACION DE INHIBIDORES DE ACE/ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine--benazepril hcl cap 10-20 mg* | 1 | GC |
| *amlodipine-benazepril hcl cap 2.5-10 mg* | 1 | GC |
| *amlodipine-benazepril hcl cap 5-10 mg* | 1 | GC |
| *amlodipine-benazepril hcl cap 5-20 mg* | 1 | GC |
| *amlodipine-benazepril hcl cap 5-40 mg* | 1 | GC |
| *amlodipine-benazepril hcl cap 10-40mg* | 1 | GC |
| *benazepril & hydrochlorothiazide* | 1 | GC |
| *captopril & hydrochlorothiazide* | 1 | GC |
| *enalapril maleate & hydrochlorothiazide* | 1 | GC |
| *fosinopril sodium & hydrochlorothiazide* | 1 | GC |
| *lisinopril & hydrochlorothiazide* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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* | 2 | GC |
| *spironolactone* TABS | 1 | GC |
| ***ALFA BLOQUEADORES/ALPHA BLOCKERS*** | | |
| *doxazosin mesylate* TABS | 1 | GC |
| *prazosin hcl* | 2 | GC |
| *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 5-160 mg* | 1 | GC |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | GC |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide 5-160-25mg* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide 10-160-25mg* | 1 | GC |
| *amlodipine-valsartan-hydrochlorothiazide 10-320-25mg* | 1 | GC |
| *candesartan cilexetil-hydrochlorothiazide* | 1 | GC |
| EDARBYCLOR | 4 | |
| 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 |
| EDARBI | 4 | |
| *irbesartan* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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* | 2 | GC |
| *amiodarone tab 200mg* | 1 | GC |
| *amiodarone tab 400mg* | 2 | GC |
| *disopyramide phosphate* | 4 | |
| *dofetilide* | 2 | GC, NM |
| *flecainide acetate* | 2 | GC |
| MULTAQ | 4 | |
| NORPACE CR | 4 | |
| *pacerone* 100mg, 400mg | 2 | GC |
| *pacerone* 200mg | 1 | GC |
| *propafenone hcl* | 2 | GC |
| *propafenone hcl 12hr* | 2 | GC |
| *quinidine sulfate* | 2 | GC |
| *sorine* | 1 | GC |
| *sotalol hcl* | 1 | GC |
| *sotalol hcl (afib/afl)* | 2 | GC |
| ***ANTILIPIDEMICOS, INHIBIDORES DE LA HMG-CoA REDUCTASA/ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| ALTOPREV | 5 | ST |
| *atorvastatin calcium* TABS | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| EZALLOR SPRINKLE | 4 | QL (30 caps / 30 days), ST |
| *fluvastatin sodium* | 1 | GC |
| LIVALO | 4 | ST |
| *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) |
| ZYPITAMAG | 4 | ST |
| ***ANTILIPIDEMICOS, MISCELANEOS/ANTILIPEMICS, MISCELLANEOUS*** | | |
| ANTARA | 4 | |
| *cholestyramine* | 2 | GC |
| *cholestyramine light pack* | 2 | GC |
| *cholestyramine light powd* | 2 | GC |
| *choline fenofibrate* | 2 | GC |
| *colesevelam hcl* | 2 | GC |
| *colestipol hcl gran* | 2 | GC |
| *colestipol hcl pack* | 2 | GC |
| *colestipol hcl tabs* | 2 | GC |
| *ezetimibe* | 2 | GC |
| *ezetimibe-simvastatin* | 1 | GC |
| *fenofibrate* TABS 48mg, 54mg, 145mg, 160mg | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *fenofibrate micronized* 67mg, 134mg, 200mg | 2 | GC |
| *gemfibrozil* TABS | 1 | GC |
| JUXTAPID | 5 | NM, LA, PA |
| *niacin (antihyperlipidemic)* | 2 | GC |
| *niacin er (antihyperlipidemic)* 500mg | 2 | GC, QL (60 tabs / 30 days) |
| *niacin er (antihyperlipidemic)* 750mg, 1000mg | 2 | GC |
| *niacor* | 2 | GC |
| PRALUENT | 3 | NM, PA |
| *prevalite* | 2 | GC |
| VASCEPA | 4 | |
| ***BETA-BLOQUEADORES, COMBINACION DE DIURETICOS/BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone* | 1 | GC |
| *bisoprolol & hydrochlorothiazide* | 1 | GC |
| *metoprolol & hctz tab 50-25mg* | 2 | GC |
| *metoprolol & hctz tab 100-25mg* | 2 | GC |
| *metoprolol & hctz tab 100-50mg* | 2 | GC |
| *propranolol & hydrochlorothiazide* | 2 | GC |
| ***BETA-BLOQUEADORES/BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS | 1 | GC |
| *atenolol* TABS | 1 | GC |
| *bisoprolol fumarate* | 1 | GC |
| BYSTOLIC 2.5mg, 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| BYSTOLIC 20mg | 4 | QL (60 tabs / 30 days) |
| *carvedilol* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *labetalol hcl* TABS | 2 | GC |
| *metoprolol succinate* | 1 | GC |
| *metoprolol tartrate* SOCT | 2 | GC |
| *metoprolol tartrate* SOLN | 2 | GC |
| *metoprolol tartrate* TABS 25mg, 50mg, 100mg | 1 | GC |
| *nadolol* TABS | 2 | GC |
| *pindolol* | 2 | GC |
| *propranolol cap er* | 2 | GC |
| *propranolol hcl* TABS | 2 | GC |
| *propranolol oral sol* | 2 | GC |
| *timolol maleate* TABS | 2 | GC |
| ***BLOQUEADORES DEL CANAL DE CALCIO- COMBINACION ANTILIPEMICAS/CALCIUM CHANNEL BLOCKER-ANTILIPEMIC COMBINATIONS*** | | |
| *amlodipine besylate-atorvastatin calcium* | 1 | GC |
| ***BLOQUEADORES DEL CANAL DE CALCIO/CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* TABS | 1 | GC |
| *cartia xt cap 120/24hr* | 2 | GC |
| *cartia xt cap 180/24hr* | 2 | GC |
| *cartia xt cap 240/24hr* | 2 | GC |
| *cartia xt cap 300/24hr* | 2 | GC |
| *dilt-xr cap* | 2 | GC |
| *diltiazem cap 240mg cd* | 2 | GC |
| *diltiazem cap 360mg cd* | 2 | GC |
| *diltiazem cap er/12hr* | 2 | GC |
| *diltiazem hcl* TABS | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *diltiazem hcl coated beads* | 2 | GC |
| *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* | 2 | GC |
| *matzim la* | 2 | GC |
| *nicardipine hcl* CAPS | 2 | GC |
| *nifedipine* TB24 | 2 | GC |
| *nifedipine er* | 2 | GC |
| *nimodipine* CAPS | 5 | |
| *nisoldipine* | 2 | GC |
| NYMALIZE | 5 | |
| *taztia xt* | 2 | GC |
| *tiadylt er* | 2 | GC |
| *verapamil cap er* | 2 | GC |
| *verapamil hcl* SOLN | 2 | GC |
| *verapamil hcl* TABS | 1 | GC |
| *verapamil hcl tab er* | 1 | GC |
| ***GLUCOSIDOS DIGITALIS/DIGITALIS GLYCOSIDES*** | | |
| *digitek* .25mg | 2 | GC, PA; PA if 70 years and older |
| *digitek* .125mg | 2 | GC, QL (30 tabs / 30 days) |
| *digox* 125mcg | 2 | GC, QL (30 tabs / 30 days) |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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* | 2 | GC |
| *digoxin sol 50mcg/ml* | 2 | GC, PA; PA if 70 years and older |
| ***DIURETICOS/DIURETICS*** | | |
| *acetazolamide* CP12; TABS | 2 | GC |
| *amiloride & hydrochlorothiazide* | 1 | GC |
| *amiloride hcl* TABS | 1 | GC |
| *bumetanide* | 2 | GC |
| *chlorothiazide* TABS | 2 | GC |
| *chlorthalidone* | 2 | GC |
| *furosemide* SOLN; TABS | 1 | GC |
| *furosemide inj* | 2 | GC |
| *hydrochlorothiazide* CAPS; TABS | 1 | GC |
| *indapamide* | 1 | GC |
| *methazolamide* TABS | 2 | GC |
| *metolazone* | 2 | GC |
| *spironolactone & hydrochlorothiazide* | 2 | GC |
| *torsemide tabs* | 1 | GC |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | GC |
| *triamterene & hydrochlorothiazide tabs* | 1 | GC |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| *aliskiren fumarate* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| BIDIL | 3 | |
| *clonidine hcl* TABS | 1 | GC |
| *clonidine hcl ptwk* | 2 | GC |
| CORLANOR | 4 | |
| DEMSER | 5 | PA |
| *hydralazine hcl* SOLN; TABS | 2 | GC |
| *metyrosine* | 5 | PA |
| *midodrine hcl* | 2 | GC |
| *minoxidil* TABS | 1 | 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* | 2 | GC |
| ***NITRATOS/NITRATES*** | | |
| *isosorb mononitrate tab* | 1 | GC |
| *isosorbide dinitrate* 5mg, 10mg, 20mg, 30mg | 2 | GC |
| *isosorbide dinitrate* 40mg | 5 | |
| *isosorbide mononitrate er* | 1 | GC |
| *minitran* | 2 | GC |
| NITRO-BID | 3 | |
| NITRO-DUR DIS 0.3MG/HR | 4 | |
| NITRO-DUR DIS 0.8MG/HR | 4 | |
| *nitroglycerin* SUBL | 2 | GC |
| *nitroglycerin td patch* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***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)* | 2 | GC, 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) |
| *alprazolam tab 2mg* | 2 | GC, QL (150 tabs / 30 days) |
| *buspirone hcl* TABS 5mg, 10mg, 15mg | 1 | GC |
| *buspirone hcl* TABS 7.5mg, 30mg | 2 | GC |
| *fluvoxamine maleate* TABS | 2 | GC |
| *lorazepam* SOLN | 2 | GC |
| *lorazepam* TABS | 2 | GC, QL (150 tabs / 30 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *lorazepam intensol* | 2 | GC, 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; CP12; SUSP; TABS; TB12 | 2 | GC |
| CELONTIN | 4 | |
| *clobazam* | 2 | GC, PA |
| *clonazepam* TABS 2mg | 2 | GC, QL (300 tabs / 30 days) |
| *clonazepam* TABS .5mg, 1mg | 2 | GC, QL (90 tabs / 30 days) |
| *clonazepam* TBDP 2mg | 2 | GC, QL (300 tabs / 30 days) |
| *clonazepam* TBDP .125mg, .25mg, .5mg, 1mg | 2 | GC, QL (90 tabs / 30 days) |
| *clorazepate dipotassium* | 2 | GC, QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIASTAT ACUDIAL | 4 | |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| DIASTAT PEDIATRIC | 4 | |
| *diazepam* TABS | 2 | GC, QL (120 tabs / 30 days), PA; PA if 65 years and older |
| *diazepam gel* | 2 | GC |
| *diazepam inj* | 2 | GC |
| *diazepam intensol* | 2 | GC, QL (240 mL / 30 days), PA; PA if 65 years and older |
| *diazepam oral soln 1 mg/ml* | 2 | GC, 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; TB24; TBEC | 2 | GC |
| EPIDIOLEX | 5 | QL (600 mL / 30 days), NM, LA, PA |
| *epitol* | 2 | GC |
| *ethosuximide* CAPS; SOLN | 2 | GC |
| *felbamate* SUSP | 5 | |
| *felbamate* TABS | 2 | GC |
| FINTEPLA | 5 | QL (360 mL / 30 days), NM, LA, PA |
| FYCOMPA SUSP | 5 | QL (720 mL / 30 days), PA |
| FYCOMPA TABS 2mg | 4 | QL (60 tabs / 30 days), PA |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 | 1 | GC, QL (1080 caps / 30 days) |
| *gabapentin* CAPS 300mg | 1 | GC, QL (360 caps / 30 days) |
| *gabapentin* CAPS 400mg | 1 | GC, QL (270 caps / 30 days) |
| *gabapentin* SOLN | 2 | GC, QL (2160 mL / 30 days) |
| *gabapentin* TABS 600mg | 2 | GC, QL (180 tabs / 30 days) |
| *gabapentin* TABS 800mg | 2 | GC, QL (120 tabs / 30 days) |
| *lamotrigine* CHEW; TB24; TBDP | 2 | GC |
| *lamotrigine* TABS | 1 | GC |
| *levetiracetam* SOLN; TABS; TB24 | 2 | GC |
| *levetiracetam in sodium chloride* | 2 | GC |
| *levetiracetam oral soln 100 mg/ml* | 2 | GC |
| NAYZILAM | 4 | |
| *oxcarbazepine* | 2 | GC |
| 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 |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PHENYTEK | 3 | |
| *phenytoin* CHEW; SUSP | 2 | GC |
| *phenytoin sodium extended* | 2 | GC |
| *phenytoin sodium inj 50mg/ml* | 2 | GC |
| *pregabalin* CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 2 | GC, QL (120 caps / 30 days), PA |
| *pregabalin* CAPS 200mg | 2 | GC, QL (90 caps / 30 days), PA |
| *pregabalin* CAPS 225mg, 300mg | 2 | GC, QL (60 caps / 30 days), PA |
| *pregabalin* SOLN | 2 | GC, QL (900 mL / 30 days), PA |
| *primidone* TABS | 1 | GC |
| *roweepra* | 2 | GC |
| *roweepra xr* | 2 | GC |
| SPRITAM | 4 | |
| *subvenite tab* | 1 | GC |
| SYMPAZAN 5mg | 4 | PA |
| SYMPAZAN 10mg, 20mg | 5 | PA |
| *tiagabine hcl* | 2 | GC |
| *topiramate* CPSP | 2 | GC |
| *topiramate* TABS | 1 | GC |
| *valproate sodium* SOLN | 2 | GC |
| *valproic acid* CAPS | 2 | GC |
| VALTOCO | 4 | NM |
| *vigabatrin powd pack 500mg* | 5 | QL (180 packets / 30 days), NM, LA, PA |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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 |
| ***ANTIDEMENCIA/ANTIDEMENTIA*** | | |
| *donepezil hydrochloride* TABS 5mg | 1 | GC, QL (30 tabs / 30 days) |
| *donepezil hydrochloride* TABS 10mg | 1 | GC |
| *donepezil hydrochloride* TBDP 5mg | 1 | GC, QL (30 tabs / 30 days) |
| *donepezil hydrochloride* TBDP 10mg | 1 | GC |
| *galantamine hydrobromide* SOLN | 2 | GC |
| *galantamine hydrobromide* TABS | 2 | GC, QL (60 tabs / 30 days) |
| *galantamine hydrobromide er* | 2 | GC, QL (30 caps / 30 days) |
| *memantine hcl cp24* | 2 | GC, PA; PA if < 30 yrs |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *memantine soln* | 2 | GC, PA; PA if < 30 yrs |
| *memantine tabs* | 2 | GC, PA; PA if < 30 yrs |
| NAMZARIC | 4 | |
| *rivastigmine tartrate* 1.5mg, 3mg | 2 | GC, QL (90 caps / 30 days) |
| *rivastigmine tartrate* 4.5mg, 6mg | 2 | GC, QL (60 caps / 30 days) |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 2 | GC, QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 2 | GC, QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 2 | GC, QL (30 patches / 30 days) |
| ***ANTIDEPRESIVOS/ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS | 3 | |
| *amoxapine tab 25mg* | 3 | |
| *amoxapine tab 50mg* | 3 | |
| *amoxapine tab 100mg* | 3 | |
| *amoxapine tab 150mg* | 3 | |
| *bupropion hcl* TABS | 2 | GC |
| *bupropion hcl* TB12 | 1 | GC |
| *bupropion hcl* TB24 150mg, 300mg | 2 | GC |
| *citalopram hydrobromide* SOLN | 2 | GC |
| *citalopram hydrobromide* TABS | 1 | GC |
| *clomipramine hcl* CAPS | 4 | PA |
| *desipramine hcl* TABS | 4 | |
| *desvenlafaxine succinate* | 2 | GC, QL (30 tabs / 30 days), PA |
| *doxepin hcl* CAPS; CONC | 3 | |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 | 2 | GC, QL (60 caps / 30 days) |
| EMSAM | 5 | QL (30 patches / 30 days), PA |
| *escitalopram oxalate* SOLN | 2 | GC |
| *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* | 1 | GC |
| *fluoxetine hcl* SOLN | 1 | GC |
| *imipramine hcl* TABS | 2 | GC |
| *maprotiline hcl* | 2 | GC |
| MARPLAN TAB 10MG | 4 | QL (180 tabs / 30 days) |
| *mirtazapine* TABS 7.5mg | 2 | GC |
| *mirtazapine* TABS 15mg, 30mg, 45mg | 1 | GC |
| *mirtazapine* TBDP | 2 | GC |
| *nefazodone hcl* | 2 | GC |
| *nortriptyline hcl* CAPS | 2 | GC |
| *nortriptyline hcl* SOLN | 4 | |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *paroxetine er tab* | 4 | QL (60 tabs / 30 days) |
| *paroxetine hcl tabs* | 2 | GC |
| PAXIL SUSP | 4 | QL (900 mL / 30 days) |
| *phenelzine sulfate* TABS | 2 | GC |
| *protriptyline hcl* | 4 | |
| *sertraline hcl* CONC | 2 | GC |
| *sertraline hcl* TABS | 1 | GC |
| *tranylcypromine sulfate* | 2 | GC |
| *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 | 1 | GC |
| *venlafaxine hcl* TABS | 2 | GC |
| VIIBRYD STARTER PACK | 4 | |
| VIIBRYD TAB | 4 | QL (30 tabs / 30 days) |

## *AGENTES ANTIPARKINSON/ANTIPARKINSONIAN AGENTS*

| | | |
|---|---|---|
| *amantadine hcl* CAPS | 2 | GC, QL (120 caps / 30 days) |
| *amantadine hcl* SYRP | 1 | GC |
| *amantadine hcl* TABS | 2 | GC |
| APOKYN | 5 | QL (20 cartridges / 30 days), NM, LA, PA |
| *benztropine mesylate inj* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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 | 2 | GC |
| *carbidopa* TABS | 5 | |
| *carbidopa-levodopa* | 2 | GC |
| *carbidopa/levodopa/entacapone* | 2 | GC |
| *entacapone* | 2 | GC |
| NEUPRO | 4 | |
| *pramipexole er* | 2 | GC |
| *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 | 2 | GC |
| *ropinirole er* | 2 | GC |
| *ropinirole tab 0.5mg* | 1 | GC |
| *ropinirole tab 0.25mg* | 1 | GC |
| *ropinirole tab 1mg* | 1 | GC |
| *ropinirole tab 2mg* | 1 | GC |
| *ropinirole tab 3mg* | 1 | GC |
| *ropinirole tab 4mg* | 1 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *ropinirole tab 5mg* | 1 | GC |
| *selegiline hcl* CAPS; TABS | 2 | GC |
| *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* | 2 | GC, 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 | 2 | GC |
| *chlorpromazine inj* | 2 | |
| *clozapine odt* 12.5mg, 25mg | 2 | GC, PA |
| *clozapine odt* 100mg | 2 | GC, QL (270 tabs / 30 days), PA |
| *clozapine odt* 150mg | 2 | GC, QL (180 tabs / 30 days), PA |
| *clozapine odt* 200mg | 2 | GC, QL (135 tabs / 30 days), PA |
| *clozapine tab 25mg* | 2 | GC |
| *clozapine tab 50mg* | 2 | GC |
| *clozapine tab 100mg* | 2 | GC, QL (270 tabs / 30 days) |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

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



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| NUPLAZID TABS 10MG | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| *olanzapine* SOLR | 2 | GC, 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 | 2 | GC, QL (30 tabs / 30 days) |
| *olanzapine* TBDP 10mg | 2 | GC, QL (60 tabs / 30 days) |
| *paliperidone* 1.5mg, 3mg, 9mg | 2 | GC, QL (30 tabs / 30 days) |
| *paliperidone* 6mg | 2 | GC, QL (60 tabs / 30 days) |
| *perphenazine* TABS | 2 | GC |
| PERSERIS | 5 | QL (1 injection / 30 days) |
| *pimozide* | 2 | GC |
| *quetiapine fumarate* TABS | 2 | GC |
| *quetiapine fumarate* TB24 50mg, 300mg, 400mg | 2 | GC, QL (60 tabs / 30 days), PA |
| *quetiapine fumarate* TB24 150mg, 200mg | 2 | GC, QL (30 tabs / 30 days), PA |
| REXULTI 3mg, 4mg | 5 | QL (30 tabs / 30 days) |
| REXULTI .25mg, .5mg, 1mg, 2mg | 5 | QL (60 tabs / 30 days) |
| RISPERDAL INJ 12.5MG | 4 | QL (2 injections / 28 days) |
| RISPERDAL INJ 25MG | 4 | QL (2 injections / 28 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

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



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ZYPREXA RELPREVV INJ 210MG | 4 | QL (2 vials / 28 days), PA |
| ***DESORDEN HIPERACTIVO Y DEFICIT DE ATENCION/ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap sr 24hr 5 mg* | 2 | GC, QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 10 mg* | 2 | GC, QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 15 mg* | 2 | GC, QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 20 mg* | 2 | GC, QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 25 mg* | 2 | GC, QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap sr 24hr 30 mg* | 2 | GC, QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 2 | GC, QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 2 | GC, QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 2 | GC, QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 2 | GC, QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 2 | GC, QL (90 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 2 | GC, QL (90 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 2 | GC, QL (60 tabs / 30 days) |
| *atomoxetine hcl* 10mg, 18mg, 25mg | 2 | GC, QL (120 caps / 30 days) |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *atomoxetine hcl* 40mg | 2 | GC, QL (60 caps / 30 days) |
| *atomoxetine hcl* 60mg, 80mg, 100mg | 2 | GC, QL (30 caps / 30 days) |
| *dexmethylphenidate hcl* TABS 2.5mg, 5mg | 2 | GC, QL (120 tabs / 30 days) |
| *dexmethylphenidate hcl* TABS 10mg | 2 | GC, QL (60 tabs / 30 days) |
| *guanfacine er (adhd)* | 3 | PA; PA if 70 years and older |
| *metadate er tab 20mg* | 2 | GC, QL (90 tabs / 30 days) |
| *methylphenidate hcl* CHEW | 2 | GC, QL (180 tabs / 30 days) |
| *methylphenidate hcl* TABS 5mg, 10mg | 2 | GC, QL (180 tabs / 30 days) |
| *methylphenidate hcl* TABS 20mg | 2 | GC, QL (90 tabs / 30 days) |
| *methylphenidate hcl oral soln* 5mg/5ml | 2 | GC, QL (1800 mL / 30 days) |
| *methylphenidate hcl oral soln* 10mg/5ml | 2 | GC, QL (900 mL / 30 days) |
| *methylphenidate hcl tbcr 10 mg* | 2 | GC, QL (90 tabs / 30 days) |
| *methylphenidate hcl tbcr 20mg* | 2 | GC, QL (90 tabs / 30 days) |
| VYVANSE CAPS 10mg, 20mg, 30mg | 4 | QL (60 caps / 30 days) |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg | 4 | QL (30 caps / 30 days) |
| VYVANSE CHEW 10mg, 20mg, 30mg | 4 | QL (60 tabs / 30 days) |
| VYVANSE CHEW 40mg, 50mg, 60mg | 4 | QL (30 tabs / 30 days) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***HIPNOTICOS/HYPNOTICS*** | | |
| BELSOMRA | 4 | QL (30 tabs / 30 days) |
| *doxepin hcl (sleep)* | 2 | GC, QL (30 tabs / 30 days) |
| HETLIOZ | 5 | NM, LA, PA |
| *temazepam* 7.5mg | 2 | GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *temazepam* 15mg | 2 | GC, QL (60 caps / 30 days), PA; PA applies if 65 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* | 2 | GC, 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 | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *frovatriptan succinate* | 2 | GC, QL (18 tabs / 30 days) |
| *naratriptan hcl* | 2 | GC, QL (12 tabs / 30 days) |
| *rizatriptan benzoate* | 2 | GC, QL (18 tabs / 30 days) |
| *rizatriptan benzoate odt* | 2 | GC, QL (18 tabs / 30 days) |
| *sumatriptan* SOLN 5mg/act | 2 | GC, QL (24 inhalers / 30 days) |
| *sumatriptan* SOLN 20mg/act | 2 | GC, QL (12 inhalers / 30 days) |
| *sumatriptan inj 4mg/0.5ml* | 2 | GC, QL (18 injections / 30 days) |
| *sumatriptan inj 6mg/0.5ml* | 2 | GC, QL (12 injections / 30 days) |
| *sumatriptan succinate* TABS | 2 | GC, QL (12 tabs / 30 days) |
| *zolmitriptan* TABS | 2 | GC, QL (12 tabs / 30 days) |
| *zolmitriptan odt* | 2 | GC, 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 |
| GRALISE 300mg | 4 | QL (180 tabs / 30 days), PA |
| GRALISE 600mg | 4 | QL (90 tabs / 30 days), PA |
| GRALISE STARTER | 4 | PA |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| INGREZZA CAPS | 5 | QL (30 caps / 30 days), NM, PA |
| INGREZZA CPPK | 5 | QL (28 caps / 28 days), NM, PA |
| *lithium carbonate* CAPS; TABS | 1 | GC |
| *lithium carbonate er* | 2 | GC |
| LITHIUM SOLN 8MEQ/5ML | 4 | |
| LYRICA CR | 3 | QL (60 tabs / 30 days), PA |
| NUEDEXTA | 4 | QL (60 caps / 30 days), PA |
| *pyridostigmine tab 60mg* | 2 | GC |
| *riluzole* | 2 | GC |
| SAVELLA | 4 | QL (60 tabs / 30 days) |
| SAVELLA TITRATION PACK | 4 | |
| *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 CAP 0.5MG | 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 |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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 | 2 | GC |
| *cyclobenzaprine hcl* TABS 5mg, 10mg | 3 | PA; PA if 70 years and older |
| *dantrolene sodium* CAPS | 2 | GC |
| *tizanidine hcl* TABS | 2 | GC |
| ***NARCOLEPSIA- CATAPLEXIA/NARCOLEPSY- CATAPLEXY*** | | |
| *armodafinil* 50mg | 2 | GC, QL (90 tabs / 30 days), PA |
| *armodafinil* 150mg, 200mg, 250mg | 2 | GC, QL (30 tabs / 30 days), PA |
| *modafinil* 100mg | 2 | GC, QL (30 tabs / 30 days), PA |
| *modafinil* 200mg | 2 | GC, QL (60 tabs / 30 days), PA |
| XYREM | 5 | QL (540 mL / 30 days), NM, LA, PA |
| ***PSICOTERAPEUTICOS-MISCELANEOS/PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* | 2 | GC |
| *buprenorphine hcl* SUBL | 2 | GC, QL (90 tabs / 30 days), PA |
| *buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg* | 2 | GC, QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl dihydrate 4-1mg* | 2 | GC, QL (90 films / 30 days) |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl dihydrate 8-2mg* | 2 | GC, QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl dihydrate 12-3mg* | 2 | GC, QL (60 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl* | 2 | GC, QL (90 tabs / 30 days) |
| *bupropion hcl (smoking deterrent)* | 2 | GC |
| CHANTIX | 4 | PA |
| CHANTIX CONTINUING MONTH | 4 | PA |
| CHANTIX STARTER PACK | 4 | PA |
| *disulfiram* TABS | 2 | GC |
| *naloxone inj 0.4mg/ml* | 2 | GC |
| *naloxone inj 1mg/ml* | 2 | GC |
| *naltrexone hcl* TABS | 2 | GC |
| 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* TABS | 2 | GC, PA |
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm | 2 | GC, QL (300 grams / 30 days), PA |
| *testosterone cypionate* SOLN | 2 | GC, PA |
| *testosterone enanthate* SOLN | 2 | GC, PA |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***ANTIDIABETICOS, INJECTABLES/ANTIDIABETICS, INJECTABLE*** | | |
| BASAGLAR KWIKPEN | 3 | |
| BD ALCOHOL SWABS | 3 | |
| BD ULTRAFINE INSULIN SYRINGE | 3 | |
| BD ULTRAFINE/NANO PEN NEEDLES | 3 | |
| BYDUREON BCISE | 3 | QL (4 pens / 28 days) |
| BYDUREON PEN | 3 | QL (4 pens / 28 days) |
| BYETTA | 4 | QL (1 pen / 30 days) |
| FIASP | 3 | |
| FIASP FLEXTOUCH | 3 | |
| FIASP PENFILL | 3 | |
| GAUZE PADS 2" X 2" | 3 | |
| HUMULIN R INJ U-500 | 5 | B/D |
| HUMULIN R U-500 KWIKPEN | 5 | |
| 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) |

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

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *glip/metform tab 5-500mg* | 1 | GC, QL (120 tabs / 30 days) |
| *glipizide* TABS 5mg | 1 | GC, QL (240 tabs / 30 days) |
| *glipizide* TABS 10mg | 1 | GC, QL (120 tabs / 30 days) |
| *glipizide* TB24 2.5mg, 5mg | 1 | GC, QL (90 tabs / 30 days) |
| *glipizide* TB24 10mg | 1 | GC, QL (60 tabs / 30 days) |
| *glipizide xl* 2.5mg, 5mg | 1 | GC, QL (90 tabs / 30 days) |
| *glipizide xl* 10mg | 1 | GC, QL (60 tabs / 30 days) |
| 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) |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

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



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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* | 2 | GC |
| *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* | 2 | GC |
| *alendronate sodium tab 70 mg* | 1 | GC |
| FOSAMAX PLUS D | 4 | ST |
| *ibandronate sodium inj* | 2 | GC, B/D, QL (1 injection / 90 days) |
| *ibandronate sodium tabs* | 2 | GC, B/D |
| PAMIDRONATE DISODIUM 6mg/ml | 3 | B/D |
| *pamidronate disodium* 30mg/10ml, 90mg/10ml | 2 | GC, B/D |
| *pamidronate inj 30mg* | 2 | GC, B/D |
| *pamidronate inj 90mg* | 2 | GC, B/D |
| *risedronate sodium* | 2 | GC |
| *zoledronic acid inj 4mg/100ml* | 2 | GC, B/D, NM |
| *zoledronic acid inj 5mg/100ml* | 2 | GC, B/D, NM |
| *zoledronic inj 4mg/5ml* | 2 | GC, B/D, NM |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***AGENTES QUELANTES/CHELATING AGENTS*** | | |
| CHEMET | 4 | |
| *clovique* | 5 | PA |
| *deferasirox granules* | 5 | NM, PA |
| *deferasirox tab* | 5 | NM, PA |
| JADENU 180mg | 5 | NM, LA, PA |
| JADENU SPRINKLE | 5 | NM, LA, PA |
| *kionex sus 15gm/60ml* | 2 | GC |
| LOKELMA | 3 | |
| *penicillamine* TABS | 5 | |
| *sodium polystyrene sulfonate powder* | 2 | GC |
| *sodium polystyrene sulfonate susp* | 2 | GC |
| *sps susp 15gm/60ml* | 2 | GC |
| *trientine hcl* | 5 | PA |
| VELTASSA | 4 | PA |
| ***CONTRACEPTIVOS/CONTRACEPTIVES*** | | |
| *altavera tab* | 2 | GC |
| *alyacen 1/35* | 2 | GC |
| *apri* | 2 | GC |
| *aranelle* | 2 | GC |
| *aubra* | 2 | GC |
| *aviane* | 2 | GC |
| *balziva* | 2 | GC |
| *bekyree* | 2 | GC |
| *blisovi fe 1.5/30* | 2 | GC |
| *briellyn* | 2 | GC |
| *camila* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *caziant pak* | 2 | GC |
| *cryselle-28* | 2 | GC |
| *cyclafem 1/35* | 2 | GC |
| *cyclafem 7/7/7* | 2 | GC |
| *cyred tab* | 2 | GC |
| *dasetta 1/35* | 2 | GC |
| *dasetta 7/7/7* | 2 | GC |
| *deblitane* | 2 | GC |
| *desogestrel-ethinyl estradiol (biphasic)* | 2 | GC |
| *drospirenone-ethinyl estradiol* | 2 | GC |
| ELLA | 3 | |
| *eluryng* | 2 | GC |
| *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* | 2 | GC |
| *etonogestrel-ethinyl estradiol* | 2 | GC |
| *falmina* | 2 | GC |
| *femynor* | 2 | GC |
| *gianvi* | 2 | GC |
| *heather* | 2 | GC |
| *incassia* | 2 | GC |
| *introvale* | 2 | GC |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *isibloom* | 2 | GC |
| *jasmiel* | 2 | GC |
| *jolessa tab 0.15-0.03 mg* | 2 | GC |
| *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 |
| *kariva* | 2 | GC |
| *kelnor 1/35* | 2 | GC |
| *kelnor 1/50* | 2 | GC |
| *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 |
| *leena* | 2 | GC |
| *lessina* | 2 | GC |
| *levonest* | 2 | GC |
| *levonor/ethi tab* | 2 | GC |
| *levonorgestrel & eth estradiol* | 2 | GC |
| *levonorgestrel-ethinyl estradiol (91-day)* | 2 | GC |
| *levora 0.15/30-28* | 2 | GC |
| *loryna* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *low-ogestrel* | 2 | GC |
| *lutera* | 2 | GC |
| *lyza* | 2 | GC |
| *marlissa* | 2 | GC |
| *medroxyprogesterone acetate (contraceptive)* | 2 | GC |
| *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* | 2 | GC |
| *nikki* | 2 | GC |
| *nora-be tab* | 2 | GC |
| *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* | 2 | GC |
| *norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg* | 2 | GC |
| *nortrel 0.5/35 (28)* | 2 | GC |
| *nortrel 1/35* | 2 | GC |
| *nortrel 7/7/7* | 2 | GC |
| *ocella tab 3-0.03mg* | 2 | GC |
| *orsythia* | 2 | GC |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *philith* | 2 | GC |
| *pimtrea* | 2 | GC |
| *pirmella 1/35* | 2 | GC |
| *portia-28* | 2 | GC |
| *previfem* | 2 | GC |
| *reclipsen* | 2 | GC |
| *setlakin tab* | 2 | GC |
| *sharobel* | 2 | GC |
| *sprintec 28* | 2 | GC |
| *sronyx* | 2 | GC |
| *syeda* | 2 | GC |
| *tarina fe 1/20* | 2 | GC |
| *tilia fe* | 2 | GC |
| *tri-estarylla* | 2 | GC |
| *tri-legest fe* | 2 | GC |
| *tri-linyah* | 2 | GC |
| *tri-lo marzia* | 2 | GC |
| *tri-lo-estarylla* | 2 | GC |
| *tri-lo-sprintec* | 2 | GC |
| *tri-mili* | 2 | GC |
| *tri-previfem* | 2 | GC |
| *tri-sprintec* | 2 | GC |
| *tri-vylibra* | 2 | GC |
| *tri-vylibra lo* | 2 | GC |
| *trivora-28* | 2 | GC |
| *tulana* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *velivet* | 2 | GC |
| *vienva* | 2 | GC |
| *viorele* | 2 | GC |
| *vyfemla* | 2 | GC |
| *vylibra* | 2 | GC |
| *xulane* | 2 | GC |
| *zarah* | 2 | GC |
| *zovia 1/35e* | 2 | GC |
| ***ENDOMETRIOSIS*** | | |
| *danazol* CAPS | 2 | GC |
| 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)* | 2 | GC, 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 |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *sapropterin dihydrochloride* | 5 | NM, PA |
| *sodium phenylbutyrate* | 5 | NM, PA |
| ***ESTROGENOS/ESTROGENS*** | | |
| DELESTROGEN 10mg/ml | 4 | |
| *estradiol* PTWK | 3 | |
| *estradiol* TABS | 2 | GC |
| *estradiol vaginal cream* | 2 | GC |
| *estradiol vaginal tab* | 2 | GC |
| *estradiol valerate* OIL | 2 | GC |
| *fyavolv* | 3 | |
| *jinteli* | 3 | |
| *norethindrone acetate-ethinyl estradiol* | 3 | |
| *yuvafem vaginal tablet 10 mcg* | 2 | GC |
| ***GLUCOCORTICOIDES/GLUCOCORTICOIDS*** | | |
| *cortisone acetate* TABS | 2 | GC |
| *dexamethasone* ELIX; SOLN | 2 | GC |
| *dexamethasone* TABS | 1 | GC |
| DEXAMETHASONE INTENSOL | 4 | |
| *dexamethasone sodium phosphate* | 2 | GC |
| *fludrocortisone acetate* TABS | 2 | GC |
| *hydrocortisone* TABS | 2 | GC |
| *methylpr ss inj* | 2 | GC, B/D |
| *methylpred pak 4mg* | 2 | GC |
| *methylpred tab 4mg* | 2 | GC, B/D |
| *methylpred tab 8mg* | 2 | GC, B/D |
| *methylpred tab 16mg* | 2 | GC, B/D |
| *methylpred tab 32mg* | 2 | GC, B/D |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *methylprednisolone acetate* | 2 | GC, B/D |
| *pred sod pho sol 5mg/5ml* | 2 | GC, B/D |
| *prednisolone sodium phosphate* SOLN 15mg/5ml | 2 | GC, B/D |
| *prednisolone sol 15mg/5ml* | 2 | GC, B/D |
| *prednisolone sol 25mg/5ml* | 2 | GC, B/D |
| PREDNISONE CON 5MG/ML | 4 | B/D |
| *prednisone pak 5mg* | 2 | GC |
| *prednisone pak 10mg* | 2 | GC |
| *prednisone sol 5mg/5ml* | 2 | GC, 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 | 2 | GC |
| GLUCAGEN HYPOKIT | 3 | |
| GLUCAGON EMERGENCY KIT | 3 | |
| GVOKE HYPOPEN 2-PACK | 3 | |
| GVOKE PFS | 3 | |
| PROGLYCEM SUS 50MG/ML | 4 | |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| *cabergoline* | 2 | GC |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *calcitonin (salmon)* | 2 | GC, B/D |
| *cinacalcet hcl* 30mg, 90mg | 5 | B/D, QL (120 tabs / 30 days), NM |
| *cinacalcet hcl* 60mg | 5 | B/D, QL (60 tabs / 30 days), NM |
| FORTEO | 5 | NM, PA |
| GENOTROPIN | 5 | NM, PA |
| GENOTROPIN MINIQUICK .2mg | 3 | NM, PA |
| GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5 | NM, PA |
| INCRELEX | 5 | NM, LA, PA |
| KORLYM | 5 | NM, LA, PA |
| LUPRON DEP-PED INJ 7.5MG | 5 | NM, PA |
| LUPRON DEP-PED INJ 11.25MG (3-MONTH) | 5 | NM, PA |
| LUPRON DEPOT-PED (1-MONTH | 5 | NM, PA |
| LUPRON DEPOT-PED (3-MONTH | 5 | NM, PA |
| NATPARA | 5 | NM, PA |
| *octreotide acetate* 50mcg/ml, 100mcg/ml, 200mcg/ml | 2 | GC, NM, PA |
| *octreotide acetate* 500mcg/ml, 1000mcg/ml | 5 | NM, PA |
| OSPHENA | 3 | PA |
| PROLIA | 4 | QL (1 injection / 180 days), NM |
| *raloxifene hcl* | 2 | GC |
| SIGNIFOR | 5 | NM, LA, PA |
| SOMATULINE DEPOT | 5 | NM, PA |
| SOMAVERT | 5 | NM, LA, PA |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| TYMLOS | 5 | NM, PA |
| XGEVA | 5 | NM, PA |
| ***AGENTES FIJADORES DE FOSFATO/PHOSPHATE BINDER AGENTS*** | | |
| AURYXIA | 5 | QL (360 tabs / 30 days), PA |
| *calcium acetate (phosphate binder)* CAPS | 2 | GC, QL (360 caps / 30 days) |
| *calcium acetate (phosphate binder)* TABS | 2 | GC, 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 | 2 | GC, QL (540 tabs / 30 days) |
| ***PROGESTINAS/PROGESTINS*** | | |
| *medroxyprogesterone acetate tab* | 1 | GC |
| *norethindrone acetate* TABS | 2 | GC |
| ***AGENTES DE TIROIDE/THYROID AGENTS*** | | |
| *euthyrox* | 2 | GC |
| *levo-t* | 2 | GC |
| *levothyroxine sodium* TABS | 2 | GC |
| *levoxyl* | 2 | GC |
| *liothyronine sodium* TABS | 2 | GC |
| *methimazole* TABS | 1 | GC |
| *propylthiouracil* TABS | 2 | GC |
| SYNTHROID | 4 | |
| *unithroid* | 2 | GC |
| ***VASOPRESINAS/VASOPRESSINS*** | | |
| *desmopressin acetate spray* | 2 | GC |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *desmopressin acetate spray refrigerated* | 2 | GC |
| *desmopressin acetate tabs* | 2 | GC |
| *desmopressin inj 4mcg/ml* | 2 | GC |
| STIMATE | 5 | NM |
| **GASTROINTESTINAL** | | |
| ***ANTIEMETICOS/ANTIEMETICS*** | | |
| *aprepitant* | 2 | GC, B/D |
| *aprepitant pak 80mg & 125mg* | 2 | GC, B/D |
| *compro* | 2 | GC |
| *dronabinol* | 2 | GC, B/D, QL (60 caps / 30 days) |
| EMEND SUSR | 4 | B/D |
| *granisetron hcl* SOLN | 2 | GC |
| *granisetron hcl* TABS | 2 | GC, 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 | 2 | GC, B/D |
| *ondansetron hcl inj* | 2 | GC |
| *ondansetron hcl oral soln* | 2 | GC, B/D |
| *ondansetron odt* | 2 | GC, B/D |
| *prochlorperazine inj* | 2 | GC |
| *prochlorperazine maleate* TABS | 2 | GC |
| *prochlorperazine supp* | 2 | GC |
| *promethazine hcl* SYRP; TABS | 2 | GC, PA; PA if 70 years and older |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *promethazine hcl inj* | 4 | PA; PA if 70 years and older |
| SANCUSO | 5 | QL (4 patches / 28 days) |
| *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* | 2 | GC |
| *glycopyrrolate tab 2mg* | 2 | GC |
| ***ANTAGONISTAS DEL RECEPTOR H2/H2-RECEPTOR ANTAGONISTS*** | | |
| *famotidine* SUSR | 2 | GC |
| *famotidine* TABS | 1 | GC |
| *famotidine in nacl* | 2 | GC |
| *famotidine inj* | 2 | GC |
| *nizatidine* CAPS | 2 | GC |
| ***ENFERMEDAD INTESTINAL INFLAMATORIA/INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium* | 2 | GC |
| *budesonide ec* | 2 | GC |
| *hydrocortisone (enema)* | 2 | GC |
| *mesalamine* CPDR | 2 | GC |
| *mesalamine* ENEM | 2 | GC |
| *mesalamine* SUPP | 5 | |
| *mesalamine* TBEC 1.2gm | 2 | GC |
| *mesalamine w/ cleanser* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *sulfasalazine* TABS | 2 | GC |
| *sulfasalazine ec* | 2 | GC |
| ***LAXANTES/LAXATIVES*** | | |
| *constulose* | 2 | GC |
| *enulose* | 2 | GC |
| *gavilyte-c* | 1 | GC |
| *gavilyte-g* | 1 | GC |
| *gavilyte-n/flavor pack* | 1 | GC |
| *generlac* | 2 | GC |
| GOLYTELY | 3 | |
| KRISTALOSE | 4 | |
| *lactulose* SOLN | 2 | GC |
| *lactulose (encephalopathy)* | 2 | GC |
| NULYTELY/FLAVOR PACKS | 3 | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | 1 | GC |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 1 | GC |
| PLENVU | 4 | |
| SUPREP BOWEL PREP KIT | 4 | |
| *trilyte* | 1 | 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) |
| *amoxicillin-clarithromycin w/ lansoprazole* | 2 | GC |
| *cromolyn sodium (mastocytosis)* | 5 | |
| *diphenoxylate w/ atropine* LIQD | 4 | |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *diphenoxylate w/ atropine* TABS | 3 | |
| GATTEX | 5 | NM, LA, PA |
| LINZESS | 4 | QL (30 caps / 30 days) |
| *loperamide hcl* CAPS | 2 | GC |
| *misoprostol* TABS | 2 | GC |
| 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; TABS | 2 | GC |
| 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 | 2 | GC, QL (30 caps / 30 days), ST |
| *lansoprazole* CPDR | 2 | GC, QL (30 caps / 30 days) |
| *lansoprazole* TBDD | 2 | GC, QL (30 tabs / 30 days) |
| *omeprazole cap 10mg* | 1 | GC |
| *omeprazole cap 20mg* | 1 | GC |
| *omeprazole cap 40mg* | 1 | GC |
| *pantoprazole sodium* SOLR | 2 | GC |
| *pantoprazole sodium tbec* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PRILOSEC | 4 | |
| *rabeprazole sodium* | 2 | GC, QL (30 tabs / 30 days) |

## GENITOURINARIOS/GENITOURINARY

### *HIPERPLASIA PROSTATICA BENIGNA/BENIGN PROSTATIC HYPERPLASIA*

| | | |
|---|---|---|
| *alfuzosin hcl* | 1 | GC, QL (30 tabs / 30 days) |
| *dutasteride* CAPS | 2 | GC, QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl* | 2 | GC, QL (30 caps / 30 days) |
| *finasteride* TABS 5mg | 1 | GC |
| *silodosin* | 2 | GC |
| *tamsulosin hcl* | 1 | GC |

### *MISCELANEOS/MISCELLANEOUS*

| | | |
|---|---|---|
| *bethanechol chloride* TABS | 2 | GC |
| *potassium citrate (alkalinizer) er tabs* | 2 | GC |

### *ANTIESPASMODICOS URINARIOS/URINARY ANTISPASMODICS*

| | | |
|---|---|---|
| *darifenacin hydrobromide* | 2 | GC |
| MYRBETRIQ | 4 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* SYRP | 2 | GC |
| *oxybutynin chloride* TABS | 2 | GC |
| *oxybutynin chloride* TB24 5mg | 2 | GC, QL (30 tabs / 30 days) |
| *oxybutynin chloride* TB24 10mg, 15mg | 2 | GC, QL (60 tabs / 30 days) |
| OXYTROL | 4 | |
| *tolterodine tartrate cap er* | 2 | GC, QL (30 caps / 30 days), ST |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *tolterodine tartrate tabs* | 2 | GC, ST |
| TOVIAZ | 3 | QL (30 tabs / 30 days) |
| *trospium chloride* TABS | 2 | GC, QL (60 tabs / 30 days) |
| ***ANTI-INFECTIVOS VAGINALES/VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal* | 2 | GC |
| *metronidazole vaginal* | 2 | GC |
| *terconazole vaginal* | 2 | GC |
| *vandazole* | 2 | GC |
| **HEMATOLOGIA/HEMATOLOGIC** | | |
| ***ANTICOAGULANTES/ANTICOAGULANTS*** | | |
| 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* | 2 | GC |
| *fondaparinux sodium* 2.5mg/0.5ml | 2 | GC |
| *fondaparinux sodium* 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | |
| FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml | 4 | |
| FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml | 5 | |
| *heparin sod (porcine) in d5w* | 3 | |
| *heparin sod inj 1000/ml* | 2 | GC, B/D |
| *heparin sod inj 5000/ml* | 2 | GC, B/D |
| *heparin sod inj 10000/ml* | 2 | GC, B/D |
| *heparin sod inj 20000/ml* | 2 | GC, B/D |
| HEPARIN SODIUM/NACL 0.45% | 3 | |
| *jantoven* | 1 | GC |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PRADAXA | 4 | QL (60 caps / 30 days) |
| *warfarin sodium* | 1 | GC |
| XARELTO 2.5mg | 3 | QL (60 tabs / 30 days) |
| XARELTO 10mg, 15mg, 20mg | 3 | QL (30 tabs / 30 days) |
| XARELTO STARTER PACK | 3 | QL (51 tabs / 30 days) |
| ***FACTORES DE CRECIMIENTO HEMATOPOYETICO/HEMATOPOIETIC GROWTH FACTORS*** | | |
| PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM, PA |
| PROCRIT 20000unit/ml, 40000unit/ml | 5 | NM, PA |
| ZARXIO | 5 | NM, PA |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| *anagrelide hcl* | 2 | GC |
| BERINERT | 5 | QL (24 boxes / 30 days), NM, LA, PA |
| *cilostazol* | 1 | 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 | 1 | 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 |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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; TABS | 2 | GC |
| ***INHIBIDORES DE LA AGREGACION PLAQUETARIA/PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole* | 2 | GC |
| BRILINTA | 3 | |
| *clopidogrel tab 75mg* | 1 | GC |
| *prasugrel hcl* | 2 | GC |
| **AGENTES INMUNOLOGICOS/IMMUNOLOGIC AGENTS** | | |
| ***MEDICAMENTOS ANTIRREUMATICOS MODIFICADORES DE LA ENFERMEDAD/DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| ENBREL SOLN | 5 | QL (16 vials / 28 days), NM, PA |
| 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 |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| HUMIRA INJ 10MG/0.2ML | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA KIT 20MG/0.4ML | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA KIT 40MG/0.8ML | 5 | QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEDIATRIC CROHNS DISEASE | 5 | NM, PA |
| HUMIRA PEN | 5 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN CD/UC/HS STARTER | 5 | NM, PA |
| HUMIRA PEN INJ CD/UC/HS STARTER | 5 | NM, PA |
| HUMIRA PEN INJ PS/UV STARTER | 5 | NM, PA |
| HUMIRA PEN-PS/UV STARTER | 5 | NM, PA |
| *hydroxychloroquine sulfate* | 2 | GC |
| *leflunomide* TABS | 2 | GC, QL (30 tabs / 30 days) |
| *methotrexate sodium tabs* | 2 | GC |
| 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 |
| TREXALL | 4 | B/D |
| XATMEP | 4 | B/D |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 |
| FLEBOGAMMA DIF 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 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 |
| 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 | 2 | GC, B/D |
| BENLYSTA | 5 | NM, PA |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *cyclosporine* CAPS; SOLN | 2 | GC, B/D, NM |
| *cyclosporine modified (for microemulsion)* | 2 | GC, B/D, NM |
| *everolimus (immunosuppressant)* .5mg, .75mg | 5 | B/D, NM |
| *everolimus (immunosuppressant)* .25mg | 2 | GC, B/D, NM |
| *gengraf* | 2 | GC, B/D, NM |
| *mycophenolate mofetil* CAPS; TABS | 2 | GC, B/D, NM |
| *mycophenolate mofetil* SUSR | 5 | B/D, NM |
| *mycophenolate sodium tbec* | 2 | GC, B/D, NM |
| NULOJIX | 5 | B/D, NM |
| PROGRAF PACK | 4 | B/D, NM |
| SANDIMMUNE SOLN 100mg/ml | 3 | B/D, NM |
| *sirolimus* SOLN | 5 | B/D, NM |
| *sirolimus* TABS 2mg | 5 | B/D, NM |
| *sirolimus* TABS .5mg, 1mg | 2 | GC, B/D, NM |
| *tacrolimus* CAPS | 2 | GC, 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 | |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| DIPHTHERIA/TETANUS TOXOID | 3 | B/D |
| ENGERIX-B | 3 | B/D |
| GARDASIL 9 | 3 | |
| HAVRIX | 3 | |
| HIBERIX | 3 | |
| IMOVAX RABIES (H.D.C.V.) | 3 | B/D |
| INFANRIX | 3 | |
| IPOL INACTIVATED IPV | 3 | |
| IXIARO | 3 | |
| KINRIX | 3 | |
| M-M-R II | 3 | |
| MENACTRA | 3 | |
| MENQUADFI | 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 |



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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 18

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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* | 1 | GC |
| *klor-con 10* | 1 | GC |
| *klor-con m10* | 1 | GC |
| *klor-con m15* | 1 | GC |
| *klor-con m20* | 1 | GC |
| *klor-con pak 20meq* | 2 | GC |
| *klor-con spr cap 8meq* | 2 | GC |
| *klor-con spr cap 10meq* | 2 | GC |
| 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 | 2 | GC |
| *potassium chloride* PACK | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *potassium chloride* SOLN 10%, 20% | 2 | GC |
| *potassium chloride* TBCR | 1 | GC |
| *potassium chloride microencapsulated crystals er* | 1 | GC |
| *sodium chloride* SOLN 2.5meq/ml | 2 | GC |
| *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 |
| 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%* | 2 | GC, 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* | 2 | GC, B/D |
| PREMASOL SOL 10% | 4 | B/D |
| PROCALAMINE | 4 | B/D |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PROSOL | 4 | B/D |
| TRAVASOL | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |
| ***SOLUCIONES INTRAVENOSAS DE REMPLAZO/IV REPLACEMENT SOLUTIONS*** | | |
| *dextrose 2.5%/nacl 0.45%* | 2 | GC |
| *dextrose 5%* | 2 | GC |
| DEXTROSE 5% /ELECTROLYTE | 3 | |
| *dextrose 5%/nacl 0.2%* | 2 | GC |
| DEXTROSE 5%/NACL 0.3% | 4 | |
| *dextrose 5%/nacl 0.9%* | 2 | GC |
| *dextrose 5%/nacl 0.45%* | 2 | GC |
| *dextrose 5%/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%* | 2 | GC |
| KCL 0.3%/D5W/NACL 0.9% | 4 | |
| *kcl 0.3%/d5w/nacl 0.45%* | 2 | GC |
| *kcl 0.15%/d5w/nacl 0.9%* | 2 | GC |
| KCL 0.15%/D5W/NACL 0.225% | 4 | |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *kcl 0.075%/d5w/nacl 0.45%* | 2 | GC |
| *kcl/d5w/nacl inj 0.22%/0.45%* | 2 | GC |
| *kcl/d5w/nacl inj .15/.45%* | 2 | GC |
| *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 | |
| 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% | 2 | GC |
| *sodium chloride 0.45%* | 2 | GC |
| *sodium chloride inj 0.9%* | 2 | GC |
| ***VITAMINAS/VITAMINS*** | | |
| *calcitriol* CAPS | 2 | GC, B/D |
| *calcitriol inj* | 2 | GC, B/D |
| *calcitriol oral soln 1 mcg/ml* | 2 | GC, B/D |
| *doxercalciferol* CAPS | 2 | GC, B/D |
| M-NATAL PLUS | 3 | |
| *paricalcitol* CAPS | 2 | GC, B/D |
| PNV FOLIC ACID + IRON MUL | 3 | |
| PRENATAL | 3 | |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| PRENATAL PLUS | 3 | |
| PRENATAL PLUS LOW IRON | 3 | |
| RAYALDEE | 5 | |
| TRICARE | 3 | |
| **OFTALMICOS/OPHTHALMIC** | | |
| ***ANTI-INFECTIVO, ANTI-INFLAMATORIOS/ANTI-INFECTIVE, ANTI-INFLAMMATORY*** | | |
| *bacitracin-poly-neomycin-hc* | 2 | GC |
| BLEPHAMIDE OINT | 4 | |
| *neomycin-polymy-dexameth* OINT | 1 | GC |
| *neomycin-polymy-dexameth* SUSP | 2 | GC |
| *neomycin-polymyxin-hc (ophth)* | 2 | GC |
| *sulfacetamide sod-prednisolone* | 2 | GC |
| TOBRADEX OINT | 3 | |
| TOBRADEX ST | 3 | |
| *tobramycin-dexamethasone* | 2 | GC |
| ZYLET | 3 | |
| ***ANTI-INFECTIVOS/ANTI-INFECTIVES*** | | |
| AZASITE | 4 | |
| *bacitracin (ophthalmic)* | 2 | GC |
| *bacitracin-polymyxin b (ophth)* | 1 | GC |
| BESIVANCE | 3 | |
| CILOXAN OINT | 3 | |
| *ciprofloxacin hcl (ophth)* | 1 | GC |
| *erythromycin (ophth)* | 1 | GC |
| *gatifloxacin (ophth)* | 2 | GC |
| *gentak* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *gentamicin sulfate soln (ophth)* | 1 | GC |
| MOXEZA | 3 | |
| *moxifloxacin hcl (ophth)* | 2 | GC |
| NATACYN | 4 | |
| *neomycin-bacitracin zn-polymyxin* | 2 | GC |
| *neomycin-polymyxin-gramicidin* | 2 | GC |
| *ofloxacin (ophth)* | 2 | GC |
| *polymyxin b-trimethoprim* | 1 | GC |
| *sulfacetamide sodium (ophth)* | 2 | GC |
| *tobramycin (ophth)* | 1 | GC |
| *trifluridine* | 2 | GC |
| ZIRGAN | 4 | |
| ***ANTI-INFLAMATORIOS/ANTI-INFLAMMATORIES*** | | |
| ALREX | 3 | |
| *bromfenac sodium (ophth)* | 2 | GC |
| BROMSITE | 4 | |
| *dexamethasone sodium phosphate (ophth)* | 2 | GC |
| *diclofenac sodium (ophth)* | 2 | GC |
| DUREZOL | 3 | |
| FLAREX | 4 | |
| *fluorometholone* | 2 | GC |
| *flurbiprofen sodium* | 2 | GC |
| ILEVRO | 3 | |
| *ketorolac tromethamine (ophth)* | 2 | GC |
| LOTEMAX GEL; OINT | 3 | |
| *loteprednol etabonate* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *prednisolone acetate (ophth)* | 2 | GC |
| PREDNISOLONE SODIUM PHOSPHATE (OPHTH) | 3 | |
| PROLENSA | 3 | |
| ***ANTIALERGICOS/ANTIALLERGICS*** | | |
| *azelastine drop 0.05%* | 2 | GC |
| BEPREVE | 3 | |
| *cromolyn sodium (ophth)* | 1 | GC |
| LASTACAFT | 4 | |
| *olopatadine hcl 0.1%* | 2 | GC |
| *olopatadine hcl 0.2%* | 2 | GC |
| PAZEO | 3 | |
| ZERVIATE | 4 | |
| ***ANTIGLAUCOMA*** | | |
| ALPHAGAN P SOL 0.1% | 3 | |
| AZOPT | 3 | |
| *betaxolol hcl (ophth)* | 2 | GC |
| BETOPTIC-S | 3 | |
| *brimonidine sol 0.2%* | 1 | GC |
| *brimonidine sol 0.15%* | 2 | GC |
| *carteolol hcl (ophth)* | 2 | GC |
| COMBIGAN | 3 | |
| *dorzolamide hcl* | 1 | GC |
| *dorzolamide hcl-timolol maleate* | 1 | GC |
| *latanoprost* SOLN | 1 | GC |
| *levobunolol hcl* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| LUMIGAN | 3 | |
| PHOSPHOLINE IODIDE | 4 | |
| *pilocarpine hcl* SOLN | 2 | GC |
| RHOPRESSA | 3 | |
| SIMBRINZA | 3 | |
| *timolol maleate (ophth) soln* | 1 | GC |
| *timolol maleate gel* | 2 | GC |
| *timolol maleate ophth soln 0.5% (once-daily)* | 2 | GC |
| *travoprost* | 2 | GC |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 3 | |
| CYSTARAN | 5 | NM, LA, PA |
| *proparacaine hcl* SOLN | 2 | GC |
| 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) |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| **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) |
| BREZTRI AEROSPHERE | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AEROSPHERE (INSTITUTIONAL PACK) | 3 | QL (4 inhalers / 28 days) |
| COMBIVENT RESPIMAT | 4 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu* | 2 | GC, 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)* | 2 | GC |
| ***ANTIHISTAMINICOS/ANTIHISTAMINES*** | | |
| *azelastine spr 0.1%* | 2 | GC |
| *azelastine spr 0.15%* | 2 | GC |
| *cetirizine syrup* | 1 | GC |
| *cyproheptadine hcl* SYRP; TABS | 3 | PA; PA if 70 years and older |
| *desloratadine* TABS | 2 | GC |
| *diphenhydramine hcl inj 50mg/ml* | 2 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *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 | 2 | GC |
| *levocetirizine dihydrochloride* TABS | 1 | GC |
| *olopatadine hcl (nasal)* | 2 | GC |
| ***BETA AGONISTAS/BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days); (generic of Proair HFA) |
| *albuterol sulfate* AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| *albuterol sulfate* NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 2 | GC, B/D |
| *albuterol sulfate* SYRP | 2 | GC |
| *albuterol sulfate* TABS | 2 | GC |
| *albuterol sulfate* TB12 | 2 | GC |
| BROVANA | 5 | B/D |
| *levalbuterol hcl* NEBU | 2 | GC, B/D |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml* | 2 | GC, B/D |
| *levalbuterol tartrate hfa* | 2 | GC, QL (2 inhalers / 30 days) |
| PERFOROMIST | 5 | B/D |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| SEREVENT DISKUS | 3 | QL (60 inhalations / 30 days) |
| *terbutaline sulfate* TABS | 2 | GC |
| VENTOLIN HFA | 3 | QL (2 inhalers / 30 days) |
| ***MODULADORES DE LEUKOTRIENO/LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* CHEW; PACK | 2 | GC |
| *montelukast sodium* TABS | 1 | GC |
| *zafirlukast* | 2 | GC |
| ***ESTABILIZADORES DE MASTOCITOS/MAST CELL STABILIZERS*** | | |
| *cromolyn sodium nebu* | 2 | GC, B/D |
| ***MISCELANEOS/MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 2 | GC, B/D |
| ARALAST NP | 5 | NM, LA, PA |
| DALIRESP | 4 | |
| *epinephrine (anaphylaxis)* .15mg/0.3ml, .3mg/0.3ml | 2 | GC; (generic of EpiPen) |
| *epinephrine (anaphylaxis)* .15mg/0.15ml, .3mg/0.3ml | 2 | GC; (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 |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| SYMJEPI | 4 | |
| THEO-24 | 4 | |
| *theophylline* | 2 | GC |
| *theophylline tab er 12hr 300 mg* | 2 | GC |
| *theophylline tab er 12hr 450 mg* | 2 | GC |
| *theophylline tab sr 24hr* | 2 | GC |
| TRIKAFTA | 5 | NM, LA, PA |
| XOLAIR | 5 | NM, LA, PA |
| ZEMAIRA | 5 | NM, LA, PA |
| ***ESTEROIDES NASALES/NASAL STEROIDS*** | | |
| *flunisolide (nasal)* | 2 | GC, QL (3 bottles / 30 days) |
| *fluticasone propionate (nasal)* | 1 | GC, QL (1 bottle / 30 days) |
| OMNARIS | 4 | QL (1 inhaler / 30 days) |
| ***ESTEROIDES INHALADOS/STEROID INHALANTS*** | | |
| ARNUITY ELLIPTA | 3 | QL (30 inhalations / 30 days) |
| *budesonide (inhalation)* .25mg/2ml, .5mg/2ml | 2 | GC, 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) |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***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* | 2 | GC, PA |
| *avita* | 2 | GC, QL (45 grams / 30 days), PA |
| *benzoyl peroxide-erythromycin* | 2 | GC |
| *claravis* | 2 | GC, PA |
| *clindamycin phosphate (topical)* GEL | 2 | GC, QL (75 grams / 30 days) |
| *clindamycin phosphate (topical)* LOTN | 2 | GC |
| *clindamycin phosphate (topical)* SOLN | 2 | GC, QL (60 mL / 30 days) |
| *ery pad 2%* | 2 | GC |
| *erythromycin (acne aid)* | 2 | GC |
| *isotretinoin* CAPS | 2 | GC, PA |
| *myorisan* | 2 | GC, PA |
| *sulfacetamide sodium (acne)* | 2 | GC |
| *tretinoin* CREA | 2 | GC, QL (45 grams / 30 days), PA |
| *tretinoin* GEL .01%, .025% | 2 | GC, QL (45 grams / 30 days), PA |
| *zenatane* | 2 | GC, PA |

| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***DERMATOLOGIA, ANTIBIOTICOS/DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* | 2 | GC |
| *mupirocin* OINT | 1 | GC, QL (220 grams / 30 days) |
| *silver sulfadiazine* CREA | 2 | GC |
| *ssd* | 2 | GC |
| SULFAMYLON CREA | 4 | |
| ***DERMATOLOGIA, ANTIFUNGALES/DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox* CREA | 2 | GC, QL (90 grams / 30 days) |
| *ciclopirox* SUSP | 2 | GC, QL (60 mL / 30 days) |
| *clotrimazole (topical)* CREA | 2 | GC |
| *clotrimazole (topical)* SOLN | 2 | GC, QL (30 mL / 30 days) |
| *clotrimazole w/ betamethasone* CREA | 2 | GC |
| *ketoconazole cream* | 2 | GC, QL (60 grams / 30 days) |
| *nyamyc* | 2 | GC, QL (60 grams / 30 days) |
| *nystatin (topical)* | 2 | GC |
| *nystatin pow 100000* | 2 | GC, QL (60 grams / 30 days) |
| *nystop* | 2 | GC, QL (60 grams / 30 days) |
| ***DERMATOLOGIA, ANTIPSORIASICOS/DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* | 2 | GC, PA |
| *calcipotriene* CREA; OINT | 2 | GC, QL (120 grams / 30 days), PA |



You can find information on what the symbols and abbreviations on this table by going to page 18
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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *calcipotriene* SOLN | 2 | GC, QL (120 mL / 30 days), PA |
| *calcitrene* | 2 | GC, QL (120 grams / 30 days), PA |
| *tazarotene* CREA | 2 | GC, QL (60 grams / 30 days), PA |
| TAZORAC CREA .05% | 4 | QL (60 grams / 30 days), PA |
| ***DERMATOLOGIA, ANTISEBORREICA/DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole shampoo* | 1 | GC |
| *selenium sulfide* LOTN | 1 | GC |
| ***DERMATOLOGIA, CORTICOSTEROIDES/DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* | 1 | GC |
| *alclometasone dipropionate* | 2 | GC |
| *betamethasone dipropionate (topical)* | 2 | GC |
| *betamethasone dipropionate augmented* | 2 | GC |
| *betamethasone valerate* CREA; LOTN; OINT | 2 | GC |
| *calcipotriene-betamethasone dipropionate* SUSP | 5 | QL (400 grams / 28 days), PA |
| CORDRAN TAPE | 4 | |
| ENSTILAR | 4 | QL (120 grams / 30 days), PA |
| *fluocinolone acetonide* CREA; OIL; OINT | 2 | GC |
| *fluocinolone acetonide* SOLN | 2 | GC, QL (90 mL / 30 days) |
| *fluocinolone acetonide oil body* | 2 | GC |
| *fluocinonide* CREA .05% | 2 | GC, QL (120 grams / 30 days) |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| *fluocinonide* GEL | 2 | GC, QL (60 grams / 30 days) |
| *fluocinonide* OINT | 2 | GC, QL (60 grams / 30 days) |
| *fluocinonide* SOLN | 2 | GC, QL (60 mL / 30 days) |
| *fluocinonide emulsified base* | 2 | GC, QL (120 grams / 30 days) |
| *fluticasone propionate* CREA; OINT | 2 | GC |
| *halobetasol propionate* CREA; OINT | 2 | GC, QL (50 grams / 30 days) |
| *hydrocortisone (topical) cream 1%* | 1 | GC |
| *hydrocortisone (topical) cream 2.5%* | 1 | GC |
| *hydrocortisone (topical) lotion 2.5%* | 2 | GC |
| *hydrocortisone (topical) oint 2.5%* | 1 | GC |
| *hydrocortisone butyrate cream 0.1%* | 2 | GC, QL (45 grams / 30 days) |
| *hydrocortisone butyrate oint 0.1%* | 2 | GC, QL (45 grams / 30 days) |
| *mometasone furoate* CREA; OINT; SOLN | 2 | GC |
| TEXACORT SOLN 2.5% | 4 | |
| *triamcinolone acetonide (topical)* AERS | 2 | GC |
| *triamcinolone acetonide (topical)* CREA .1% | 1 | GC, QL (454 grams / 30 days) |
| *triamcinolone acetonide (topical)* CREA .025%, .5% | 1 | GC |
| *triamcinolone acetonide (topical)* LOTN | 2 | GC |
| *triamcinolone acetonide (topical)* OINT .025%, .1%, .5% | 1 | GC |
| *triderm 0.5%* | 1 | GC |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***DERMATOLOGIA, ANESTESICOS LOCALES/DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *glydo* | 2 | GC, QL (30 mL / 30 days), PA |
| *lidocaine* PTCH 5% | 2 | GC, QL (3 patches / 1 day), PA |
| *lidocaine hcl* GEL | 2 | GC, QL (30 mL / 30 days), PA |
| *lidocaine hcl* SOLN 4% | 2 | GC, QL (50 mL / 30 days), PA |
| *lidocaine oint 5%* | 2 | GC, QL (50 grams / 30 days), PA |
| *lidocaine-prilocaine* | 2 | GC, QL (30 grams / 30 days), PA |
| ***DERMATOLOGIA, MISCELANEOS PIEL Y MEMBRANAS MUCOSAS/DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *ammonium lactate* CREA; LOTN | 2 | GC |
| *azelaic acid* GEL | 2 | GC, QL (50 grams / 30 days) |
| *diclofenac sodium (topical) 1% gel* | 2 | GC, QL (1000 grams / 30 days), PA |
| FINACEA AER 15% | 4 | |
| *fluorouracil (topical) crea 5%* | 2 | GC, QL (40 grams / 30 days) |
| *fluorouracil (topical) soln* | 2 | GC, QL (10 mL / 30 days) |
| *imiquimod* CREA 5% | 2 | GC, QL (24 packets / 30 days) |
| *metronidazole (topical)* CREA; LOTN | 2 | GC |
| *metronidazole gel 0.75%* | 2 | GC |
| NORITATE | 5 | QL (60 grams / 30 days) |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| 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 | 2 | GC |
| *procto-med hc* | 2 | GC |
| *procto-pak* | 2 | GC |
| *proctosol hc cre 2.5%* | 2 | GC |
| *proctozone-hc* | 2 | GC |
| RECTIV | 4 | QL (30 grams / 30 days) |
| *rosadan* | 2 | GC |
| *tacrolimus (topical)* | 2 | GC, QL (100 grams / 30 days) |
| TARGRETIN GEL | 5 | QL (60 grams / 30 days), NM, PA |
| VALCHLOR | 5 | QL (60 grams / 30 days), NM, LA, PA |
| ZYCLARA PUMP 2.5% | 5 | QL (15 grams / 30 days) |
| ***DERMATOLOGIA, ESCABICIDAS Y PEDICULOSIS/DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *malathion* | 2 | GC |
| *permethrin cre 5%* | 2 | GC |
| ***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 |



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| Nombre de Medicamento/ Drug Name | Nivel/ Drug Tier | Requisitos/Limites Requirements/Limits |
|---|---|---|
| ***BOCA, GARGANTA, AGENTES DENTALES/MOUTH, THROAT, DENTAL AGENTS*** | | |
| *cevimeline hcl* | 2 | GC |
| *chlorhexidine gluconate (mouth-throat)* | 1 | GC |
| *clotrimazole* TROC | 2 | GC |
| *lidocaine hcl (mouth-throat)* | 2 | GC |
| *nystatin (mouth-throat)* | 2 | GC |
| *paroex sol 0.12%* | 1 | GC |
| *periogard* | 1 | GC |
| *pilocarpine hcl (oral)* | 2 | GC |
| *triamcinolone acetonide (mouth)* | 2 | GC |
| ***OTICOS/OTIC*** | | |
| *acetic acid (otic)* | 2 | GC |
| CIPRO HC | 4 | |
| CIPRODEX | 3 | |
| *ciprofloxacin-dexamethasone* | 2 | GC |
| *flac* | 2 | GC |
| *fluocinolone acetonide (otic)* | 2 | GC |
| *neomycin-polymyxin-hc (otic)* | 2 | GC |
| *ofloxacin (otic)* | 2 | GC |



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