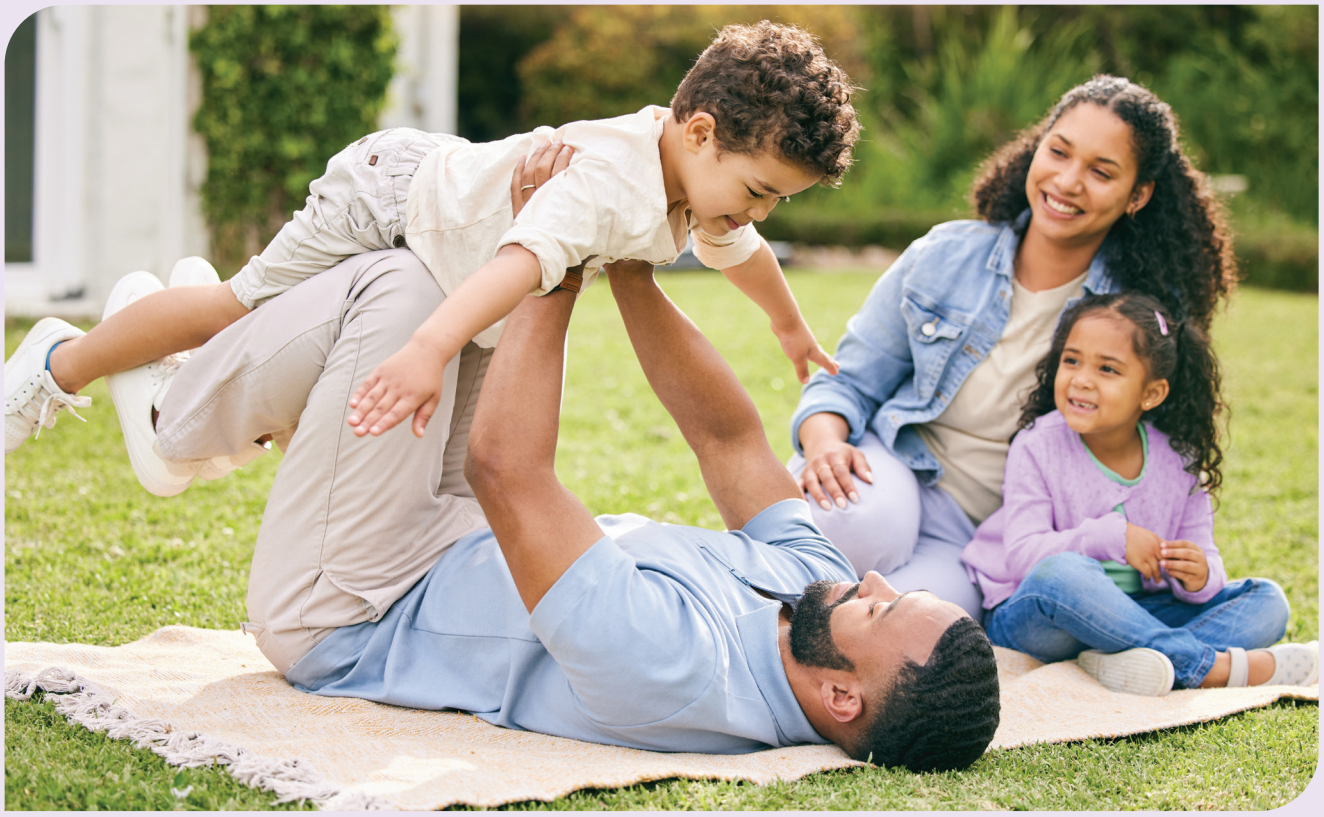
CHRISTUS Health Plan

TEXAS HEALTH EXCHANGE
LOUISIANA HEALTH EXCHANGE

# Formulario de Planes Individuales y Familiares 2026



**EL FORMULARIO DE PLANES INDIVIDUALES Y FAMILIARES DE CHRISTUS CUBRE A LOS MIEMBROS CON LOS SIGUIENTES PLANES:**

- Bronze
- Bronze Essential
- Bronze Essential Limited
- Bronze Essential Plus
- Bronze Essential Plus Limited
- Bronze Limited
- Bronze Plus
- Bronze Plus Limited
- Catastrophic
- Gold
- Gold Essential
- Gold Essential Limited
- Gold Essential Plus
- Gold Essential Plus Limited
- Gold Limited
- Gold Plus
- Gold Plus Limited
- Silver Essential
- Silver Essential 73
- Silver Essential 87
- Silver Essential 94
- Silver Essential Limited
- Silver Essential Plus
- Silver Essential Plus 73
- Silver Essential Plus 87
- Silver Essential Plus 94
- Silver Essential Plus Limited
- Value Bronze
- Value Bronze Limited
- Value Bronze Plus
- Value Bronze Plus Limited
- Value Silver
- Value Silver 73
- Value Silver 87
- Value Silver 94
- Value Silver Limited
- Value Silver Plus
- Value Silver Plus 73
- Value Silver Plus 87
- Value Silver Plus 94
- Value Silver Plus Limited

# CHRISTUS Health Plan

# Formulario de Planes Individuales y Familiares 2026

**Este formulario se actualize el 1 de octubre de 2025**

**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Este formulario se actualizó el 1 de octubre de 2025. Para obtener información más reciente o para otras preguntas, comuníquese con Servicios para Miembros de CHRISTUS Health Plan al 1-844-282-3025 (los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite www.christushealthplan.org.

**Nota para los miembros actuales**: Este Formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que sigue conteniendo los medicamentos que usted toma.

Cuando esta "Lista de Medicamentos" (Formulario) se refiere a "nosotros", "nos" o "nuestro", se refiere a los planes CHRISTUS Health Plan.

Este documento incluye una "Lista de medicamentos" (formulario) para nuestro plan, vigente a partir del 1 de octubre de 2025. Para obtener una "Lista de medicamentos" (formulario) actualizada, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha cuando actualizamos por última vez la "Lista de medicamentos" (formulario), aparece en las páginas de la portada y la contraportada.

Por lo general, usted debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

## ¿Qué es el formulario de CHRISTUS Health Plan?

En este documento, usamos los términos "Lista de medicamentos" y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por CHRISTUS Health Plan en consulta con un equipo de proveedores del cuidado de la salud, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. El plan CHRISTUS Health generalmente cubrirá los medicamentos listados en nuestro formulario siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red de CHRISTUS Health Plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, por favor repase su Evidencia de cobertura.

Eficaz 1 de enero de 2025.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por CHRISTUS Health Plan, por favor visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

## ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero el CHRISTUS Health Plan puede agregar o eliminar medicamentos en el formulario durante el año, puede moverlos a diferentes niveles de costos compartidos o puede agregar nuevas restricciones. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: https://www.christushealthplan.org/member-resources/coverage/individual-family-plans/medications-covered.

**Cambios que pueden afectarlo este año:** En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Nosotros podríamos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir si mantendremos el medicamento de marca o el producto biológico original en nuestro formulario, pero lo moveremos inmediatamente a un nivel diferente de costos compartidos o agregaremos nuevas restricciones.

  Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o si estamos agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

  Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hayamos realizado.

  Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?"

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento a la venta o si la Administración de Alimentos y Medicamentos (FDA, en inglés) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y más tarde notificaremos a los miembros que toman ese medicamento.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podríamos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente, o ambos. Podríamos hacer cambios en base a las nuevas directrices clínicas. Si hacemos estos otros cambios, usted o su medico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de CHRISTUS Health Plan?"

**Cambios que no lo afectarán si actualmente está tomando el medicamento.** Por lo general, si está tomando un medicamento en nuestro formulario de 2026 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2026, excepto como se describió anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Usted no recibirá este año ninguna notificación directa sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios le afectarían y es importante revisar el formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado a partir del 1 de octubre de 2025. Para obtener información actualizada sobre los medicamentos cubiertos por CHRISTUS Health Plan, por favor comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada.

## ¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

### Condición médica

El formulario comienza en la página 3. Los medicamentos de este formulario se agrupan en categorías según el tipo de condición médica para la que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición del corazón se listan en la categoría de Terapia Antihipertensiva. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. A continuación, busque su medicamento bajo el nombre de la categoría.

Si no está seguro de en qué categoría buscar, busque su medicamento en el Índice que comienza en la página 75. El Índice le da una lista alfabética de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Diríjase a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

CHRISTUS Health Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden ser sustituidos por el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

## ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Ya que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una receta nueva, del mismo modo que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

## ¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** CHRISTUS Health Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CHRISTUS Health Plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CHRISTUS Health Plan no cubra el medicamento.

- **Límites en la cantidad:** Para ciertos medicamentos, CHRISTUS Health Plan limita la cantidad del medicamento que CHRISTUS Health Plan cubrirá. Por ejemplo, CHRISTUS Health Plan concede 10 tabletas por receta de 30 días para un medicamento específico. Esto puede ser adicional al suministro regular de un mes o tres meses.

- **Terapia de pasos (también conocida como terapia escalonada):** En algunos casos, CHRISTUS Health Plan requiere que primero pruebe ciertos medicamentos para tratar su condición médica

antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que CHRISTUS Health Plan no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el medicamento A no le hace efecto, CHRISTUS Health Plan cubrirá entonces el medicamento B.

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 3. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia a pasos. Usted también puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a estas restricciones o límites o que le de una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?" en la página vi para obtener información sobre cómo solicitar una excepción.

## ¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que CHRISTUS Health Plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por CHRISTUS Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CHRISTUS Health Plan.
- Puede pedirle a CHRISTUS Health Plan que haga una excepción y cubra su medicamento. Vea la información a continuación sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- 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 no podrá pedirnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.

- Puede pedirnos que eliminemos una restricción de cobertura, incluyendo la autorización previa, la terapia de pasos o el límite a la cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, CHRISTUS Health Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo.

Por lo general, CHRISTUS Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o el médico que le receta el medicamento debe comunicarse con nosotros para solicitar un cambio del nivel o una excepción al formulario, incluyendo una excepción a una restricción de la cobertura. **Cuando solicite una excepción, el médico que le receta el medicamento deberá explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas luego de recibir la declaración de respaldo del médico que le receta el medicamento. Usted puede solicitar una decisión acelerada (rápida) si usted cree, y nosotros estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo o si el médico que le receta el medicamento solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo del médico que le receta el medicamento.

## Para más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de CHRISTUS Health Plan, por favor repase su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre CHRISTUS Health Plan, por favor comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

## Formulario de CHRISTUS Health

El formulario que comienza en la página siguiente le proporciona información de cobertura sobre los medicamentos cubiertos por CHRISTUS Health Plan.  Si tiene problemas para encontrar su medicamento en la lista, vaya al índice que comienza en la página 75.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (por ejemplo, AFINITOR) y los medicamentos genéricos se listan en cursiva minúscula (por ejemplo, *atorvastatin*).

La información en la columna Requisitos/Límites le indica si CHRISTUS Health Plan tiene algún requisito especial para la cobertura de su medicamento.

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-282-3025 (TTY: 711) or speak to your provider.

| | |
|---|---|
| Español<br>Spanish | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-282-3025 (TTY: 711) o hable con su proveedor. |
| العربية<br>Arabic | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-282-3025 (711) أو تحدث إلى مقدم الخدمة. |
| 中文<br>Chinese | 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-282-3025（文本电话：711）或咨询您的服务提供商。 |
| Français<br>French | ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-282-3025 (TTY : 711) ou parlez à votre fournisseur. |
| Deutsch<br>German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-282-3025 (TTY: 711) an oder sprechen Sie mit Ihrem Provider. |
| ગુજરાતી<br>Gujarati | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 844-282-3025 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. |
| हिंदी<br>Hindi | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 844-282-3025 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें। |
| 日本語<br>Japanese | 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-282-3025（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。 |
| 한국어<br>Korean | 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 844-282-3025 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오. |

ລາວ
Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3025 (TTY: 711) ຫຼື ຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

فارسي
Farsi

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-844-282-3025 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Português
Portuguese

ATENÇÃO: Se você fala Português, serviços gratuitos de assestência lingüística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-282-3025 (TTY: 711) ou fale com seu proveedor.

РУССКИЙ
Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-282-3025 (TTY: 711) или обратитесь к своему поставщику услуг.

Tagalog
Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-282-3025 (TTY: 711) o makipag-usap sa iyong provider.

ไทย
Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-282-3025 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

اردو
Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔(TTY: 711) 1-844-282-3025 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tiếng Việt
Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-282-3025 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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

Lista de Abreviaciones
ACA: (Affordable Care Act) La ley del Cuidado de Salud a Bajo Precio contiene reformas abarcadoras de seguro médico e incluye disposiciones tributarias que afectan a los individuos, familias, negocios, agentes de seguro, organizaciones exentas de impuestos y entidades gubernamentales.

LA: (Limited Availability) Disponibilidad Limitada. Esta receta puede estar disponible solo en farmacias determinadas. Para obtener más información, llame a Servicios para miembros al1-844-282-3025 (Los usuarios de TTY deben llamar al 711) o visite christushealthplan.org

OTC: (Over-the-Counter) Medicina que no requiere receta y está disponible a venta libre.

PA: (Prior Authorization) Autorización previa. El Plan exige que usted o su médico obtenga una autorización para medicamentos determinados. Esto significa que necesitará contar con la aprobación antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nosotros no cubramos el medicamento.

QL: (Quantity Limit) Límite de cantidad. Para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos.

ST: (Step Therapy) Terapia escalonada. En algunos casos, el Plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, cubriremos el medicamento B.

## Niveles de costos compartidos para medicamentos en el formulario del plan estándar

Todos los medicamentos en el formulario de nuestro plan se encuentran en un nivel de costo compartido. En general, cuanto más alto sea el nivel, mayor será el costo del medicamento. La cantidad que paga por los medicamentos en cada nivel de costos compartidos se muestra en su Resumen de beneficios y cobertura.

| Niveles de Medicamentos del Plan Estándar | | |
|---|---|---|
| | **Nivel de costos compartidos** | **Medicamentos incluidos en el nivel de costos compartidos** |
| Nivel de Compartición de Costos Más Bajo | 1 | Medicamentos Genéricos Preferidos |
| | 2 | Medicamentos Genéricos No Preferidos |
| | 3 | Medicamentos de Marca Preferida |
| | 4 | Medicamentos de Marca No Preferida |
| Nivel de Participación en Costos Más Alto | 5 | Medicamentos Especializados |

## EXCH_CVSC 5T STND Effective 01/01/2026

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| **ANALGESICS** | | |
| ***COX-2 INHIBITORS*** | | |
| *celecoxib caps 50mg, 100mg, 200mg* | 1 | |
| ***GOUT*** | | |
| *allopurinol tabs 100mg, 300mg* | 1 | |
| *colchicine tabs .6mg* | 1 | |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| *febuxostat tabs 40mg, 80mg* | 1 | ST; PA** |
| *probenecid tabs 500mg* | 1 | |
| ***NSAIDS*** | | |
| *diclofenac potassium tabs 50mg* | 1 | |
| *diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg* | 1 | |
| *diclofenac sodium (topical) gel 1%* | 1 | QL (300g every 30 days), OTC |
| *etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg* | 1 | |
| *flurbiprofen tabs 50mg* | 1 | |
| *ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg* | 1 | |
| *ketorolac tromethamine soln 15mg/ml, 30mg/ml* | 1 | |
| *ketorolac tromethamine tabs 10mg* | 1 | QL (20 tabs every 30 days) |
| *meclofenamate sodium caps 50mg, 100mg* | 1 | |
| *mefenamic acid caps 250mg* | 1 | |
| *meloxicam tabs 7.5mg, 15mg* | 1 | |
| *nabumetone tabs 500mg, 750mg* | 1 | |
| *naproxen tabs 250mg, 375mg, 500mg* | 1 | |
| *oxaprozin tabs 600mg* | 1 | |
| *piroxicam caps 10mg, 20mg* | 1 | |
| *sulindac tabs 150mg, 200mg* | 1 | |
| VOLTAREN ARTHRITIS PAIN GEL 1% | 1 | QL (300g every 30 days), OTC |
| ***NSAIDS, COMBINATIONS*** | | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | 1 | |
| ***OPIOID ANALGESICS*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | ST, QL (400 tabs every 30 days); Subject to initial 7-day limit |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* | 1 | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| *butorphanol tartrate soln 1mg/ml, 2mg/ml* | 1 | |
| *butorphanol tartrate soln 10mg/ml* | 1 | QL (2 bottles every 30 days) |
| *codeine sulfate tabs 30mg* | 1 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| CODEINE SULFATE TABS 60MG | 3 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 2.5-325* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 5-325mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 7.5-325* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 10-325mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr* | 1 | ST, QL (10 patches every 30 days) |
| *fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate t24a 100mg, 120mg* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tab 2.5-325 mg* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl soln 2mg/ml* | 1 | |
| *hydromorphone hcl tabs 2mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 4mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 8mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tb24 8mg, 12mg, 16mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tb24 32mg* | 1 | ST, PA; High Strength Requires PA |
| *methadone hcl conc 10mg/ml* | 1 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| *methadone hcl soln 5mg/5ml* | 1 | ST, QL (450 mL every 30 days) |
| *methadone hcl soln 10mg/5ml* | 1 | ST, QL (225 mL every 30 days) |
| *methadone hcl tabs 5mg* | 1 | ST, QL (90 tabs every 30 days) |
| *methadone hcl tabs 10mg* | 1 | ST, QL (30 tabs every 30 days) |
| *methadone hcl tbso 40mg* | 1 | QL (9 tabs every 30 days) |
| *methadone hydrochloride i conc 10mg/ml* | 1 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| *methadose tbso 40mg* | 1 | QL (9 tabs every 30 days) |
| *morphine sulfate cp24 10mg, 20mg, 30mg* | 1 | ST, QL (60 caps every 30 days) |
| *morphine sulfate cp24 50mg, 60mg, 80mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate soln 4mg/ml, 10mg/ml* | 1 | |
| *morphine sulfate soln 10mg/5ml* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate soln 20mg/5ml* | 1 | ST, QL (675 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate soln 100mg/5ml* | 1 | ST, QL (135 mL every 30 days); Subject to initial 7-day limit |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *morphine sulfate tabs 15mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tabs 30mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tbcr 15mg, 30mg* | 1 | ST, QL (90 tabs every 30 days) |
| *morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads cp24 120mg* | 1 | ST, PA; High Strength Requires PA |
| *nalbuphine hcl soln 10mg/ml, 20mg/ml* | 1 | |
| NUCYNTA TABS 50MG | 2 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TABS 75MG | 2 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TABS 100MG | 2 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA ER TB12 50MG, 100MG | 3 | ST, QL (60 tabs every 30 days) |
| NUCYNTA ER TB12 150MG, 200MG, 250MG | 3 | ST, PA; High Strength Requires PA |
| *oxycodone hcl caps 5mg* | 1 | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl conc 100mg/5ml* | 1 | ST, QL (90 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl soln 5mg/5ml* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 5mg, 10mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 15mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 20mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 30mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tabs 5mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tabs 10mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tb12 20mg, 30mg, 40mg* | 1 | ST, PA; High Strength Requires PA |
| *tramadol hcl tabs 50mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *tramadol hcl tb24 100mg* | 1 | ST, QL (30 tabs every 30 days) |
| *tramadol hcl tb24 200mg, 300mg* | 1 | ST, PA; High Strength Requires PA |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit |
| XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER C12A 36MG | 2 | ST, PA; High Strength Requires Prior Auth |
| ***OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA FILM 600MCG, 750MCG, 900MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr* | 1 | ST, QL (4 patches every 30 days) |
| *buprenorphine ptwk 15mcg/hr, 20mcg/hr* | 1 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine hcl soln .3mg/ml* | 1 | |
| SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML | 4 | |
| ***SALICYLATES*** | | |
| *aspirin ec adult low dose tbec 81mg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |
| *diflunisal tabs 500mg* | 1 | |
| *goodsense aspirin chew 81mg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| **ANESTHETICS** | | |
| ***LOCAL ANESTHETICS*** | | |
| *lidocaine hcl (local anesth.) soln .5%, 1%, 2%; sosy 100mg/5ml* | 1 | |
| **ANTI-INFECTIVES** | | |
| ***ANTHELMINTICS*** | | |
| *albendazole tabs 200mg* | 3 | QL (336 tabs every 365 days) |
| EMVERM CHEW 100MG | 3 | QL (12 tabs every 365 days) |
| *ivermectin tabs 3mg* | 1 | |
| *praziquantel tabs 600mg* | 1 | QL (24 tabs every 365 days) |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate soln 1gm/4ml, 500mg/2ml* | 1 | |
| *fosfomycin tromethamine pack 3gm* | 1 | |
| *gentamicin sulfate soln 40mg/ml* | 1 | |
| *neomycin sulfate tabs 500mg* | 1 | |
| *sulfadiazine tabs 500mg* | 1 | |
| *tinidazole tabs 250mg, 500mg* | 1 | |
| *tobramycin sulfate soln 40mg/ml, 80mg/2ml* | 1 | QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days |
| *tobramycin sulfate solr 1.2gm* | 1 | QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days |
| ***ANTIFUNGALS*** | | |
| *amphotericin b solr 50mg* | 1 | QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days |
| CRESEMBA CAPS 74.5MG, 186MG | 3 | |
| *fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg* | 1 | |
| *griseofulvin microsize susp 125mg/5ml; tabs 500mg* | 1 | |
| *griseofulvin ultramicrosize tabs 125mg, 250mg* | 1 | |
| *itraconazole caps 100mg; soln 10mg/ml* | 1 | PA |
| *nystatin tabs 500000unit* | 1 | |
| *posaconazole susp 40mg/ml* | 1 | PA |
| *posaconazole tbec 100mg* | 3 | PA |
| *terbinafine hcl tabs 250mg* | 1 | |
| *voriconazole susr 40mg/ml; tabs 50mg, 200mg* | 3 | PA |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate tabs 250mg, 500mg* | 1 | |
| COARTEM TAB 20-120MG | 3 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| KRINTAFEL TABS 150MG | 3 | |
| *mefloquine hcl tabs 250mg* | 1 | |
| *primaquine phosphate tabs 26.3mg* | 1 | |
| *quinine sulfate caps 324mg* | 1 | |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate soln 20mg/ml* | 1 | QL (900 mL every 30 days) |
| *abacavir sulfate tabs 300mg* | 1 | QL (60 tabs every 30 days) |
| APRETUDE SUER 600MG/3ML | 0 | QL (2 vials every 90 days) |
| APTIVUS CAPS 250MG | 2 | QL (120 caps every 30 days) |
| *atazanavir sulfate caps 150mg, 300mg* | 1 | QL (30 caps every 30 days) |
| *atazanavir sulfate caps 200mg* | 1 | QL (60 caps every 30 days) |
| *darunavir tabs 600mg* | 1 | QL (60 tabs every 30 days) |
| *darunavir tabs 800mg* | 1 | QL (30 tabs every 30 days) |
| EDURANT TABS 25MG | 2 | QL (60 tabs every 30 days) |
| EDURANT PED TBSO 2.5MG | 2 | QL (180 tabs every 30 days) |
| *efavirenz tabs 600mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine caps 200mg* | 1 | QL (30 caps every 30 days) |
| EMTRIVA SOLN 10MG/ML | 2 | QL (680 ml every 28 days) |
| *etravirine tabs 100mg* | 1 | QL (120 tabs every 30 days) |
| *etravirine tabs 200mg* | 1 | QL (60 tabs every 30 days) |
| *fosamprenavir calcium tabs 700mg* | 1 | QL (120 tabs every 30 days) |
| INTELENCE TABS 25MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS CHEW 25MG, 100MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS PACK 100MG | 2 | QL (60 packets every 30 days) |
| ISENTRESS TABS 400MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS HD TABS 600MG | 2 | QL (60 tabs every 30 days) |
| *lamivudine soln 10mg/ml* | 1 | QL (960 ml every 30 days) |
| *lamivudine tabs 150mg* | 1 | QL (60 tabs every 30 days) |
| *lamivudine tabs 300mg* | 1 | QL (30 tabs every 30 days) |
| *maraviroc tabs 150mg* | 1 | QL (60 tabs every 30 days) |
| *maraviroc tabs 300mg* | 1 | QL (120 tabs every 30 days) |
| *nevirapine susp 50mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *nevirapine tabs 200mg* | 1 | QL (60 tabs every 30 days) |
| *nevirapine tb24 400mg* | 1 | QL (30 tabs every 30 days) |
| NORVIR PACK 100MG | 2 | QL (360 packets every 30 days) |
| PREZISTA SUSP 100MG/ML | 2 | QL (400 ml every 30 days) |
| PREZISTA TABS 75MG | 2 | QL (300 tabs every 30 days) |
| PREZISTA TABS 150MG | 2 | QL (180 tabs every 30 days) |
| RETROVIR IV INFUSION SOLN 10MG/ML | 2 | |
| REYATAZ PACK 50MG | 2 | QL (180 packets every 30 days) |
| *ritonavir tabs 100mg* | 1 | QL (360 tabs every 30 days) |
| SELZENTRY SOLN 20MG/ML | 2 | QL (1840 mL every 30 days) |
| *tenofovir disoproxil fumarate tabs 300mg* | 1 | QL (30 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| TIVICAY TABS 50MG | 2 | QL (60 tabs every 30 days) |
| TIVICAY PD TBSO 5MG | 2 | QL (360 tabs every 30 days) |
| TROGARZO SOLN 200MG/1.33ML | 4 | |
| TYBOST TABS 150MG | 2 | QL (30 tabs every 30 days) |
| VIREAD POWD 40MG/GM | 2 | QL (240 gm every 30 days) |
| VIREAD TABS 150MG, 200MG, 250MG | 2 | QL (30 tabs every 30 days) |
| *zidovudine caps 100mg* | 1 | QL (180 caps every 30 days) |
| *zidovudine syrp 50mg/5ml* | 1 | QL (1920 ml every 30 days) |
| *zidovudine tabs 300mg* | 1 | QL (60 tabs every 30 days) |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | QL (30 tabs every 30 days) |
| BIKTARVY TAB | 2 | QL (30 tabs every 30 days) |
| CABENUVA SUS 400-600 | 5 | PA, QL (1 kit every 30 days) |
| CABENUVA SUS 600-900 | 5 | PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill |
| CIMDUO TAB 300-300 | 2 | QL (30 tabs every 30 days) |
| DELSTRIGO TAB | 2 | QL (30 tabs every 30 days) |
| DESCOVY TAB 120-15MG | 2 | QL (30 tabs every 30 days) |
| DESCOVY TAB 200/25MG | 0 | QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment |
| DOVATO TAB 50-300MG | 2 | QL (30 tabs every 30 days) |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 0 | QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment |
| GENVOYA TAB | 2 | QL (30 tabs every 30 days) |
| KALETRA SOL | 2 | QL (480 ml every 30 days) |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | QL (60 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *lopinavir-ritonavir tab 100-25 mg* | 1 | QL (300 tabs every 30 days) |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | QL (120 tabs every 30 days) |
| ODEFSEY TAB | 2 | QL (30 tabs every 30 days) |
| PREZCOBIX TAB 675/150 | 3 | QL (30 tabs every 30 days) |
| PREZCOBIX TAB 800-150 | 3 | QL (30 tabs every 30 days) |
| SYMTUZA TAB | 3 | QL (30 tabs every 30 days) |
| TRIUMEQ PD TAB | 3 | QL (180 tabs every 30 days) |
| TRIUMEQ TAB | 3 | QL (30 tabs every 30 days) |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine caps 250mg* | 1 | |
| *ethambutol hcl tabs 100mg, 400mg* | 1 | |
| *isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg* | 1 | |
| PRETOMANID TABS 200MG | 3 | |
| PRIFTIN TABS 150MG | 2 | |
| *pyrazinamide tabs 500mg* | 1 | |
| *rifabutin caps 150mg* | 1 | |
| *rifampin caps 150mg, 300mg; solr 600mg* | 1 | |
| SIRTURO TABS 20MG, 100MG | 3 | |
| TRECATOR TABS 250MG | 2 | |
| ***ANTIVIRALS*** | | |
| *acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg* | 1 | |
| *cidofovir soln 75mg/ml* | 1 | |
| *famciclovir tabs 125mg, 250mg, 500mg* | 1 | |
| *oseltamivir phosphate caps 30mg* | 1 | QL (40 caps every 90 days) |
| *oseltamivir phosphate caps 45mg, 75mg* | 1 | QL (20 caps every 90 days) |
| *oseltamivir phosphate susr 6mg/ml* | 1 | QL (360 mL every 90 days) |
| PAXLOVID PAK | 2 | QL (22 tabs every 30 days) |
| PAXLOVID TAB 150-100 | 2 | QL (40 tabs every 30 days) |
| PAXLOVID TAB 300-100 | 2 | QL (60 tabs every 30 days) |
| RELENZA DISKHALER AEPB 5MG/BLISTER | 2 | QL (2 inhalers every 90 days) |
| *rimantadine hydrochloride tabs 100mg* | 1 | |
| *valacyclovir hcl tabs 500mg, 1000mg* | 1 | |
| *valganciclovir hcl solr 50mg/ml* | 4 | PA, QL (1000 mL every 30 days) |
| *valganciclovir hcl tabs 450mg* | 4 | PA, QL (120 tabs every 30 days) |
| XERESE CRE 5-1% | 3 | PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor caps 250mg, 500mg; susr 250mg/5ml* | 1 | |
| *cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *cefazolin sodium solr 1gm* | 1 | |
| *cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml* | 1 | |
| *cefepime hcl solr 1gm, 2gm* | 1 | |
| *cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml* | 1 | |
| *cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg* | 1 | |
| *cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | 1 | |
| *ceftazidime solr 2gm* | 1 | |
| *ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium solr 10gm* | 1 | QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *cefuroxime axetil tabs 250mg, 500mg* | 1 | |
| *cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | 1 | |
| *tazicef solr 1gm* | 1 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg* | 1 | |
| *clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg* | 1 | |
| DIFICID SUSR 40MG/ML; TABS 200MG | 2 | PA |
| *e.e.s. 400 tabs 400mg* | 1 | |
| *erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg* | 1 | |
| *erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml* | 1 | |
| *fidaxomicin tabs 200mg* | 1 | PA |
| ZITHROMAX PACK 1GM | 2 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA TABS 450MG | 3 | |
| CIPRO SUSR 500MG/5ML | 3 | |
| *ciprofloxacin hcl tabs 250mg, 500mg, 750mg* | 1 | |
| *levofloxacin soln 25mg/ml* | 1 | QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days |
| *levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg* | 1 | |
| *moxifloxacin hcl tabs 400mg* | 1 | |
| *ofloxacin tabs 300mg, 400mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***HEPATITIS B*** | | |
| *adefovir dipivoxil tabs 10mg* | 4 | |
| BARACLUDE SOLN .05MG/ML | 4 | PA, QL (630 mL every 30 days) |
| *entecavir tabs .5mg, 1mg* | 4 | PA, QL (30 tabs every 30 days) |
| *lamivudine (hbv) tabs 100mg* | 1 | |
| ***HEPATITIS C*** | | |
| EPCLUSA PAK 150-37.5 | 4 | PA, QL (28 pellets every 28 days) |
| EPCLUSA PAK 200-50MG | 4 | PA, QL (56 pellets every 28 days) |
| EPCLUSA TAB 200-50MG | 4 | PA, QL (28 tabs every 28 days) |
| EPCLUSA TAB 400-100 | 4 | PA, QL (28 tabs every 28 days) |
| HARVONI PAK | 4 | PA, QL (28 pellets every 28 days) |
| HARVONI PAK 45-200MG | 4 | PA, QL (56 pellets every 28 days) |
| HARVONI TAB 45-200MG | 4 | PA, QL (28 tabs every 28 days) |
| HARVONI TAB 90-400MG | 4 | PA, QL (28 tabs every 28 days) |
| PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML | 4 | PA |
| *ribavirin (hepatitis c) caps 200mg; tabs 200mg* | 1 | |
| SOVALDI PACK 150MG | 5 | ST, PA, QL (28 pellets every 28 days) |
| SOVALDI PACK 200MG | 5 | ST, PA, QL (56 pellets every 28 days) |
| SOVALDI TABS 200MG, 400MG | 5 | ST, PA, QL (28 tabs every 28 days) |
| VOSEVI TAB | 4 | PA, QL (28 tabs every 28 days) |
| ***MISCELLANEOUS*** | | |
| *atovaquone susp 750mg/5ml* | 1 | |
| *aztreonam solr 1gm, 2gm* | 1 | |
| *clindamycin hcl caps 75mg, 150mg, 300mg* | 1 | |
| *clindamycin palmitate hydrochloride solr 75mg/5ml* | 1 | |
| *dapsone tabs 25mg, 100mg* | 1 | |
| *ertapenem sodium solr 1gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg* | 1 | |
| *meropenem solr 1gm* | 1 | QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *meropenem solr 500mg* | 1 | QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *methenamine hippurate tabs 1gm* | 1 | |
| *metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg* | 1 | |
| *nitazoxanide tabs 500mg* | 1 | QL (20 tabs every 30 days) |
| *nitrofurantoin susp 25mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin monohyd macro caps 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *pentamidine isethionate solr 300mg* | 1 | |
| *polymyxin b sulfate solr 500000unit* | 1 | |
| *pyrimethamine tabs 25mg* | 3 | PA |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | |
| *trimethoprim tabs 100mg* | 1 | |
| *vancomycin hcl caps 125mg, 250mg* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl solr 1gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl solr 5gm, 10gm* | 1 | QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl solr 500mg, 750mg* | 1 | QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days |
| ***PENICILLINS*** | | |
| *amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg* | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *ampicillin caps 500mg* | 1 | |
| *ampicillin sodium solr 1gm, 2gm* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *dicloxacillin sodium caps 250mg, 500mg* | 1 | |
| *penicillin g potassium solr 5000000unit, 20000000unit* | 1 | |
| *penicillin g sodium solr 5000000unit* | 1 | |
| *penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | 1 | |
| *pfizerpen solr 20000000unit* | 1 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | |
| ***TETRACYCLINES*** | | |
| *avidoxy tabs 100mg* | 1 | |
| *demeclocycline hcl tabs 150mg, 300mg* | 1 | |
| *doxy 100 solr 100mg* | 1 | |
| *doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg* | 1 | |
| *doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg* | 1 | |
| *minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg* | 1 | |
| *tetracycline hcl caps 250mg, 500mg* | 1 | QL (120 caps every 30 days) |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *busulfan soln 6mg/ml* | 1 | |
| *carmustine solr 100mg* | 1 | |
| *cyclophosphamide caps 25mg, 50mg* | 1 | |
| *cyclophosphamide solr 1gm, 2gm, 500mg* | 4 | |
| *dacarbazine solr 100mg, 200mg* | 1 | |
| GLEOSTINE CAPS 10MG, 40MG, 100MG | 4 | |
| GLIADEL WAF 7.7MG | 2 | |
| *ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm* | 1 | |
| LEUKERAN TABS 2MG | 2 | |
| MATULANE CAPS 50MG | 2 | |
| *melphalan hcl solr 50mg* | 1 | |
| TEMODAR SOLR 100MG | 4 | PA |
| *temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg* | 4 | PA |
| ***ANTIBIOTICS*** | | |
| *adriamycin solr 50mg* | 1 | |
| *bleomycin sulfate solr 15unit, 30unit* | 1 | |
| *daunorubicin hcl soln 20mg/4ml* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *doxorubicin hcl soln 2mg/ml; solr 10mg* | 1 | |
| *doxorubicin hcl liposomal susp 2mg/ml* | 1 | |
| *idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml* | 1 | |
| *mitomycin solr 5mg, 20mg, 40mg* | 1 | |
| *mitoxantrone hcl conc 2mg/ml* | 4 | |
| ***ANTIMETABOLITES*** | | |
| *azacitidine susr 100mg* | 4 | PA |
| *capecitabine tabs 150mg, 500mg* | 4 | PA |
| *cladribine soln 10mg/10ml* | 1 | |
| *clofarabine soln 1mg/ml* | 1 | |
| *cytarabine soln 20mg/ml, 100mg/ml* | 1 | |
| *decitabine solr 50mg* | 4 | PA |
| *fludarabine phosphate soln 50mg/2ml; solr 50mg* | 1 | |
| *fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml* | 1 | |
| *gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg* | 4 | |
| *mercaptopurine tabs 50mg* | 1 | |
| *methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm* | 1 | |
| NIPENT SOLR 10MG | 2 | |
| *pemetrexed disodium solr 100mg, 500mg* | 4 | |
| TABLOID TABS 40MG | 2 | |
| ***ANTINEOPLASTIC, BCL-2 INHIBITORS*** | | |
| VENCLEXTA TABS 10MG, 50MG | 4 | PA, QL (120 tabs every 30 days) |
| VENCLEXTA TABS 100MG | 4 | PA, QL (180 tabs every 30 days) |
| VENCLEXTA TAB START PK | 4 | PA, QL (1 pack every 28 days) |
| ***BIOLOGIC RESPONSE MODIFIERS*** | | |
| ERBITUX SOLN 100MG/50ML, 200MG/100ML | 4 | PA |
| ERIVEDGE CAPS 150MG | 4 | PA, QL (30 caps every 30 days) |
| KADCYLA SOLR 100MG, 160MG | 4 | PA |
| KEYTRUDA SOLN 100MG/4ML | 4 | PA |
| PADCEV SOLR 20MG | 5 | PA, QL (21 vials every 28 days) |
| PADCEV SOLR 30MG | 5 | PA, QL (15 vials every 28 days) |
| POMALYST CAPS 1MG, 2MG, 3MG, 4MG | 5 | PA, QL (21 caps every 28 days) |
| REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG | 5 | PA, QL (28 caps every 28 days) |
| REVLIMID CAPS 20MG, 25MG | 5 | PA, QL (21 caps every 28 days) |
| THALOMID CAPS 50MG | 5 | PA, QL (28 caps every 28 days) |
| THALOMID CAPS 100MG | 5 | PA, QL (112 caps every 28 days) |
| TICE BCG SUSR 50MG | 2 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***BIOSIMILARS*** | | |
| GAZYVA SOLN 1000MG/40ML | 4 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate tabs 250mg* | 4 | PA, QL (120 tabs every 30 days) |
| *abiraterone acetate tabs 500mg* | 4 | PA, QL (60 tabs every 30 days) |
| *anastrozole tabs 1mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *bicalutamide tabs 50mg* | 1 | |
| ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG | 4 | PA |
| ERLEADA TABS 60MG | 4 | PA, QL (120 tabs every 30 days) |
| ERLEADA TABS 240MG | 4 | PA, QL (30 tabs every 30 days) |
| *exemestane tabs 25mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *fulvestrant sosy 250mg/5ml* | 4 | PA |
| *letrozole tabs 2.5mg* | 1 | |
| *leuprolide acetate kit 1mg/0.2ml* | 4 | PA |
| LYSODREN TABS 500MG | 2 | |
| *megestrol acetate tabs 20mg, 40mg* | 1 | |
| *nilutamide tabs 150mg* | 1 | |
| NUBEQA TABS 300MG | 4 | PA, QL (120 tabs every 30 days) |
| *tamoxifen citrate tabs 10mg, 20mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *toremifene citrate tabs 60mg* | 1 | |
| XTANDI CAPS 40MG | 4 | PA, QL (120 caps every 30 days) |
| XTANDI TABS 40MG | 4 | PA, QL (120 tabs every 30 days) |
| XTANDI TABS 80MG | 4 | PA, QL (60 tabs every 30 days) |
| YONSA TABS 125MG | 4 | PA, QL (120 tabs every 30 days) |
| ***KINASE INHIBITORS*** | | |
| ALECENSA CAPS 150MG | 4 | PA, QL (240 caps every 30 days) |
| BRAFTOVI CAPS 75MG | 4 | PA, QL (180 caps every 30 days) |
| BRUKINSA CAPS 80MG | 4 | PA, QL (120 caps every 30 days) |
| CABOMETYX TABS 20MG, 40MG, 60MG | 4 | PA, QL (30 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| CALQUENCE TABS 100MG | 5 | PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 100MG | 4 | PA, QL (60 tabs every 30 days) |
| CAPRELSA TABS 300MG | 4 | PA, QL (30 tabs every 30 days) |
| COMETRIQ KIT 20MG | 4 | PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 100MG | 4 | PA, QL (1 kit every 28 days) |
| COMETRIQ KIT 140MG | 4 | PA, QL (1 kit every 28 days) |
| *dasatinib tabs 20mg* | 4 | PA, QL (90 tabs every 30 days) |
| *dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg* | 4 | PA, QL (30 tabs every 30 days) |
| *erlotinib hcl tabs 25mg* | 4 | PA, QL (60 tabs every 30 days) |
| *erlotinib hcl tabs 100mg, 150mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tbso 2mg, 5mg* | 4 | PA, QL (60 tabs every 30 days) |
| *everolimus tbso 3mg* | 4 | PA, QL (90 tabs every 30 days) |
| *imatinib mesylate tabs 100mg* | 4 | PA, QL (120 tabs every 30 days) |
| *imatinib mesylate tabs 400mg* | 4 | PA, QL (60 tabs every 30 days) |
| IMBRUVICA CAPS 70MG | 5 | PA, QL (30 caps every 30 days) |
| IMBRUVICA CAPS 140MG | 5 | PA, QL (90 caps every 30 days) |
| IMBRUVICA SUSP 70MG/ML | 5 | PA, QL (216 ml every 36 days) |
| IMBRUVICA TABS 140MG, 280MG, 420MG | 5 | PA, QL (30 tabs every 30 days) |
| INLYTA TABS 1MG | 4 | PA, QL (240 tabs every 30 days) |
| INLYTA TABS 5MG | 4 | PA, QL (120 tabs every 30 days) |
| ITOVEBI TABS 3MG | 5 | PA, QL (60 tabs every 30 days) |
| ITOVEBI TABS 9MG | 5 | PA, QL (30 tabs every 30 days) |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | 4 | PA, QL (60 tabs every 30 days) |
| KISQALI TBPK 200MG | 4 | PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI TBPK 200MG | 4 | PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI TBPK 200MG | 4 | PA, QL (63 tabs every 28 days); 600 mg dose |
| *lapatinib ditosylate tabs 250mg* | 4 | PA, QL (180 tabs every 30 days) |
| LENVIMA 4 MG DAILY DOSE CPPK 4MG | 5 | PA, QL (30 caps every 30 days) |
| LENVIMA 8 MG DAILY DOSE CPPK 4MG | 5 | PA, QL (60 caps every 30 days) |
| LENVIMA 10 MG DAILY DOSE CPPK 10MG | 5 | PA, QL (30 caps every 30 days) |
| LENVIMA 12MG DAILY DOSE CPPK 4MG | 5 | PA, QL (90 caps every 30 days) |
| LENVIMA 20 MG DAILY DOSE CPPK 10MG | 5 | PA, QL (60 caps every 30 days) |
| LENVIMA CAP 14 MG | 5 | PA, QL (60 caps every 30 days) |
| LENVIMA CAP 18 MG | 5 | PA, QL (90 caps every 30 days) |
| LENVIMA CAP 24 MG | 5 | PA, QL (90 caps every 30 days) |
| LORBRENA TABS 25MG | 5 | PA, QL (90 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| LORBRENA TABS 100MG | 5 | PA, QL (30 tabs every 30 days) |
| MEKINIST SOLR .05MG/ML | 4 | PA, QL (12 bottles every 28 days) |
| MEKINIST TABS 2MG | 4 | PA, QL (30 tabs every 30 days) |
| MEKINIST TABS .5MG | 4 | PA, QL (90 tabs every 30 days) |
| MEKTOVI TABS 15MG | 4 | PA, QL (180 tabs every 30 days) |
| *nilotinib hcl caps 50mg, 150mg, 200mg* | 4 | PA, QL (120 caps every 30 days) |
| *pazopanib hcl tabs 200mg* | 4 | PA, QL (120 tabs every 30 days) |
| RYDAPT CAPS 25MG | 5 | PA, QL (224 caps every 28 days) |
| SCEMBLIX TABS 20MG | 4 | PA, QL (60 tabs every 30 days) |
| SCEMBLIX TABS 40MG | 4 | PA, QL (240 tabs every 30 days) |
| SCEMBLIX TABS 100MG | 4 | PA, QL (120 tabs every 30 days) |
| *sorafenib tosylate tabs 200mg* | 4 | PA, QL (120 tabs every 30 days) |
| STIVARGA TABS 40MG | 4 | PA, QL (84 tabs every 28 days) |
| *sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg* | 4 | PA, QL (30 caps every 30 days) |
| TAFINLAR CAPS 50MG, 75MG | 4 | PA, QL (120 caps every 30 days) |
| TAFINLAR TBSO 10MG | 4 | PA, QL (4 bottles every 28 days) |
| TAGRISSO TABS 40MG, 80MG | 5 | PA, QL (30 tabs every 30 days) |
| TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG | 5 | PA, QL (64 tabs every 28 days) |
| TUKYSA TABS 50MG, 150MG | 5 | PA, QL (120 tabs every 30 days) |
| VERZENIO TABS 50MG, 100MG, 150MG, 200MG | 4 | PA, QL (56 tabs every 28 days) |
| VITRAKVI CAPS 25MG | 5 | PA, QL (180 caps every 30 days) |
| VITRAKVI CAPS 100MG | 5 | PA, QL (60 caps every 30 days) |
| VITRAKVI SOLN 20MG/ML | 5 | PA, QL (300 mL every 30 days) |
| XALKORI CAPS 200MG, 250MG | 4 | PA, QL (120 caps every 30 days) |
| XALKORI CPSP 20MG, 50MG | 4 | PA, QL (120 pellets every 30 days) |
| XALKORI CPSP 150MG | 4 | PA, QL (180 pellets every 30 days) |
| ZYDELIG TABS 100MG, 150MG | 4 | PA, QL (60 tabs every 30 days) |
| ZYKADIA TABS 150MG | 4 | PA, QL (90 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *arsenic trioxide soln 10mg/10ml, 12mg/6ml* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *bexarotene caps 75mg* | 4 | PA |
| *hydroxyurea caps 500mg* | 1 | |
| IDHIFA TABS 50MG, 100MG | 4 | PA, QL (30 tabs every 30 days) |
| LYNPARZA TABS 100MG, 150MG | 4 | PA, QL (120 tabs every 30 days) |
| ODOMZO CAPS 200MG | 4 | PA, QL (30 caps every 30 days) |
| ONCASPAR SOLN 750UNIT/ML | 4 | PA |
| PHOTOFRIN SOLR 75MG | 2 | |
| POLIVY SOLR 30MG, 140MG | 5 | PA |
| *tretinoin (chemotherapy) caps 10mg* | 1 | |
| VISTOGARD PACK 10GM | 4 | QL (20 packets every 5 days) |
| ZEJULA TABS 100MG, 200MG, 300MG | 4 | PA, QL (30 tabs every 30 days) |
| ZOLINZA CAPS 100MG | 4 | PA, QL (120 caps every 30 days) |
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml* | 1 | |
| *paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml* | 1 | |
| *vinblastine sulfate soln 1mg/ml* | 1 | |
| *vincristine sulfate soln 1mg/ml* | 1 | |
| *vinorelbine tartrate soln 10mg/ml, 50mg/5ml* | 1 | |
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml* | 1 | |
| *cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml* | 1 | |
| *oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg* | 4 | |
| *paraplatin soln 1000mg/100ml* | 1 | |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane hcl solr 250mg, 500mg* | 1 | |
| *leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg* | 1 | |
| *mesna soln 100mg/ml; tabs 400mg* | 1 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml* | 1 | |
| *irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml* | 4 | |
| *irinotecan hcl soln 300mg/15ml* | 1 | |
| *topotecan hcl solr 4mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl tabs 5mg, 10mg, 20mg, 40mg* | 1 | |
| *captopril tabs 12.5mg, 25mg, 50mg, 100mg* | 1 | |
| *enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg* | 1 | |
| *fosinopril sodium tabs 10mg, 20mg, 40mg* | 1 | |
| *lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg* | 1 | |
| *moexipril hcl tabs 7.5mg, 15mg* | 1 | |
| *perindopril erbumine tabs 2mg, 4mg, 8mg* | 1 | |
| *quinapril hcl tabs 5mg, 10mg, 20mg, 40mg* | 1 | |
| *ramipril caps 1.25mg, 2.5mg, 5mg, 10mg* | 1 | |
| *trandolapril tabs 1mg, 2mg, 4mg* | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone tabs 25mg, 50mg* | 1 | |
| KERENDIA TABS 10MG, 20MG, 40MG | 3 | PA |
| *spironolactone tabs 25mg, 50mg, 100mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***ALPHA BLOCKERS*** | | |
| *prazosin hcl caps 1mg, 2mg, 5mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg* | 1 | |
| *irbesartan tabs 75mg, 150mg, 300mg* | 1 | |
| *losartan potassium tabs 25mg, 50mg, 100mg* | 1 | |
| *olmesartan medoxomil tabs 5mg, 20mg, 40mg* | 1 | |
| *telmisartan tabs 20mg, 40mg, 80mg* | 1 | |
| *valsartan tabs 40mg, 80mg, 160mg, 320mg* | 1 | |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl tabs 200mg, 400mg* | 1 | |
| *disopyramide phosphate caps 100mg, 150mg* | 1 | |
| *dofetilide caps 125mcg, 250mcg, 500mcg* | 1 | |
| *flecainide acetate tabs 50mg, 100mg, 150mg* | 1 | |
| *lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml* | 1 | |
| MULTAQ TABS 400MG | 2 | PA |
| NORPACE CR CP12 100MG, 150MG | 2 | |
| *pacerone tabs 100mg, 200mg* | 1 | |
| *procainamide hcl soln 100mg/ml* | 1 | |
| *propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg* | 1 | |
| *sotalol hcl tabs 80mg, 120mg, 160mg, 240mg* | 1 | |
| *sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg* | 1 | |
| ***ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS*** | | |
| NEXLETOL TABS 180MG | 3 | PA |
| ***ANTILIPEMICS, BILE ACID RESINS*** | | |
| *cholestyramine pack 4gm; powd 4gm/dose* | 1 | |
| *cholestyramine light pack 4gm; powd 4gm/dose* | 1 | |
| *colesevelam hcl pack 3.75gm; tabs 625mg* | 1 | |
| *colestipol hcl gran 5gm; pack 5gm; tabs 1gm* | 1 | |
| *prevalite powd 4gm/dose* | 1 | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | | |
| *ezetimibe tabs 10mg* | 1 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate cpdr 45mg, 135mg* | 1 | |
| *fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg* | 1 | |
| *fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg* | 1 | |
| *gemfibrozil tabs 600mg* | 1 | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium tabs 10mg, 20mg* | 1 | $0 copay for members age 40 through 75 |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *atorvastatin calcium tabs 40mg, 80mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *fluvastatin sodium caps 20mg, 40mg; tb24 80mg* | 1 | $0 copay for members age 40 through 75 |
| *lovastatin tabs 10mg, 20mg, 40mg* | 1 | $0 copay for members age 40 through 75 |
| *pitavastatin calcium tabs 1mg, 2mg, 4mg* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tabs 5mg, 10mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tabs 20mg, 40mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *simvastatin tabs 5mg, 10mg, 20mg, 40mg* | 1 | $0 copay for members age 40 through 75 |
| *simvastatin tabs 80mg* | 1 | ST; PA**; Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS*** | | |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg* | 1 | |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | |
| VASCEPA CAPS .5GM, 1GM | 1 | |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | | |
| REPATHA SOSY 140MG/ML | 2 | QL (3 syringes every 28 days) |
| REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML | 2 | QL (1 injection every 28 days) |
| REPATHA SURECLICK SOAJ 140MG/ML | 2 | QL (3 pens every 28 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl caps 200mg, 400mg* | 1 | |
| *atenolol tabs 25mg, 50mg, 100mg* | 1 | |
| *betaxolol hcl tabs 10mg, 20mg* | 1 | |
| *bisoprolol fumarate tabs 5mg, 10mg* | 1 | |
| *carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg* | 1 | |
| *carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg* | 1 | |
| *labetalol hcl tabs 100mg, 200mg, 300mg* | 1 | |
| *metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg* | 1 | |
| *metoprolol tartrate tabs 25mg, 50mg, 100mg* | 1 | |
| *nadolol tabs 20mg, 40mg, 80mg* | 1 | |
| *nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg* | 1 | |
| *pindolol tabs 5mg, 10mg* | 1 | |
| *propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg* | 1 | |
| *timolol maleate tabs 5mg, 10mg, 20mg* | 1 | |
| ***CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS*** | | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate tabs 2.5mg, 5mg, 10mg* | 1 | |
| *cartia xt cp24 120mg, 180mg, 240mg, 300mg* | 1 | |
| *dilt-xr cp24 120mg, 180mg, 240mg* | 1 | |
| *diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg* | 1 | |
| *diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg* | 1 | |
| *diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg* | 1 | |
| *felodipine tb24 2.5mg, 5mg, 10mg* | 1 | |
| *isradipine caps 2.5mg, 5mg* | 1 | |
| *matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg* | 1 | |
| *nicardipine hcl caps 20mg, 30mg* | 1 | |
| *nifedipine tb24 30mg, 60mg, 90mg* | 1 | |
| *nimodipine caps 30mg* | 1 | |
| *nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg* | 1 | |
| *verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg* | 1 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg* | 1 | |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS*** | | |
| *aliskiren fumarate tabs 150mg, 300mg* | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide cp12 500mg; tabs 125mg, 250mg* | 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl tabs 5mg* | 1 | |
| *bumetanide tabs .5mg, 1mg, 2mg* | 1 | |
| *chlorthalidone tabs 25mg, 50mg* | 1 | |
| DIURIL SUSP 250MG/5ML | 3 | |
| *ethacrynic acid tabs 25mg* | 3 | |
| *furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg* | 1 | |
| *hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg* | 1 | |
| *indapamide tabs 1.25mg, 2.5mg* | 1 | |
| *mannitol soln 20%, 25%* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *methazolamide tabs 25mg, 50mg* | 1 | |
| *metolazone tabs 2.5mg, 5mg, 10mg* | 1 | |
| *osmitrol viaflex soln 10%* | 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *torsemide tabs 5mg, 10mg, 20mg, 100mg* | 1 | |
| *triamterene caps 50mg, 100mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***HEART FAILURE*** | | |
| CORLANOR SOLN 5MG/5ML | 2 | |
| ENTRESTO CAP 6-6MG | 3 | |
| ENTRESTO CAP 15-16MG | 3 | |
| ENTRESTO TAB 24-26MG | 3 | |
| ENTRESTO TAB 49-51MG | 3 | |
| ENTRESTO TAB 97-103MG | 3 | |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* | 1 | |
| *ivabradine hcl tabs 5mg, 7.5mg* | 1 | |
| *sacubitril-valsartan tab 24-26 mg* | 1 | |
| *sacubitril-valsartan tab 49-51 mg* | 1 | |
| *sacubitril-valsartan tab 97-103 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr* | 1 | |
| *clonidine hcl tabs .1mg, .2mg, .3mg* | 1 | |
| *guanfacine hcl tabs 1mg, 2mg* | 1 | |
| *hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg* | 1 | |
| *methyldopa tabs 250mg, 500mg* | 1 | |
| *midodrine hcl tabs 2.5mg, 5mg, 10mg* | 1 | |
| *minoxidil tabs 2.5mg, 10mg* | 1 | |
| *phenoxybenzamine hcl caps 10mg* | 4 | PA, QL (360 caps every 30 days) |
| *ranolazine tb12 500mg, 1000mg* | 1 | ST; PA** |
| ***NITRATES*** | | |
| *isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg* | 1 | |
| *isosorbide mononitrate tb24 30mg, 60mg, 120mg* | 1 | |
| NITRO-BID OINT 2% | 3 | |
| NITRO-DUR PT24 .3MG/HR, .8MG/HR | 2 | |
| *nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg* | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG | 4 | PA, QL (90 tabs every 30 days) |
| *ambrisentan tabs 5mg, 10mg* | 4 | PA, QL (30 tabs every 30 days) |
| *bosentan tabs 62.5mg, 125mg* | 4 | PA, QL (60 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *bosentan tbso 32mg* | 4 | PA, QL (112 tabs every 28 days) |
| OPSUMIT TABS 10MG | 4 | PA, QL (30 tabs every 30 days) |
| *sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml* | 4 | PA |
| *sildenafil citrate (pulmonary hypertension) tabs 20mg* | 4 | PA, QL (360 tabs every 30 days) |
| *tadalafil (pulmonary hypertension) tabs 20mg* | 4 | PA, QL (60 tabs every 30 days) |
| *treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml* | 4 | PA |
| TYVASO SOLN .6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| TYVASO REFILL KIT SOLN .6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| TYVASO STARTER KIT SOLN .6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| UPTRAVI SOLR 1800MCG | 4 | PA |
| UPTRAVI TABS 200MCG | 4 | PA, QL (140 tabs every 28 days) |
| UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI PACK TAB 200/800 | 4 | PA, QL (1 pack every 28 days) |
| VENTAVIS SOLN 10MCG/ML, 20MCG/ML | 4 | PA, QL (270 ampules every 30 days) |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ALCOHOL DETERRENTS*** | | |
| *acamprosate calcium tbec 333mg* | 1 | PA |
| *disulfiram tabs 250mg, 500mg* | 1 | |
| ***AMYOTROPHIC LATERAL SCLEROSIS (ALS)*** | | |
| *riluzole tabs 50mg* | 1 | |
| ***ANTIANXIETY*** | | |
| *alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg* | 1 | QL (150 tabs every 30 days) |
| ALPRAZOLAM INTENSOL CONC 1MG/ML | 2 | QL (300 mL every 30 days) |
| *buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg* | 1 | |
| *chlordiazepoxide hcl caps 5mg, 10mg, 25mg* | 1 | QL (360 caps every 30 days) |
| *clomipramine hcl caps 25mg, 50mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| *clomipramine hcl caps 75mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *lorazepam conc 2mg/ml* | 1 | QL (150 mL every 30 days) |
| *lorazepam tabs .5mg, 1mg, 2mg* | 1 | QL (150 tabs every 30 days) |
| *meprobamate tabs 200mg, 400mg* | 1 | |
| *oxazepam caps 10mg, 15mg, 30mg* | 1 | QL (120 caps every 30 days) |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg* | 1 | |
| *galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg* | 1 | |
| *memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| *rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr* | 1 | |
| *rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg* | 1 | |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl tabs 10mg* | 1 | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 25mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 50mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tabs 75mg, 100mg, 150mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *amoxapine tabs 25mg, 50mg, 100mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *amoxapine tabs 150mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg* | 1 | |
| *citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg* | 1 | |
| *desipramine hcl tabs 10mg, 25mg, 50mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tabs 75mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *desipramine hcl tabs 100mg, 150mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *desvenlafaxine succinate tb24 25mg, 50mg, 100mg* | 1 | (generic of Pristiq) |
| *doxepin hcl caps 10mg, 25mg, 50mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl caps 75mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl caps 100mg, 150mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl conc 10mg/ml* | 1 | QL (450 mL every 30 days); QL applies to members age 65 and older |
| *duloxetine hcl cpep 20mg, 30mg, 60mg* | 1 | |
| EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR | 3 | PA |
| *escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg* | 1 | |
| FETZIMA CP24 20MG, 40MG, 80MG, 120MG | 3 | |
| FETZIMA CAP TITRATIO | 3 | |
| *fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml* | 1 | |
| *fluoxetine hcl tabs 10mg, 20mg* | 1 | (generic Sarafem not covered) |
| *imipramine hcl tabs 10mg, 25mg* | 1 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| *imipramine hcl tabs 50mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate caps 75mg, 100mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate caps 125mg, 150mg* | 1 | PA; High strength requires PA for members age 65 and older |
| MARPLAN TABS 10MG | 3 | |
| *mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg* | 1 | |
| *nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg* | 1 | |
| *nortriptyline hcl caps 10mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *nortriptyline hcl caps 25mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl caps 50mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl caps 75mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *nortriptyline hcl soln 10mg/5ml* | 1 | QL (750 mL every 30 days); QL applies to members age 65 and older |
| *paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg* | 1 | |
| *phenelzine sulfate tabs 15mg* | 1 | |
| *protriptyline hcl tabs 5mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *protriptyline hcl tabs 10mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg* | 1 | |
| *tranylcypromine sulfate tabs 10mg* | 1 | |
| *trazodone hcl tabs 50mg, 100mg, 150mg, 300mg* | 1 | |
| *trimipramine maleate caps 25mg, 50mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *trimipramine maleate caps 100mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| TRINTELLIX TABS 5MG, 10MG, 20MG | 3 | ST; PA** |
| *venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg* | 1 | |
| *vilazodone hcl tabs 10mg, 20mg, 40mg* | 1 | |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg* | 1 | |
| APOKYN SOCT 30MG/3ML | 5 | ST, PA, QL (20 cartridges every 30 days) |
| *benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg* | 1 | |
| *bromocriptine mesylate caps 5mg; tabs 2.5mg* | 1 | |
| *carbidopa tabs 25mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| *entacapone tabs 200mg* | 1 | |
| INBRIJA CAPS 42MG | 4 | PA, QL (300 caps every 30 days) |
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR | 2 | |
| ONGENTYS CAPS 25MG, 50MG | 3 | PA |
| *pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg* | 1 | |
| *rasagiline mesylate tabs .5mg, 1mg* | 1 | |
| *ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg* | 1 | |
| *selegiline hcl caps 5mg; tabs 5mg* | 1 | |
| *trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg* | 1 | |
| ***ANTIPSYCHOTICS*** | | |
| *aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg* | 1 | |
| ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML | 2 | |
| ARISTADA INITIO PRSY 675MG/2.4ML | 2 | |
| *asenapine maleate subl 2.5mg, 5mg, 10mg* | 1 | |
| *chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg* | 1 | |
| *clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 351MG/2.25ML | 2 | |
| *fluphenazine decanoate soln 25mg/ml* | 1 | |
| *fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg* | 1 | |
| *haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg* | 1 | |
| *haloperidol decanoate soln 50mg/ml, 100mg/ml* | 1 | |
| *haloperidol lactate conc 2mg/ml; soln 5mg/ml* | 1 | |
| *loxapine succinate caps 5mg, 10mg, 25mg, 50mg* | 1 | |
| *lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg* | 1 | |
| *olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg* | 1 | |
| *paliperidone tb24 1.5mg, 3mg, 6mg, 9mg* | 1 | |
| *perphenazine tabs 2mg, 4mg, 8mg, 16mg* | 1 | |
| *quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg* | 1 | |
| *risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg* | 1 | |
| RYKINDO SRER 25MG, 37.5MG, 50MG | 2 | |
| *thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg* | 1 | |
| *thiothixene caps 1mg, 2mg, 5mg, 10mg* | 1 | |
| *trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg* | 1 | |
| VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG | 2 | ST; PA** |
| *ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg* | 1 | |
| ***ANTISEIZURE AGENTS*** | | |
| *carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg* | 1 | |
| *clobazam susp 2.5mg/ml; tabs 10mg, 20mg* | 1 | |
| *clonazepam tabs .5mg, 1mg, 2mg* | 1 | |
| *clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg* | 1 | QL (180 tabs every 30 days) |
| *diazepam soln 5mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *diazepam soln 5mg/ml* | 1 | |
| *diazepam tabs 2mg, 5mg, 10mg* | 1 | QL (120 tabs every 30 days) |
| *diazepam intensol conc 5mg/ml* | 1 | QL (240 mL every 30 days) |
| DILANTIN CAPS 30MG | 3 | |
| *divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg* | 1 | |
| *ethosuximide caps 250mg; soln 250mg/5ml* | 1 | |
| *felbamate susp 600mg/5ml; tabs 400mg, 600mg* | 1 | |

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|---|---|---|
| *fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml* | 1 | |
| FYCOMPA SUSP .5MG/ML | 3 | |
| *gabapentin caps 100mg, 300mg, 400mg* | 1 | QL (6 caps every day) |
| *gabapentin soln 250mg/5ml* | 1 | QL (72 mL every day) |
| *gabapentin tabs 600mg* | 1 | QL (6 tabs every day) |
| *gabapentin tabs 800mg* | 1 | QL (4 tabs every day) |
| *lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg* | 1 | |
| *lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg* | 1 | |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | 1 | |
| *levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg* | 1 | |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | 1 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | 1 | |
| *methsuximide caps 300mg* | 1 | |
| NAYZILAM SOLN 5MG/0.1ML | 2 | QL (10 units every 30 days) |
| *oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg* | 1 | |
| *perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg* | 1 | |
| *phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg* | 1 | |
| *phenytoin susp 125mg/5ml* | 1 | |
| *phenytoin infatabs chew 50mg* | 1 | |
| *phenytoin sodium soln 50mg/ml* | 1 | |
| *phenytoin sodium extended caps 100mg, 200mg, 300mg* | 1 | |
| *pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml* | 1 | ST; PA** |
| *primidone tabs 50mg, 250mg* | 1 | |
| *rufinamide susp 40mg/ml; tabs 200mg, 400mg* | 1 | |
| *tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg* | 1 | |
| *topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg* | 1 | |
| *valproate sodium soln 100mg/ml, 250mg/5ml* | 1 | |
| *valproic acid caps 250mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *vigabatrin pack 500mg* | 4 | PA, QL (180 packets every 30 days) |
| *vigabatrin tabs 500mg* | 4 | PA, QL (180 tabs every 30 days) |
| XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG | 2 | |
| XCOPRI PAK 12.5-25 | 2 | |
| XCOPRI PAK 50-100MG | 2 | |
| XCOPRI PAK 100-150 | 2 | |
| XCOPRI PAK 150-200 | 2 | |
| *zonisamide caps 25mg, 50mg, 100mg* | 1 | |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| ADZENYS XR-ODT TBED 3.1MG, 6.3MG, 9.4MG | 3 | QL (60 tabs every 30 days) |
| ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG | 3 | QL (30 tabs every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 1 | QL (90 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 1 | QL (90 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | QL (90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | QL (30 tabs every 30 days) |
| *atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg* | 1 | |
| AZSTARYS CAP 26.1-5.2 | 2 | QL (30 caps every 30 days) |
| AZSTARYS CAP 39.2-7.8 | 2 | QL (30 caps every 30 days) |
| AZSTARYS CAP 52.3-10. | 2 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl tabs 2.5mg, 5mg* | 1 | QL (120 tabs every 30 days) |
| *dexmethylphenidate hcl tabs 10mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate cp24 5mg, 10mg* | 1 | QL (120 caps every 30 days) |
| *dextroamphetamine sulfate cp24 15mg* | 1 | QL (60 caps every 30 days) |
| *dextroamphetamine sulfate soln 5mg/5ml* | 1 | QL (1,200 mL every 30 days) |
| *dextroamphetamine sulfate tabs 5mg, 10mg* | 1 | QL (120 tabs every 30 days) |
| *dextroamphetamine sulfate tabs 15mg, 20mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tabs 30mg* | 1 | QL (30 tabs every 30 days) |
| *guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg* | 1 | |

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|---|---|---|
| *lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg* | 1 | QL (60 caps every 30 days) |
| *lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg* | 1 | QL (60 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg* | 1 | QL (30 chew tabs every 30 days) |
| *methamphetamine hcl tabs 5mg* | 1 | QL (150 tabs every 30 days) |
| *methylphenidate hcl chew 2.5mg, 5mg, 10mg* | 1 | QL (180 chew tabs every 30 days) |
| *methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl soln 5mg/5ml* | 1 | QL (1800 mL every 30 days) |
| *methylphenidate hcl soln 10mg/5ml* | 1 | QL (900 mL every 30 days) |
| *methylphenidate hcl tabs 5mg, 10mg* | 1 | QL (180 tabs every 30 days) |
| *methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tbcr 18mg, 27mg, 36mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tbcr 54mg* | 1 | QL (30 tabs every 30 days) |
| *zenzedi tabs 2.5mg, 7.5mg* | 1 | QL (120 tabs every 30 days) |
| ***FIBROMYALGIA*** | | |
| SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG | 3 | ST; PA** |
| SAVELLA MIS TITR PAK | 3 | ST; PA** |
| ***HYPNOTICS*** | | |
| BELSOMRA TABS 5MG, 10MG, 15MG, 20MG | 2 | ST; PA** |
| *cvs sleep-aid nighttime tabs 25mg* | 1 | OTC |
| DAYVIGO TABS 5MG, 10MG | 2 | PA, QL (30 tabs every 30 days) |
| *doxepin hcl (sleep) tabs 3mg, 6mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *estazolam tabs 1mg, 2mg* | 3 | QL (15 tabs every 30 days) |
| *eszopiclone tabs 1mg, 2mg, 3mg* | 1 | QL (15 tabs every 30 days) |
| *ramelteon tabs 8mg* | 1 | QL (15 tabs every 30 days) |
| *tasimelteon caps 20mg* | 4 | PA, QL (30 caps every 30 days) |
| *temazepam caps 7.5mg, 15mg, 22.5mg, 30mg* | 1 | QL (15 caps every 30 days) |
| *triazolam tabs .125mg, .25mg* | 3 | QL (10 tabs every 30 days) |
| *zaleplon caps 5mg, 10mg* | 1 | QL (15 caps every 30 days) |
| *zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg* | 1 | QL (15 tabs every 30 days) |
| ***MIGRAINE - ERGOTAMINE DERIVATIVES*** | | |
| *dihydroergotamine mesylate soln 1mg/ml* | 1 | |
| ERGOMAR SUBL 2MG | 3 | |

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|---|---|---|
| *ergotamine w/ caffeine tab 1-100 mg* | 3 | |
| ***MIGRAINE - MISCELLANEOUS*** | | |
| QULIPTA TABS 10MG, 30MG, 60MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| UBRELVY TABS 50MG, 100MG | 2 | ST, QL (16 tabs every 30 days); PA** |
| ***MIGRAINE - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG SOAJ 70MG/ML, 140MG/ML | 2 | ST, QL (1 injection every 30 days); PA** |
| EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML | 2 | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| EMGALITY SOSY 100MG/ML | 2 | ST, QL (3 injections every 30 days); PA** |
| ***MIGRAINE - TRIPTANS AND COMBINATIONS*** | | |
| *almotriptan malate tabs 6.25mg, 12.5mg* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tabs 20mg, 40mg* | 1 | QL (12 tabs every 30 days) |
| *naratriptan hcl tabs 1mg, 2.5mg* | 1 | QL (12 tabs every 30 days) |
| *rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg* | 1 | QL (18 tabs every 30 days) |
| *sumatriptan soln 5mg/act* | 1 | QL (24 sprays every 30 days) |
| *sumatriptan soln 20mg/act* | 1 | QL (12 sprays every 30 days) |
| *sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml* | 1 | QL (18 syringes every 30 days) |
| *sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml* | 1 | QL (12 units every 30 days) |
| *sumatriptan succinate soln 6mg/0.5ml* | 1 | QL (12 vials every 30 days) |
| *sumatriptan succinate tabs 25mg, 50mg, 100mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan-naproxen sodium tab 85-500 mg* | 3 | ST, QL (9 tabs every 30 days); PA** |
| *zolmitriptan soln 5mg* | 1 | QL (12 sprays every 30 days) |
| *zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg* | 1 | QL (12 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| EVRYSDI SOLR .75MG/ML | 5 | PA, QL (2 bottles every 24 days) |
| EVRYSDI TABS 5MG | 5 | PA, QL (30 tabs every 30 days) |
| ***MOOD STABILIZERS*** | | |
| *lithium soln 8meq/5ml* | 1 | |
| *lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg* | 1 | |
| ***MOVEMENT DISORDERS*** | | |
| AUSTEDO TABS 6MG | 4 | PA, QL (60 tabs every 30 days) |

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|---|---|---|
| AUSTEDO TABS 9MG, 12MG | 4 | PA, QL (120 tabs every 30 days) |
| *tetrabenazine tabs 12.5mg* | 4 | PA, QL (120 tabs every 30 days) |
| *tetrabenazine tabs 25mg* | 4 | PA, QL (60 tabs every 30 days) |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BETASERON KIT .3MG | 4 | PA, QL (14 injections every 28 days) |
| *dalfampridine tb12 10mg* | 4 | PA, QL (60 tabs every 30 days) |
| *dimethyl fumarate cpdr 120mg* | 4 | PA, QL (14 caps every 28 days) |
| *dimethyl fumarate cpdr 240mg* | 4 | PA, QL (60 caps every 30 days) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | 4 | PA, QL (1 kit every 30 days) |
| *fingolimod hcl caps .5mg* | 4 | PA, QL (30 caps every 30 days) |
| *glatiramer acetate sosy 40mg/ml* | 2 | PA, QL (12 syringes every 28 days) |
| *glatopa sosy 20mg/ml* | 2 | PA, QL (30 injections every 30 days) |
| KESIMPTA SOAJ 20MG/0.4ML | 4 | PA, QL (1 pen every 28 days) |
| *teriflunomide tabs 7mg, 14mg* | 4 | PA, QL (30 tabs every 30 days) |
| TYSABRI CONC 300MG/15ML | 4 | PA, QL (1 vial every 28 days) |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen tabs 5mg, 10mg, 20mg* | 1 | |
| *carisoprodol tabs 350mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *chlorzoxazone tabs 500mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *cyclobenzaprine hcl tabs 5mg, 10mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *dantrolene sodium caps 25mg, 50mg, 100mg* | 1 | |
| *metaxalone tabs 800mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *methocarbamol tabs 500mg, 750mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *norgesic tab* | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *orphenadrine citrate soln 30mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *orphenadrine citrate tb12 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *tizanidine hcl tabs 2mg, 4mg* | 1 | |
| ***MYASTHENIA GRAVIS*** | | |
| *pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg* | 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil tabs 50mg* | 1 | PA, QL (60 tabs every 30 days) |
| *armodafinil tabs 150mg, 200mg, 250mg* | 1 | PA, QL (30 tabs every 30 days) |
| *modafinil tabs 100mg, 200mg* | 1 | PA, QL (60 tabs every 30 days) |
| SODIUM OXYBATE SOLN 500MG/ML | 4 | PA, QL (540mL every 30 days) |
| SUNOSI TABS 75MG, 150MG | 2 | PA, QL (30 tabs every 30 days) |
| XYWAV SOL 0.5GM/ML | 4 | PA, QL (540 ml every 30 days) |
| ***OPIOID AGONIST/ANTAGONIST*** | | |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | QL (3 units every day) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | QL (3 units every day) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | QL (3 units every day) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | QL (2 units every day) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 0 | QL (3 tabs every day); $0 copay |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 0 | QL (3 tabs every day); $0 copay |
| ZUBSOLV SUB 0.7-0.18 | 2 | QL (3 units every day) |
| ZUBSOLV SUB 1.4-0.36 | 2 | QL (3 units every day) |
| ZUBSOLV SUB 2.9-0.71 | 2 | QL (3 units every day) |
| ZUBSOLV SUB 5.7-1.4 | 2 | QL (3 units every day) |
| ZUBSOLV SUB 8.6-2.1 | 2 | QL (2 units every day) |
| ZUBSOLV SUB 11.4-2.9 | 2 | QL (1 unit every day) |
| ***OPIOID ANTAGONIST*** | | |
| *naloxone hcl liqd 4mg/0.1ml* | 1 | OTC |
| *naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml* | 1 | |
| *naltrexone hcl tabs 50mg* | 0 | $0 copay |
| NARCAN LIQD 4MG/0.1ML | 1 | OTC |
| ***OPIOID PARTIAL AGONISTS*** | | |
| *buprenorphine hcl subl 2mg, 8mg* | 0 | QL (90 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *chlordiazepoxide-amitriptyline tab 5-12.5 mg* | 3 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| *chlordiazepoxide-amitriptyline tab 10-25 mg* | 3 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *lofexidine hcl tabs .18mg* | 1 | |
| NUEDEXTA CAP 20-10MG | 2 | PA |
| *perphenazine-amitriptyline tab 2-10 mg* | 3 | QL (150 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 2-25 mg* | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-10 mg* | 3 | QL (120 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-25 mg* | 3 | QL (60 units every 30 days); QL applies to members age 65 and older |
| *perphenazine-amitriptyline tab 4-50 mg* | 3 | QL (30 units every 30 days); QL applies to members age 65 and older |
| *pimozide tabs 1mg, 2mg* | 1 | |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent) tb12 150mg* | 0 | $0 limited to 2 treatment cycles/year |
| *goodsense nicotine polacr gum 4mg; lozg 4mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex gum 2mg, 4mg; lozg 2mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine step 3 pt24 7mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine transdermal syst pt24 7mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INHALER INHA 10MG | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10MG/ML | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |

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|---|---|---|
| *varenicline tartrate tabs .5mg, 1mg* | 0 | $0 limited to 2 treatment cycles/year |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | 0 | $0 limited to 2 treatment cycles/year |
| **ENDOCRINE AND METABOLIC** | | |
| ***ACROMEGALY*** | | |
| *octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate soln 200mcg/ml* | 4 | PA, QL (225 ml every 30 days) |
| *octreotide acetate soln 1000mcg/ml* | 4 | PA, QL (45 ml every 30 days) |
| SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML | 4 | PA, QL (1 injection every 28 days) |
| SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG | 4 | PA, QL (30 vials every 30 days) |
| ***ANDROGENS*** | | |
| *testosterone gel 10mg/act, 25mg/2.5gm* | 1 | PA |
| *testosterone cypionate soln 100mg/ml, 200mg/ml* | 1 | PA |
| *testosterone enanthate soln 200mg/ml* | 1 | PA |
| ***ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| *acarbose tabs 25mg, 50mg, 100mg* | 1 | |
| *miglitol tabs 25mg, 50mg, 100mg* | 1 | |
| ***ANTIDIABETICS, AMYLIN ANALOGS*** | | |
| SYMLINPEN 60 SOPN 1500MCG/1.5ML | 3 | ST; PA** |
| SYMLINPEN 120 SOPN 2700MCG/2.7ML | 3 | ST; PA** |
| ***ANTIDIABETICS, BIGUANIDE*** | | |
| *metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg* | 1 | |
| *metformin hcl tabs 850mg* | 1 | $0 copay for members age 35-70 for prevention of diabetes |
| ***ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS*** | | |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS*** | | |
| *alogliptin-metformin hcl tab 12.5-500 mg* | 1 | ST; PA** |
| *alogliptin-metformin hcl tab 12.5-1000 mg* | 1 | ST; PA** |
| JANUMET TAB 50-500MG | 2 | ST; PA** |
| JANUMET TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 50-500MG | 2 | ST; PA** |
| JANUMET XR TAB 50-1000 | 2 | ST; PA** |
| JANUMET XR TAB 100-1000 | 2 | ST; PA** |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| *alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg* | 1 | ST; PA** |
| JANUVIA TABS 25MG, 50MG, 100MG | 2 | ST; PA** |

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|---|---|---|
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | | |
| *liraglutide sopn 18mg/3ml* | 1 | ST, QL (3 pens every 30 days); PA** |
| MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 2 | ST, QL (4 pens every 28 days); PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS*** | | |
| SOLIQUA INJ 100/33 | 2 | ST; PA** |
| XULTOPHY INJ 100/3.6 | 2 | ST; PA** |
| ***ANTIDIABETICS, INSULIN*** | | |
| BASAGLAR KWIKPEN SOPN 100UNIT/ML | 2 | |
| BASAGLAR TEMPO PEN SOPN 100UNIT/ML | 2 | |
| FIASP SOLN 100UNIT/ML | 2 | |
| FIASP FLEXTOUCH SOPN 100UNIT/ML | 2 | |
| FIASP PENFILL SOCT 100UNIT/ML | 2 | |
| FIASP PUMPCART SOCT 100UNIT/ML | 2 | |
| HUMULIN INJ 70/30 | 3 | OTC |
| HUMULIN INJ 70/30KWP | 3 | OTC |
| HUMULIN N SUSP 100UNIT/ML | 3 | OTC |
| HUMULIN N KWIKPEN SUPN 100UNIT/ML | 3 | OTC |
| HUMULIN R SOLN 100UNIT/ML | 3 | OTC |
| HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML | 2 | |
| HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML | 2 | |
| INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML | 2 | |
| NOVOLIN INJ 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 2 | OTC; RELION not covered |
| NOVOLIN N SUSP 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN SUPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R SOLN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN SOPN 100UNIT/ML | 2 | OTC; RELION not covered |
| NOVOLOG SOLN 100UNIT/ML | 2 | |
| NOVOLOG FLEXPEN SOPN 100UNIT/ML | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100UNIT/ML | 2 | |
| TRESIBA SOLN 100UNIT/ML | 2 | |
| TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML | 2 | |

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|---|---|---|
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | | |
| *pioglitazone hcl tabs 15mg, 30mg, 45mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | |
| ***ANTIDIABETICS, MEGLITINIDE*** | | |
| *nateglinide tabs 60mg, 120mg* | 1 | |
| *repaglinide tabs .5mg, 1mg, 2mg* | 1 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS*** | | |
| SYNJARDY TAB | 2 | ST; PA** |
| SYNJARDY TAB 5-500MG | 2 | ST; PA** |
| SYNJARDY TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY TAB 12.5-500 | 2 | ST; PA** |
| SYNJARDY XR TAB | 2 | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | 2 | ST; PA** |
| SYNJARDY XR TAB 10-1000 | 2 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS*** | | |
| GLYXAMBI TAB 10-5 MG | 2 | ST; PA** |
| GLYXAMBI TAB 25-5 MG | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS*** | | |
| JARDIANCE TABS 10MG, 25MG | 2 | ST; PA** |
| ***ANTIDIABETICS, SULFONYLUREA*** | | |
| *glimepiride tabs 1mg, 2mg, 4mg* | 1 | |
| *glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg* | 1 | |
| ***CALCIUM RECEPTOR AGONISTS*** | | |
| *cinacalcet hcl tabs 30mg, 60mg* | 4 | PA, QL (60 tabs every 30 days) |
| *cinacalcet hcl tabs 90mg* | 4 | PA, QL (120 tabs every 30 days) |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | | |
| *alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg* | 1 | |
| FOSAMAX + D TAB 70-2800 | 3 | |
| FOSAMAX + D TAB 70-5600 | 3 | |
| *ibandronate sodium soln 3mg/3ml; tabs 150mg* | 1 | |
| *pamidronate disodium soln 30mg/10ml* | 1 | |
| *risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg* | 1 | |

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|---|---|---|
| *zoledronic acid conc 4mg/5ml; soln 5mg/100ml* | 4 | PA |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | | |
| *calcitonin (salmon) soln 200unit/act* | 1 | |
| PROLIA SOSY 60MG/ML | 4 | PA, QL (60mg every 24 weeks) |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | | |
| TYMLOS SOPN 3120MCG/1.56ML | 4 | PA, QL (1 pen every 30 days) |
| ***CENTRAL PRECOCIOUS PUBERTY*** | | |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG | 4 | PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45MG | 4 | PA |
| SUPPRELIN LA KIT 50MG | 4 | PA |
| TRIPTODUR SRER 22.5MG | 4 | PA |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100MG | 3 | |
| *deferiprone tabs 500mg, 1000mg* | 4 | PA |
| FERRIPROX SOLN 100MG/ML | 4 | PA |
| FERRIPROX TWICE-A-DAY TABS 1000MG | 4 | PA |
| *penicillamine tabs 250mg* | 4 | |
| ***CONTRACEPTIVES*** | | |
| *altavera tab* | 0 | |
| *alyacen tab 1/35* | 0 | |
| *alyacen tab 7/7/7* | 0 | |
| *amethyst tab 90-20mcg* | 0 | |
| ANNOVERA MIS | 0 | QL (1 every 300 days) |
| *apri tab* | 0 | |
| *aranelle tab* | 0 | |
| *ashlyna tab* | 0 | |
| AVERI TAB | 0 | |
| *aviane tab* | 0 | |
| *azurette tab* | 0 | |
| *camila tabs .35mg* | 0 | |
| *camrese tab* | 0 | |
| CAYA DPR | 0 | QL (1 every 300 days) |
| *chateal eq tab 0.15/30* | 0 | |
| CONDOMS MIS | 0 | QL (12 condoms every 30 days), OTC |
| *cryselle-28 tab 28 tabs* | 0 | |
| *dasetta tab 1/35* | 0 | |
| *dasetta tab 7/7/7* | 0 | |
| *delyla tab 0.1-0.02* | 0 | |
| DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML | 0 | QL (4 inj every 300 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 0 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 0 | |
| DUREX MIS REALFEEL | 0 | QL (12 condoms every 30 days), OTC |
| *elinest tab* | 0 | |
| ELLA TABS 30MG | 0 | |
| *enpresse-28 tab* | 0 | |
| *enskyce tab* | 0 | |
| *errin tabs .35mg* | 0 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 0 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 0 | QL (13 every 300 days) |
| *falmina tab* | 0 | |
| FC2 FEMALE MIS CONDOM | 0 | QL (12 condoms every 30 days), OTC |
| FEMCAP MIS 22MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 every 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 every 300 days) |
| FEMLYV TAB 1/0.02MG | 0 | |
| *galbriela chw* | 0 | |
| *gemmily cap 1/20* | 0 | |
| *heather tabs .35mg* | 0 | |
| *introvale tab* | 0 | |
| *jolessa tab* | 0 | |
| *junel 1.5/30 tab* | 0 | |
| *junel 1/20 tab* | 0 | |
| *junel fe 24 tab 1/20* | 0 | |
| *junel fe tab 1.5/30* | 0 | |
| *junel fe tab 1/20* | 0 | |
| *kariva tab 28 day* | 0 | |
| *kelnor tab 1/35* | 0 | |
| *kurvelo tab 0.15/30* | 0 | |
| KYLEENA IUD 19.5MG | 0 | QL (1 every 300 days) |
| *larin tab 1.5/30* | 0 | |
| *leena tab* | 0 | |
| *lessina tab* | 0 | |
| *levonest tab* | 0 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 0 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 0 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 0 | |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 0 | |
| *levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)* | 0 | |
| *levora-28 tab 0.15/30* | 0 | |
| LILETTA IUD 20.1MCG/DAY | 0 | QL (1 every 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| *loryna tab 3-0.02mg* | 0 | |
| *low-ogestrel tab* | 0 | |
| *lutera tab* | 0 | |
| *marlissa tab 0.15/30* | 0 | |
| *medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml* | 0 | QL (4 inj every 300 days) |
| *microgestin tab 1.5/30* | 0 | |
| MIRENA IUD 20MCG/DAY | 0 | QL (1 every 300 days) |
| MIUDELLA IUD COPPER | 0 | QL (1 unit every 300 days) |
| *mono-linyah tab 0.25-35* | 0 | |
| NATAZIA TAB | 0 | |
| *necon tab 0.5/35* | 0 | |
| NEXPLANON IMPL 68MG | 0 | QL (1 every 300 days) |
| NEXTSTELLIS TAB 3-14.2MG | 0 | |
| *nikki tab 3-0.02mg* | 0 | |
| *nora-be tabs .35mg* | 0 | |
| *norethindrone (contraceptive) tabs .35mg* | 0 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 0 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | 0 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 0 | |
| *nortrel tab 0.5/35* | 0 | |
| *nortrel tab 1/35* | 0 | |
| *nortrel tab 7/7/7* | 0 | |
| *nylia tab 1/35* | 0 | |
| *ocella tab 3-0.03mg* | 0 | |
| OMNIFLEX DPR | 0 | QL (1 every 300 days) |
| OPILL TABS .075MG | 0 | OTC |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| PARAGARD IUD T380A | 0 | QL (1 unit every 300 days) |
| *portia-28 tab* | 0 | |
| *reclipsen tab* | 0 | |
| *rivelsa tab* | 0 | |
| SKYLA IUD 13.5MG | 0 | QL (1 every 300 days) |
| SLYND TABS 4MG | 0 | |
| *sprintec 28 tab 28 day* | 0 | |
| *sronyx tab* | 0 | |
| *syeda tab 3-0.03mg* | 0 | |
| *take action tabs 1.5mg* | 0 | OTC |
| *tilia fe tab* | 0 | |
| *tri-linyah tab* | 0 | |
| *tri-sprintec tab* | 0 | |
| TRUSTEX/RIA MIS NON-LUB | 0 | QL (12 condoms every 30 days), OTC |
| TRUSTX NON-9 MIS RIB/STUD | 0 | QL (12 condoms every 30 days), OTC |
| TWIRLA DIS 120-30 | 0 | |
| TYBLUME CHW 0.1-0.02 | 0 | |
| *velivet pak* | 0 | |
| *viorele tab* | 0 | |
| *vyfemla tab 0.4-35* | 0 | |
| *wera tab 0.5/35* | 0 | |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 every 300 days) |
| *xelria fe chw 0.4mg-35* | 0 | |
| *xulane dis 150-35* | 0 | |
| *zovia 1/35 tab* | 0 | |
| ***DIABETIC SUPPLIES*** | | |
| ACCU-CHEK BLOOD GLUCOSE TEST KITS | 2 | OTC |
| ACCU-CHEK BLOOD GLUCOSE TEST STRIPS | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK LIQ COMPACT | 2 | OTC |
| ACCU-CHEK LIQ GUIDE | 2 | OTC |
| ACCU-CHEK LIQ SMART | 2 | OTC |
| ACCU-CHEK SOL | 2 | OTC |
| ACCU-CHEK SOL COMPACT | 2 | OTC |
| ALCOHOL PREP PAD | 2 | OTC |
| CHEMSTRIP 2 TES GP | 3 | OTC |
| CHEMSTRIP 5 TES OB | 3 | OTC |
| CHEMSTRIP 7 TES | 3 | OTC |
| CHEMSTRIP 9 TES STRIPS | 3 | OTC |
| CHEMSTRIP 10 TES MD | 3 | OTC |
| CHEMSTRIP K TES | 3 | OTC |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| CHEMSTRIP TES -10 SG | 3 | OTC |
| CHEMSTRIP TES UGK | 3 | OTC |
| CVS KETONE TES CARE | 3 | OTC |
| DEXCOM G5 MIS RECEIVER | 2 | |
| DEXCOM G5 MIS TRANSMIT | 2 | |
| DEXCOM G6 MIS RECEIVER | 2 | |
| DEXCOM G6 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| DEXCOM G6 MIS TRANSMIT | 2 | |
| DEXCOM G7 MIS RECEIVER | 2 | |
| DEXCOM G7 MIS SENSOR | 2 | QL (3 sensors every 30 days) |
| DIASCREEN 3 MIS | 3 | OTC |
| DIASCREEN 5 MIS | 3 | OTC |
| DIASCREEN 6 MIS | 3 | OTC |
| DIASCREEN 7 MIS | 3 | OTC |
| DIASCREEN 8 MIS | 3 | OTC |
| DIASCREEN 9 MIS | 3 | OTC |
| DIASCREEN 10 MIS | 3 | OTC |
| DIASCREEN MIS 1B | 3 | OTC |
| DIASCREEN MIS 1G | 3 | OTC |
| DIASCREEN MIS 1K | 3 | OTC |
| DIASCREEN MIS 2GK | 3 | OTC |
| DIASCREEN MIS 2GP | 3 | OTC |
| DIASCREEN MIS 4NL | 3 | OTC |
| DIASCREEN MIS 4OBL | 3 | OTC |
| DIASCREEN MIS 4PH | 3 | OTC |
| DIASCREEN MIS CONTROL | 3 | OTC |
| DIASTIX TES STRIPS | 3 | OTC |
| FASTCLIX MIS LANCETS | 2 | OTC |
| INSULIN PEN NEEDLES | 2 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 2 | OTC |
| KETONE TES | 3 | OTC |
| KETONE TEST TES | 3 | OTC |
| NOVOFINE PEN NEEDLES | 2 | OTC |
| OMNIPOD 5 DX KIT INT G7G6 | 2 | |
| OMNIPOD 5 DX MIS POD G7G6 | 2 | |
| OMNIPOD 5 G7 KIT INTRO | 2 | |
| OMNIPOD 5 G7 MIS PODS | 2 | |
| OMNIPOD DASH KIT INTRO | 2 | |
| OMNIPOD DASH KIT PDM | 2 | |
| OMNIPOD DASH MIS PODS | 2 | |
| OMNIPOD MIS CLASSIC | 2 | |
| OMNIPOD PDM KIT CLASSIC | 2 | |
| SHARPS CONTAINER | 2 | OTC |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| SOFTCLIX MIS LANCETS | 2 | OTC |
| TWIIST KIT REFILL | 2 | |
| TWIIST KIT STARTER | 2 | |
| TWIIST REFIL KIT INFUSION | 2 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol caps 50mg, 100mg, 200mg* | 1 | |
| ORILISSA TABS 150MG, 200MG | 2 | |
| SYNAREL SOLN 2MG/ML | 5 | PA |
| ***GLUCOCORTICOIDS*** | | |
| *deflazacort susp 22.75mg/ml* | 4 | PA, QL (52 mL every 30 days) |
| *deflazacort tabs 6mg* | 4 | PA, QL (60 tabs every 30 days) |
| *deflazacort tabs 18mg, 30mg, 36mg* | 4 | PA, QL (30 tabs every 30 days) |
| DEPO-MEDROL SUSP 20MG/ML | 3 | |
| *dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg* | 1 | |
| DEXAMETHASONE INTENSOL CONC 1MG/ML | 2 | |
| *dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml* | 1 | |
| *fludrocortisone acetate tabs .1mg* | 1 | |
| *hydrocortisone tabs 5mg, 10mg, 20mg* | 1 | |
| *hydrocortisone sod succinate solr 100mg* | 1 | |
| MEDROL TABS 2MG | 2 | |
| *methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg* | 1 | |
| *methylprednisolone acetate susp 40mg/ml, 80mg/ml* | 1 | |
| *methylprednisolone sod succ solr 125mg, 1000mg* | 1 | |
| *prednisolone soln 15mg/5ml* | 1 | |
| *prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg* | 1 | |
| *prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg* | 1 | |
| PREDNISONE INTENSOL CONC 5MG/ML | 2 | |
| SOLU-CORTEF SOLR 250MG, 500MG, 1000MG | 3 | |
| SOLU-MEDROL SOLR 2GM | 3 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *glucagon (rdna) kit 1mg* | 1 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | 2 | |
| GVOKE KIT SOLN 1MG/0.2ML | 2 | |
| GVOKE PFS SOSY 1MG/0.2ML | 2 | |
| INSTA-GLUCOSE GEL 77.4% | 2 | OTC |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | | |
| *nitisinone caps 2mg, 5mg, 10mg, 20mg* | 4 | PA |
| ORFADIN SUSP 4MG/ML | 4 | PA |
| ***HUMAN GROWTH HORMONES*** | | |
| NORDIPEN 5 MIS DEVICE | 2 | |
| NORDIPEN DEL MIS SYSTEM | 2 | OTC |
| NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML | 4 | PA |
| ***LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE*** | | |
| CERDELGA CAPS 84MG | 4 | PA, QL (56 caps every 28 days) |
| ***MENOPAUSAL SYMPTOM AGENTS*** | | |
| BIJUVA CAP 0.5-100 | 3 | PA; High Risk Medications require PA for members age 70 and older |
| BIJUVA CAP 1-100MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| CLIMARA PRO DIS WEEKLY | 2 | |
| DEPO-ESTRADIOL OIL 5MG/ML | 3 | |
| DUAVEE TAB 0.45-20 | 2 | |
| ELESTRIN GEL .06% | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 1 | |
| *estradiol vaginal crea .1mg/gm* | 1 | |
| *estradiol valerate oil 20mg/ml, 40mg/ml* | 1 | |
| EVAMIST SOLN 1.53MG/SPRAY | 3 | PA; High Risk Medications require PA for members age 70 and older |
| IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG | 2 | |
| IMVEXXY STARTER PACK INST 4MCG, 10MCG | 2 | |
| *jinteli tab 1mg-5mcg* | 1 | |
| MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *mimvey tab 1-0.5mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| PREMARIN CREA .625MG/GM | 3 | |
| PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *yuvafem tabs 10mcg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *betaine anhy pow* | 4 | PA |
| *cabergoline tabs .5mg* | 1 | |
| CHORIONIC GONADOTROPIN SOLR 10000UNIT | 4 | PA |
| CORTROPHIN GEL 80UNIT/ML | 4 | PA, QL (35 mL every 21 days) |
| CORTROPHIN PRSY 40UNIT/0.5ML, 80UNIT/ML | 4 | PA, QL (28 syringes every 28 days) |
| CYSTAGON CAPS 50MG, 150MG | 4 | PA |
| INCRELEX SOLN 40MG/4ML | 4 | PA |
| INTRAROSA INST 6.5MG | 3 | |
| MYALEPT SOLR 11.3MG | 4 | PA, QL (30 vials every 30 days) |
| OSPHENA TABS 60MG | 3 | PA |
| *raloxifene hcl tabs 60mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg* | 4 | PA |
| SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML | 5 | PA, QL (60 ampules every 30 days) |
| *tolvaptan tabs 15mg, 30mg* | 4 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder) caps 667mg; tabs 667mg* | 1 | |
| *lanthanum carbonate chew 500mg, 750mg, 1000mg* | 1 | |
| *sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg* | 1 | |
| VELPHORO CHEW 500MG | 3 | ST; PA** |
| ***POTASSIUM-REMOVING AGENTS*** | | |
| *sps susp 15gm/60ml* | 1 | |
| ***PROGESTINS*** | | |
| CRINONE GEL 4%, 8% | 2 | |
| *medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg* | 1 | |
| *megestrol acetate susp 40mg/ml* | 1 | |
| *megestrol acetate (appetite) susp 625mg/5ml* | 1 | |
| *norethindrone acetate tabs 5mg* | 1 | |
| *progesterone caps 100mg, 200mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg* | 1 | |
| *levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg* | 1 | |
| *liothyronine sodium tabs 5mcg, 25mcg, 50mcg* | 1 | |
| *methimazole tabs 5mg, 10mg* | 1 | |
| *propylthiouracil tabs 50mg* | 1 | |
| SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | 2 | |
| *unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg* | 1 | |
| ***UREA CYCLE DISORDER*** | | |
| *carglumic acid tbso 200mg* | 4 | PA |
| PHEBURANE PLLT 483MG/GM | 4 | PA, QL (672g every 30 days) |
| *sodium phenylbutyrate powd 3gm/tsp* | 4 | PA, QL (798g every 30 days) |
| *sodium phenylbutyrate tabs 500mg* | 4 | PA, QL (1200 tabs every 30 days) |
| ***VASOPRESSINS*** | | |
| *desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg* | 1 | |
| *desmopressin acetate spray soln .01%* | 1 | |
| *desmopressin acetate spray refrigerated soln .01%* | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol caps .25mcg, .5mcg; soln 1mcg/ml* | 1 | |
| *doxercalciferol caps .5mcg, 1mcg, 2.5mcg* | 1 | |
| *paricalcitol caps 1mcg, 2mcg, 4mcg* | 1 | |
| **GASTROINTESTINAL** | | |
| ***ANTICHOLINERGICS*** | | |
| *atropine sulfate sosy 1mg/10ml* | 1 | |
| *dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg* | 1 | |
| *glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg* | 1 | |
| *methscopolamine bromide tabs 2.5mg, 5mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| ***ANTIDIARRHEALS*** | | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 1 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 1 | |
| *loperamide hcl caps 2mg* | 1 | |
| MOTOFEN TAB 1-0.025 | 3 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps every 28 days) |
| *aprepitant caps 40mg* | 1 | QL (3 caps every 180 days) |
| *aprepitant caps 80mg* | 1 | QL (4 caps every 28 days) |
| *aprepitant caps 125mg* | 1 | QL (2 caps every 28 days) |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | QL (2 packs every 28 days) |
| *compro supp 25mg* | 1 | |
| *dronabinol caps 2.5mg, 5mg, 10mg* | 1 | QL (60 caps every 30 days) |
| *granisetron hcl soln 1mg/ml* | 1 | QL (2 mL every 28 days) |
| *granisetron hcl tabs 1mg* | 1 | QL (12 tabs every 28 days) |
| *meclizine hcl tabs 12.5mg, 25mg* | 1 | |
| *metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg* | 1 | |
| *ondansetron tbdp 4mg, 8mg* | 1 | QL (18 tabs every 28 days) |
| *ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml* | 1 | QL (20 mL every 28 days) |
| *ondansetron hcl soln 4mg/5ml* | 1 | QL (200 mL every 28 days) |
| *ondansetron hcl tabs 4mg, 8mg* | 1 | QL (18 tabs every 28 days) |
| *ondansetron hcl tabs 24mg* | 1 | QL (2 tabs every 28 days) |
| *prochlorperazine supp 25mg* | 1 | |
| *prochlorperazine maleate tabs 5mg, 10mg* | 1 | |
| *promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg* | 1 | |
| *promethegan supp 12.5mg, 25mg, 50mg* | 1 | |
| SANCUSO PTCH 3.1MG/24HR | 2 | QL (2 patches every 28 days) |
| *scopolamine pt72 1mg/3days* | 1 | |
| *trimethobenzamide hcl caps 300mg* | 1 | |
| VARUBI TBPK 90MG | 2 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine tabs 200mg, 300mg, 400mg, 800mg* | 1 | |
| *famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg* | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *nizatidine caps 150mg, 300mg* | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium caps 750mg* | 1 | |
| *budesonide cpep 3mg; tb24 9mg* | 1 | |
| CORTIFOAM FOAM 10% | 2 | |
| DIPENTUM CAPS 250MG | 3 | |
| *hydrocortisone (intrarectal) enem 100mg/60ml* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg* | 1 | |
| *mesalamine w/ cleanser kit 4gm* | 1 | |
| *sulfasalazine tabs 500mg; tbec 500mg* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | | |
| LINZESS CAPS 72MCG, 145MCG, 290MCG | 2 | |
| *lubiprostone caps 8mcg, 24mcg* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | | |
| *alosetron hcl tabs .5mg, 1mg* | 1 | PA |
| VIBERZI TABS 75MG, 100MG | 2 | PA |
| ***LAXATIVES*** | | |
| CLENPIQ SOL | 0 | $0 copay for members age 45 through 75, Tier 2 for all others |
| *enulose soln 10gm/15ml* | 1 | |
| *gavilyte-c sol* | 1 | |
| *gavilyte-g sol* | 1 | |
| *generlac soln 10gm/15ml* | 1 | |
| *lactulose soln 10gm/15ml* | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| PEG-PREP KIT | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| PLENVU SOL | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *polyethylene glycol 3350 powd 17gm/scoop* | 1 | OTC |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE SOL | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUTAB TAB | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| ***MISCELLANEOUS*** | | |
| *cromolyn sodium (mastocytosis) conc 100mg/5ml* | 1 | |
| IQIRVO TABS 80MG | 4 | PA, QL (30 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *misoprostol tabs 100mcg, 200mcg* | 1 | |
| MOVANTIK TABS 12.5MG, 25MG | 2 | |
| SUCRAID SOLN 8500UNIT/ML | 3 | PA, QL (354 mL every 30 days) |
| *sucralfate tabs 1gm* | 1 | |
| *ursodiol caps 300mg; tabs 250mg, 500mg* | 1 | |
| VOWST CAP | 5 | PA, QL (12 caps every 30 days) |
| ***PANCREATIC ENZYMES*** | | |
| CREON CAP 3000UNIT | 2 | PA |
| CREON CAP 6000UNIT | 2 | PA |
| CREON CAP 12000UNT | 2 | PA |
| CREON CAP 24000UNT | 2 | PA |
| CREON CAP 36000UNT | 2 | PA |
| VIOKACE TAB 10440 | 2 | PA |
| VIOKACE TAB 20880 | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | PA |
| ZENPEP CAP 5000UNIT | 2 | PA |
| ZENPEP CAP 10000UNT | 2 | PA |
| ZENPEP CAP 15000UNT | 2 | PA |
| ZENPEP CAP 20000UNT | 2 | PA |
| ZENPEP CAP 25000UNT | 2 | PA |
| ZENPEP CAP 40000UNT | 2 | PA |
| ZENPEP CAP 60000UNT | 2 | PA |
| ***PROTON PUMP INHIBITORS*** | | |
| *esomeprazole magnesium cpdr 20mg, 40mg* | 1 | QL (90 caps every 365 days) |
| *esomeprazole magnesium pack 2.5mg, 5mg, 10mg* | 1 | QL (90 packets every 365 days); Covered for age less than 1 year only |
| *lansoprazole cpdr 15mg, 30mg* | 1 | QL (90 caps every 365 days) |
| *omeprazole cpdr 10mg, 20mg, 40mg* | 1 | QL (90 caps every 365 days) |
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* | 3 | QL (90 packets every 365 days) |
| *omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg* | 3 | QL (90 packets every 365 days) |
| *pantoprazole sodium tbec 20mg, 40mg* | 1 | QL (90 tabs every 365 days) |
| *rabeprazole sodium tbec 20mg* | 1 | QL (90 tabs every 365 days) |
| ***RECTAL, CORTICOSTEROIDS*** | | |
| *hydrocortisone (rectal) crea 1%, 2.5%* | 1 | |
| *proctozone-hc crea 2.5%* | 1 | |
| ***ULCER THERAPY COMBINATIONS*** | | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| HELIDAC MIS THERAPY | 3 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl tb24 10mg* | 1 | |
| CARDURA XL TB24 4MG, 8MG | 3 | |
| *doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg* | 1 | |
| *dutasteride caps .5mg* | 1 | |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | |
| *finasteride tabs 5mg* | 1 | |
| *silodosin caps 4mg, 8mg* | 1 | |
| *tadalafil tabs 2.5mg, 5mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tamsulosin hcl caps .4mg* | 1 | |
| *terazosin hcl caps 1mg, 2mg, 5mg, 10mg* | 1 | |
| ***CONTRACEPTIVES*** | | |
| ENCARE SUPP 100MG | 0 | OTC |
| OPTIONS GYNOL II VAGINAL GEL 3% | 0 | OTC |
| PHEXXI GEL | 0 | |
| TODAY SPONGE MISC 1000MG | 0 | OTC |
| VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4% | 0 | OTC |
| ***ERECTILE DYSFUNCTION*** | | |
| *avanafil tabs 50mg, 100mg, 200mg* | 1 | PA, QL (6 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg* | 1 | |
| ELMIRON CAPS 100MG | 3 | |
| *eq urinary pain relief tabs 95mg* | 1 | OTC |
| *potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg* | 1 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide tb24 7.5mg, 15mg* | 1 | |
| *fesoterodine fumarate tb24 4mg, 8mg* | 1 | |
| *mirabegron tb24 25mg, 50mg* | 1 | |
| MYRBETRIQ SRER 8MG/ML | 2 | |
| *oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg* | 1 | |
| *solifenacin succinate tabs 5mg, 10mg* | 1 | |
| *tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg* | 1 | |
| *trospium chloride cp24 60mg; tabs 20mg* | 1 | |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN SUPP 100MG | 2 | |
| *clindamycin phosphate vaginal crea 2%* | 1 | |
| GYNAZOLE-1 CREA 2% | 3 | |
| *metronidazole vaginal gel .75%* | 1 | |
| *miconazole 3 supp 200mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *terconazole vaginal crea .4%, .8%; supp 80mg* | 1 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate caps 75mg, 110mg, 150mg* | 1 | |
| ELIQUIS TABS 2.5MG, 5MG | 2 | |
| ELIQUIS STARTER PACK TBPK 5MG | 2 | |
| *enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml* | 1 | |
| *fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml* | 1 | |
| FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML | 3 | |
| *heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml* | 1 | |
| *jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg* | 1 | |
| *rivaroxaban susr 1mg/ml; tabs 2.5mg* | 1 | |
| *warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg* | 1 | |
| XARELTO SUSR 1MG/ML; TABS 10MG, 15MG, 20MG | 2 | |
| XARELTO STAR TAB 15/20MG | 2 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML | 4 | PA |
| FYLNETRA SOSY 6MG/0.6ML | 4 | PA, QL (2 syringes every 28 days) |
| MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML | 4 | PA |
| NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML | 4 | PA |
| NYVEPRIA SOSY 6MG/0.6ML | 4 | PA, QL (2 syringes every 28 days) |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | 4 | PA |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***HEMOPHILIA A AGENTS*** | | |
| HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML | 5 | PA |
| ***MISCELLANEOUS*** | | |
| *anagrelide hcl caps .5mg, 1mg* | 1 | |
| *cilostazol tabs 50mg, 100mg* | 1 | |
| *pentoxifylline tbcr 400mg* | 1 | |
| *tranexamic acid soln 1000mg/10ml; tabs 650mg* | 1 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| *clopidogrel bisulfate tabs 75mg, 300mg* | 1 | |
| *dipyridamole tabs 25mg, 50mg, 75mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *prasugrel hcl tabs 5mg, 10mg* | 1 | |
| YOSPRALA TAB 81-40MG | 3 | |
| YOSPRALA TAB 325-40MG | 3 | |
| ***SICKLE CELL DISEASE*** | | |
| DROXIA CAPS 200MG, 300MG, 400MG | 2 | |
| ***THROMBOCYTOPENIA AGENTS*** | | |
| ALVAIZ TABS 9MG, 54MG | 4 | PA, QL (60 tabs every 30 days) |
| ALVAIZ TABS 18MG, 36MG | 4 | PA, QL (90 tabs every 30 days) |
| DOPTELET TAB 20MG (10 TABLETS) TABS 20MG | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (15 TABLETS) TABS 20MG | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (30 TABLETS) TABS 20MG | 4 | PA, QL (2 cartons every 30 days) |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | | |
| ACTEMRA SOLN 80MG/4ML | 5 | ST, PA, QL (20 vials every 28 days) |
| ACTEMRA SOLN 200MG/10ML | 5 | ST, PA, QL (8 vials every 28 days) |
| ACTEMRA SOLN 400MG/20ML | 5 | ST, PA, QL (4 vials every 28 days) |
| ENTYVIO SOLR 300MG | 5 | PA, QL (1 vial every 56 days) |
| INFLIXIMAB SOLR 100MG | 4 | PA, QL (5 vials every 42 days) |
| SIMPONI ARIA SOLN 50MG/4ML | 5 | PA, QL (200 mg every 8 weeks) |
| SKYRIZI SOLN 600MG/10ML | 4 | PA, QL (6 vials every 56 days) |
| TREMFYA SOLN 200MG/20ML | 4 | PA, QL (One time induction dose only) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED)*** | | |
| ACTEMRA SOSY 162MG/0.9ML | 5 | ST, PA, QL (4 syringes every 28 days) |
| ACTEMRA ACTPEN SOAJ 162MG/0.9ML | 5 | ST, PA, QL (4 injections every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT 40MG/0.8ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML | 4 | PA, QL (4 syringes every 28 days) |
| CIMZIA PSKT 200MG/ML | 4 | PA, QL (2 kits every 28 days); Preferred agent for NRAXSPA |
| CIMZIA STARTER KIT PSKT 200MG/ML | 4 | PA, QL (1 kit every 28 days); Preferred agent for NRAXSPA |
| COSENTYX SOSY 75MG/0.5ML, 150MG/ML | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SOSY 150MG/ML | 4 | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 4 | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN SOAJ 150MG/ML | 4 | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| COSENTYX UNOREADY SOAJ 300MG/2ML | 4 | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| ENBREL SOLN 25MG/0.5ML | 4 | PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOSY 25MG/0.5ML | 4 | PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SOSY 50MG/ML | 4 | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL MINI SOCT 50MG/ML | 4 | PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SURECLICK SOAJ 50MG/ML | 4 | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENTYVIO PEN SOAJ 108MG/0.68ML | 5 | PA, QL (2 pens every 28 days) |
| HYRIMOZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ-PLAQ INJ PSORIASI | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis |
| KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML | 4 | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis |
| LITFULO CAPS 50MG | 4 | PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata |
| OLUMIANT TABS 1MG, 2MG, 4MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata |
| OTEZLA TABS 20MG, 30MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20 | 4 | PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20/30 | 4 | PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| PYZCHIVA SOLN 45MG/0.5ML | 4 | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| RINVOQ TB24 15MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis |
| RINVOQ TB24 30MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis. |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| RINVOQ TB24 45MG | 4 | PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis. |
| RINVOQ LQ SOLN 1MG/ML | 4 | PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis |
| SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML | 5 | ST, PA, QL (1 injection every 28 days) |
| SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML | 4 | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis |
| SKYRIZI SOSY 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| SKYRIZI PEN SOAJ 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| TALTZ SOAJ 80MG/ML; SOSY 80MG/ML | 4 | PA, QL (1 injection every 28 days); Preferred agent for Psoriasis |
| TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis |
| TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML | 4 | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis |
| TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML | 4 | PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis |
| TREMFYA PEN SOAJ 100MG/ML | 4 | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis |
| VELSIPITY TABS 2MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis |
| XELJANZ SOLN 1MG/ML | 4 | PA, QL (240 mL every 24 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| XELJANZ TABS 5MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ TABS 10MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| XELJANZ XR TB24 11MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ XR TB24 22MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| YESINTEK SOLN 45MG/0.5ML | 4 | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| YESINTEK SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| YESINTEK SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate tabs 200mg* | 1 | |
| *leflunomide tabs 10mg, 20mg* | 1 | |
| *methotrexate sodium tabs 2.5mg* | 1 | |
| ***HEREDITARY ANGIOEDEMA*** | | |
| *icatibant acetate sosy 30mg/3ml* | 4 | PA, QL (45 syringes every 90 days) |
| TAKHZYRO SOLN 300MG/2ML | 5 | PA, QL (2 vials every 28 days) |
| TAKHZYRO SOSY 150MG/ML, 300MG/2ML | 5 | PA, QL (2 syringes every 28 days) |
| ***IMMUNOGLOBULIN*** | | |
| CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML | 4 | PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100MCG/0.5ML | 5 | PA |
| ARCALYST SOLR 220MG | 4 | PA, QL (8 vials every 28 days) |
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 .5MG, 1MG, 5MG | 3 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *azathioprine tabs 50mg, 75mg, 100mg* | 1 | |
| CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG | 3 | |
| CELLCEPT INTRAVENOUS SOLR 500MG | 3 | |
| *cyclosporine caps 25mg, 100mg* | 1 | |
| *cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml* | 1 | |
| ENVARSUS XR TB24 .75MG, 1MG, 4MG | 3 | |
| *everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg* | 1 | |
| *gengraf caps 25mg, 100mg; soln 100mg/ml* | 1 | |
| *mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg* | 1 | |
| *mycophenolate mofetil hcl solr 500mg* | 1 | |
| *mycophenolate sodium tbec 180mg, 360mg* | 1 | |
| MYFORTIC TBEC 180MG, 360MG | 3 | |
| NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML | 3 | |
| NULOJIX SOLR 250MG | 3 | |
| PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML | 3 | |
| SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML | 3 | |
| *sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg* | 1 | |
| *tacrolimus caps .5mg, 1mg, 5mg* | 1 | |
| ZORTRESS TABS .25MG, .5MG, .75MG, 1MG | 3 | |
| ***MISCELLANEOUS*** | | |
| BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ENFLONSIA SOSY 105MG/0.7ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120MCG/0.5ML | 0 | |
| ACTHIB INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ | 0 | |
| AREXVY SUSR 120MCG/0.5ML | 0 | $0 copay for members age 19 and older, otherwise not covered |
| BEXSERO SUSY .5ML | 0 | |
| BOOSTRIX INJ | 0 | |
| CAPVAXIVE SOSY .5ML | 0 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| COMIRNATY SUSP 10MCG/0.3ML; SUSY 30MCG/0.3ML | 0 | |
| DAPTACEL INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| DENGVAXIA SUS | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML | 0 | |
| FLUMIST | 0 | |
| GARDASIL 9 SUSP .5ML; SUSY .5ML | 0 | |
| HAVRIX SUSP 1440ELU/ML; SUSY 720ELU/0.5ML | 0 | |
| HEPLISAV-B SOSY 20MCG/0.5ML | 0 | |
| HIBERIX SOLR 10MCG | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| INFANRIX INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| INFLUENZA VACCINE | 0 | |
| IPOL INJ INACTIVE | 0 | |
| JYNNEOS SUSP .5ML | 0 | |
| KINRIX INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II INJ | 0 | |
| MENQUADFI SOLN .5ML | 0 | |
| MENVEO INJ | 0 | |
| MENVEO SOL | 0 | |
| MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML | 0 | |
| MRESVIA SUSY 50MCG/0.5ML | 0 | $0 copay for members age 19 and older, otherwise not covered |
| NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML | 0 | |
| PEDIARIX INJ 0.5ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PEDVAX HIB SUSP 7.5MCG/0.5ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PENBRAYA INJ | 0 | |
| PENMENVY INJ | 0 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| PENTACEL INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML | 0 | |
| PNEUMOVAX 23 SOSY 25MCG/0.5ML | 0 | |
| PREVNAR 20 INJ | 0 | |
| PRIORIX INJ | 0 | |
| PROQUAD INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL INJ 0.5ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML | 0 | |
| ROTARIX SUS | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ SOL | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX SUSR 50MCG/0.5ML | 0 | $0 copay for members age 19 and older, otherwise not covered |
| SPIKEVAX COVID-19 VACCINE SUSY 25MCG/0.25ML, 50MCG/0.5ML | 0 | |
| TENIVAC INJ 5-2LF | 0 | $0 copay for members age 19 and older, otherwise not covered |
| TRUMENBA SUSY .5ML | 0 | |
| TWINRIX INJ | 0 | $0 copay for members age 19 and older, otherwise not covered |
| VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML | 0 | |
| VARIVAX SUSR 1350PFU/0.5ML | 0 | |
| VAXELIS INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ | 0 | |

**NUTRITIONAL/SUPPLEMENTS**

***ELECTROLYTES***

| | | |
|---|---|---|
| *effer-k tbef 25meq* | 1 | |
| *klor-con 8 tbcr 8meq* | 1 | |
| *klor-con 10 tbcr 10meq* | 1 | |
| *klor-con m15 tbcr 15meq* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *magnesium sulfate soln 2gm/50ml, 50%* | 1 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 1 | |
| *monoject sodium chloride soln .9%* | 1 | |
| *potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq* | 1 | |
| *potassium chloride microencapsulated crystals er tbcr 10meq, 20meq* | 1 | |
| *sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%* | 1 | |
| *sodium fluoride chew 1mg; tabs 1mg* | 1 | |
| *sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| ***PRENATAL VITAMINS*** | | |
| *elite-ob tab* | 1 | |
| *inatal gt tab* | 1 | |
| *pnv-dha cap* | 1 | |
| *pnv-select tab* | 1 | |
| *prenatal 19 chw tab* | 1 | |
| *trinate tab* | 1 | |
| ***VITAMINS*** | | |
| *cholecalciferol caps 50000unit* | 1 | OTC |
| *cyanocobalamin soln 1000mcg/ml* | 1 | |
| *ergocalciferol caps 50000unit* | 1 | |
| *folic acid caps 800mcg* | 0 | QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *folic acid tabs 1mg* | 1 | |
| *folic acid tabs 400mcg, 800mcg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *multi-vit/fl dro 0.5mg/ml* | 1 | |
| *multi-vit/fl dro /fe 0.25* | 1 | |
| *multivit/fl dro 0.25mg* | 1 | |
| *pediatric multiple vitamins w/ fluoride chew tab 0.5 mg* | 1 | |
| *pediatric multiple vitamins w/ fluoride chew tab 0.25 mg* | 1 | |
| *pediatric multiple vitamins w/ fluoride chew tab 1 mg* | 1 | |
| *phytonadione tabs 5mg* | 1 | |
| *pyridoxine hcl tabs 25mg, 50mg* | 1 | OTC |
| *tri-vit/fluo dro 0.5mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *tri-vit/fluo dro 0.25mg* | 1 | |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ZYLET SUS 0.5-0.3% | 3 | |
| ***ANTI-INFECTIVES*** | | |
| AZASITE SOLN 1% | 2 | |
| *bacitracin (ophthalmic) oint 500unit/gm* | 1 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| BESIVANCE SUSP .6% | 3 | |
| *ciprofloxacin hcl (ophth) soln .3%* | 1 | |
| *erythromycin (ophth) oint 5mg/gm* | 1 | |
| *gatifloxacin (ophth) soln .5%* | 1 | |
| *gentamicin sulfate (ophth) soln .3%* | 1 | |
| *moxifloxacin hcl (ophth) soln .5%* | 1 | |
| NATACYN SUSP 5% | 2 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| *ofloxacin (ophth) soln .3%* | 1 | |
| *polycin oin op* | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth) oint 10%; soln 10%* | 1 | |
| *tobramycin (ophth) soln .3%* | 1 | |
| *trifluridine soln 1%* | 1 | |
| ZIRGAN GEL .15% | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACUVAIL SOLN .45% | 2 | |
| *bromfenac sodium (ophth) soln .09%* | 1 | |
| *dexamethasone sodium phosphate (ophth) soln .1%* | 1 | |
| *diclofenac sodium (ophth) soln .1%* | 1 | |
| *difluprednate emul .05%* | 1 | |
| *flurbiprofen sodium soln .03%* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ILEVRO SUSP .3% | 2 | |
| *ketorolac tromethamine (ophth) soln .4%, .5%* | 1 | |
| *loteprednol etabonate susp .5%* | 1 | |
| NEVANAC SUSP .1% | 2 | |
| *prednisolone acetate (ophth) susp 1%* | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| ***ANTIALLERGICS*** | | |
| ALOCRIL SOLN 2% | 3 | |
| *azelastine hcl (ophth) soln .05%* | 1 | |
| *bepotastine besilate soln 1.5%* | 1 | |
| *cromolyn sodium (ophth) soln 4%* | 1 | |
| *epinastine hcl (ophth) soln .05%* | 1 | |
| *olopatadine hcl soln .2%* | 1 | |
| ZERVIATE SOLN .24% | 3 | |
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | | |
| *betaxolol hcl (ophth) soln .5%* | 1 | |
| BETOPTIC-S SUSP .25% | 2 | |
| *carteolol hcl (ophth) soln 1%* | 1 | |
| *levobunolol hcl soln .5%* | 1 | |
| *timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%* | 1 | |
| ***ANTIGLAUCOMA COMBINATION AGENTS*** | | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 1 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | | |
| *brinzolamide susp 1%* | 1 | |
| *dorzolamide hcl soln 2%* | 1 | |
| ***DRY EYE DISEASE*** | | |
| *cyclosporine (ophth) emul .05%* | 1 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| TRYPTYR SOLN .003% | 2 | |
| ***MISCELLANEOUS*** | | |
| *atropine sulfate (ophthalmic) soln 1%* | 1 | |
| CYSTARAN SOLN .44% | 5 | PA, QL (4 bottles every 28 days) |
| *phenylephrine hcl (mydriatic) soln 2.5%, 10%* | 1 | |
| PHOSPHOLINE IODIDE SOLR .125% | 3 | |
| *pilocarpine hcl soln 1%* | 1 | |
| *proparacaine hcl soln .5%* | 1 | |
| *tropicamide soln .5%, 1%* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***PROSTAGLANDINS*** | | |
| *latanoprost soln .005%* | 1 | |
| LUMIGAN SOLN .01% | 2 | ST; PA** |
| *tafluprost soln .015mg/ml* | 1 | |
| *travoprost soln .004%* | 1 | |
| ***SYMPATHOMIMETICS*** | | |
| *apraclonidine hcl soln .5%* | 1 | |
| *brimonidine tartrate soln .1%, .15%, .2%* | 1 | |
| IOPIDINE SOLN 1% | 3 | |
| **OTHER** | | |
| ***IRRIGATION SOLUTIONS*** | | |
| *physiolyte sol* | 1 | |
| *physiosol sol irrigat* | 1 | |
| **RESPIRATORY** | | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | | |
| PROLASTIN-C SOLN 1000MG/20ML | 4 | PA |
| ***ANAPHYLAXIS TREATMENT AGENTS*** | | |
| *epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml* | 1 | QL (4 auto-injectors every 30 days) |
| *epinephrine (anaphylaxis) soaj .15mg/0.15ml* | 1 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3MG/0.3ML | 2 | QL (4 auto-injectors every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| BEVESPI AER 9-4.8MCG | 2 | QL (1 package every 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | QL (6 boxes every 30 days) |
| STIOLTO AER 2.5-2.5 | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS*** | | |
| BREZTRI AERO AER SPHERE | 2 | QL (1 package every 30 days) |
| TRELEGY AER 100MCG | 2 | QL (1 package every 30 days) |
| TRELEGY AER 200MCG | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGICS*** | | |
| *ipratropium bromide soln .02%* | 1 | QL (5 boxes every 30 days) |
| *ipratropium bromide (nasal) soln .03%, .06%* | 1 | |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | 2 | QL (1 package every 30 days) |
| *tiotropium bromide monohydrate caps 18mcg* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl soln .1%* | 1 | QL (2 bottles every 30 days) |
| *carbinoxamine maleate soln 4mg/5ml; tabs 4mg* | 1 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *clemastine fumarate tabs 2.68mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *cyproheptadine hcl syrp 2mg/5ml; tabs 4mg* | 1 | |
| *desloratadine tabs 5mg; tbdp 2.5mg, 5mg* | 1 | |
| *diphenhydramine hcl elix 12.5mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *diphenhydramine hcl soln 50mg/ml* | 1 | |
| *hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine pamoate caps 25mg, 50mg, 100mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg* | 1 | |
| *olopatadine hcl (nasal) soln .6%* | 1 | QL (1 container every 30 days) |
| *ryclora soln 2mg/5ml* | 3 | PA; High Risk Medications require PA for members age 70 and older |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate aers 108mcg/act* | 1 | QL (2 inhalers every 30 days) |
| *albuterol sulfate nebu 2.5mg/0.5ml* | 1 | QL (120 vials every 30 days) |
| *albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg* | 1 | |
| *arformoterol tartrate nebu 15mcg/2ml* | 1 | QL (60 vials every 30 days) |
| *formoterol fumarate nebu 20mcg/2ml* | 1 | QL (60 vials every 30 days) |
| *levalbuterol hcl nebu 1.25mg/0.5ml* | 1 | QL (45 mL every 30 days) |
| *levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml* | 1 | QL (300 mL every 30 days) |
| *levalbuterol tartrate aero 45mcg/act* | 1 | QL (2 inhalers every 30 days) |
| SEREVENT DISKUS AEPB 50MCG/DOSE | 2 | QL (1 package every 30 days) |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | 2 | QL (1 package every 30 days) |
| *terbutaline sulfate tabs 2.5mg, 5mg* | 1 | |
| ***COLD/COUGH*** | | |
| *benzonatate caps 100mg, 200mg* | 1 | |
| *guaifenesin-codeine soln 100-10 mg/5ml* | 1 | QL (60 mL every day), OTC; Subject to initial 7-day limit |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | 1 | QL (10 mL every day); Subject to initial 7-day limit |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* | 1 | QL (30 mL every day); Subject to initial 7-day limit |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | 1 | QL (6 tabs every day); Subject to initial 7-day limit |
| *hydromet syp 5-1.5/5* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | 1 | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *promethazine-dm syrup 6.25-15 mg/5ml* | 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | 1 | |
| TUXARIN ER TAB 54.3-8MG | 3 | QL (2 tabs every day); Subject to initial 7-day limit |
| ***CYSTIC FIBROSIS*** | | |
| CAYSTON SOLR 75MG | 4 | PA, QL (84 vials every 28 days) |
| KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO TABS 150MG | 4 | PA, QL (56 tabs every 28 days); carton consists of 56 tablets |
| ORKAMBI GRA 75-94MG | 4 | PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 100-125 | 4 | PA, QL (56 packets every 28 days) |
| ORKAMBI GRA 150-188 | 4 | PA, QL (56 packets every 28 days) |
| ORKAMBI TAB 100-125 | 4 | PA, QL (112 tabs every 28 days) |
| ORKAMBI TAB 200-125 | 4 | PA, QL (112 tabs every 28 days) |
| SYMDEKO TAB 50-75MG | 4 | PA, QL (56 tabs every 28 days) |
| SYMDEKO TAB 100-150 | 4 | PA, QL (56 tabs every 28 days) |
| *tobramycin nebu 300mg/4ml* | 4 | PA, QL (224 mL every 28 days) |
| *tobramycin nebu 300mg/5ml* | 4 | PA, QL (280 mL every 28 days) |
| TRIKAFTA PAK 59.5MG | 4 | PA, QL (56 packets every 28 days) |
| TRIKAFTA PAK 75MG | 4 | PA, QL (56 packets every 28 days) |
| TRIKAFTA TAB | 4 | PA, QL (84 tabs every 28 days) |
| ***LEUKOTRIENE MODIFIERS*** | | |
| *zileuton tb12 600mg* | 3 | |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| *montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg* | 1 | |
| *zafirlukast tabs 10mg, 20mg* | 1 | |
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sodium nebu 20mg/2ml* | 1 | QL (2 boxes every 30 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| *acetylcysteine soln 10%, 20%* | 1 | |
| *roflumilast tabs 250mcg, 500mcg* | 1 | PA |
| *sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%* | 1 | |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal) soln .025%* | 1 | QL (3 containers every 30 days) |
| *fluticasone propionate (nasal) susp 50mcg/act* | 1 | QL (1 container every 30 days) |
| *mometasone furoate (nasal) susp 50mcg/act* | 1 | QL (2 packages every 30 days) |
| OMNARIS SUSP 50MCG/ACT | 3 | QL (1 package every 30 days) |
| *triamcinolone acetonide (nasal) aero 55mcg/act* | 1 | QL (1 package every 30 days), OTC |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| OFEV CAPS 100MG, 150MG | 4 | PA, QL (60 caps every 30 days) |
| *pirfenidone caps 267mg* | 4 | PA, QL (270 caps every 30 days) |
| *pirfenidone tabs 267mg* | 4 | PA, QL (270 tabs every 30 days) |
| *pirfenidone tabs 801mg* | 4 | PA, QL (90 tabs every 30 days) |
| ***RESPIRATORY THERAPY SUPPLIES*** | | |
| ADULT RESPIRATORY MASK | 2 | |
| HOLD CHAMBER MIS MEDIUM | 2 | OTC |
| PEDIATRIC RESPIRATORY MASK | 2 | |
| PEDIATRIC RESPIRATORY MASK | 2 | OTC |
| ***SEVERE ASTHMA AGENTS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| NUCALA SOAJ 100MG/ML | 4 | PA, QL (3 autoinjectors every 28 days) |
| NUCALA SOSY 40MG/0.4ML | 4 | PA, QL (1 syringe every 28 days) |
| NUCALA SOSY 100MG/ML | 4 | PA, QL (3 syringes every 28 days) |
| XOLAIR SOAJ 75MG/0.5ML | 4 | PA, QL (2 pens every 28 days) |
| XOLAIR SOAJ 150MG/ML | 4 | PA, QL (8 pens every 28 days) |
| XOLAIR SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| XOLAIR SOLR 150MG | 4 | PA, QL (8 vials every 28 days) |
| XOLAIR SOSY 75MG/0.5ML | 4 | PA, QL (2 syringes every 28 days) |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| XOLAIR SOSY 150MG/ML | 4 | PA, QL (8 syringes every 28 days) |
| XOLAIR SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80MCG/ACT | 3 | QL (3 packages every 30 days) |
| ALVESCO AERS 160MCG/ACT | 3 | QL (2 packages every 30 days) |
| ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | 2 | QL (1 package every 30 days) |
| ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | 2 | QL (1 package every 30 days) |
| *budesonide (inhalation) susp 1mg/2ml* | 1 | QL (1 box every 30 days) |
| *budesonide (inhalation) susp .5mg/2ml* | 1 | QL (2 boxes every 30 days) |
| *budesonide (inhalation) susp .25mg/2ml* | 1 | QL (3 boxes every 30 days) |
| *fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act* | 1 | QL (1 package every 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| AIRSUPRA AER 90-80MCG | 2 | QL (3 packages every 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (1 package every 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (1 package every 30 days) |
| *breyna aer 80/4.5* | 1 | QL (3 packages every 30 days) |
| *breyna aer 160/4.5* | 1 | QL (3 packages every 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | 1 | QL (3 packages every 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | 1 | QL (3 packages every 30 days) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | 1 | QL (1 package every 30 days) |
| ***XANTHINES*** | | |
| *aminophylline soln 25mg/ml* | 1 | |
| *theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg* | 1 | |
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| *adapalene crea .1%; gel .1%, .3%* | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | 1 | |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | 1 | |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | QL (47g every 30 days) |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 1 | QL (45g every 30 days) |

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|---|---|---|
| *clindamycin phosphate (topical) foam 1%; swab 1%* | 1 | |
| *clindamycin phosphate (topical) gel 1%* | 1 | QL (75g every 30 days) |
| *clindamycin phosphate (topical) lotn 1%; soln 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | QL (50g every 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | 1 | QL (50g every 30 days) |
| *ery pads 2%* | 1 | |
| *erythromycin (acne aid) gel 2%* | 1 | QL (60g every 30 days) |
| *erythromycin (acne aid) soln 2%* | 1 | QL (60 mL every 30 days) |
| *isotretinoin caps 10mg, 20mg, 30mg, 40mg* | 1 | PA |
| *sulfacetamide sodium (acne) lotn 10%* | 1 | |
| *tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin microsphere gel .04%, .1%* | 1 | PA; PA applies for members age 35 and older |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | | |
| *diclofenac sodium (actinic keratoses) gel 3%* | 3 | |
| *fluorouracil (topical) crea 5%; soln 2%, 5%* | 1 | |
| *imiquimod crea 5%* | 1 | |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical) crea .1%; oint .1%* | 1 | |
| IV PREP WIPE PAD | 2 | OTC |
| *mupirocin oint 2%* | 1 | QL (30g every 30 days) |
| *silver sulfadiazine crea 1%* | 1 | |
| *ssd crea 1%* | 1 | |
| SULFAMYLON CREA 85MG/GM | 3 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox gel .77%* | 1 | QL (120g every 30 days) |
| *ciclopirox sham 1%* | 1 | QL (120 mL every 30 days) |
| *ciclopirox soln 8%* | 1 | |
| *ciclopirox olamine crea .77%* | 1 | QL (120g every 30 days) |
| *ciclopirox olamine susp .77%* | 1 | QL (120 mL every 30 days) |
| *clotrimazole (topical) crea 1%* | 1 | QL (120g every 30 days) |
| *clotrimazole (topical) soln 1%* | 1 | QL (120 mL every 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 1 | QL (60g every 30 days) |
| *clotrimazole w/ betamethasone lotion 1-0.05%* | 1 | QL (60 mL every 30 days) |
| *econazole nitrate crea 1%* | 1 | QL (60g every 30 days) |
| ERTACZO CREA 2% | 3 | QL (60g every 30 days) |
| JUBLIA SOLN 10% | 3 | PA, QL (4 mL every 28 days) |
| *ketoconazole (topical) crea 2%* | 1 | QL (120g every 30 days) |
| *luliconazole crea 1%* | 3 | QL (60g every 30 days) |
| *naftifine hcl crea 1%, 2%* | 1 | QL (60g every 30 days) |
| *nyamyc powd 100000unit/gm* | 1 | QL (120g every 30 days) |

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|---|---|---|
| *nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm* | 1 | QL (120g every 30 days) |
| *nystatin-triamcinolone cream 100000-0.1 unit/gm-%* | 1 | QL (60g every 30 days) |
| *nystatin-triamcinolone oint 100000-0.1 unit/gm-%* | 1 | QL (60g every 30 days) |
| *nystop powd 100000unit/gm* | 1 | QL (120g every 30 days) |
| *oxiconazole nitrate crea 1%* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate crea 1%* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate soln 1%* | 1 | QL (60 mL every 30 days) |
| ***DERMATOLOGY, ANTIPRURITIC*** | | |
| *doxepin hcl (antipruritic) crea 5%* | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin caps 10mg, 17.5mg, 25mg* | 1 | |
| *calcipotriene soln .005%* | 1 | ST, QL (60 mL every 30 days); PA** |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* | 3 | ST, QL (60g every 30 days); PA** |
| *calcitriol (topical) oint 3mcg/gm* | 3 | ST, QL (100g every 30 days); PA** |
| *methoxsalen rapid caps 10mg* | 1 | |
| *tazarotene crea .05%, .1%; gel .05%, .1%* | 1 | PA |
| ZORYVE CREA .3% | 2 | |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole (topical) sham 2%* | 1 | QL (120 mL every 30 days) |
| *selenium sulfide lotn 2.5%* | 1 | |
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | | |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| EBGLYSS SOAJ 250MG/2ML | 4 | PA, QL (2 pens every 28 days) |
| EBGLYSS SOSY 250MG/2ML | 4 | PA, QL (2 syringes every 28 days) |
| EUCRISA OINT 2% | 2 | ST, QL (60g every 30 days); PA** |
| *pimecrolimus crea 1%* | 3 | ST; PA** |
| *tacrolimus (topical) oint .03%, .1%* | 3 | ST; PA** |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort crea 1%* | 1 | QL (120g every 30 days) |
| *alclometasone dipropionate crea .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *amcinonide oint .1%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate (topical) crea .05%* | 1 | QL (120g every 30 days) |

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|---|---|---|
| *betamethasone dipropionate (topical) lotn .05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate augmented lotn .05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate crea .1%; foam .12%; oint .1%* | 1 | QL (120g every 30 days) |
| *betamethasone valerate lotn .1%* | 1 | QL (120 mL every 30 days) |
| BRYHALI LOTN .01% | 2 | QL (120 mL every 30 days) |
| *clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate emo crea .05%* | 1 | QL (120g every 30 days) |
| *clocortolone pivalate crea .1%* | 3 | QL (120g every 30 days) |
| *desonide crea .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *desonide lotn .05%* | 1 | QL (120 mL every 30 days) |
| *desoximetasone crea .05%, .25%; gel .05%; oint .25%* | 1 | QL (120g every 30 days) |
| *desoximetasone liqd .25%* | 3 | QL (120 mL every 30 days) |
| *diflorasone diacetate crea .05%; oint .05%* | 3 | QL (120g every 30 days) |
| *fluocinolone acetonide crea .01%, .025%; oint .025%* | 1 | QL (120g every 30 days) |
| *fluocinolone acetonide oil .01%; soln .01%* | 1 | QL (120 mL every 30 days) |
| *fluocinonide crea .05%; gel .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *fluocinonide soln .05%* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate crea .05%; oint .005%* | 1 | QL (120g every 30 days) |
| *fluticasone propionate lotn .05%* | 1 | QL (120 mL every 30 days) |
| *halobetasol propionate crea .05%; oint .05%* | 1 | QL (120g every 30 days) |
| *hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%* | 1 | QL (120g every 30 days) |
| *hydrocortisone (topical) lotn 2.5%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone butyrate crea .1%; oint .1%* | 1 | QL (120g every 30 days) |
| *hydrocortisone butyrate soln .1%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone valerate crea .2%; oint .2%* | 1 | QL (120g every 30 days) |
| *mometasone furoate crea .1%; oint .1%* | 1 | QL (120g every 30 days) |
| *mometasone furoate soln .1%* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide (topical) lotn .025%, .1%* | 1 | QL (120 mL every 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *lidocaine oint 5%* | 1 | QL (50g every 30 days) |
| *lidocaine ptch 5%* | 1 | PA, QL (90 patches every 30 days) |
| *lidocaine hcl prsy 2%* | 1 | QL (60 mL every 30 days) |
| *lidocaine hcl soln 4%* | 1 | QL (50 mL every 30 days) |
| *lidocaine pain relief pat ptch 4%* | 1 | QL (30 patches every 30 days), OTC |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | QL (30g every 30 days) |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical crea 5%* | 3 | |
| *bexarotene (topical) gel 1%* | 4 | PA |
| *lactic acid (ammonium lactate) crea 12%; lotn 12%* | 1 | |
| *nitroglycerin (intra-anal) oint .4%* | 1 | |
| *penciclovir crea 1%* | 1 | |
| *podofilox gel .5%; soln .5%* | 1 | |
| ***DERMATOLOGY, ROSACEA*** | | |
| *azelaic acid gel 15%* | 1 | |
| *brimonidine tartrate (topical) gel .33%* | 1 | PA |
| FINACEA FOAM 15% | 2 | |
| *ivermectin (rosacea) crea 1%* | 1 | PA |
| *metronidazole (topical) crea .75%; gel .75%, 1%* | 1 | QL (60g every 30 days) |
| *metronidazole (topical) lotn .75%* | 1 | QL (60 mL every 30 days) |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | | |
| *crotan lotn 10%* | 1 | |
| *cvs ivermectin lice treat lotn .5%* | 1 | OTC |
| *gnp lice treatment liqd 1%* | 1 | OTC |
| *malathion lotn .5%* | 1 | |
| *permethrin crea 5%* | 1 | |
| *spinosad susp .9%* | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| REGRANEX GEL .01% | 3 | PA, QL (30g every 30 days) |
| *sodium chloride (gu irrigant) soln .9%* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl caps 30mg* | 1 | |
| *chlorhexidine gluconate (mouth-throat) soln .12%* | 1 | |
| *clotrimazole troc 10mg* | 1 | QL (90 lozenges every 30 days) |
| *lidocaine hcl (mouth-throat) soln 2%, 4%* | 1 | |
| *nystatin (mouth-throat) susp 100000unit/ml* | 1 | |
| *oralone dental paste pste .1%* | 1 | |
| ORAVIG TABS 50MG | 3 | QL (14 tabs every 30 days) |
| *periogard soln .12%* | 1 | |
| *pilocarpine hcl (oral) tabs 5mg, 7.5mg* | 1 | |
| *triamcinolone acetonide (mouth) pste .1%* | 1 | |
| ***OTIC*** | | |
| *acetic acid (otic) soln 2%* | 1 | |
| *ciprofloxacin hcl (otic) soln .2%* | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%* | 3 | |

| Nombre del Medicamento | Nivel | Restricciones / Límites |
|---|---|---|
| CORTISPORIN SUS -TC OTIC | 3 | |
| *fluocinolone acetonide (otic) oil .01%* | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic) soln .3%* | 1 | |

## Index

Este formulario se actualize el 1 de octubre de 2025. Para obtener información más reciente o para otras preguntas, por favor comuníquese con CHRISTUS Health Plan Member Service a1 1-844-282-3025 (los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite www.christushealthplan.org

Escanear para tener accesso al portal de miembros en línea.

CHRISTUS® Health Plan

844.282.3025, TTY: 711

Lunes – Viernes, 8 a.m. – 5 p.m., hora local

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