

CHRISTUS Health Plan Generations (HMO)
CHRISTUS Health Plan Generations Plus (HMO)
Formulario para 2022
Lista de medicamentos cubiertos

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

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Este formulario resumido se actualizó el 08/24/2021. Para consultar un listado completo o si tiene otras preguntas, comuníquese con CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) Servicio al miembros al 1-844-282-3026. Los usuarios de TTY, deben llamar al 711, 8 a.m.-8 p.m., hora local, siete días a la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. - 8 p.m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre, o visite christushealthplan.org.

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

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Cuando dice “plan” o “nuestro plan”, hace referencia a CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 08/24/2021. Comuníquese con nosotros para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2022 y periódicamente durante el año.

¿Qué es el Formulario resumido de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?

Un Formulario es una lista de medicamentos cubiertos seleccionados por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero se podrían agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones por parte de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Debemos seguir las normas de Medicare al hacer estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?”.
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarles a los miembros afectados por el cambio al menos 31 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 31 días.>
 - 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 CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2022 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2022, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 08/24/2021. Para recibir información actualizada sobre los medicamentos cubiertos por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 9. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría Antihypertensive Therapy. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 9. 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 87. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) 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.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) limita la cantidad del medicamento que cubrirá CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Por ejemplo, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) proporciona 31 por receta para AFINITOR. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- **Tratamiento escalonado:** En algunos casos, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 9. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea un documento para explicar nuestra restricción de autorización previa. También puede solicitarnos 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 la portada posterior.

Puede pedirle a CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?” en la página 6 para obtener información acerca de cómo solicitar una excepción.

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

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por eso es posible que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si resulta que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Cuando reciba la lista, muéstrelela a su médico y pídale que le recete un medicamento similar que esté cubierto por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).
- Puede solicitar que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?

Puede solicitarle a CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) 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, CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) 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 afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel, o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada 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.

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

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su 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 miembro 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 31 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 31 días del medicamento. Después del primer suministro para 31 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

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

Cuya ventana transición afiliados ha expirado y son o bien de ser admitido en un entorno LTC o dando de alta un establecimiento de atención a largo plazo prevista una transición adicional se deben a llenar ese nivel de cambio de atención. Si bien inicialmente rechazar la reclamación como el miembro ya no es de acuerdo elegibles para la transición fechas de inscripción del plan, el farmacéutico es instruido para introducir un código de anulación para permitir que el proceso de transición a la oferta en consecuencia. Ediciones de recarga Los primeros no se apliquen de un establecimiento.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO), consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

Formulario de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)

El Formulario que comienza en la siguiente página 9 proporciona información acerca de la cobertura de los medicamentos cubiertos por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 87.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, AFINITOR) y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, atorvastatin).

La información incluida en la columna de Requisitos/límites indica si CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) tiene algún requisito especial para la cobertura del medicamento.

A continuación, encontrará una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna de Requisitos / Límites que le informa si existen requisitos especiales para la cobertura de su medicamento.

Lista de Abreviaciones

B/D PA: Este medicamento con receta pueden estar cubiertos por la Parte B o D de Medicare, según las circunstancias. La información puede ser necesario Enviado Describir el uso y la configuración de la droga para hacer la determinación.

LA: Disponibilidad limitada. Esta receta puede estar solo disponible en algunas farmacias. Para obtener más información, por favor llame a Servicio al Cliente.

MO: Mail-Order Drogas. Este medicamento con receta está disponible a través de nuestro servicio de pedidos por correo, así como a través de nuestras farmacias de la red minorista. Considere el uso de pedidos por correo para su largo plazo manejador (mantenimiento) medicamentos (tales como medicamentos para la presión arterial alta). Farmacias de la red al por menor pueden ser más apropiados para las prescripciones de corto plazo manejador (como los antibióticos).

PA: Autorización Previa. El plan requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto significa que usted tendrá que obtener la aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubra el medicamento.

QL: Cantidad Límite. Para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos.

ST: Paso de Terapia. En algunos casos, el Plan requiere que primero pruebe ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que no cubra el medicamento B a menos que trate el Medicamento A primero. Si el medicamento A no funciona para usted, cubriremos el medicamento B. A continuación.

Número Tier	Nivel Nombre	De copago por un suministro de un mes en una farmacia de la red con participación en los costos estándar
1	Preferred Generic	\$4
2	Generic	\$10
3	Preferred Brand	\$35
4	Non-Preferred Brand	Usted paga 26% o 30% del costo total* *(revisar su plan específico)
5	Specialty Drug Tier	Usted paga 29% del costo total

Nivel Nombre	Número Tier	Requerimientos / Límites
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	5	B/D PA
<i>caspofungin intravenous recon soln 70 mg</i>	4	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>micafungin</i>	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	3	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ	5	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	4	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	3	MO
STRIBILD	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA

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Nivel Nombre	Número Tier	Requerimientos / Límites
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>cefotaxime in dextrose, iso-osm</i>	4	PA
<i>cefotaxime intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefotaxime intravenous recon soln 10 gram</i>	4	PA
<i>cefprozil</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET, CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram, 2 gram</i>	4	PA
<i>tazicef injection recon soln 6 gram</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
BENZNIDAZOLE	3	MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	MO
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	3	PA; MO
SYNERCID	5	PA
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (3000 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>nafcillin intravenous recon soln 1 gram</i>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	PA

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA; MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g procaine</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	MO
<i>morgidox oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	
KHAPZORY	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA	5	B/D PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
ASPARLAS	5	PA
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
BENDEKA	5	B/D PA; MO
BESPOUSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BLENREP	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB	5	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO
<i>cyclosporine modified oral solution</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</i>	4	B/D PA; MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
GILOTRIF	5	PA; MO; QL (30 per 30 days)
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
KADCYLA	5	PA; MO
KEYTRUDA	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUMOXITI	5	PA; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	
MARQIBO	3	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melfalan</i>	2	B/D PA; MO
<i>melfalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 14 days)
OPDIVO	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PEPAXTO	5	PA
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA

Nivel Nombre	Número Tier	Requerimientos / Límites
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	PA; MO
SARCLISA	5	PA; LA
SIGNIFOR	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA
TABLOID	4	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID	5	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous reconstruction</i>	5	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO	5	PA; LA; QL (120 per 30 days)
UKONIQ	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	2	MO
carbamazepine oral suspension 100 mg/5 ml	2	MO
carbamazepine oral suspension 200 mg/10 ml	2	
carbamazepine oral tablet	2	MO
carbamazepine oral tablet extended release 12 hr	2	MO
carbamazepine oral tablet, chewable	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
clobazam oral suspension	4	PA; MO; QL (480 per 30 days)
clobazam oral tablet	4	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	MO; QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2 mg	4	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA

Nivel Nombre	Número Tier	Requerimientos / Límites
diazepam rectal	4	MO
DILANTIN 30 MG	3	MO
divalproex oral capsule, delayed rel sprinkle	2	
divalproex oral tablet extended release 24 hr	2	MO
divalproex oral tablet, delayed release (dr/ec)	2	MO
EPIDIOLEX	5	PA; MO; LA
epitol	2	MO
ethosuximide	2	MO
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
fosphenytoin	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepira oral tablet 500 mg</i>	2	MO
<i>rufinamide</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	

Nivel Nombre	Número Tier	Requerimientos / Límites
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	LA
VIMPAT INTRAVENOUS	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA; MO; QL (30 per 30 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	4	MO
donepezil oral tablet, disintegrating	1	MO
FIRDAPSE	5	PA; LA
galantamine oral capsule, ext rel. pellets 24 hr	3	MO
galantamine oral solution	4	MO
galantamine oral tablet	3	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO; QL (6 per 365 days)
memantine oral capsule, sprinkle, er 24hr	4	PA; MO
memantine oral solution	4	PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
memantine oral tablet	2	PA; MO
NAMZARIC	3	PA; MO
NUDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA; QL (20 per 180 days)
RADICAVA	5	PA
rivastigmine	4	MO
rivastigmine tartrate	3	MO
tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA; QL (15 per 28 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral	2	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	4	PA; MO
dantrolene intravenous	2	
dantrolene oral	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>endocet</i>	3	MO; QL (360 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>fentanyl citrate (pf) injection solution</i>	2	QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	3	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	4	QL (240 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	4	QL (150 per 30 days)
hydromorphone injection solution 1 mg/ml	4	QL (300 per 30 days)
hydromorphone injection solution 2 mg/ml	4	MO; QL (150 per 30 days)
hydromorphone injection syringe 1 mg/ml	4	MO; QL (300 per 30 days)
hydromorphone injection syringe 2 mg/ml	4	QL (150 per 30 days)
hydromorphone injection syringe 4 mg/ml	4	MO; QL (75 per 30 days)
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)
hydromorphone oral tablet	3	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
methadone injection solution	3	QL (150 per 30 days)
methadone intensol	3	PA; MO; QL (90 per 30 days)
methadone oral concentrate	3	PA; QL (90 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	QL (4000 per 30 days)
morphine (pf) injection solution 1 mg/ml	4	MO; QL (2000 per 30 days)
morphine concentrate oral solution	3	MO; QL (900 per 30 days)
morphine injection solution 8 mg/ml	4	QL (250 per 30 days)
morphine injection syringe 10 mg/ml	4	MO; QL (200 per 30 days)
morphine injection syringe 4 mg/ml	4	MO; QL (500 per 30 days)
morphine injection syringe 8 mg/ml	4	QL (250 per 30 days)
morphine intravenous solution 10 mg/ml	4	MO; QL (200 per 30 days)
morphine intravenous solution 4 mg/ml	4	MO; QL (500 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>morphine intravenous syringe 10 mg/ml</i>	4	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>cataflam</i>	2	
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	2	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	4	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
NARCAN	3	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	2	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>perphenazine</i>	2	MO
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>lidocaine (pf) in d7.5w</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hctiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metirosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	4	MO
DOPTLET (10 TAB PACK)	5	PA; MO; LA
DOPTLET (15 TAB PACK)	5	PA; MO; LA
DOPTLET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf)</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	
<i>colesevelam</i>	4	MO
<i>colestipol</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	ST; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMEYL	5	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
fluorouracil topical cream 5 %	3	MO
fluorouracil topical solution	3	MO
glydo	2	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	2	MO
lidocaine (pf) injection solution	2	
lidocaine hcl injection solution	2	
lidocaine hcl laryngotracheal	2	MO
lidocaine hcl mucous membrane jelly	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	MO
lidocaine topical adhesive patch, medicated 5 %	4	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	4	MO; QL (36 per 30 days)
lidocaine viscous	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
lidocaine-epinephrine	2	
lidocaine-epinephrine (pf)	2	
lidocaine-prilocaine topical cream	2	MO; QL (30 per 30 days)
methoxsalen	5	MO
PANRETIN	5	PA; MO
pimecrolimus	4	PA; MO; QL (100 per 30 days)
podofilox	2	MO
polocaine injection solution 1 % (10 mg/ml)	2	
polocaine-mpf	2	
REGRANEX	5	MO
SANTYL	3	MO
silver sulfadiazine	2	MO
ssd	2	MO
tacrolimus topical	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
acutane oral capsule 20 mg, 30 mg, 40 mg	4	
amnestem	4	
avita topical cream	4	PA; MO
claravis	4	
clindamycin phosphate topical gel	3	MO; QL (120 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	4	MO
<i>myorisan</i>	4	
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	4	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>desrx</i>	4	
<i>fluocinolone</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>permethrin</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
CHEMET	3	PA

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Nivel Nombre	Número Tier	Requerimientos / Límites
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>clovique</i>	5	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	
<i>disulfiram</i>	2	MO
<i>droxidopa</i>	5	PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
FERRIPROX	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA
INCRELEX	5	MO; LA
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	PA; LA
RAVICTI	5	PA; MO
REVCovi	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA; MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	PA
XURIDEN	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
VARENICLINE	4	
EAR, NOSE / THROAT MEDICATIONS		

Nivel Nombre	Número Tier	Requerimientos / Límites
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	3	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	MO
<i>fluoride (sodium) dental gel</i>	2	MO
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
HUMALOG MIX 75-25(U-100)INSULIN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
ONGLYZA	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	
CERDELGA	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	PA; MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>desmopressin nasal spray, non-aerosol</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>miglustat</i>	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA; MO
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	4	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	4	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	4	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	4	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 30 mg	5	PA; MO
VIMIZIM	5	PA; MO; LA
zoledronic acid intravenous solution	2	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	2	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	2	MO
levothyroxine oral tablet	1	

Nivel Nombre	Número Tier	Requerimientos / Límites
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	2	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	2	
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine oral liquid	4	MO
diphenoxylate-atropine oral tablet	2	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PA; MO; QL (20 per 28 days)
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
scopolamine base	4	MO
SUCRAID	5	PA
sulfasalazine	2	MO
trilyte with flavor packets	2	MO
TRULANCE	3	MO
ursodiol	3	MO
VARUBI ORAL	3	B/D PA
VIOKACE	3	MO
ULCER THERAPY		
cimetidine	2	MO
cimetidine hcl oral	2	MO
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	2	MO
esomeprazole sodium intravenous recon soln 40 mg	2	MO
famotidine (pf)	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous solution	2	MO
famotidine oral suspension	4	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	2	MO; QL (30 per 30 days)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	2	MO
misoprostol	3	MO
nizatidine oral capsule	2	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule, delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	2	MO
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO
sucralfate oral suspension	4	MO
sucralfate oral tablet	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGRIX-B (PF)	3	B/D PA; MO
ENGRIX-B PEDIATRIC (PF)	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	

Nivel Nombre	Número Tier	Requerimientos / Límites
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	3	
HYPERHEP B NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOLE	3	
IXIARO (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	

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Nivel Nombre	Número Tier	Requerimientos / Límites
QUADRACEL (PF)	3	
RABAVER (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS, DIPHTHERIA TOX PED (PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
VARIVAX (PF)	3	
VARIZIG	3	MO
YF-VAX (PF)	3	
ZOSTAVAX (PF)	3	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD AUTOSHIELD DUO PEN NEEDLE	3	MO
BD INSULIN SYRINGE (HALF UNIT)	3	MO
BD INSULIN SYRINGE U-500	3	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO
BD NANO 2ND GEN PEN NEEDLE	3	MO
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO
BD ULTRA-FINE MINI PEN NEEDLE	3	MO
BD ULTRA-FINE NANO PEN NEEDLE	3	MO
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO
BD VEO INSULIN SYR (HALF UNIT)	3	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
BD VEO INSULIN SYRINGE UF	3	MO
FREESTYLE FREEDOM	3	
FREESTYLE FREEDOM LITE	3	MO
FREESTYLE INSULINX	3	MO
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LIBRE 14 DAY READER	3	MO
FREESTYLE LIBRE 14 DAY SENSOR	3	MO
FREESTYLE LIBRE 2 READER	3	MO
FREESTYLE LIBRE 2 SENSOR	3	MO
FREESTYLE LITE METER	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	3	MO
GAUZE PADS 2 X 2	3	
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	3	

Nivel Nombre	Número Tier	Requerimientos / Límites
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
NEEDLES, INSULIN DISP., SAFETY	3	MO
NOVOFINE 32	3	MO
NOVOTWIST	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA TEST	3	MO
ONETOUCH ULTRA2 METER	3	MO
ONETOUCH ULTRAMINI	3	MO
ONETOUCH VERIO FLEX METER	3	MO
ONETOUCH VERIO IQ METER	3	MO
ONETOUCH VERIO METER	3	MO
ONETOUCH VERIO REFLECT METER	3	MO
ONETOUCH VERIO TEST STRIPS	3	MO
PRECISION XTRA MONITOR	3	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
PRECISION XTRA TEST	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
KRYSTEXXA	5	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSYL)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTZLA	5	PA; MO; QL (60 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	3	PA; MO
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>mimvey</i>	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>sharobel</i>	2	MO
<i>yuvaferm</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone</i>	2	LA
MIRENA	3	LA
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	2	MO
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
orsythia	2	MO
philith	2	MO
pimtree (28)	2	MO
pirmella	2	MO
portia 28	2	MO
previfem	2	MO
reclipsen (28)	2	MO
setlakin	2	MO
sprintec (28)	2	MO
sronyx	2	MO
syeda	2	MO
tarina 24 fe	2	MO
tarina fe 1/20 (28)	2	
tarina fe 1-20 eq (28)	2	MO
tilia fe	2	MO
tri femynor	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
tri-estarylla	2	MO
tri-legest fe	2	MO
tri-linyah	2	MO
tri-lo-estarylla	2	MO
tri-lo-marzia	2	MO
tri-lo-sprintec	2	MO
tri-previfem (28)	2	MO
tri-sprintec (28)	2	MO
trivora (28)	2	MO
velivet triphasic regimen (28)	2	MO
vestura (28)	2	
vienva	2	MO
viorele (28)	2	MO
wera (28)	2	MO
zarah	2	MO
zovia 1/35e (28)	2	MO
zovia 1-35 (28)	2	
zumandimine (28)	2	MO
OXYTOCICS		
methergine	4	PA
methylergonovine oral	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	2	MO
bacitracin ophthalmic (eye)	2	MO
bacitracin-polymyxin b ophthalmic (eye)	2	MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO

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Nivel Nombre	Número Tier	Requerimientos / Límites
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	2	
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		

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Nivel Nombre	Número Tier	Requerimientos / Límites
adrenalin injection solution 1 mg/ml	2	
adrenalin injection solution 1 mg/ml (1 ml)	2	MO
cetirizine oral solution 1 mg/ml	2	MO
diphenhydramine hcl injection solution 50 mg/ml	2	MO
diphenhydramine hcl injection syringe	2	MO
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	3	MO; QL (2 per 30 days)
epinephrine injection solution 1 mg/ml	2	
hydroxyzine hcl oral tablet	2	PA; MO
levocetirizine oral solution	4	MO
levocetirizine oral tablet	2	MO; QL (30 per 30 days)
promethazine injection solution	4	MO
promethazine oral	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)

PULMONARY AGENTS

acetylcysteine	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	2	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization	2	B/D PA; MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	4	MO
alyq	5	PA; QL (60 per 30 days)
ambrisentan	5	PA; MO; LA
arformoterol	3	B/D PA; MO
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	MO; QL (1 per 30 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	5	B/D PA; MO
DALIRES	4	PA; MO; QL (30 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
DULERA	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
<i>flunisolide</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>formoterol fumarate</i>	3	B/D PA; MO
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>montelukast</i>	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)

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Nivel Nombre	Número Tier	Requerimientos / Límites
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
ORLADEYO	5	PA; LA
PERFOROMIST	3	B/D PA; MO
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)

Nivel Nombre	Número Tier	Requerimientos / Límites
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	4	
<i>theophylline oral solution</i>	4	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRIKAFTA	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	2	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	4	MO
<i>tropium oral tablet</i>	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	2	MO
RENACIDIN	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	2	
<i>alburx (human) 25 %</i>	2	
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>plasbumin 25 %</i>	2	
<i>plasbumin 5 %</i>	2	

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	2	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	2	
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
<i>potassium acetate</i>	2	
<i>potassium chloride-d5-0.45%nacl</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	2	

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl</i>	2	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	
<i>sodium chloride 5 %</i>	2	MO
<i>sodium chloride intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>AMINOSYN II 15 %</i>	4	B/D PA
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	4	B/D PA

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE</i>	4	B/D PA
<i>CLINIMIX 5%-D20W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 6%-D5W (SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8%-D10W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8%-D14W(SULFITE-FREE)</i>	4	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>HEPATAMINE 8%</i>	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>ISOLYTE S PH 7.4</i>	4	
<i>ISOLYTE-P IN 5 % DEXTROSE</i>	4	
<i>ISOLYTE-S</i>	4	
<i>PLASMA-LYTE 148</i>	3	
<i>PLASMA-LYTE A</i>	3	
<i>plasmanate</i>	2	
<i>PLENAMINE</i>	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
<i>TROPHAMINE 10 %</i>	4	B/D PA

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This drug list was last updated on 08/24/2021.

Nivel Nombre	Número Tier	Requerimientos / Límites
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	

Nivel Nombre	Número Tier	Requerimientos / Límites
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

Index

A	albumin, human 25 %.....83	amlodipine-olmesartan .....45
abacavir .....9	alburx (human) 25 %83	amlodipine-valsartan .....45
abacavir-lamivudine .....9	alburx (human) 5 %83	amlodipine-valsartan-hcthiazid.....45
abacavir-lamivudine- zidovudine .....9	albutein 25 %.....83	ammonium lactate .....52
ABELCET .....9	albutein 5 %.....83	amnesteam .....53
ABILIFY MAINTENA.....38	albuterol sulfate .....80	amoxapine.....38
abiraterone .....19	alclometasone .....55	amoxicillin.....16
ABRAXANE.....19	ALCOHOL PADS.....60	amoxicillin-pot clavulanate .16, 17
acamprosate .....56	ALDURAZYME .....62	amphotericin b .....9
acarbose .....60	ALECENSA .....19	ampicillin.....17
accutane .....53	alendronate .....72	ampicillin sodium .....17
acebutolol .....45	alfuzosin .....83	ampicillin-sulbactam .....17
acetaminophen-caff- dihydrocod.....35	ALIMTA .....19	anagrelide .....56
acetaminophen-codeine .....35	ALIQOPA .....19	anastrozole.....19
acetazolamide .....79	aliskiren .....45	apraclonidine .....79
acetazolamide sodium .....79	allopurinol .....72	aprepitant .....65
acetic acid.....56, 58	allopurinol sodium.....72	apri.....75
acetylcysteine .....56, 80	aloprim.....72	APTOM.....29
acitretin.....52	alosetron .....65	APTIVUS .....9
ACTEMRA .....72	ALPHAGAN P .....79	aranelle (28).....75
ACTEMRA ACTPEN.....72	alprostadil .....83	ARCALYST .....68
ACTHIB (PF).....69	altavera (28).....75	arformoterol.....80
ACTIMMUNE .....68	ALUNBRIG .....19	ARIKAYCE .....14
acyclovir .....9, 55	alyacen 1/35 (28).....75	aripiprazole .....38
acyclovir sodium .....9	alyacen 7/7/7 (28).....75	ARISTADA .....39
ADACEL(TDAP ADOLESN/ADULT)(PF) 69	alyq .....80	ARISTADA INITIO.....38
ADCETRIS .....19	amabelz.....74	armodafinil .....39
adefovir.....9	amantadine hcl.....9	ARRANON .....19
ADEMPAS.....80	AMBISOME .....9	arsenic trioxide .....19
adenosine .....44	ambrisentan .....80	ARZERRA .....19
adrenalin .....80	amethyst (28).....75	asenapine maleate .....39
adriamycin.....19	amikacin .....14	ASMANEX HFA .....80
ADVAIR DISKUS.....80	amiloride.....45	ASMANEX TWISTHALER.....80, 81
AFINITOR .....19	amiloride-hydrochlorothiazide.....45	ASPARLAS.....20
AFINITOR DISPERZ .....19	aminocaproic acid.....48	aspirin-dipyridamole.....48
AJOVY AUTOINJECTOR..33	AMINOSYN II 15 %85	atazanavir.....9
AJOVY SYRINGE .....33	AMINOSYN-PF 7 % (SULFITE-FREE) .....85	atenolol .....45
ak-poly-bac.....77	amiodarone .....44	atenolol-chlorthalidone.....45
ala-cort.....55	amitriptyline .....38	atomoxetine .....39
albendazole.....14	amlodipine .....45	atorvastatin .....50
	amlodipine-benazepril .....45	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

atovaquone	14	BD VEO INSULIN SYR	budesonide	65, 81
atovaquone-proguanil.....	14	(HALF UNIT)	bumetanide	45
atropine.....	64, 78	BD VEO INSULIN SYRINGE	buprenorphine hcl.....	35
ATROVENT HFA	81	UF	buprenorphine-naloxone.....	37
AUBAGIO	33	BELEODAQ	bupropion hcl.....	39
aubra.....	75	benazepril	bupropion hcl (smoking deter)	58
aubra eq	75	benazepril-hydrochlorothiazide	buspirone	39
aviane	75	.....	busulfan	20
avita	53	BENDEKA.....	butorphanol.....	37
AVONEX	68	BENLYSTA	BYDUREON BCISE.....	60
AYVAKIT.....	20	BENZNIDAZOLE	BYETTA	60
azacitidine.....	20	benztropine	C	
azathioprine	20	BESPONSA.....	CABENUVA.....	10
azathioprine sodium	20	betamethasone dipropionate	cabergoline	62
azelastine	58, 78	betamethasone valerate.....	CABLIVI.....	48
azithromycin.....	13	betamethasone, augmented...55	CABOMETYX.....	20
aztreonam	14	BETASERON	caffeine citrate	56
azurette (28).....	75	betaxolol	calcipotriene	52
B		bethanechol chloride.....	calcitonin (salmon)	62
bacitracin	14, 77	bexarotene	calcitriol	62
bacitracin-polymyxin b	77	BEXSERO.....	calcium acetate(phosphat bind)	83
baclofen	34	bicalutamide .....	.....	
balanced salt	78	BICILLIN C-R	calcium chloride	83
balsalazide	65	BICILLIN L-A	calcium gluconate	83
BALVERSA.....	20	BIKTARVY	CALQUENCE	20
BARACLUDE	10	bisoprolol fumarate.....	camila	74
BAVENCIO	20	bisoprolol-hydrochlorothiazide	camrese	75
BCG VACCINE, LIVE (PF) 69		.....	candesartan	45
BD AUTOSHIELD DUO PEN		BLENREP	candesartan-hydrochlorothiazid	45
NEEDLE	70	bleomycin .....	.....	
BD INSULIN SYRINGE		BLEPHAMIDE	CAPLYTA.....	39
(HALF UNIT)	70	BLEPHAMIDE S.O.P.....	CAPRELSA.....	20
BD INSULIN SYRINGE U-		BLINCYTO.....	captopril	45
500.....	70	BOOSTRIX TDAP.....	CARBAGLU	56
BD INSULIN SYRINGE		BORTEZOMIB.....	carbamazepine	30
ULTRA-FINE	70	bosentan.....	carbidopa	32
BD NANO 2ND GEN PEN		BOSULIF	carbidopa-levodopa	32
NEEDLE	70	BOTOX	carbidopa-levodopa-	
BD ULTRA-FINE MICRO		BRAFTOVI.....	entacapone	33
PEN NEEDLE	70	BREZTRI AEROSPHERE...81	carbocaine (pf).....	52
BD ULTRA-FINE MINI PEN		BRILINTA	carboplatin	20
NEEDLE	70	brimonidine	cardioplegic soln.....	51
BD ULTRA-FINE NANO		BRIVIACT	carmustine.....	20
PEN NEEDLE	70	bromocriptine	carteolol	78
BD ULTRA-FINE SHORT		BRUKINSA.....	cartia xt	45
PEN NEEDLE	70	bss.....		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

carvedilol.....	45	chlorpromazine.....	39	clodan	55
caspofungin	9	chlorthalidone.....	45	clofarabine	20
cataflam	37	CHOLBAM.....	65	clomiphene citrate	62
CAYSTON.....	14	cholestyramine (with sugar) ..	50	clomipramine	39
caziant (28).....	75	cholestyramine light	50	clonazepam	30
cefaclor.....	12	ciclodan	54	clonidine	45
cefadroxil.....	12	ciclopirox.....	54	clonidine (pf)	37, 46
cefazolin	12	cidofovir	10	clonidine hcl	39, 46
cefazolin in dextrose (iso-os) ..	12	cilostazol.....	48	clopidogrel	48
cefdinir	12	cimetidine	67	clorazepate dipotassium.....	39
cefepime	12	cimetidine hcl	67	clotrimazole	9, 54
cefepime in dextrose,iso-osm ..	12	cinacalcet	62	clotrimazole-betamethasone ..	54
cefixime	12	CINRYZE.....	81	clovique	57
cefoxitin.....	13	CINVANTI.....	65	clozapine.....	39, 40
cefoxitin in dextrose, iso-osm ..	13	ciprofloxacin hcl.....	17, 58, 78	COARTEM.....	14
cefpodoxime	13	ciprofloxacin in 5 % dextrose ..	17	colchicine.....	72
cefprozil.....	13	ciprofloxacin-dexamethasone ..	59	colesevelam	50
ceftazidime	13	.....	59	colestipol.....	50
ceftriaxone.....	13	cisplatin	20	colistin (colistimethate na) ...	14
ceftriaxone in dextrose,iso-os ..	13	citalopram.....	39	COMBIVENT RESPIMAT..	81
cefuroxime axetil.....	13	cladribine	20	COMETRIQ	20
cefuroxime sodium.....	13	claravis.....	53	COMPLERA	10
celecoxib.....	37	clarithromycin	14	compro	65
CELONTIN	30	clindamycin hcl	14	constulose	65
cephalexin.....	13	clindamycin in 5 % dextrose ..	14	COPIKTRA	20
CEPROTIN (BLUE BAR) ...	48	clindamycin pediatric	14	CORLANOR	51
CEPROTIN (GREEN BAR) ..	48	clindamycin phosphate ..	14, 53, 54, 75	CORTIFOAM.....	65
CERDELGA.....	62	CLINIMIX 5%/D15W	85	COSMEGEN	20
CEREZYME	62	SULFITE FREE	85	COTELLIC.....	20
cetirizine	80	CLINIMIX 4.25%/D10W	85	CREON.....	65
CHANTIX.....	58	SULF FREE	85	CRESEMBA.....	9
CHANTIX CONTINUING	58	CLINIMIX 4.25%/D5W	57	cromolyn.....	65, 78, 81
MONTH BOX.....	58	SULFIT FREE.....	57	crotan	56
CHANTIX STARTING	58	CLINIMIX 5%-	85	cryselle (28).....	75
MONTH BOX.....	58	D20W(SULFITE-FREE)..	85	CRYSVITA	62
CHEMET	56	CLINIMIX 6%-D5W	85	cyclafem 1/35 (28).....	75
CHENODAL	65	(SULFITE-FREE)	85	cyclafem 7/7/7 (28).....	75
chloramphenicol sod succinate ..	14	CLINIMIX 8%-	85	cyclobenzaprine	34
.....	14	D10W(SULFITE-FREE)..	85	cyclophosphamide	20, 21
chlorhexidine gluconate	58	CLINIMIX 8%-	85	CYCLOPHOSPHAMIDE	21
chloroprocaine (pf).....	52	D14W(SULFITE-FREE)..	85	cyclosporine.....	21
chloroquine phosphate.....	14	clobazam.....	30	cyclosporine modified	21
chlorothiazide sodium	45	clobetasol.....	55	CYRAMZA	21
		clobetasol-emollient	55	cyred	75
				cyred eq	75
				CYSTADANE.....	65

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

CYSTAGON	83	desonide.....	55	diphenhydramine hcl	80
CYSTARAN	78	desrx	55	diphenoxylate-atropine	64
cytarabine	21	desvenlafaxine succinate	40	dipyridamole.....	48
cytarabine (pf)	21	dexamethasone	59	disulfiram.....	57
D		dexamethasone intensol.....	59	divalproex	30
d10 %-0.45 % sodium chloride	57	dexamethasone sodium phos (pf).....	59	dobutamine	51
d2.5 %-0.45 % sodium chloride.....	57	dexamethasone sodium phosphate.....	59, 79	dobutamine in d5w	51
d5 % and 0.9 % sodium chloride.....	57	dextrazoxane hcl.....	19	docetaxel.....	21
d5 %-0.45 % sodium chloride	57	dextroamphetamine-amphetamine	40	dofetilide.....	44
dacarbazine.....	21	dextrose 10 % and 0.2 % nacl	57	donepezil.....	34
dactinomycin	21	dextrose 10 % in water (d10w)	57	dopamine	51
dalfampridine	33	dextrose 25 % in water (d25w)	57	dopamine in 5 % dextrose	51
DALIRESP.....	81	dextrose 5 % in water (d5w).57		DOPTELET (10 TAB PACK)	48
danazol	62	dextrose 5 %-lactated ringers57		DOPTELET (15 TAB PACK)	48
dantrolene.....	34	dextrose 5%-0.2 % sod chloride.....	57	DOPTELET (30 TAB PACK)	48
DANYELZA	21	dextrose 5%-0.3 % sod.chloride	57	dorzolamide	79
dapsone.....	14	dextrose 50 % in water (d50w)	57	dorzolamide-timolol	79
DAPTACEL (DTAP PEDIATRIC) (PF).....	69	dextrose 70 % in water (d70w)	57	dotti.....	74
daptomycin	14	DIACOMIT	30	DOVATO	10
DAPTOMYCIN	14	diazepam.....	30, 40	doxazosin	46
DARZALEX	21	diazoxide	60	doxepin	40
dasetta 1/35 (28).....	75	diclofenac potassium	37	doxercalciferol	63
dasetta 7/7/7 (28).....	75	diclofenac sodium.....	37, 79	doxorubicin.....	21
daunorubicin.....	21	dicloxacillin.....	17	doxorubicin, peg-liposomal ..	21
DAURISMO.....	21	dicyclomine	64	doxy-100.....	18
daysee	75	diflunisal.....	37	doxycycline hyclate	18
deblitane	74	digitek.....	51	doxycycline monohydrate	18
decadron	59	digox.....	51	DRIZALMA SPRINKLE	40
decitabine	21	digoxin.....	51	dronabinol.....	65
deferasirox.....	57	dihydroergotamine.....	33	droperidol	65
deferiprone	57	DILANTIN 30 MG	30	drospirenone-e.estradiol-lm.fa	75
deferoxamine	57	diltiazem hcl	46	drospirenone-ethinyl estradiol	75
DELSTRIGO.....	10	dilt-xr.....	46	DROXIA.....	21
DENAVIR.....	55	dimenhydrinate	65	droxidopa.....	57
denta 5000 plus.....	58	dimethyl fumarate.....	33	DULERA	81
dentagel	58	DIPENTUM	65	duloxetine	40
DESCOVY	10			DUPIXENT PEN.....	52
desipramine	40			DUPIXENT SYRINGE.....	53
desmopressin	62, 63			dutasteride.....	83
desog-e.estradiol/e.estradiol .75				E	
desogestrel-ethinyl estradiol.75				ec-naproxen	37, 38

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

econazole.....	54	EPCLUSA	10	EVOTAZ	10
EDURANT.....	10	EPIDIOLEX	30	exemestane	22
efavirenz	10	epinastine.....	78	EYLEA	78
efavirenz-emtricitabin-tenofov	10	epinephrine	80	ezetimibe.....	50
efavirenz-lamivu-tenofov disop	10	epirubicin.....	21	ezetimibe-simvastatin	50
effer-k	83	epitol	30	F	
ELAPRASE.....	63	EPIVIR HBV	10	FABRAZYME	63
electrolyte-48 in d5w.....	85	eplerenone	46	falmina (28)	75
elinest	75	epoprostenol (glycine).....	46	famciclovir.....	10
ELIQUIS	48	ERBITUX.....	22	famotidine.....	67
ELIQUIS DVT-PE TREAT 30D START	48	ergotamine-caffeine.....	33	famotidine (pf).....	67
ELITEK.....	19	ERIVEDGE	22	famotidine (pf)-nacl (iso-os).....	67
ELMIRON.....	83	ERLEADA	22	FANAPT.....	40
eluryng.....	75	erlotinib	22	FARXIGA	60
ELZONRIS.....	21	errin	74	FARYDAK.....	22
EMCYT.....	21	ertapenem	14	fayosim	75
EMEND.....	65	ERWINASE	22	febuxostat	72
emoquette	75	ery pads.....	54	felbamate	30
EMPLICITI	21	ery-tab.....	14	felodipine.....	46
EMSAM	40	ERYTHROCIN	14	femynor.....	75
emtricitabine.....	10	erythrocine (as stearate)	14	fenofibrate.....	50
emtricitabine-tenofovir (tdf). ..	10	erythromycin	14, 78	fenofibrate micronized.....	50
EMTRIVA.....	10	erythromycin ethylsuccinate.....	14	fenofibrate nanocrystallized	50
EMVERM	14	erythromycin with ethanol.....	54	fenofibric acid.....	50
enalapril maleate	46	ESBRIET.....	81	fenofibric acid (choline)	50
enalaprilat	46	escitalopram oxalate	40	fentanyl	35
enalapril-hydrochlorothiazide	46	esmolol	46	fentanyl citrate	35
ENBREL	72	esomeprazole magnesium.....	67	fentanyl citrate (pf)	35
ENBREL MINI	72	esomeprazole sodium	67	FERRIPROX	57
ENBREL SURECLICK	72	estarylla	75	FERRIPROX (2 TIMES A DAY)	57
endocet	35	estradiol	74	FETZIMA.....	40
ENERGIX-B (PF)	69	estradiol valerate.....	74	finasteride	83
ENERGIX-B PEDIATRIC (PF).....	69	estradiol-norethindrone acet.....	74	FINTEPLA	30
enoxaparin	48, 49	eszopiclone	40	FIRDAPSE	34
enpresse	75	ethacrynate sodium.....	46	FIRMAGON KIT W DILUENT SYRINGE	22
enskyce	75	ethambutol.....	14	flac otic oil	59
entacapone.....	33	ethosuximide	30	flecainide	44
entecavir	10	ethynodiol diac-eth estradiol	75	floxuridine	22
ENTRESTO	51	etodolac	38	fluconazole	9
ENTYVIO	65	etonogestrel-ethinyl estradiol.....	75	fluconazole in nacl (iso-osm)	9
enulose.....	65	ETOPOPHOS.....	22	flucytosine	9
		etoposide.....	22	fludarabine	22
		euthyrox.....	64	fludrocortisone.....	59
		everolimus (antineoplastic)	22	flumazenil	40
		everolimus (immunosuppressive)	22		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

flunisolide.....	81	FREESTYLE PRECISION		granisetron (pf)	65
fluocinolone.....	55	NEO STRIPS.....	71	granisetron hcl	65
fluocinolone acetone oil	59	FREESTYLE TEST	71	griseofulvin microsize	9
fluocinolone and shower cap	56	fulvestrant	22	griseofulvin ultramicrosize	9
fluocinonide.....	56	furosemide	46	GVOKE HYPOPEN 1-PACK	
fluocinonide-e.....	56	FUZEON	10	.....	60
fluoride (sodium).....	58, 86	fyavolv.....	74	GVOKE HYPOPEN 2-PACK	
fluorometholone	79	FYCOMPA.....	30	.....	60
fluorouracil	22, 53	G		GVOKE PFS 1-PACK	
fluoxetine.....	40	gabapentin	30, 31	SYRINGE.....	60
fluphenazine decanoate	40	galantamine	34	GVOKE PFS 2-PACK	
fluphenazine hcl	41	GAMASTAN	69	SYRINGE.....	60
flurbiprofen.....	38	GAMASTAN S/D	69	H	
flurbiprofen sodium.....	79	ganciclovir sodium	10	HALAVEN.....	23
flutamide.....	22	GARDASIL 9 (PF).....	69	halobetasol propionate.....	56
fluticasone propionate	81	gatifloxacin.....	78	haloperidol	41
fluvastatin	50	GATTEX 30-VIAL	65	haloperidol decanoate	41
fluvoxamine.....	41	GATTEX ONE-VIAL	65	haloperidol lactate	41
FOLOTYN	22	GAUZE PAD	71	HARVONI.....	10
fomepizole	69	gavilyte-c	65	HAVRIX (PF)	69
fondaparinux.....	49	gavilyte-g.....	65	heather	74
formoterol fumarate.....	81	gavilyte-n.....	65	heparin (porcine)	49
fosamprenavir.....	10	GAVRETO	22	heparin (porcine) in 5 % dex	49
fosaprepitant	65	GAZYVA	22	heparin (porcine) in nacl (pf)	49
fosinopril	46	gemcitabine	22	heparin(porcine) in 0.45% nacl	
fosinopril-hydrochlorothiazide		GEMCITABINE	22	.....	49
.....	46	gemfibrozil	50	HEPARIN(PORCINE) IN	
fosphenytoin	30	generlac	65	0.45% NACL	49
FOTIVDA	22	gengraf.....	22	heparin, porcine (pf)	49
FREESTYLE FREEDOM ...	71	gentak	78	HEPARIN, PORCINE (PF)..	49
FREESTYLE FREEDOM		gentamicin	15, 54, 78	HEPATAMINE 8%.....	85
LITE	71	gentamicin in nacl (iso-osm)	15	HETLIOZ	41
FREESTYLE INSULINX....	71	gentamicin sulfate (ped) (pf)	15	HIBERIX (PF).....	69
FREESTYLE INSULINX		GENVOYA	10	HIZENTRA	69
TEST STRIPS	71	GILENYA	34	HUMALOG JUNIOR	
FREESTYLE LIBRE 14 DAY		GILOTRIF.....	23	KWIKPEN U-100	60
READER.....	71	glatiramer.....	34	HUMALOG KWIKPEN	
FREESTYLE LIBRE 14 DAY		glatopa	34	INSULIN	60
SENSOR.....	71	glimepiride.....	60	HUMALOG MIX 50-50	
FREESTYLE LIBRE 2		glipizide.....	60	INSULN U-100	60
READER.....	71	glipizide-metformin.....	60	HUMALOG MIX 50-50	
FREESTYLE LIBRE 2		glycine urologic.....	83	KWIKPEN.....	60
SENSOR.....	71	glycine urologic solution	83	HUMALOG MIX 75-25	
FREESTYLE LITE METER	71	glycopyrrolate.....	64	KWIKPEN.....	60
FREESTYLE LITE STRIPS	71	glycopyrrolate (pf) in water..	64	HUMALOG MIX 75-25(U-	
		glydo	53	100)INSULN	61

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

HUMALOG U-100 INSULIN	61	HYPERHEP B NEONATAL	69	ipratropium-albuterol.....	81
HUMIRA.....	73	HYQVIA	69	irbesartan	46
HUMIRA PEN	73	I		irbesartan-hydrochlorothiazide	46
HUMIRA PEN CROHNS-UC-HS START	73	ibandronate	72	IRESSA	23
HUMIRA PEN PSOR- UVEITS-ADOL HS	73	IBRANCE	23	irinotecan	23
HUMIRA(CF)	73	ibu	38	ISENTRESS	10, 11
HUMIRA(CF) PEDI CROHNS STARTER.....	73	ibuprofen	38	ISENTRESS HD	10
HUMIRA(CF) PEN.....	73	ibutilide fumarate	44	isibloom	75
HUMIRA(CF) PEN CROHNS-UC-HS	73	icatibant	81	ISOLYTE S PH 7.4	85
HUMIRA(CF) PEN PEDIATRIC UC	73	ICLUSIG	23	ISOLYTE-P IN 5 % DEXTROSE	85
HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	73	icosapent ethyl.....	50	ISOLYTE-S	85
HUMULIN 70/30 U-100 INSULIN	61	idarubicin.....	23	isoniazid.....	15
HUMULIN 70/30 U-100 KWIKPEN	61	IDHIFA	23	isosorbide dinitrate	51
HUMULIN N NPH INSULIN KWIKPEN	61	ifosfamide	23	isosorbide mononitrate	51
HUMULIN N NPH U-100 INSULIN	61	ILARIS (PF)	68	isotretinoin	54
HUMULIN R REGULAR U-100 INSULN	61	imatinib.....	23	isradipine	46
HUMULIN R U-500 (CONC) INSULIN	61	IMBRUVICA	23	ISTODAX.....	23
HUMULIN R U-500 (CONC) KWIKPEN	61	IMFINZI.....	23	itraconazole.....	9
hydralazine	46	imipenem-cilastatin	15	ivermectin	15, 54
hydrochlorothiazide.....	46	imipramine hcl.....	41	IXEMPRA	23
hydrocodone-acetaminophen.....	35	imipramine pamoate	41	IXIARO (PF)	69
hydrocodone-ibuprofen	35	imiquimod	53	J	
hydrocortisone	56, 59, 65	IMOVAX RABIES VACCINE (PF).....	69	JAKAFI	23
hydrocortisone-acetic acid....	59	IMPAVIDO	15	jantoven	49
hydromorphone	36	incassia	74	JANUMET	61
hydromorphone (pf)	36	INCRELEX	57	JANUMET XR.....	61
hydroxychloroquine	15	indapamide	46	JANUVIA.....	61
hydroxyprogesterone caproate	74	INFANRIX (DTAP) (PF).....	69	JARDIANCE	61
hydroxyurea.....	23	INFLECTRA	65	jasmiel (28).....	76
hydroxyzine hcl	80	INLYTA	23	JEMPERLI	23
HYPERHEP B.....	69	INQOVI.....	23	jencycla.....	74
		INREBIC	23	JEVTANA	23
		INSULIN PEN NEEDLE	71	jinteli.....	74
		INSULIN SYRINGE- NEEDLE U-100	71	jolessa	76
		INTELENCE	10	juleber	76
		intralipid	85	JULUCA.....	11
		INTRON A	68	JUXTAPID	50
		introvale.....	75	K	
		INVEGA SUSTENNA.....	41	KADCYLA.....	24
		INVEGA TRINZA	41	KALETRA	11
		INVIRASE	10	kalliga	76
		IPOL	69	KALYDECO	81
		ipratropium bromide.....	58, 81	KANUMA	63
				kariva (28)	76

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

kelnor 1/35 (28).....	76	larin fe 1/20 (28).....	76	linezolid-0.9% sodium chloride	
kelnor 1-50 (28).....	76	larissia.....	76	.....	15
KEPIVANCE	19	latanoprost	79	LIORESAL	34
ketoconazole.....	9, 54	LATUDA.....	41, 42	liothyronine.....	64
ketorolac	79	leflunomide.....	73	lisinopril.....	47
KEYTRUDA	24	LEMTRADA.....	34	lisinopril-hydrochlorothiazide	
KHAPZORY	19	LENVIMA.....	24	.....	47
KINRIX (PF).....	69	lessina	76	lithium carbonate	42
KISQALI.....	24	letrozole	24	lithium citrate.....	42
KISQALI FEMARA CO-		leucovorin calcium	19	LOKELMA.....	57
PACK	24	LEUKERAN	24	LONSURF	24
klor-con 10	83	LEUKINE.....	68	loperamide	65
klor-con 8	83	leuprolide.....	24	lopinavir-ritonavir.....	11
klor-con m10	83	levetiracetam	31	lorazepam	42
klor-con m15	83	levetiracetam in nacl (iso-os).....	31	lorazepam intensol.....	42
klor-con m20	84	levobunolol.....	78	LORBRENA.....	24
klor-con oral packet 20.....	84	levocarnitine	57	loryna (28)	76
klor-con/ef	84	levocarnitine (with sugar).....	57	losartan	47
KLOXXADO	38	levocetirizine	80	losartan-hydrochlorothiazide.....	47
KOMBIGLYZE XR.....	61	levofloxacin.....	18, 78	loteprednol etabonate.....	79
KORLYM.....	63	levofloxacin in d5w	18	lovastatin.....	50
K-PHOS NO 2.....	83	levoleucovorin calcium	19	low-ogestrel (28)	76
K-PHOS ORIGINAL	83	levonest (28).....	76	loxapine succinate	42
KRYSTEXXA.....	72	levonorgestrel-ethinyl estrad	76	lo-zumandimine (28)	76
k-tab.....	84	levonorg-eth estrad triphasic	76	LUCENTIS.....	78
kurvelo (28).....	76	levora-28.....	76	LUMAKRAS.....	24
KYNMOBI.....	33	levo-t.....	64	LUMIZYME.....	63
KYPROLIS	24	levothyroxine.....	64	LUMOXITI	24
L		levoxyl	64	LUPRON DEPOT	24
l norgest/e.estradiol-e.estrad.	76	LEXIVA	11	LUPRON DEPOT (3	
labetalol	46	LIBTAYO	24	MONTH)	24
lactated ringers	56, 84	lidocaine	53	LUPRON DEPOT (4	
lactulose.....	65	lidocaine (pf) in d7.5w	45	MONTH)	24
lamivudine	11	lidocaine (pf)	45, 53	LUPRON DEPOT (6	
lamivudine-zidovudine.....	11	lidocaine hcl	53	MONTH)	24
lamotrigine	31	lidocaine in 5 % dextrose (pf)		LUPRON DEPOT-PED	24
LANOXIN.....	51	.....	45	LUPRON DEPOT-PED (3	
lansoprazole.....	67	lidocaine viscous	53	MONTH)	24
LANTUS SOLOSTAR U-100		lidocaine-epinephrine	53	lutera (28)	76
INSULIN	61	lidocaine-epinephrine (pf)	53	lyllana	74
LANTUS U-100 INSULIN ..	61	lidocaine-prilocaine	53	LYNPARZA.....	24
lapatinib.....	24	lillow (28).....	76	LYSODREN.....	24
larin 1.5/30 (21).....	76	lincomycin	15	LYUMJEV KWIKPEN U-100	
larin 1/20 (21).....	76	lindane	56	INSULIN	61
larin 24 fe	76	linezolid.....	15	LYUMJEV KWIKPEN U-200	
larin fe 1.5/30 (28).....	76	linezolid in dextrose 5%	15	INSULIN	61

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

LYUMJEV U-100 INSULIN	61	methazolamide.....	79	mitoxantrone.....	25
lyza	74	methenamine hippurate	18	M-M-R II (PF).....	69
M		methenamine mandelate	18	modafinil.....	42
mafenide acetate	54	methergine	77	moexipril.....	47
magnesium chloride	84	methimazole	59	molindone	42
magnesium sulfate	84	methotrexate sodium	25	mometasone	56
MAGNESIUM SULFATE IN		methotrexate sodium (pf)	25	mondoxyne nl	18
D5W	84	methoxsalen.....	53	MONJUVI	25
magnesium sulfate in water..	84	methyldopa	47	mono-lynyah.....	76
malathion	56	methylergonovine	77	montelukast.....	81
mannitol 20 %	47	methylphenidate hcl	42	morgidox.....	18
mannitol 25 %	47	methylprednisolone	59	morphine.....	36, 37
marlissa (28).....	76	methylprednisolone acetate ..	59	morphine (pf).....	36
MARPLAN	42	methylprednisolone sodium		morphine concentrate	36
MARQIBO	24	succ	59	MOVANTIK	66
MATULANE	24	metoclopramide hcl	66	moxifloxacin.....	18, 78
matzim la	47	metolazone.....	47	moxifloxacin-sod.chloride(iso)	
meclizine	66	metoprolol succinate.....	47	.....	18
medroxyprogesterone	74	metoprolol ta-hydrochlorothiaz		MOZOBIL	68
mefloquine.....	15	.....	47	MULPLETA.....	49
megestrol	24, 25	metoprolol tartrate	47	mupirocin.....	54
MEKINIST.....	25	metro i.v.....	15	MVASI	25
MEKTOVI	25	metronidazole	15, 54, 75	MYALEPT	63
meloxicam	38	metronidazole in nacl (iso-os)		mycophenolate mofetil	25
melphalan	25	.....	15	mycophenolate mofetil (hcl).25	
melphalan hcl	25	metyrosine	47	mycophenolate sodium.....	25
memantine	34	mexiletine	45	MYLOTARG	25
MENACTRA (PF)	69	micafungin.....	9	myorisan	54
MENEST	74	microgestin 1.5/30 (21)	76	MYRBETRIQ.....	83
MENQUADFI (PF).....	69	microgestin 1/20 (21)	76	N	
MENVEO A-C-Y-W-135-DIP		microgestin fe 1.5/30 (28) ...	76	nabumetone.....	38
(PF).....	69	microgestin fe 1/20 (28)	76	nadolol	47
MEPSEVII	63	midodrine.....	57	nadolol-bendroflumethiazide	47
mercaptapurine.....	25	mifepristone.....	75	nafcillin.....	17
meropenem	15	miglustat	63	nafcillin in dextrose iso-osm	17
mesalamine.....	66	mili.....	76	naftifine.....	55
mesalamine with cleansing		milrinone	51	NAGLAZYME.....	63
wipe	66	milrinone in 5 % dextrose	51	nalbuphine	38
mesna.....	19	mimvey	74	naloxone	38
MESNEX	19	minocycline	18	naltrexone	38
metaproterenol.....	81	minoxidil	47	NAMZARIC.....	34
metformin	61	miostat	79	naproxen	38
methadone	36	MIRENA	75	naproxen sodium	38
methadone intensol.....	36	mirtazapine	42	naratriptan.....	33
methadose.....	36	misoprostol	67	NARCAN	38
		mitomycin.....	25	NATACYN.....	78

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

nateglinide	61, 62	norethindrone (contraceptive)	74	OMNIPOD DASH 5 PACK	71
NATPARA	63	.....	74	POD	71
NAYZILAM.....	31	norethindrone acetate	74	OMNIPOD INSULIN	71
NEEDLES, INSULIN	71	norethindrone ac-eth estradiol	74, 76	MANAGEMENT	71
DISP.,SAFETY	71	norethindrone-e.estradiol-iron	77	OMNIPOD INSULIN REFILL	71
nefazodone	42	.....	77	OMNITROPE.....	68
neomycin	15	norgestimate-ethinyl estradiol	77	ONCASPAR.....	26
neomycin-bacitracin-poly-hc	79	.....	77	ondansetron.....	66
neomycin-bacitracin-	78	norlyda.....	74	ondansetron hcl.....	66
polymyxin.....	78	nortrel 0.5/35 (28).....	77	ondansetron hcl (pf).....	66
neomycin-polymyxin b gu ...	56	nortrel 1/35 (21).....	77	ONETOUCH ULTRA TEST	71
neomycin-polymyxin b-	79	nortrel 1/35 (28).....	77	.....	71
dexameth	79	nortrel 7/7/7 (28)	77	ONETOUCH ULTRA2	71
neomycin-polymyxin-	78	nortriptyline	42	METER.....	71
gramicidin.....	78	NORVIR.....	11	ONETOUCH ULTRAMINI.....	71
neomycin-polymyxin-hc	59, 79	NOVOFINE 32.....	71	ONETOUCH VERIO FLEX	71
neo-polycin.....	78	NOVOTWIST	71	METER.....	71
neo-polycin hc	79	NOXAFIL	9	ONETOUCH VERIO IQ	71
neostigmine methylsulfate....	35	NPLATE.....	49	METER.....	71
NERLYNX.....	25	NUBEQA	25	ONETOUCH VERIO METER	71
NEUPRO	33	NUEDEXTA	34	.....	71
nevirapine	11	NULOJIX	25	ONETOUCH VERIO	71
NEXAVAR	25	NUPLAZID	42	REFLECT METER	71
niacin	50	nyamyc	55	ONETOUCH VERIO TEST	71
nicardipine	47	nystatin	9, 55	STRIPS	71
NICOTROL.....	58	nystatin-triamcinolone.....	55	ONGLYZA.....	62
NICOTROL NS.....	58	nystop	55	ONIVYDE	26
nifedipine.....	47	NYVEPRIA.....	68	ONUREG	26
nikki (28).....	76	O		OPDIVO	26
nilutamide.....	25	O		opium tincture.....	65
nimodipine.....	47	O		OPSUMIT.....	81
NINLARO	25	O		oralone	58
nisoldipine	47	O		ORENCIA	73
nitazoxanide	15	O		ORENCIA (WITH	73
nitisinone	57	O		MALTOSE).....	73
nitro-bid.....	51	O		ORENCIA CLICKJECT	73
nitrofurantoin.....	18	O		ORGOVYX	26
nitrofurantoin macrocrystal ..	18	O		ORKAMBI	81, 82
nitrofurantoin monohyd/m-	19	O		ORLADEYO	82
cryst	19	O		orsythia	77
nitroglycerin	52	O		oseltamivir	11
nitroglycerin in 5 % dextrose	51	O		osmitrol 15 %	47
NIVESTYM	68	O		osmitrol 20 %	47
nizatidine	67	O		OTEZLA.....	73
nora-be.....	74	O		OTEZLA STARTER.....	74
norepinephrine bitartrate	51	O			

oxacillin.....	17	perindopril erbumine	47	potassium chlorid-d5-	
oxacillin in dextrose(iso-osm)		periogard.....	58	0.45%nacl	84
.....	17	PERJETA	26	potassium chloride.....	84
oxaliplatin.....	26	permethrin	56	potassium chloride in 0.9%nacl	
oxandrolone.....	63	perphenazine.....	43	.....	84
oxaprozin.....	38	PERSERIS.....	43	potassium chloride in 5 % dex	
oxcarbazepine.....	31	pfizerpen-g.....	17	.....	84
OXERVATE	78	phenelzine.....	43	potassium chloride in lr-d5...	84
oxybutynin chloride.....	83	phenobarbital	31	potassium chloride in water..	84
oxycodone	37	phenobarbital sodium	31	potassium chloride-0.45 % nacl	
oxycodone-acetaminophen...	37	phentolamine	47	.....	84
OZURDEX.....	79	phenytoin	31	potassium chloride-d5-	
P		phenytoin sodium	31	0.2%nacl	85
pacerone	45	phenytoin sodium extended..	31	potassium chloride-d5-	
paclitaxel	26	philith.....	77	0.9%nacl	85
PADCEV.....	26	PIFELTRO	11	potassium citrate.....	83
paliperidone	42	pilocarpine hcl	57, 79	potassium phosphate m-/d-	
palonosetron	66	pimecrolimus	53	basic	85
PALYNZIQ.....	63	pimozide	43	POTELIGEO	26
pamidronate	63	pimtrea (28)	77	pramipexole	33
PANRETIN	53	pindolol.....	47	prasugrel	50
pantoprazole	67	pioglitazone	62	pravastatin.....	50
paraplatin	26	piperacillin-tazobactam	17	praziquantel	15
paricalcitol.....	63	PIQRAY	26	prazosin.....	47
paroex oral rinse	58	pirmella.....	77	PRECISION XTRA	
paromomycin.....	15	piroxicam.....	38	MONITOR	71
paroxetine hcl	42	plasbumin 25 %.....	83	PRECISION XTRA TEST ..	72
PASER	15	plasbumin 5 %.....	83	prednicarbate	56
PAXIL	42	PLASMA-LYTE 148	85	prednisolone	59
PEDIARIX (PF)	69	PLASMA-LYTE A	85	prednisolone acetate	79
PEDVAX HIB (PF).....	69	plasmanate	85	prednisolone sodium phosphate	
peg 3350-electrolytes	66	PLEGRIDY	68	.....	59, 79
PEGASYS	68	PLENAMINE	85	prednisone.....	59
peg-electrolyte	66	podofilox	53	prednisone intensol	59
PEMAZYRE	26	POLIVY	26	pregabalin	32
penicillamine	74	polocaine	53	premasol 10 %	85
penicillin g potassium.....	17	polocaine-mpf.....	53	prenatal vitamin oral tablet...	86
penicillin g procaine	17	polycin	78	prevalite	50
penicillin g sodium.....	17	polyethylene glycol 3350	66	previfem.....	77
penicillin v potassium.....	17	polymyxin b sulf-trimethoprim		PREVYMIS	11
PENTACEL (PF)	69	.....	78	PREZCOBIX.....	11
pentamidine	15	POMALYST	26	PREZISTA	11
PENTASA.....	66	portia 28.....	77	PRIFTIN	15
pentoxifylline	49	PORTRAZZA	26	PRIMAQUINE	15
PEPAXTO.....	26	posaconazole	9	primidone.....	32
PERFOROMIST	82	potassium acetate.....	84	PRIVIGEN	69

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

probenecid	72	ranolazine	51	RUBRACA.....	26
probenecid-colchicine	72	rasagiline	33	rufinamide.....	32
procainamide	45	RAVICTI.....	57	RUKOBIA	11
prochlorperazine.....	66	reclipsen (28).....	77	RUXIENCE	26
prochlorperazine edisylate....	66	RECOMBIVAX HB (PF)	70	RYBREVANT.....	26
prochlorperazine maleate oral		RECTIV.....	66	RYDAPT	26
.....	66	regonol.....	35	RYLAZE	26
PROCRIT	68	REGRANEX	53	S	
procto-med hc.....	66	RELENZA DISKHALER	11	salsalate.....	38
procto-pak.....	66	RELISTOR.....	66, 67	SAMSCA.....	63
proctosol hc	66	REMICADE	67	SANDIMMUNE.....	26
proctozone-hc	66	RENACIDIN	83	SANDOSTATIN LAR	
progesterone	74	repaglinide	62	DEPOT	27
progesterone micronized	74	REPATHA.....	50	SANTYL	53
PROGRAF	26	REPATHA PUSHTRONEX	50	sapropterin	63
PROLASTIN-C	57	REPATHA SURECLICK	50	SARCLISA.....	27
PROLIA	72	RETACRIT	68, 69	scopolamine base	67
PROMACTA.....	50	RETEVMO.....	26	SECUADO	43
promethazine	80	RETROVIR	11	selegiline hcl	33
propafenone	45	REVCovi	57	selenium sulfide.....	52
propranolol	47	REVLIMID	26	SELZENTRY	11
propylthiouracil	60	revonto.....	35	sertraline	43
PROQUAD (PF)	69	REXULTI.....	43	setlakin.....	77
protamine.....	50	REYATAZ	11	sevelamer carbonate	57
protriptyline	43	ribavirin	11	sf 58	
PULMOZYME.....	82	RIDAURA.....	74	sf 5000 plus.....	58
PURIXAN	26	rifabutin	15	sharobel.....	75
pyrazinamide	15	rifampin	15	SHINGRIX (PF).....	70
pyridostigmine bromide	35	riluzole.....	57	SIGNIFOR.....	27
pyrimethamine.....	15	rimantadine	11	sildenafil (pulmonary arterial	
Q		ringer's	56, 85	hypertension)	82
QINLOCK.....	26	RINVOQ	74	silver sulfadiazine.....	53
QUADRACEL (PF)	70	risedronate	57, 72	SIMULECT	27
quetiapine	43	RISPERDAL CONSTA	43	simvastatin.....	50
quinapril	47	risperidone	43	sirolimus	27
quinapril-hydrochlorothiazide		ritonavir	11	SIRTURO	15
.....	47	rivastigmine	34	SKYRIZI	52
quinidine sulfate	45	rivastigmine tartrate.....	34	sodium acetate	85
quinine sulfate	15	rizatriptan.....	33	sodium benzoate-sod	
QVAR REDHALER.....	82	ropinirole	33	phenylacet.....	57
R		rosadan.....	54	sodium bicarbonate.....	85
RABAVERT (PF)	70	rosuvastatin.....	50	sodium chloride	57, 85
RADICAVA.....	34	ROTARIX	70	sodium chloride 0.45 %.....	85
raloxifene.....	72	ROTATEQ VACCINE.....	70	sodium chloride 0.9 %.....	57
ramelteon	43	roweepra	32	sodium chloride 3 %.....	85
ramipril	47	ROZLYTREK	26	sodium chloride 5 %.....	85

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

sodium fluoride 5000 dry mouth.....	58	sulfasalazine	67	TDVAX	70
sodium fluoride 5000 plus....	58	sulindac.....	38	TECENTRIQ.....	27
sodium fluoride-pot nitrate...	58	sumatriptan	33	TEFLARO	13
sodium nitroprusside	51	sumatriptan succinate	33	telmisartan	47
sodium phenylbutyrate	57	SUPRAX	13	telmisartan-amlodipine	47
sodium phosphate.....	85	SUTENT.....	27	telmisartan-hydrochlorothiazid	48
sodium polystyrene sulfonate	58	syeda.....	77	TEMIXYS	12
SOLTAMOX.....	27	SYMBICORT.....	82	TEMODAR	27
SOMATULINE DEPOT	27	SYMDEKO	82	temsirolimus	27
SOMAVERT.....	63	SYMJEPI.....	80	TENIVAC (PF)	70
sorine	45	SYMPAZAN	32	tenofovir disoproxil fumarate	12
sotalol	45	SYMTUZA.....	11	TEPMETKO.....	27
sotalol af	45	SYNAGIS.....	11	terazosin.....	48
SPIRIVA RESPIMAT	82	SYNAREL.....	63	terbinafine hcl.....	9
SPIRIVA WITH HANDIHALER.....	82	SYNERCID.....	15	terbutaline	82
spironolactone	47	SYNJARDY	62	terconazole.....	75
spironolacton-hydrochlorothiaz	47	SYNJARDY XR.....	62	TERIPARATIDE	72
sprintec (28).....	77	SYNRIBO	27	testosterone	63, 64
SPRITAM.....	32	T		testosterone cypionate	63
SPRYCEL	27	TABLOID	27	testosterone enanthate.....	63
sps (with sorbitol).....	58	TABRECTA.....	27	TETANUS,DIPHThERIA TOX PED(PF)	70
sronyx	77	tacrolimus	27, 53	tetrabenazine.....	34
ssd.....	53	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....	82	tetracycline	18
STAMARIL (PF)	70	TAFINLAR	27	THALOMID.....	27
stavudine.....	11	TAGRISSO	27	THEO-24	82
STELARA	52	TALTZ AUTOINJECTOR ..	52	theophylline	82
STIOLTO RESPIMAT	82	TALTZ AUTOINJECTOR (2 PACK).....	52	thioridazine	43
STIVARGA.....	27	TALTZ AUTOINJECTOR (3 PACK).....	52	thiotepa	27
STRENSIQ.....	63	TALTZ SYRINGE	52	thiothixene	43
STREPTOMYCIN	15	TALZENNA.....	27	tiadylt er.....	48
STRIBILD.....	11	tamoxifen.....	27	tiagabine	32
STRIVERDI RESPIMAT	82	tamsulosin.....	83	TIBSOVO.....	27
subvenite.....	32	TARGRETIN	27	TICE BCG	70
SUCRAID	67	tarina 24 fe.....	77	tigecycline.....	15
sucrafate	67	tarina fe 1/20 (28).....	77	tilia fe.....	77
sulfacetamide sodium.....	79	tarina fe 1-20 eq (28).....	77	timolol maleate	48, 78
sulfacetamide sodium (acne) 54		TASIGNA	27	tinidazole	15
sulfacetamide-prednisolone..	79	tazarotene.....	54	TIVICAY.....	12
sulfadiazine.....	18	tazicef	13	TIVICAY PD.....	12
sulfamethoxazole-trimethoprim	18	TAZORAC	54	tizanidine	35
SULFAMYLON.....	54	taztia xt	47	tobramycin	16, 78
		TAZVERIK.....	27	tobramycin in 0.225 % nacl..	16
				tobramycin sulfate	16

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

tobramycin-dexamethasone..	79	TRINTELLIX.....	44	vandazole.....	75
tolterodine.....	83	tri-previfem (28).....	77	VANTAS.....	28
tolvaptan.....	64	tri-sprintec (28).....	77	VAQTA (PF).....	70
topiramate.....	32	TRIUMEQ.....	12	VARENICLINE.....	58
toposar.....	28	trivora (28).....	77	VARIVAX (PF).....	70
topotecan.....	28	TRODELVY.....	28	VARIZIG.....	70
toremifene.....	28	TROGARZO.....	12	VARUBI.....	67
torsemide.....	48	TROPHAMINE 10 %.....	85	VASCEPA.....	50
TOUJEO MAX U-300		trospium.....	83	VECAMYL.....	51
SOLOSTAR.....	62	TRULANCE.....	67	VECTIBIX.....	28
TOUJEO SOLOSTAR U-300		TRULICITY.....	62	VELCADE.....	28
INSULIN.....	62	TRUMENBA.....	70	velettri.....	48
tramadol.....	38	TRUSELTIQ.....	28	velivet triphasic regimen (28)	
tramadol-acetaminophen.....	38	TUKYSA.....	28	.....	77
trandolapril.....	48	TURALIO.....	28	VEMLIDY.....	12
tranexamic acid.....	75	TWINRIX (PF).....	70	VENCLEXTA.....	28
tranlycypromine.....	43	TYPHIM VI.....	70	VENCLEXTA STARTING	
travasol 10 %.....	85	TYSABRI.....	34	PACK.....	28
travoprost.....	79	TYVASO.....	82	venlafaxine.....	44
TRAZIMERA.....	28	TYVASO INSTITUTIONAL		verapamil.....	48
trazodone.....	43	START KIT.....	82	VERSACLOZ.....	44
TREANDA.....	28	TYVASO REFILL KIT.....	82	VERZENIO.....	28
TRECTOR.....	16	TYVASO STARTER KIT ...	82	vestura (28).....	77
TRELSTAR.....	28	U		V-GO 20.....	72
treprostinil sodium.....	48	UKONIQ.....	28	V-GO 30.....	72
tretinoin (antineoplastic).....	28	ULTOMIRIS.....	58	V-GO 40.....	72
tretinoin topical.....	54	unithroid.....	64	vienva.....	77
tri femynor.....	77	UNITUXIN.....	28	vigabatrin.....	32
triamcinolone acetonide 56, 58,		UPTRAVI.....	48	vigadrone.....	32
59		ursodiol.....	67	VIIBRYD.....	44
triamterene-hydrochlorothiazid		V		VIMIZIM.....	64
.....	48	valacyclovir.....	12	VIMPAT.....	32
triderm.....	56	VALCHLOR.....	53	vinblastine.....	28
trientine.....	58	valganciclovir.....	12	vincasar pfs.....	28
tri-estarylla.....	77	valproate sodium.....	32	vincristine.....	28
trifluoperazine.....	43	valproic acid.....	32	vinorelbine.....	28
trifluridine.....	78	valproic acid (as sodium salt)		VIOKACE.....	67
TRIKAFTA.....	82	.....	32	viorele (28).....	77
tri-legest fe.....	77	valrubicin.....	28	VIRACEPT.....	12
tri-linyah.....	77	valsartan.....	48	VIREAD.....	12
tri-lo-estarylla.....	77	valsartan-hydrochlorothiazide		VISTOGARD.....	19
tri-lo-marzia.....	77	.....	48	VITRAKVI.....	28, 29
tri-lo-sprintec.....	77	VALTOCO.....	32	VIVITROL.....	38
trilyte with flavor packets.....	67	vancomycin.....	16	VIZIMPRO.....	29
trimethoprim.....	19	VANCOMYCIN IN 0.9 %		voriconazole.....	9
trimipramine.....	43	SODIUM CHL.....	16	VOSEVI.....	12

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

VOTRIENT	29	XIFAXAN	16	zenatane	54
VRAYLAR.....	44	XIGDUO XR.....	62	ZEPZELCA	29
VYNDAMAX	51	XIIDRA	79	zidovudine	12
VYNDAQEL.....	51	XOLAIR.....	83	ziprasidone hcl	44
VYXEOS.....	29	XOSPATA.....	29	ziprasidone mesylate	44
W		XPOVIO	29	ZIRABEV	29
warfarin	50	XTANDI.....	29	ZIRGAN	78
water for irrigation, sterile....	58	xulane	75	ZOLADEx	29
wera (28)	77	XURIDEN	58	zoledronic acid.....	64
X		XYREM.....	44	zoledronic acid-mannitol-water	
XALKORI.....	29	Y		.....	58, 64
XARELTO	50	YERVOY	29	ZOLINZA	29
XARELTO DVT-PE TREAT		YF-VAX (PF).....	70	zolpidem	44
30D START	50	YONDELIS	29	zonisamide	32
XATMEP	29	YONSA	29	ZORTRESS	29
XCOPRI	32	yuvaferm	75	ZOSTAVAX (PF)	70
XCOPRI MAINTENANCE		Z		zovia 1/35e (28).....	77
PACK	32	zafemy	75	zovia 1-35 (28)	77
XCOPRI TITRATION PACK		zafirlukast	83	zumandimine (28).....	77
.....	32	zaleplon	44	ZYDELIG	29
XELJANZ	74	ZALTRAP	29	ZYKADIA	29
XELJANZ XR.....	74	ZANOSAR	29	ZYNLONTA	29
XERMELO.....	29	zarah	77	ZYPREXA RELPREVV	44
XGEVA.....	19	ZEJULA	29		
XIAFLEX.....	58	ZELBORAF	29		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 08/24/2021.

Este formulario resumido se actualizó el 08/24/2021. Esta no es una lista completa de los medicamentos que cubre nuestro plan. Para consultar un listado completo o si tiene otras preguntas, comuníquese con CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) Servicio al miembros al 1-844-282-3026. Los usuarios de TTY, deben llamar al 711, 8 a.m.-8 p.m., hora local, siete días a la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. - 8 p.m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre, o visite christushealthplan.org.

