CHRISTUS Health Plan

TEXAS HEALTH EXCHANGE
LOUISIANA HEALTH EXCHANGE

# Formulario de Planes Individuales y Familiares 2027

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

- American Indian Zero Cost Sharing
- Catastrophic
- Bronze Essential
- Bronze Essential Limited
- Bronze
- Bronze Limited
- Value Bronze
- Value Bronze Limited
- Bronze Essential Plus
- Bronze Essential Plus Limited
- Bronze Plus
- Bronze Plus Limited
- Value Bronze Plus
- Value Bronze Plus Limited
- Silver Essential 70
- Silver Essential 73
- Silver Essential 87
- Silver Essential 94
- Silver Essential 70 Limited
- Value Silver 70
- Value Silver 73
- Value Silver 87
- Value Silver 94
- Value Silver 70 Limited
- Silver Essential Plus 70
- Silver Essential Plus 73
- Silver Essential Plus 87
- Silver Essential Plus 94
- Silver Essential Plus 70 Limited
- Value Silver Plus 70
- Value Silver Plus 73
- Value Silver Plus 87
- Value Silver Plus 94
- Value Silver Plus 70 Limited
- Gold Essential
- Gold Essential Limited
- Gold
- Gold Limited
- Gold Essential Plus
- Gold Essential Plus Limited
- Gold Plus
- Gold Plus Limited

# CHRISTUS Health Plan
# Formulario de Planes Individuales y Familiares 2027
# Formulario de 5 niveles

**Este formulario se actualize el 9/1/2026**

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

Este formulario se actualizó el 9/1/2026. 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 9/1/2026. 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 2027 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.

Última actualización en 9/1/2026.

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.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente está en el formulario, o agregar un nuevo producto biosimilar para reemplazar un producto biológico original que actualmente está en el formulario, o agregar nuevas restricciones o trasladar un medicamento que mantenemos en el formulario a un nivel de costos compartidos más alto, o ambas cosas, después de agregar el medicamento correspondiente. También podemos hacer cambios con base en nuevas guías clínicas.

**Cambios que no lo afectarán si actualmente está tomando el medicamento.** Por lo general, si está tomando un medicamento en nuestro formulario de 2027 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2027, 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 9/1/2026. 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 en este formulario se agrupan en categorías según el tipo de condiciones para las que se usan. Por ejemplo, los medicamentos que se usan para tratar una condición cardíaca aparecen en la categoría: Antihypertensive Therapy. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 3. Luego, busque en el nombre de la categoría su medicamento.

### Lista por orden alfabético

Si no está seguro de en qué categoría buscar, busque su medicamento en el Índice que comienza en la página 130. 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 la persona que le receta obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CHRISTUS Health Plan conforme a criterios específicos 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. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y la contraportada.

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.

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.

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| 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. |

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| ລາວ<br>Laotian | ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3025 (TTY: 711) ຫຼື ຕິດຕໍ່ກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. |
| فارسي<br>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<br>Portuguese | ATENÇÃO: Se você fala Portugês, 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<br>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<br>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<br>Thai | หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-282-3025 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ |
| اردو<br>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<br>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

**AGE** - Límite de edad. Es posible que ciertos medicamentos solo estén cubiertos para miembros dentro de determinados rangos de edad.

**GNDR** - Modificación por género. La modificación generalmente se aplica a medicamentos que suelen estar asociados con una indicación clínica específica según el sexo o el género.

**LA:** Disponibilidad limitada. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, llame al Servicio de Atención al Cliente.

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

**OTC:** De venta libre. Un medicamento de venta libre (OTC) es un medicamento que no requiere receta.

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

**ST:** Terapia gradual. En algunos casos, el Plan requiere que primero pruebe ciertos medicamentos para tratar su condición antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el medicamento A y el medicamento B tratan su condición, es posible que no cubramos el medicamento B a menos que 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 Planes Individuales y Familiares | | |
|---|---|---|
| | Nivel de costos compartidos | Requisitos/limitaciones |
| 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 |

El formulario de CHRISTUS Health Plan que comienza en la página siguiente proporciona información sobre la cobertura de los medicamentos cubiertos por CHRISTUS Health Plan. Si tiene dificultades para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 130.

La primera columna de la tabla muestra el nombre del medicamento. Los nombres comerciales de los medicamentos aparecen en mayúsculas (por ejemplo: AFINITOR) y los medicamentos genéricos aparecen en cursiva y minúsculas (por ejemplo: atorvastatin).

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

# Christus 5T Stnd Modified Effective 09/01/2026

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| **ANALGESICS** | | |
| ***COX-2 INHIBITORS*** | | |
| *celecoxib cap 50 mg* | 1 | |
| *celecoxib cap 100 mg* | 1 | |
| *celecoxib cap 200 mg* | 1 | |
| ***GOUT*** | | |
| *allopurinol tab 100 mg* | 1 | |
| *allopurinol tab 300 mg* | 1 | |
| *colchicine tab 0.6 mg* | 1 | |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| *febuxostat tab 40 mg* | 1 | ST; PA** |
| *febuxostat tab 80 mg* | 1 | ST; PA** |
| *probenecid tab 500 mg* | 1 | |
| ***NSAIDS*** | | |
| *diclofenac potassium tab 50 mg* | 1 | |
| *diclofenac sodium gel 1% (1.16% diethylamine equiv)* | 1 | QL (300g every 30 days), OTC |
| *diclofenac sodium tab delayed release 25 mg* | 1 | |
| *diclofenac sodium tab delayed release 50 mg* | 1 | |
| *diclofenac sodium tab delayed release 75 mg* | 1 | |
| *diclofenac sodium tab er 24hr 100 mg* | 1 | |
| *etodolac cap 200 mg* | 1 | |
| *etodolac cap 300 mg* | 1 | |
| *etodolac tab 400 mg* | 1 | |
| *etodolac tab 500 mg* | 1 | |
| *etodolac tab er 24hr 400 mg* | 1 | |
| *etodolac tab er 24hr 500 mg* | 1 | |
| *etodolac tab er 24hr 600 mg* | 1 | |
| *flurbiprofen tab 50 mg* | 1 | |
| *ibuprofen susp 100 mg/5ml* | 1 | |
| *ibuprofen tab 400 mg* | 1 | |
| *ibuprofen tab 600 mg* | 1 | |
| *ibuprofen tab 800 mg* | 1 | |
| *ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)* | 1 | |
| *ketorolac tromethamine inj 15 mg/ml* | 1 | |
| *ketorolac tromethamine inj 30 mg/ml* | 1 | |
| *ketorolac tromethamine tab 10 mg* | 1 | QL (20 tabs every 30 days) |
| *meclofenamate sodium cap 50 mg* | 1 | |
| *meclofenamate sodium cap 100 mg* | 1 | |
| *mefenamic acid cap 250 mg* | 1 | |
| *meloxicam tab 7.5 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *meloxicam tab 15 mg* | 1 | |
| *nabumetone tab 500 mg* | 1 | |
| *nabumetone tab 750 mg* | 1 | |
| *naproxen tab 250 mg* | 1 | |
| *naproxen tab 375 mg* | 1 | |
| *naproxen tab 500 mg* | 1 | |
| *oxaprozin tab 600 mg* | 1 | |
| *piroxicam cap 10 mg* | 1 | |
| *piroxicam cap 20 mg* | 1 | |
| *sulindac tab 150 mg* | 1 | |
| *sulindac tab 200 mg* | 1 | |
| *voltaren arthritis pain* | 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 |
| *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 inj 1 mg/ml* | 1 | |
| *butorphanol tartrate inj 2 mg/ml* | 1 | |
| *butorphanol tartrate nasal soln 10 mg/ml* | 1 | QL (2 bottles every 30 days) |
| CODEINE SULF TAB 60MG | 3 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| *codeine sulfate tab 30 mg* | 1 | 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 |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *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 td patch 72hr 12 mcg/hr* | 1 | ST, QL (10 patches every 30 days) |
| *fentanyl td patch 72hr 25 mcg/hr* | 1 | ST, QL (10 patches every 30 days) |
| *fentanyl td patch 72hr 37.5 mcg/hr* | 1 | ST, QL (10 patches every 30 days) |
| *fentanyl td patch 72hr 50 mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *fentanyl td patch 72hr 62.5 mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *fentanyl td patch 72hr 75 mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *fentanyl td patch 72hr 87.5 mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *fentanyl td patch 72hr 100 mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone bitartrate tab er 24hr deter 20 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 30 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 40 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 60 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 80 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 100 mg* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone bitartrate tab er 24hr deter 120 mg* | 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 | Requisitos/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 inj 2 mg/ml* | 1 | |
| *hydromorphone hcl tab 2 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tab 4 mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tab 8 mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tab er 24hr 8 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 12 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 16 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 32 mg* | 1 | ST, PA; High Strength Requires PA |
| *methadone hcl conc 10 mg/ml* | 1 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| *methadone hcl soln 5 mg/5ml* | 1 | ST, QL (450 mL every 30 days) |
| *methadone hcl soln 10 mg/5ml* | 1 | ST, QL (225 mL every 30 days) |
| *methadone hcl tab 5 mg* | 1 | ST, QL (90 tabs every 30 days) |
| *methadone hcl tab 10 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *methadone hydrochloride i* | 1 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| *methadose* | 1 | QL (9 tabs every 30 days) |
| *morphine sulfate beads cap er 24hr 30 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 45 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 60 mg* | 1 | ST, QL (30 caps every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *morphine sulfate beads cap er 24hr 75 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 90 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 120 mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate cap er 24hr 10 mg* | 1 | ST, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 20 mg* | 1 | ST, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 30 mg* | 1 | ST, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 50 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 60 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 80 mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 100 mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate iv soln 4 mg/ml* | 1 | |
| *morphine sulfate iv soln 10 mg/ml* | 1 | |
| *morphine sulfate oral soln 10 mg/5ml* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate oral soln 20 mg/5ml* | 1 | ST, QL (675 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | 1 | ST, QL (135 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tab 15 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tab 30 mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tab er 15 mg* | 1 | ST, QL (90 tabs every 30 days) |
| *morphine sulfate tab er 30 mg* | 1 | ST, QL (90 tabs every 30 days) |
| *morphine sulfate tab er 60 mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate tab er 100 mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate tab er 200 mg* | 1 | ST, PA; High Strength Requires PA |
| *nalbuphine hcl inj 10 mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *nalbuphine hcl inj 20 mg/ml* | 1 | |
| NUCYNTA ER TAB 50MG | 3 | ST, QL (60 tabs every 30 days) |
| NUCYNTA ER TAB 100MG | 3 | ST, QL (60 tabs every 30 days) |
| NUCYNTA ER TAB 150MG | 3 | ST, PA; High Strength Requires PA |
| NUCYNTA ER TAB 200MG | 3 | ST, PA; High Strength Requires PA |
| NUCYNTA ER TAB 250MG | 3 | ST, PA; High Strength Requires PA |
| NUCYNTA TAB 50MG | 3 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TAB 75MG | 3 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA TAB 100MG | 3 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl cap 5 mg* | 1 | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | 1 | ST, QL (90 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl soln 5 mg/5ml* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tab 5 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tab 10 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tab 15 mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tab 20 mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tab 30 mg* | 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 |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *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 tab 5 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tab 10 mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tab er 12hr 5 mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tab er 12hr 7.5 mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tab er 12hr 10 mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tab er 12hr 15 mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tab er 12hr 20 mg* | 1 | ST, PA; High Strength Requires PA |
| *oxymorphone hcl tab er 12hr 30 mg* | 1 | ST, PA; High Strength Requires PA |
| *oxymorphone hcl tab er 12hr 40 mg* | 1 | ST, PA; High Strength Requires PA |
| *tapentadol hcl tab 50 mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *tapentadol hcl tab 75 mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *tapentadol hcl tab 100 mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *tramadol hcl tab 50 mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *tramadol hcl tab er 24hr 100 mg* | 1 | ST, QL (30 tabs every 30 days) |
| *tramadol hcl tab er 24hr 200 mg* | 1 | ST, PA; High Strength Requires PA |
| *tramadol hcl tab er 24hr 300 mg* | 1 | ST, PA; High Strength Requires PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit |
| XTAMPZA ER CAP 9MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 13.5MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 18MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 27MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 36MG | 2 | ST, PA; High Strength Requires Prior Auth |
| ***OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA MIS 75MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA MIS 150MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA MIS 300MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA MIS 450MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA MIS 600MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| BELBUCA MIS 750MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| BELBUCA MIS 900MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine hcl inj 0.3 mg/ml (base equiv)* | 1 | |
| *buprenorphine td patch weekly 5 mcg/hr* | 1 | ST, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 7.5 mcg/hr* | 1 | ST, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 10 mcg/hr* | 1 | ST, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 15 mcg/hr* | 1 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine td patch weekly 20 mcg/hr* | 1 | ST, PA; High Strength Requires Prior Auth |
| SUBLOCADE INJ 100/0.5 | 4 | |
| SUBLOCADE INJ 300/1.5 | 4 | |
| ***SALICYLATES*** | | |
| *aspirin ec adult low dose* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |
| *diflunisal tab 500 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *goodsense aspirin* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |
| **ANESTHETICS** | | |
| ***LOCAL ANESTHETICS*** | | |
| *lidocaine hcl local inj 0.5%* | 1 | |
| *lidocaine hcl local inj 1%* | 1 | |
| *lidocaine hcl local inj 2%* | 1 | |
| *lidocaine hcl local preservative free (pf) inj 0.5%* | 1 | |
| *lidocaine hcl local preservative free (pf) inj 1%* | 1 | |
| *lidocaine hcl local preservative free (pf) inj 2%* | 1 | |
| *lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)* | 1 | |
| **ANTI-INFECTIVES** | | |
| ***ANTHELMINTICS*** | | |
| *albendazole tab 200 mg* | 3 | QL (336 tabs every 365 days) |
| EMVERM CHW 100MG | 3 | QL (12 tabs every 365 days) |
| *ivermectin tab 3 mg* | 1 | |
| *praziquantel tab 600 mg* | 1 | QL (24 tabs every 365 days) |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate inj 1 gm/4ml (250 mg/ml)* | 1 | |
| *amikacin sulfate inj 500 mg/2ml (250 mg/ml)* | 1 | |
| *fosfomycin tromethamine powd pack 3 gm (base equivalent)* | 1 | |
| *gentamicin sulfate inj 40 mg/ml* | 1 | |
| *neomycin sulfate tab 500 mg* | 1 | |
| *sulfadiazine tab 500 mg* | 1 | |
| *tinidazole tab 250 mg* | 1 | |
| *tinidazole tab 500 mg* | 1 | |
| *tobramycin sulfate for inj 1.2 gm* | 1 | QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days |
| *tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)* | 1 | QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days |
| *tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)* | 1 | QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days |
| ***ANTIFUNGALS*** | | |
| *amphotericin b for iv soln 50 mg* | 1 | QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days |
| CRESEMBA CAP 74.5MG | 3 | |
| CRESEMBA CAP 186MG | 3 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *fluconazole for susp 10 mg/ml* | 1 | |
| *fluconazole for susp 40 mg/ml* | 1 | |
| *fluconazole tab 50 mg* | 1 | |
| *fluconazole tab 100 mg* | 1 | |
| *fluconazole tab 150 mg* | 1 | |
| *fluconazole tab 200 mg* | 1 | |
| *griseofulvin microsize susp 125 mg/5ml* | 1 | |
| *griseofulvin microsize tab 500 mg* | 1 | |
| *griseofulvin ultramicrosize tab 125 mg* | 1 | |
| *griseofulvin ultramicrosize tab 250 mg* | 1 | |
| *itraconazole cap 100 mg* | 1 | PA |
| *itraconazole oral soln 10 mg/ml* | 1 | PA |
| *nystatin tab 500000 unit* | 1 | |
| *posaconazole susp 40 mg/ml* | 1 | PA |
| *posaconazole tab delayed release 100 mg* | 3 | PA |
| *terbinafine hcl tab 250 mg* | 1 | |
| *voriconazole for susp 40 mg/ml* | 3 | PA |
| *voriconazole tab 50 mg* | 3 | PA |
| *voriconazole tab 200 mg* | 3 | PA |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate tab 250 mg* | 1 | |
| *chloroquine phosphate tab 500 mg* | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TAB 150MG | 3 | |
| *mefloquine hcl tab 250 mg* | 1 | |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | 1 | |
| *quinine sulfate cap 324 mg* | 1 | |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | 1 | QL (900 mL every 30 days) |
| *abacavir sulfate tab 300 mg (base equiv)* | 1 | QL (60 tabs every 30 days) |
| APRETUDE SUS 600MG ER | 0 | QL (2 vials every 90 days) |
| APTIVUS CAP 250MG | 2 | QL (120 caps every 30 days) |
| *atazanavir sulfate cap 150 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *atazanavir sulfate cap 200 mg (base equiv)* | 1 | QL (60 caps every 30 days) |
| *atazanavir sulfate cap 300 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *darunavir tab 600 mg* | 1 | QL (60 tabs every 30 days) |
| *darunavir tab 800 mg* | 1 | QL (30 tabs every 30 days) |
| EDURANT PED TAB 2.5MG | 2 | QL (180 tabs every 30 days) |
| EDURANT TAB 25MG | 2 | QL (60 tabs every 30 days) |
| *efavirenz tab 600 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine caps 200 mg* | 1 | QL (30 caps every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| EMTRIVA SOL 10MG/ML | 2 | QL (680 ml every 28 days) |
| *etravirine tab 100 mg* | 1 | QL (120 tabs every 30 days) |
| *etravirine tab 200 mg* | 1 | QL (60 tabs every 30 days) |
| *fosamprenavir calcium tab 700 mg (base equiv)* | 1 | QL (120 tabs every 30 days) |
| INTELENCE TAB 25MG | 2 | QL (120 tabs every 30 days) |
| ISENTRESS CHW 25MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS CHW 100MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS HD TAB 600MG | 2 | QL (60 tabs every 30 days) |
| ISENTRESS POW 100MG | 2 | QL (60 packets every 30 days) |
| ISENTRESS TAB 400MG | 2 | QL (120 tabs every 30 days) |
| *lamivudine oral soln 10 mg/ml* | 1 | QL (960 ml every 30 days) |
| *lamivudine tab 150 mg* | 1 | QL (60 tabs every 30 days) |
| *lamivudine tab 300 mg* | 1 | QL (30 tabs every 30 days) |
| *maraviroc tab 150 mg* | 1 | QL (60 tabs every 30 days) |
| *maraviroc tab 300 mg* | 1 | QL (120 tabs every 30 days) |
| *nevirapine susp 50 mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *nevirapine tab 200 mg* | 1 | QL (60 tabs every 30 days) |
| *nevirapine tab er 24hr 400 mg* | 1 | QL (30 tabs every 30 days) |
| NORVIR POW 100MG | 2 | QL (360 packets every 30 days) |
| PREZISTA SUS 100MG/ML | 2 | QL (400 ml every 30 days) |
| PREZISTA TAB 75MG | 2 | QL (300 tabs every 30 days) |
| PREZISTA TAB 150MG | 2 | QL (180 tabs every 30 days) |
| RETROVIR INJ 10MG/ML | 2 | |
| REYATAZ POW 50MG | 2 | QL (180 packets every 30 days) |
| *rilpivirine hcl tab 25 mg (base equivalent)* | 1 | QL (60 tabs every 30 days) |
| *ritonavir tab 100 mg* | 1 | QL (360 tabs every 30 days) |
| SELZENTRY SOL 20MG/ML | 2 | QL (1840 mL every 30 days) |
| *tenofovir disoproxil fumarate tab 300 mg* | 1 | QL (30 tabs every 30 days) |
| TIVICAY PD TAB 5MG | 2 | QL (360 tabs every 30 days) |
| TIVICAY TAB 50MG | 2 | QL (60 tabs every 30 days) |
| TROGARZO INJ 150MG/ML | 4 | |
| TYBOST TAB 150MG | 2 | QL (30 tabs every 30 days) |
| VIREAD POW 40MG/GM | 2 | QL (240 gm every 30 days) |
| VIREAD TAB 150MG | 2 | QL (30 tabs every 30 days) |
| VIREAD TAB 200MG | 2 | QL (30 tabs every 30 days) |
| VIREAD TAB 250MG | 2 | QL (30 tabs every 30 days) |
| YEZTUGO INJ 463.5MG | 2 | QL (4 vials every 168 days) |
| YEZTUGO TAB 300MG | 2 | QL (8 tabs every 4 days) |
| *zidovudine cap 100 mg* | 1 | QL (180 caps every 30 days) |
| *zidovudine syrup 10 mg/ml* | 1 | QL (1920 ml every 30 days) |
| *zidovudine tab 300 mg* | 1 | QL (60 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***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) |
| *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 cap 250 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *ethambutol hcl tab 100 mg* | 1 | |
| *ethambutol hcl tab 400 mg* | 1 | |
| *isoniazid inj 100 mg/ml* | 1 | |
| *isoniazid syrup 50 mg/5ml* | 1 | |
| *isoniazid tab 100 mg* | 1 | |
| *isoniazid tab 300 mg* | 1 | |
| PRETOMANID TAB 200MG | 3 | |
| PRIFTIN TAB 150MG | 2 | |
| *pyrazinamide tab 500 mg* | 1 | |
| *rifabutin cap 150 mg* | 1 | |
| *rifampin cap 150 mg* | 1 | |
| *rifampin cap 300 mg* | 1 | |
| *rifampin for inj 600 mg* | 1 | |
| SIRTURO TAB 20MG | 3 | |
| SIRTURO TAB 100MG | 3 | |
| TRECATOR TAB 250MG | 2 | |
| ***ANTIVIRALS*** | | |
| *acyclovir cap 200 mg* | 1 | |
| *acyclovir susp 200 mg/5ml* | 1 | |
| *acyclovir tab 400 mg* | 1 | |
| *acyclovir tab 800 mg* | 1 | |
| *cidofovir iv inj 75 mg/ml* | 1 | |
| *famciclovir tab 125 mg* | 1 | |
| *famciclovir tab 250 mg* | 1 | |
| *famciclovir tab 500 mg* | 1 | |
| *oseltamivir phosphate cap 30 mg (base equiv)* | 1 | QL (40 caps every 90 days) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | 1 | QL (20 caps every 90 days) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | 1 | QL (20 caps every 90 days) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | 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 MIS DISKHALE | 2 | QL (2 inhalers every 90 days) |
| *rimantadine hydrochloride tab 100 mg* | 1 | |
| *valacyclovir hcl tab 1 gm* | 1 | |
| *valacyclovir hcl tab 500 mg* | 1 | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | 4 | PA, QL (1144 mL every 30 days) |
| *valganciclovir hcl tab 450 mg (base equivalent)* | 4 | PA, QL (120 tabs every 30 days) |
| XERESE CRE 5-1% | 3 | PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor cap 250 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *cefaclor cap 500 mg* | 1 | |
| *cefaclor for susp 250 mg/5ml* | 1 | |
| *cefadroxil cap 500 mg* | 1 | |
| *cefadroxil for susp 250 mg/5ml* | 1 | |
| *cefadroxil for susp 500 mg/5ml* | 1 | |
| *cefadroxil tab 1 gm* | 1 | |
| *cefazolin sodium for inj 1 gm* | 1 | |
| *cefdinir cap 300 mg* | 1 | |
| *cefdinir for susp 125 mg/5ml* | 1 | |
| *cefdinir for susp 250 mg/5ml* | 1 | |
| *cefepime hcl for inj 1 gm* | 1 | |
| *cefepime hcl for iv soln 2 gm* | 1 | |
| *cefixime cap 400 mg* | 1 | |
| *cefixime for susp 100 mg/5ml* | 1 | |
| *cefixime for susp 200 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | 1 | |
| *cefpodoxime proxetil tab 100 mg* | 1 | |
| *cefpodoxime proxetil tab 200 mg* | 1 | |
| *cefprozil for susp 125 mg/5ml* | 1 | |
| *cefprozil for susp 250 mg/5ml* | 1 | |
| *cefprozil tab 250 mg* | 1 | |
| *cefprozil tab 500 mg* | 1 | |
| *ceftazidime for iv soln 2 gm* | 1 | |
| *ceftriaxone sodium for inj 1 gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for inj 2 gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for inj 10 gm* | 1 | QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for inj 250 mg* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for inj 500 mg* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for iv soln 1 gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *ceftriaxone sodium for iv soln 2 gm* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *cefuroxime axetil tab 250 mg* | 1 | |
| *cefuroxime axetil tab 500 mg* | 1 | |
| *cephalexin cap 250 mg* | 1 | |
| *cephalexin cap 500 mg* | 1 | |
| *cephalexin cap 750 mg* | 1 | |
| *cephalexin for susp 125 mg/5ml* | 1 | |
| *cephalexin for susp 250 mg/5ml* | 1 | |
| *cephalexin tab 250 mg* | 1 | |
| *cephalexin tab 500 mg* | 1 | |
| *tazicef* | 1 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin for susp 100 mg/5ml* | 1 | |
| *azithromycin for susp 200 mg/5ml* | 1 | |
| *azithromycin tab 250 mg* | 1 | |
| *azithromycin tab 500 mg* | 1 | |
| *azithromycin tab 600 mg* | 1 | |
| *clarithromycin for susp 125 mg/5ml* | 1 | |
| *clarithromycin for susp 250 mg/5ml* | 1 | |
| *clarithromycin tab 250 mg* | 1 | |
| *clarithromycin tab 500 mg* | 1 | |
| *clarithromycin tab er 24hr 500 mg* | 1 | |
| DIFICID SUS | 2 | PA |
| *e.e.s. 400* | 1 | |
| *erythromycin ethylsuccinate for susp 200 mg/5ml* | 1 | |
| *erythromycin ethylsuccinate for susp 400 mg/5ml* | 1 | |
| *erythromycin tab 250 mg* | 1 | |
| *erythromycin tab 500 mg* | 1 | |
| *erythromycin tab delayed release 250 mg* | 1 | |
| *erythromycin tab delayed release 333 mg* | 1 | |
| *erythromycin tab delayed release 500 mg* | 1 | |
| *erythromycin w/ delayed release particles cap 250 mg* | 1 | |
| *fidaxomicin tab 200 mg* | 1 | PA |
| ZITHROMAX POW 1GM PAK | 2 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA TAB 450MG | 3 | |
| CIPRO (10%) SUS 500MG/5 | 3 | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | 1 | |
| *levofloxacin iv soln 25 mg/ml* | 1 | QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days |
| *levofloxacin oral soln 25 mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *levofloxacin tab 250 mg* | 1 | |
| *levofloxacin tab 500 mg* | 1 | |
| *levofloxacin tab 750 mg* | 1 | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | 1 | |
| *ofloxacin tab 300 mg* | 1 | |
| *ofloxacin tab 400 mg* | 1 | |
| ***HEPATITIS B*** | | |
| *adefovir dipivoxil tab 10 mg* | 4 | |
| BARACLUDE SOL | 4 | PA, QL (630 mL every 30 days) |
| *entecavir tab 0.5 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *entecavir tab 1 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *lamivudine tab 100 mg (hbv)* | 1 | |
| ***HEPATITIS C*** | | |
| EPCLUSA PAK 150-37.5 | 2 | PA, QL (28 pellets every 28 days) |
| EPCLUSA PAK 200-50MG | 2 | PA, QL (56 pellets every 28 days) |
| EPCLUSA TAB 200-50MG | 2 | PA, QL (56 tabs every 28 days) |
| EPCLUSA TAB 400-100 | 2 | PA, QL (28 tabs every 28 days) |
| HARVONI PAK | 2 | PA, QL (28 pellets every 28 days) |
| HARVONI PAK 45-200MG | 2 | PA, QL (56 pellets every 28 days) |
| HARVONI TAB 45-200MG | 2 | PA, QL (56 tabs every 28 days) |
| HARVONI TAB 90-400MG | 2 | PA, QL (28 tabs every 28 days) |
| PEGASYS INJ | 4 | PA |
| PEGASYS INJ 180MCG/M | 4 | PA |
| *ribavirin cap 200 mg* | 1 | |
| *ribavirin tab 200 mg* | 1 | |
| SOVALDI PAK 150MG | 5 | ST, PA, QL (28 pellets every 28 days) |
| SOVALDI PAK 200MG | 5 | ST, PA, QL (56 pellets every 28 days) |
| SOVALDI TAB 200MG | 5 | ST, PA, QL (56 tabs every 28 days) |
| SOVALDI TAB 400MG | 5 | ST, PA, QL (28 tabs every 28 days) |
| VOSEVI TAB | 4 | PA, QL (28 tabs every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| *atovaquone susp 750 mg/5ml* | 1 | |
| *aztreonam for inj 1 gm* | 1 | |
| *aztreonam for inj 2 gm* | 1 | |
| *clindamycin hcl cap 75 mg* | 1 | |
| *clindamycin hcl cap 150 mg* | 1 | |
| *clindamycin hcl cap 300 mg* | 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | 1 | |
| *dapsone tab 25 mg* | 1 | |
| *dapsone tab 100 mg* | 1 | |
| *ertapenem sodium for inj 1 gm (base equivalent)* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *linezolid for susp 100 mg/5ml* | 1 | |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | 1 | |
| *linezolid tab 600 mg* | 1 | |
| *meropenem iv for soln 1 gm* | 1 | QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *meropenem iv for soln 500 mg* | 1 | QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *methenamine hippurate tab 1 gm* | 1 | |
| *metronidazole cap 375 mg* | 1 | |
| *metronidazole iv soln 500 mg/100ml* | 1 | |
| *metronidazole tab 250 mg* | 1 | |
| *metronidazole tab 500 mg* | 1 | |
| *nitazoxanide tab 500 mg* | 1 | QL (20 tabs every 30 days) |
| *nitrofurantoin macrocrystalline cap 25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin macrocrystalline cap 50 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin macrocrystalline cap 100 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *nitrofurantoin susp 25 mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *pentamidine isethionate for inj soln 300 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *pentamidine isethionate for nebulization soln 300 mg* | 1 | |
| *polymyxin b sulfate for inj 500000 unit* | 1 | |
| *pyrimethamine tab 25 mg* | 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 tab 100 mg* | 1 | |
| *vancomycin hcl cap 125 mg (base equivalent)* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl cap 250 mg (base equivalent)* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl for iv soln 1 gm (base equivalent)* | 1 | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl for iv soln 5 gm (base equivalent)* | 1 | QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl for iv soln 10 gm (base equivalent)* | 1 | QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl for iv soln 500 mg (base equivalent)* | 1 | QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days |
| *vancomycin hcl for iv soln 750 mg (base equivalent)* | 1 | QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days |
| ***PENICILLINS*** | | |
| *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 | |
| *amoxicillin (trihydrate) cap 250 mg* | 1 | |
| *amoxicillin (trihydrate) cap 500 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 125 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 250 mg* | 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | 1 | |
| *ampicillin cap 500 mg* | 1 | |
| *ampicillin sodium for inj 1 gm* | 1 | |
| *ampicillin sodium for inj 2 gm* | 1 | |
| *dicloxacillin sodium cap 250 mg* | 1 | |
| *dicloxacillin sodium cap 500 mg* | 1 | |
| *penicillin g potassium for inj 5000000 unit* | 1 | |
| *penicillin g potassium for inj 20000000 unit* | 1 | |
| *penicillin g sodium for inj 5000000 unit* | 1 | |
| *penicillin v potassium for soln 125 mg/5ml* | 1 | |
| *penicillin v potassium for soln 250 mg/5ml* | 1 | |
| *penicillin v potassium tab 250 mg* | 1 | |
| *penicillin v potassium tab 500 mg* | 1 | |
| *pfizerpen* | 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* | 1 | |
| *demeclocycline hcl tab 150 mg* | 1 | |
| *demeclocycline hcl tab 300 mg* | 1 | |
| *doxy 100* | 1 | |
| *doxycycline hyclate cap 50 mg* | 1 | |
| *doxycycline hyclate cap 100 mg* | 1 | |
| *doxycycline hyclate for inj 100 mg* | 1 | |
| *doxycycline hyclate tab 20 mg* | 1 | |
| *doxycycline hyclate tab 100 mg* | 1 | |
| *doxycycline monohydrate cap 50 mg* | 1 | |
| *doxycycline monohydrate cap 100 mg* | 1 | |
| *doxycycline monohydrate for susp 25 mg/5ml* | 1 | |
| *doxycycline monohydrate tab 50 mg* | 1 | |
| *doxycycline monohydrate tab 75 mg* | 1 | |
| *doxycycline monohydrate tab 150 mg* | 1 | |
| *minocycline hcl cap 50 mg* | 1 | |
| *minocycline hcl cap 75 mg* | 1 | |
| *minocycline hcl cap 100 mg* | 1 | |
| *minocycline hcl tab 50 mg* | 1 | |
| *minocycline hcl tab 75 mg* | 1 | |
| *minocycline hcl tab 100 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *tetracycline hcl cap 250 mg* | 1 | QL (120 caps every 30 days) |
| *tetracycline hcl cap 500 mg* | 1 | QL (120 caps every 30 days) |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *busulfan inj 6 mg/ml* | 1 | |
| *carmustine for inj 100 mg* | 1 | |
| *cyclophosphamide cap 25 mg* | 1 | |
| *cyclophosphamide cap 50 mg* | 1 | |
| *cyclophosphamide for inj 1 gm* | 4 | |
| *cyclophosphamide for inj 2 gm* | 4 | |
| *cyclophosphamide for inj 500 mg* | 4 | |
| *dacarbazine for inj 100 mg* | 1 | |
| *dacarbazine for inj 200 mg* | 1 | |
| GLIADEL WAF 7.7MG | 2 | |
| *ifosfamide for inj 1 gm* | 1 | |
| *ifosfamide iv inj 1 gm/20ml (50 mg/ml)* | 1 | |
| *ifosfamide iv inj 3 gm/60ml (50 mg/ml)* | 1 | |
| LEUKERAN TAB 2MG | 2 | |
| *lomustine cap 10 mg* | 1 | |
| *lomustine cap 40 mg* | 1 | |
| *lomustine cap 100 mg* | 1 | |
| MATULANE CAP 50MG | 2 | |
| *melphalan hcl for inj 50 mg (base equiv)* | 1 | |
| TEMODAR INJ 100MG | 4 | PA |
| *temozolomide cap 5 mg* | 4 | PA |
| *temozolomide cap 20 mg* | 4 | PA |
| *temozolomide cap 100 mg* | 4 | PA |
| *temozolomide cap 140 mg* | 4 | PA |
| *temozolomide cap 180 mg* | 4 | PA |
| *temozolomide cap 250 mg* | 4 | PA |
| ***ANTIBIOTICS*** | | |
| *adriamycin* | 1 | |
| *bleomycin sulfate for inj 15 unit* | 1 | |
| *bleomycin sulfate for inj 30 unit* | 1 | |
| *daunorubicin hcl iv soln 20 mg/4ml (base equiv)* | 1 | |
| *doxorubicin hcl for inj 10 mg* | 1 | |
| *doxorubicin hcl inj 2 mg/ml* | 1 | |
| *doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml* | 1 | |
| *idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)* | 1 | |
| *idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)* | 1 | |
| *idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)* | 1 | |
| *mitomycin for iv soln 5 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *mitomycin for iv soln 20 mg* | 1 | |
| *mitomycin for iv soln 40 mg* | 1 | |
| *mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)* | 4 | |
| *mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)* | 4 | |
| *mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)* | 4 | |
| ***ANTIMETABOLITES*** | | |
| *azacitidine for inj 100 mg* | 4 | PA |
| *capecitabine tab 150 mg* | 4 | PA |
| *capecitabine tab 500 mg* | 4 | PA |
| *cladribine iv soln 10 mg/10ml (1 mg/ml)* | 1 | |
| *clofarabine iv soln 1 mg/ml* | 1 | |
| *cytarabine inj 20 mg/ml* | 1 | |
| *cytarabine inj pf 20 mg/ml* | 1 | |
| *cytarabine inj pf 100 mg/ml* | 1 | |
| *decitabine for inj 50 mg* | 4 | PA |
| *fludarabine phosphate for inj 50 mg* | 1 | |
| *fludarabine phosphate inj 25 mg/ml* | 1 | |
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | 1 | |
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | 1 | |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | 1 | |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | 1 | |
| *gemcitabine hcl for inj 1 gm* | 4 | |
| *gemcitabine hcl for inj 2 gm* | 4 | |
| *gemcitabine hcl for inj 200 mg* | 4 | |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | 4 | |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | 4 | |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | 4 | |
| *mercaptopurine tab 50 mg* | 1 | |
| *methotrexate sodium for inj 1 gm* | 1 | |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | 1 | |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | 1 | |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | 1 | |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | 1 | |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | 1 | |
| NIPENT INJ 10MG | 2 | |
| *pemetrexed disodium for iv soln 100 mg (base equiv)* | 4 | |
| *pemetrexed disodium for iv soln 500 mg (base equiv)* | 4 | |
| TABLOID TAB 40MG | 2 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***ANTINEOPLASTIC, BCL-2 INHIBITORS*** | | |
| VENCLEXTA TAB 10MG | 4 | PA, QL (120 tabs every 30 days) |
| VENCLEXTA TAB 50MG | 4 | PA, QL (120 tabs every 30 days) |
| VENCLEXTA TAB 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 INJ 100MG | 4 | PA |
| ERBITUX INJ 200MG | 4 | PA |
| ERIVEDGE CAP 150MG | 4 | PA, QL (30 caps every 30 days) |
| KADCYLA INJ 100MG | 4 | PA |
| KADCYLA INJ 160MG | 4 | PA |
| KEYTRUDA INJ 100MG/4M | 4 | PA |
| *lenalidomide cap 5 mg* | 4 | PA, QL (28 caps every 28 days) |
| *lenalidomide cap 10 mg* | 4 | PA, QL (28 caps every 28 days) |
| *lenalidomide cap 15 mg* | 4 | PA, QL (28 caps every 28 days) |
| *lenalidomide cap 20 mg* | 4 | PA, QL (21 caps every 28 days) |
| *lenalidomide cap 25 mg* | 4 | PA, QL (21 caps every 28 days) |
| *lenalidomide caps 2.5 mg* | 4 | PA, QL (28 caps every 28 days) |
| PADCEV INJ 20MG | 5 | PA, QL (21 vials every 28 days) |
| PADCEV INJ 30MG | 5 | PA, QL (15 vials every 28 days) |
| *pomalidomide cap 1 mg* | 4 | PA, QL (21 caps every 28 days) |
| *pomalidomide cap 2 mg* | 4 | PA, QL (21 caps every 28 days) |
| *pomalidomide cap 3 mg* | 4 | PA, QL (21 caps every 28 days) |
| *pomalidomide cap 4 mg* | 4 | PA, QL (21 caps every 28 days) |
| POMALYST CAP 1MG | 5 | PA, QL (21 caps every 28 days) |
| POMALYST CAP 2MG | 5 | PA, QL (21 caps every 28 days) |
| POMALYST CAP 3MG | 5 | PA, QL (21 caps every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| POMALYST CAP 4MG | 5 | PA, QL (21 caps every 28 days) |
| REVLIMID CAP 2.5MG | 5 | PA, QL (28 caps every 28 days) |
| REVLIMID CAP 5MG | 5 | PA, QL (28 caps every 28 days) |
| REVLIMID CAP 10MG | 5 | PA, QL (28 caps every 28 days) |
| REVLIMID CAP 15MG | 5 | PA, QL (28 caps every 28 days) |
| REVLIMID CAP 20MG | 5 | PA, QL (21 caps every 28 days) |
| REVLIMID CAP 25MG | 5 | PA, QL (21 caps every 28 days) |
| THALOMID CAP 50MG | 5 | PA, QL (28 caps every 28 days) |
| THALOMID CAP 100MG | 5 | PA, QL (112 caps every 28 days) |
| TICE BCG INJ | 2 | |
| ***BIOSIMILARS*** | | |
| GAZYVA INJ 25MG/ML | 4 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate tab 250 mg* | 4 | PA, QL (120 tabs every 30 days) |
| *abiraterone acetate tab 500 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *anastrozole tab 1 mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *bicalutamide tab 50 mg* | 1 | |
| ELIGARD INJ 7.5MG | 4 | PA |
| ELIGARD INJ 22.5MG | 4 | PA |
| ELIGARD INJ 30MG | 4 | PA |
| ELIGARD INJ 45MG | 4 | PA |
| ERLEADA TAB 60MG | 4 | PA, QL (120 tabs every 30 days) |
| ERLEADA TAB 240MG | 4 | PA, QL (30 tabs every 30 days) |
| *exemestane tab 25 mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *fulvestrant inj soln pref syr 250 mg/5ml* | 4 | PA |
| *letrozole tab 2.5 mg* | 1 | |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | 4 | PA |
| LYSODREN TAB 500MG | 2 | |
| *megestrol acetate tab 20 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *megestrol acetate tab 40 mg* | 1 | |
| *nilutamide tab 150 mg* | 1 | |
| NUBEQA TAB 300MG | 4 | PA, QL (120 tabs every 30 days) |
| *tamoxifen citrate tab 10 mg (base equivalent)* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *tamoxifen citrate tab 20 mg (base equivalent)* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *toremifene citrate tab 60 mg (base equivalent)* | 1 | |
| XTANDI CAP 40MG | 4 | PA, QL (120 caps every 30 days) |
| XTANDI TAB 40MG | 4 | PA, QL (120 tabs every 30 days) |
| XTANDI TAB 80MG | 4 | PA, QL (60 tabs every 30 days) |
| YONSA TAB 125MG | 4 | PA, QL (120 tabs every 30 days) |
| ***KINASE INHIBITORS*** | | |
| ALECENSA CAP 150MG | 4 | PA, QL (240 caps every 30 days) |
| BRAFTOVI CAP 75MG | 4 | PA, QL (180 caps every 30 days) |
| BRUKINSA CAP 80MG | 4 | PA, QL (120 caps every 30 days) |
| BRUKINSA TAB 160MG | 4 | PA, QL (60 tabs every 30 days) |
| CABOMETYX TAB 20MG | 4 | PA, QL (30 tabs every 30 days) |
| CABOMETYX TAB 40MG | 4 | PA, QL (30 tabs every 30 days) |
| CABOMETYX TAB 60MG | 4 | PA, QL (30 tabs every 30 days) |
| CALQUENCE TAB 100MG | 5 | PA, QL (60 tabs every 30 days) |
| CAPRELSA TAB 100MG | 4 | PA, QL (60 tabs every 30 days) |
| CAPRELSA TAB 300MG | 4 | PA, QL (30 tabs every 30 days) |
| COMETRIQ KIT 60MG | 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 tab 20 mg* | 4 | PA, QL (90 tabs every 30 days) |
| *dasatinib tab 50 mg* | 4 | PA, QL (30 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *dasatinib tab 70 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *dasatinib tab 80 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *dasatinib tab 100 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *dasatinib tab 140 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *erlotinib hcl tab 25 mg (base equivalent)* | 4 | PA, QL (60 tabs every 30 days) |
| *erlotinib hcl tab 100 mg (base equivalent)* | 4 | PA, QL (30 tabs every 30 days) |
| *erlotinib hcl tab 150 mg (base equivalent)* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 2.5 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 5 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 7.5 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 10 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tab for oral susp 2 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *everolimus tab for oral susp 3 mg* | 4 | PA, QL (90 tabs every 30 days) |
| *everolimus tab for oral susp 5 mg* | 4 | PA, QL (60 tabs every 30 days) |
| IBTROZI CAP 200MG | 5 | PA, QL (90 caps every 30 days) |
| *imatinib mesylate tab 100 mg (base equivalent)* | 4 | PA, QL (120 tabs every 30 days) |
| *imatinib mesylate tab 400 mg (base equivalent)* | 4 | PA, QL (60 tabs every 30 days) |
| IMBRUVICA CAP 70MG | 5 | PA, QL (30 caps every 30 days) |
| IMBRUVICA CAP 140MG | 5 | PA, QL (90 caps every 30 days) |
| IMBRUVICA SUS 70MG/ML | 5 | PA, QL (216 ml every 36 days) |
| IMBRUVICA TAB 140MG | 5 | PA, QL (30 tabs every 30 days) |
| IMBRUVICA TAB 280MG | 5 | PA, QL (30 tabs every 30 days) |
| IMBRUVICA TAB 420MG | 5 | PA, QL (30 tabs every 30 days) |
| INLYTA TAB 1MG | 4 | PA, QL (240 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| INLYTA TAB 5MG | 4 | PA, QL (120 tabs every 30 days) |
| ITOVEBI TAB 3MG | 5 | PA, QL (60 tabs every 30 days) |
| ITOVEBI TAB 9MG | 5 | PA, QL (30 tabs every 30 days) |
| JAKAFI TAB 5MG | 4 | PA, QL (60 tabs every 30 days) |
| JAKAFI TAB 10MG | 4 | PA, QL (60 tabs every 30 days) |
| JAKAFI TAB 15MG | 4 | PA, QL (60 tabs every 30 days) |
| JAKAFI TAB 20MG | 4 | PA, QL (60 tabs every 30 days) |
| JAKAFI TAB 25MG | 4 | PA, QL (60 tabs every 30 days) |
| KISQALI TAB 200DOSE | 4 | PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI TAB 400DOSE | 4 | PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI TAB 600DOSE | 4 | PA, QL (63 tabs every 28 days); 600 mg dose |
| *lapatinib ditosylate tab 250 mg (base equiv)* | 4 | PA, QL (180 tabs every 30 days) |
| LENVIMA CAP 4MG | 5 | PA, QL (30 caps every 30 days) |
| LENVIMA CAP 8 MG | 5 | PA, QL (60 caps every 30 days) |
| LENVIMA CAP 10 MG | 5 | PA, QL (30 caps every 30 days) |
| LENVIMA CAP 12MG | 5 | PA, QL (90 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 20 MG | 5 | PA, QL (60 caps every 30 days) |
| LENVIMA CAP 24 MG | 5 | PA, QL (90 caps every 30 days) |
| LORBRENA TAB 25MG | 5 | PA, QL (90 tabs every 30 days) |
| LORBRENA TAB 100MG | 5 | PA, QL (30 tabs every 30 days) |
| MEKINIST SOL 0.05/ML | 4 | PA, QL (12 bottles every 28 days) |
| MEKINIST TAB 0.5MG | 4 | PA, QL (90 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| MEKINIST TAB 2MG | 4 | PA, QL (30 tabs every 30 days) |
| MEKTOVI TAB 15MG | 4 | PA, QL (180 tabs every 30 days) |
| *nilotinib hcl cap 50 mg (base equivalent)* | 4 | PA, QL (120 caps every 30 days) |
| *nilotinib hcl cap 150 mg (base equivalent)* | 4 | PA, QL (120 caps every 30 days) |
| *nilotinib hcl cap 200 mg (base equivalent)* | 4 | PA, QL (120 caps every 30 days) |
| *pazopanib hcl tab 200 mg (base equiv)* | 4 | PA, QL (120 tabs every 30 days) |
| RYDAPT CAP 25MG | 5 | PA, QL (224 caps every 28 days) |
| SCEMBLIX TAB 20MG | 4 | PA, QL (60 tabs every 30 days) |
| SCEMBLIX TAB 40MG | 4 | PA, QL (240 tabs every 30 days) |
| SCEMBLIX TAB 100MG | 4 | PA, QL (120 tabs every 30 days) |
| *sorafenib tosylate tab 200 mg (base equivalent)* | 4 | PA, QL (120 tabs every 30 days) |
| STIVARGA TAB 40MG | 4 | PA, QL (84 tabs every 28 days) |
| *sunitinib malate cap 12.5 mg (base equivalent)* | 4 | PA, QL (30 caps every 30 days) |
| *sunitinib malate cap 25 mg (base equivalent)* | 4 | PA, QL (30 caps every 30 days) |
| *sunitinib malate cap 37.5 mg (base equivalent)* | 4 | PA, QL (30 caps every 30 days) |
| *sunitinib malate cap 50 mg (base equivalent)* | 4 | PA, QL (30 caps every 30 days) |
| TAFINLAR CAP 50MG | 4 | PA, QL (120 caps every 30 days) |
| TAFINLAR CAP 75MG | 4 | PA, QL (120 caps every 30 days) |
| TAFINLAR TAB 10MG | 4 | PA, QL (4 bottles every 28 days) |
| TAGRISSO TAB 40MG | 5 | PA, QL (30 tabs every 30 days) |
| TAGRISSO TAB 80MG | 5 | PA, QL (30 tabs every 30 days) |
| TRUQAP PAK 160MG | 5 | PA, QL (64 tabs every 28 days) |
| TRUQAP PAK 200MG | 5 | PA, QL (64 tabs every 28 days) |
| TRUQAP TAB 160MG | 5 | PA, QL (64 tabs every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| TRUQAP TAB 200MG | 5 | PA, QL (64 tabs every 28 days) |
| TUKYSA TAB 50MG | 5 | PA, QL (120 tabs every 30 days) |
| TUKYSA TAB 150MG | 5 | PA, QL (120 tabs every 30 days) |
| VERZENIO TAB 50MG | 4 | PA, QL (56 tabs every 28 days) |
| VERZENIO TAB 100MG | 4 | PA, QL (56 tabs every 28 days) |
| VERZENIO TAB 150MG | 4 | PA, QL (56 tabs every 28 days) |
| VERZENIO TAB 200MG | 4 | PA, QL (56 tabs every 28 days) |
| VITRAKVI CAP 25MG | 5 | PA, QL (180 caps every 30 days) |
| VITRAKVI CAP 100MG | 5 | PA, QL (60 caps every 30 days) |
| VITRAKVI SOL 20MG/ML | 5 | PA, QL (300 mL every 30 days) |
| XALKORI CAP 20MG | 4 | PA, QL (120 pellets every 30 days) |
| XALKORI CAP 50MG | 4 | PA, QL (120 pellets every 30 days) |
| XALKORI CAP 150MG | 4 | PA, QL (180 pellets every 30 days) |
| XALKORI CAP 200MG | 4 | PA, QL (120 caps every 30 days) |
| XALKORI CAP 250MG | 4 | PA, QL (120 caps every 30 days) |
| ZYDELIG TAB 100MG | 4 | PA, QL (60 tabs every 30 days) |
| ZYDELIG TAB 150MG | 4 | PA, QL (60 tabs every 30 days) |
| ZYKADIA TAB 150MG | 4 | PA, QL (90 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)* | 1 | |
| *arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)* | 1 | |
| *bexarotene cap 75 mg* | 4 | PA |
| *hydroxyurea cap 500 mg* | 1 | |
| IDHIFA TAB 50MG | 4 | PA, QL (30 tabs every 30 days) |
| IDHIFA TAB 100MG | 4 | PA, QL (30 tabs every 30 days) |
| LYNPARZA TAB 100MG | 4 | PA, QL (120 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| LYNPARZA TAB 150MG | 4 | PA, QL (120 tabs every 30 days) |
| ODOMZO CAP 200MG | 4 | PA, QL (30 caps every 30 days) |
| ONCASPAR INJ 750/ML | 4 | PA |
| PHOTOFRIN INJ 75MG | 2 | |
| POLIVY INJ 30MG | 5 | PA |
| POLIVY INJ 140MG | 5 | PA |
| *tretinoin cap 10 mg* | 1 | |
| VISTOGARD PAK 10GM | 4 | QL (20 packets every 5 days) |
| ZEJULA TAB 100MG | 4 | PA, QL (30 tabs every 30 days) |
| ZEJULA TAB 200MG | 4 | PA, QL (30 tabs every 30 days) |
| ZEJULA TAB 300MG | 4 | PA, QL (30 tabs every 30 days) |
| ZOLINZA CAP 100MG | 4 | PA, QL (120 caps every 30 days) |
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel for inj conc 20 mg/ml* | 1 | |
| *docetaxel for inj conc 80 mg/4ml (20 mg/ml)* | 1 | |
| *docetaxel for inj conc 160 mg/8ml (20 mg/ml)* | 1 | |
| *docetaxel soln for iv infusion 20 mg/2ml* | 1 | |
| *docetaxel soln for iv infusion 80 mg/8ml* | 1 | |
| *docetaxel soln for iv infusion 160 mg/16ml* | 1 | |
| *paclitaxel iv conc 30 mg/5ml (6 mg/ml)* | 1 | |
| *paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* | 1 | |
| *paclitaxel iv conc 150 mg/25ml (6 mg/ml)* | 1 | |
| *paclitaxel iv conc 300 mg/50ml (6 mg/ml)* | 1 | |
| *vinblastine sulfate inj 1 mg/ml* | 1 | |
| *vincristine sulfate iv soln 1 mg/ml* | 1 | |
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | 1 | |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | 1 | |
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin iv soln 50 mg/5ml* | 1 | |
| *carboplatin iv soln 150 mg/15ml* | 1 | |
| *carboplatin iv soln 450 mg/45ml* | 1 | |
| *carboplatin iv soln 600 mg/60ml* | 1 | |
| *cisplatin inj 50 mg/50ml (1 mg/ml)* | 1 | |
| *cisplatin inj 100 mg/100ml (1 mg/ml)* | 1 | |
| *cisplatin inj 200 mg/200ml (1 mg/ml)* | 1 | |
| *oxaliplatin for iv inj 50 mg* | 4 | |
| *oxaliplatin for iv inj 100 mg* | 4 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *oxaliplatin iv soln 50 mg/10ml* | 4 | |
| *oxaliplatin iv soln 100 mg/20ml* | 4 | |
| *paraplatin* | 1 | |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane hcl for inj 250 mg (base equivalent)* | 1 | |
| *dexrazoxane hcl for inj 500 mg (base equivalent)* | 1 | |
| *leucovorin calcium for inj 50 mg* | 1 | |
| *leucovorin calcium for inj 100 mg* | 1 | |
| *leucovorin calcium for inj 200 mg* | 1 | |
| *leucovorin calcium for inj 350 mg* | 1 | |
| *leucovorin calcium for inj 500 mg* | 1 | |
| *leucovorin calcium tab 5 mg* | 1 | |
| *leucovorin calcium tab 10 mg* | 1 | |
| *leucovorin calcium tab 15 mg* | 1 | |
| *leucovorin calcium tab 25 mg* | 1 | |
| *mesna inj 100 mg/ml* | 1 | |
| *mesna tab 400 mg* | 1 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide cap 50 mg* | 1 | |
| *etoposide inj 1 gm/50ml (20 mg/ml)* | 1 | |
| *etoposide inj 100 mg/5ml (20 mg/ml)* | 1 | |
| *etoposide inj 500 mg/25ml (20 mg/ml)* | 1 | |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | 4 | |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | 4 | |
| *irinotecan hcl inj 300 mg/15ml (20 mg/ml)* | 1 | |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | 4 | |
| *topotecan hcl for inj 4 mg (base equiv)* | 1 | |
| **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 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *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 tab 5 mg* | 1 | |
| *benazepril hcl tab 10 mg* | 1 | |
| *benazepril hcl tab 20 mg* | 1 | |
| *benazepril hcl tab 40 mg* | 1 | |
| *captopril tab 12.5 mg* | 1 | |
| *captopril tab 25 mg* | 1 | |
| *captopril tab 50 mg* | 1 | |
| *captopril tab 100 mg* | 1 | |
| *enalapril maleate tab 2.5 mg* | 1 | |
| *enalapril maleate tab 5 mg* | 1 | |
| *enalapril maleate tab 10 mg* | 1 | |
| *enalapril maleate tab 20 mg* | 1 | |
| *fosinopril sodium tab 10 mg* | 1 | |
| *fosinopril sodium tab 20 mg* | 1 | |
| *fosinopril sodium tab 40 mg* | 1 | |
| *lisinopril tab 2.5 mg* | 1 | |
| *lisinopril tab 5 mg* | 1 | |
| *lisinopril tab 10 mg* | 1 | |
| *lisinopril tab 20 mg* | 1 | |
| *lisinopril tab 30 mg* | 1 | |
| *lisinopril tab 40 mg* | 1 | |
| *moexipril hcl tab 7.5 mg* | 1 | |
| *moexipril hcl tab 15 mg* | 1 | |
| *perindopril erbumine tab 2 mg* | 1 | |
| *perindopril erbumine tab 4 mg* | 1 | |
| *perindopril erbumine tab 8 mg* | 1 | |
| *quinapril hcl tab 5 mg* | 1 | |
| *quinapril hcl tab 10 mg* | 1 | |
| *quinapril hcl tab 20 mg* | 1 | |
| *quinapril hcl tab 40 mg* | 1 | |
| *ramipril cap 1.25 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *ramipril cap 2.5 mg* | 1 | |
| *ramipril cap 5 mg* | 1 | |
| *ramipril cap 10 mg* | 1 | |
| *trandolapril tab 1 mg* | 1 | |
| *trandolapril tab 2 mg* | 1 | |
| *trandolapril tab 4 mg* | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone tab 25 mg* | 1 | |
| *eplerenone tab 50 mg* | 1 | |
| KERENDIA TAB 10MG | 3 | PA |
| KERENDIA TAB 20MG | 3 | PA |
| KERENDIA TAB 40MG | 3 | PA |
| *spironolactone tab 25 mg* | 1 | |
| *spironolactone tab 50 mg* | 1 | |
| *spironolactone tab 100 mg* | 1 | |
| ***ALPHA BLOCKERS*** | | |
| *prazosin hcl cap 1 mg* | 1 | |
| *prazosin hcl cap 2 mg* | 1 | |
| *prazosin hcl cap 5 mg* | 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 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *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 | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil tab 4 mg* | 1 | |
| *candesartan cilexetil tab 8 mg* | 1 | |
| *candesartan cilexetil tab 16 mg* | 1 | |
| *candesartan cilexetil tab 32 mg* | 1 | |
| *irbesartan tab 75 mg* | 1 | |
| *irbesartan tab 150 mg* | 1 | |
| *irbesartan tab 300 mg* | 1 | |
| *losartan potassium tab 25 mg* | 1 | |
| *losartan potassium tab 50 mg* | 1 | |
| *losartan potassium tab 100 mg* | 1 | |
| *olmesartan medoxomil tab 5 mg* | 1 | |
| *olmesartan medoxomil tab 20 mg* | 1 | |
| *olmesartan medoxomil tab 40 mg* | 1 | |
| *telmisartan tab 20 mg* | 1 | |
| *telmisartan tab 40 mg* | 1 | |
| *telmisartan tab 80 mg* | 1 | |
| *valsartan tab 40 mg* | 1 | |
| *valsartan tab 80 mg* | 1 | |
| *valsartan tab 160 mg* | 1 | |
| *valsartan tab 320 mg* | 1 | |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl tab 200 mg* | 1 | |
| *amiodarone hcl tab 400 mg* | 1 | |
| *disopyramide phosphate cap 100 mg* | 1 | |
| *disopyramide phosphate cap 150 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *dofetilide cap 125 mcg (0.125 mg)* | 1 | |
| *dofetilide cap 250 mcg (0.25 mg)* | 1 | |
| *dofetilide cap 500 mcg (0.5 mg)* | 1 | |
| *flecainide acetate tab 50 mg* | 1 | |
| *flecainide acetate tab 100 mg* | 1 | |
| *flecainide acetate tab 150 mg* | 1 | |
| *lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)* | 1 | |
| *lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)* | 1 | |
| MULTAQ TAB 400MG | 2 | PA |
| NORPACE CAP 100MG CR | 2 | |
| NORPACE CAP 150MG CR | 2 | |
| *pacerone* | 1 | |
| *procainamide hcl inj 100 mg/ml* | 1 | |
| *propafenone hcl cap er 12hr 225 mg* | 1 | |
| *propafenone hcl cap er 12hr 325 mg* | 1 | |
| *propafenone hcl cap er 12hr 425 mg* | 1 | |
| *propafenone hcl tab 150 mg* | 1 | |
| *propafenone hcl tab 225 mg* | 1 | |
| *propafenone hcl tab 300 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 80 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 120 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 160 mg* | 1 | |
| *sotalol hcl tab 80 mg* | 1 | |
| *sotalol hcl tab 120 mg* | 1 | |
| *sotalol hcl tab 160 mg* | 1 | |
| *sotalol hcl tab 240 mg* | 1 | |
| ***ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS*** | | |
| NEXLETOL TAB 180MG | 3 | PA |
| ***ANTILIPEMICS, BILE ACID RESINS*** | | |
| *cholestyramine light powder 4 gm/dose* | 1 | |
| *cholestyramine light powder packets 4 gm* | 1 | |
| *cholestyramine powder 4 gm/dose* | 1 | |
| *cholestyramine powder packets 4 gm* | 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | 1 | |
| *colesevelam hcl tab 625 mg* | 1 | |
| *colestipol hcl granule packets 5 gm* | 1 | |
| *colestipol hcl granules 5 gm* | 1 | |
| *colestipol hcl tab 1 gm* | 1 | |
| *prevalite* | 1 | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | | |
| *ezetimibe tab 10 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | 1 | |
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | 1 | |
| *fenofibrate cap 150 mg* | 1 | |
| *fenofibrate micronized cap 43 mg* | 1 | |
| *fenofibrate micronized cap 67 mg* | 1 | |
| *fenofibrate micronized cap 134 mg* | 1 | |
| *fenofibrate micronized cap 200 mg* | 1 | |
| *fenofibrate tab 48 mg* | 1 | |
| *fenofibrate tab 54 mg* | 1 | |
| *fenofibrate tab 145 mg* | 1 | |
| *fenofibrate tab 160 mg* | 1 | |
| *gemfibrozil tab 600 mg* | 1 | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | 1 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium tab 20 mg (base equivalent)* | 1 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium tab 40 mg (base equivalent)* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *atorvastatin calcium tab 80 mg (base equivalent)* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *fluvastatin sodium cap 20 mg (base equivalent)* | 1 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium cap 40 mg (base equivalent)* | 1 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* | 1 | $0 copay for members age 40 through 75 |
| *lovastatin tab 10 mg* | 1 | $0 copay for members age 40 through 75 |
| *lovastatin tab 20 mg* | 1 | $0 copay for members age 40 through 75 |
| *lovastatin tab 40 mg* | 1 | $0 copay for members age 40 through 75 |
| *pitavastatin calcium tab 1 mg* | 1 | $0 copay for members age 40 through 75 |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *pitavastatin calcium tab 2 mg* | 1 | $0 copay for members age 40 through 75 |
| *pitavastatin calcium tab 4 mg* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 10 mg* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 20 mg* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 40 mg* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 80 mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 5 mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 10 mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 20 mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *rosuvastatin calcium tab 40 mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *simvastatin tab 5 mg* | 1 | $0 copay for members age 40 through 75 |
| *simvastatin tab 10 mg* | 1 | $0 copay for members age 40 through 75 |
| *simvastatin tab 20 mg* | 1 | $0 copay for members age 40 through 75 |
| *simvastatin tab 40 mg* | 1 | $0 copay for members age 40 through 75 |
| *simvastatin tab 80 mg* | 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 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *niacin tab er 500 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 750 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* | 1 | |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | |
| VASCEPA CAP 0.5GM | 1 | |
| VASCEPA CAP 1GM | 1 | |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | | |
| REPATHA INJ 140MG/ML | 2 | QL (3 syringes every 28 days) |
| REPATHA PUSH INJ 420/3.5 | 2 | QL (1 injection every 28 days) |
| REPATHA SURE INJ 140MG/ML | 2 | QL (3 pens every 28 days) |
| ***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 cap 200 mg* | 1 | |
| *acebutolol hcl cap 400 mg* | 1 | |
| *atenolol tab 25 mg* | 1 | |
| *atenolol tab 50 mg* | 1 | |
| *atenolol tab 100 mg* | 1 | |
| *betaxolol hcl tab 10 mg* | 1 | |
| *betaxolol hcl tab 20 mg* | 1 | |
| *bisoprolol fumarate tab 5 mg* | 1 | |
| *bisoprolol fumarate tab 10 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 10 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 20 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 40 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 80 mg* | 1 | |
| *carvedilol tab 3.125 mg* | 1 | |
| *carvedilol tab 6.25 mg* | 1 | |
| *carvedilol tab 12.5 mg* | 1 | |
| *carvedilol tab 25 mg* | 1 | |
| *labetalol hcl tab 100 mg* | 1 | |
| *labetalol hcl tab 200 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *labetalol hcl tab 300 mg* | 1 | |
| *labetalol hcl tab 400 mg* | 1 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | 1 | |
| *metoprolol tartrate tab 25 mg* | 1 | |
| *metoprolol tartrate tab 50 mg* | 1 | |
| *metoprolol tartrate tab 100 mg* | 1 | |
| *nadolol tab 20 mg* | 1 | |
| *nadolol tab 40 mg* | 1 | |
| *nadolol tab 80 mg* | 1 | |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 5 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 10 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 20 mg (base equivalent)* | 1 | |
| *pindolol tab 5 mg* | 1 | |
| *pindolol tab 10 mg* | 1 | |
| *propranolol hcl cap er 24hr 60 mg* | 1 | |
| *propranolol hcl cap er 24hr 80 mg* | 1 | |
| *propranolol hcl cap er 24hr 120 mg* | 1 | |
| *propranolol hcl cap er 24hr 160 mg* | 1 | |
| *propranolol hcl oral soln 20 mg/5ml* | 1 | |
| *propranolol hcl oral soln 40 mg/5ml* | 1 | |
| *propranolol hcl tab 10 mg* | 1 | |
| *propranolol hcl tab 20 mg* | 1 | |
| *propranolol hcl tab 40 mg* | 1 | |
| *propranolol hcl tab 60 mg* | 1 | |
| *propranolol hcl tab 80 mg* | 1 | |
| *timolol maleate tab 5 mg* | 1 | |
| *timolol maleate tab 10 mg* | 1 | |
| *timolol maleate tab 20 mg* | 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 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *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 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | 1 | |
| *amlodipine besylate tab 10 mg (base equivalent)* | 1 | |
| *cartia xt* | 1 | |
| *dilt-xr* | 1 | |
| *diltiazem hcl cap er 12hr 60 mg* | 1 | |
| *diltiazem hcl cap er 12hr 90 mg* | 1 | |
| *diltiazem hcl cap er 12hr 120 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | 1 | |
| *diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)* | 1 | |
| *diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)* | 1 | |
| *diltiazem hcl tab 30 mg* | 1 | |
| *diltiazem hcl tab 60 mg* | 1 | |
| *diltiazem hcl tab 90 mg* | 1 | |
| *diltiazem hcl tab 120 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *diltiazem hcl tab er 24hr 120 mg* | 1 | |
| *felodipine tab er 24hr 2.5 mg* | 1 | |
| *felodipine tab er 24hr 5 mg* | 1 | |
| *felodipine tab er 24hr 10 mg* | 1 | |
| *isradipine cap 2.5 mg* | 1 | |
| *isradipine cap 5 mg* | 1 | |
| *matzim la* | 1 | |
| *nicardipine hcl cap 20 mg* | 1 | |
| *nicardipine hcl cap 30 mg* | 1 | |
| *nifedipine tab er 24hr 30 mg* | 1 | |
| *nifedipine tab er 24hr 60 mg* | 1 | |
| *nifedipine tab er 24hr 90 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 30 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* | 1 | |
| *nimodipine cap 30 mg* | 1 | |
| *nisoldipine tab er 24hr 8.5 mg* | 1 | |
| *nisoldipine tab er 24hr 17 mg* | 1 | |
| *nisoldipine tab er 24hr 20 mg* | 1 | |
| *nisoldipine tab er 24hr 25.5 mg* | 1 | |
| *nisoldipine tab er 24hr 30 mg* | 1 | |
| *nisoldipine tab er 24hr 34 mg* | 1 | |
| *nisoldipine tab er 24hr 40 mg* | 1 | |
| *verapamil hcl cap er 24hr 100 mg* | 1 | |
| *verapamil hcl cap er 24hr 120 mg* | 1 | |
| *verapamil hcl cap er 24hr 180 mg* | 1 | |
| *verapamil hcl cap er 24hr 200 mg* | 1 | |
| *verapamil hcl cap er 24hr 240 mg* | 1 | |
| *verapamil hcl cap er 24hr 300 mg* | 1 | |
| *verapamil hcl cap er 24hr 360 mg* | 1 | |
| *verapamil hcl tab 40 mg* | 1 | |
| *verapamil hcl tab 80 mg* | 1 | |
| *verapamil hcl tab 120 mg* | 1 | |
| *verapamil hcl tab er 120 mg* | 1 | |
| *verapamil hcl tab er 180 mg* | 1 | |
| *verapamil hcl tab er 240 mg* | 1 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digoxin oral soln 0.05 mg/ml* | 1 | |
| *digoxin tab 62.5 mcg (0.0625 mg)* | 1 | |
| *digoxin tab 125 mcg (0.125 mg)* | 1 | |
| *digoxin tab 250 mcg (0.25 mg)* | 1 | |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS*** | | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *aliskiren fumarate tab 300 mg (base equivalent)* | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide cap er 12hr 500 mg* | 1 | |
| *acetazolamide tab 125 mg* | 1 | |
| *acetazolamide tab 250 mg* | 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl tab 5 mg* | 1 | |
| *bumetanide tab 0.5 mg* | 1 | |
| *bumetanide tab 1 mg* | 1 | |
| *bumetanide tab 2 mg* | 1 | |
| *chlorthalidone tab 25 mg* | 1 | |
| *chlorthalidone tab 50 mg* | 1 | |
| DIURIL SUS 250/5ML | 3 | |
| *ethacrynic acid tab 25 mg* | 3 | |
| *furosemide inj 10 mg/ml* | 1 | |
| *furosemide oral soln 8 mg/ml* | 1 | |
| *furosemide oral soln 10 mg/ml* | 1 | |
| *furosemide tab 20 mg* | 1 | |
| *furosemide tab 40 mg* | 1 | |
| *furosemide tab 80 mg* | 1 | |
| *hydrochlorothiazide cap 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 25 mg* | 1 | |
| *hydrochlorothiazide tab 50 mg* | 1 | |
| *indapamide tab 1.25 mg* | 1 | |
| *indapamide tab 2.5 mg* | 1 | |
| *mannitol iv soln 25%* | 1 | |
| *methazolamide tab 25 mg* | 1 | |
| *methazolamide tab 50 mg* | 1 | |
| *metolazone tab 2.5 mg* | 1 | |
| *metolazone tab 5 mg* | 1 | |
| *metolazone tab 10 mg* | 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *torsemide tab 5 mg* | 1 | |
| *torsemide tab 10 mg* | 1 | |
| *torsemide tab 20 mg* | 1 | |
| *torsemide tab 100 mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| *triamterene cap 50 mg* | 1 | |
| *triamterene cap 100 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***HEART FAILURE*** | | |
| CORLANOR SOL 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 tab 5 mg (base equiv)* | 1 | |
| *ivabradine hcl tab 7.5 mg (base equiv)* | 1 | |
| *sacubitril-valsartan tab 24-26 mg* | 1 | |
| *sacubitril-valsartan tab 49-51 mg* | 1 | |
| *sacubitril-valsartan tab 97-103 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *clonidine hcl tab 0.1 mg* | 1 | |
| *clonidine hcl tab 0.2 mg* | 1 | |
| *clonidine hcl tab 0.3 mg* | 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.2 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.3 mg/24hr* | 1 | |
| *guanfacine hcl tab 1 mg* | 1 | |
| *guanfacine hcl tab 2 mg* | 1 | |
| *hydralazine hcl tab 10 mg* | 1 | |
| *hydralazine hcl tab 25 mg* | 1 | |
| *hydralazine hcl tab 50 mg* | 1 | |
| *hydralazine hcl tab 100 mg* | 1 | |
| *methyldopa tab 250 mg* | 1 | |
| *methyldopa tab 500 mg* | 1 | |
| *midodrine hcl tab 2.5 mg* | 1 | |
| *midodrine hcl tab 5 mg* | 1 | |
| *midodrine hcl tab 10 mg* | 1 | |
| *minoxidil tab 2.5 mg* | 1 | |
| *minoxidil tab 10 mg* | 1 | |
| *phenoxybenzamine hcl cap 10 mg* | 4 | PA, QL (360 caps every 30 days) |
| *ranolazine tab er 12hr 500 mg* | 1 | ST; PA** |
| *ranolazine tab er 12hr 1000 mg* | 1 | ST; PA** |
| ***NITRATES*** | | |
| *isosorbide dinitrate tab 5 mg* | 1 | |
| *isosorbide dinitrate tab 10 mg* | 1 | |
| *isosorbide dinitrate tab 20 mg* | 1 | |
| *isosorbide dinitrate tab 30 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 30 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *isosorbide mononitrate tab er 24hr 60 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* | 1 | |
| *nitro-bid* | 1 | |
| NITRO-DUR DIS 0.3MG/HR | 2 | |
| NITRO-DUR DIS 0.8MG/HR | 2 | |
| *nitroglycerin sl tab 0.3 mg* | 1 | |
| *nitroglycerin sl tab 0.4 mg* | 1 | |
| *nitroglycerin sl tab 0.6 mg* | 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | 1 | |
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS TAB 0.5MG | 4 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 1.5MG | 4 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 1MG | 4 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 2.5MG | 4 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 2MG | 4 | PA, QL (90 tabs every 30 days) |
| *ambrisentan tab 5 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *ambrisentan tab 10 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *bosentan tab 62.5 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *bosentan tab 125 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *bosentan tab for oral susp 32 mg* | 4 | PA, QL (112 tabs every 28 days) |
| OPSUMIT TAB 10MG | 4 | PA, QL (30 tabs every 30 days) |
| *sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)* | 4 | PA |
| *sildenafil citrate tab 20 mg* | 4 | PA, QL (360 tabs every 30 days) |
| *tadalafil tab 20 mg (pah)* | 4 | PA, QL (60 tabs every 30 days) |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | 4 | PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | 4 | PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | 4 | PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | 4 | PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| TYVASO RF KT SOL 0.6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| TYVASO SOL 0.6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| TYVASO ST KT SOL 0.6MG/ML | 4 | PA, QL (28 ampules every 28 days) |
| UPTRAVI INJ 1800MCG | 4 | PA |
| UPTRAVI PACK TAB 200/800 | 4 | PA, QL (1 pack every 28 days) |
| UPTRAVI TAB 200MCG | 4 | PA, QL (140 tabs every 28 days) |
| UPTRAVI TAB 400MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 600MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 800MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1000MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1200MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1400MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1600MCG | 4 | PA, QL (60 tabs every 30 days) |
| VENTAVIS SOL 10MCG/ML | 4 | PA, QL (270 ampules every 30 days) |
| VENTAVIS SOL 20MCG/ML | 4 | PA, QL (270 ampules every 30 days) |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ALCOHOL DETERRENTS*** | | |
| *acamprosate calcium tab delayed release 333 mg* | 1 | PA |
| *disulfiram tab 250 mg* | 1 | |
| *disulfiram tab 500 mg* | 1 | |
| ***AMYOTROPHIC LATERAL SCLEROSIS (ALS)*** | | |
| *riluzole tab 50 mg* | 1 | |
| ***ANTIANXIETY*** | | |
| ALPRAZOLAM CON 1 MG/ML | 2 | QL (300 mL every 30 days) |
| *alprazolam orally disintegrating tab 0.5 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam orally disintegrating tab 0.25 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam orally disintegrating tab 1 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam orally disintegrating tab 2 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam tab 0.5 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam tab 0.25 mg* | 1 | QL (150 tabs every 30 days) |
| *alprazolam tab 1 mg* | 1 | QL (150 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *alprazolam tab 2 mg* | 1 | QL (150 tabs every 30 days) |
| *buspirone hcl tab 5 mg* | 1 | |
| *buspirone hcl tab 7.5 mg* | 1 | |
| *buspirone hcl tab 10 mg* | 1 | |
| *buspirone hcl tab 15 mg* | 1 | |
| *buspirone hcl tab 30 mg* | 1 | |
| *chlordiazepoxide hcl cap 5 mg* | 1 | QL (360 caps every 30 days) |
| *chlordiazepoxide hcl cap 10 mg* | 1 | QL (360 caps every 30 days) |
| *chlordiazepoxide hcl cap 25 mg* | 1 | QL (360 caps every 30 days) |
| *clomipramine hcl cap 25 mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| *clomipramine hcl cap 50 mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| *clomipramine hcl cap 75 mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *fluvoxamine maleate cap er 24hr 100 mg* | 1 | |
| *fluvoxamine maleate cap er 24hr 150 mg* | 1 | |
| *fluvoxamine maleate tab 25 mg* | 1 | |
| *fluvoxamine maleate tab 50 mg* | 1 | |
| *fluvoxamine maleate tab 100 mg* | 1 | |
| *lorazepam conc 2 mg/ml* | 1 | QL (150 mL every 30 days) |
| *lorazepam tab 0.5 mg* | 1 | QL (150 tabs every 30 days) |
| *lorazepam tab 1 mg* | 1 | QL (150 tabs every 30 days) |
| *lorazepam tab 2 mg* | 1 | QL (150 tabs every 30 days) |
| *meprobamate tab 200 mg* | 1 | |
| *meprobamate tab 400 mg* | 1 | |
| *oxazepam cap 10 mg* | 1 | QL (120 caps every 30 days) |
| *oxazepam cap 15 mg* | 1 | QL (120 caps every 30 days) |
| *oxazepam cap 30 mg* | 1 | QL (120 caps every 30 days) |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | 1 | |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 5 mg* | 1 | |
| *donepezil hydrochloride tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 23 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 8 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 16 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 24 mg* | 1 | |
| *galantamine hydrobromide oral soln 4 mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *galantamine hydrobromide tab 4 mg* | 1 | |
| *galantamine hydrobromide tab 8 mg* | 1 | |
| *galantamine hydrobromide tab 12 mg* | 1 | |
| *memantine hcl cap er 24hr 7 mg* | 1 | |
| *memantine hcl cap er 24hr 14 mg* | 1 | |
| *memantine hcl cap er 24hr 21 mg* | 1 | |
| *memantine hcl cap er 24hr 28 mg* | 1 | |
| *memantine hcl oral solution 2 mg/ml* | 1 | |
| *memantine hcl tab 5 mg* | 1 | |
| *memantine hcl tab 10 mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | 1 | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 1 | |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl tab 10 mg* | 1 | QL (150 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tab 25 mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tab 50 mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *amitriptyline hcl tab 75 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *amitriptyline hcl tab 100 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *amitriptyline hcl tab 150 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *amoxapine tab 25 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *amoxapine tab 50 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *amoxapine tab 100 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *amoxapine tab 150 mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *bupropion hcl tab 75 mg* | 1 | |
| *bupropion hcl tab 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 150 mg* | 1 | |
| *bupropion hcl tab er 12hr 200 mg* | 1 | |
| *bupropion hcl tab er 24hr 150 mg* | 1 | |
| *bupropion hcl tab er 24hr 300 mg* | 1 | |
| *citalopram hydrobromide oral soln 10 mg/5ml* | 1 | |
| *citalopram hydrobromide tab 10 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | 1 | |
| *desipramine hcl tab 10 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tab 25 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tab 50 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tab 75 mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tab 100 mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *desipramine hcl tab 150 mg* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | 1 | (generic of Pristiq) |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | 1 | (generic of Pristiq) |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | 1 | (generic of Pristiq) |
| *doxepin hcl cap 10 mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl cap 25 mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *doxepin hcl cap 50 mg* | 1 | QL (90 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl cap 75 mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl cap 100 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl cap 150 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *doxepin hcl conc 10 mg/ml* | 1 | QL (450 mL every 30 days); QL applies to members age 65 and older |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 1 | |
| EMSAM DIS 6MG/24HR | 3 | PA |
| EMSAM DIS 9MG/24HR | 3 | PA |
| EMSAM DIS 12MG/24H | 3 | PA |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | 1 | |
| *escitalopram oxalate tab 5 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 10 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 20 mg (base equiv)* | 1 | |
| FETZIMA CAP 20MG | 3 | |
| FETZIMA CAP 40MG | 3 | |
| FETZIMA CAP 80MG | 3 | |
| FETZIMA CAP 120MG | 3 | |
| FETZIMA CAP TITRATIO | 3 | |
| *fluoxetine hcl cap 10 mg* | 1 | |
| *fluoxetine hcl cap 20 mg* | 1 | |
| *fluoxetine hcl cap 40 mg* | 1 | |
| *fluoxetine hcl cap delayed release 90 mg* | 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | 1 | |
| *fluoxetine hcl tab 10 mg* | 1 | (generic Sarafem not covered) |
| *fluoxetine hcl tab 20 mg* | 1 | (generic Sarafem not covered) |
| *imipramine hcl tab 10 mg* | 1 | QL (120 tabs every 30 days); QL applies to members age 65 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *imipramine hcl tab 25 mg* | 1 | QL (120 tabs every 30 days); QL applies to members age 65 and older |
| *imipramine hcl tab 50 mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate cap 75 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate cap 100 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *imipramine pamoate cap 125 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *imipramine pamoate cap 150 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| MARPLAN TAB 10MG | 3 | |
| *mirtazapine orally disintegrating tab 15 mg* | 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | 1 | |
| *mirtazapine orally disintegrating tab 45 mg* | 1 | |
| *mirtazapine tab 7.5 mg* | 1 | |
| *mirtazapine tab 15 mg* | 1 | |
| *mirtazapine tab 30 mg* | 1 | |
| *mirtazapine tab 45 mg* | 1 | |
| *nefazodone hcl tab 50 mg* | 1 | |
| *nefazodone hcl tab 100 mg* | 1 | |
| *nefazodone hcl tab 150 mg* | 1 | |
| *nefazodone hcl tab 200 mg* | 1 | |
| *nefazodone hcl tab 250 mg* | 1 | |
| *nortriptyline hcl cap 10 mg* | 1 | QL (150 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl cap 25 mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl cap 50 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| *nortriptyline hcl cap 75 mg* | 1 | PA; High strength requires PA for members age 65 and older |
| *nortriptyline hcl soln 10 mg/5ml* | 1 | QL (750 mL every 30 days); QL applies to members age 65 and older |
| *paroxetine hcl tab 10 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *paroxetine hcl tab 20 mg* | 1 | |
| *paroxetine hcl tab 30 mg* | 1 | |
| *paroxetine hcl tab 40 mg* | 1 | |
| *paroxetine hcl tab er 24hr 12.5 mg* | 1 | |
| *paroxetine hcl tab er 24hr 25 mg* | 1 | |
| *paroxetine hcl tab er 24hr 37.5 mg* | 1 | |
| *phenelzine sulfate tab 15 mg* | 1 | |
| *protriptyline hcl tab 5 mg* | 1 | QL (90 tabs every 30 days); QL applies to members age 65 and older |
| *protriptyline hcl tab 10 mg* | 1 | QL (60 tabs every 30 days); QL applies to members age 65 and older |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | 1 | |
| *sertraline hcl tab 25 mg* | 1 | |
| *sertraline hcl tab 50 mg* | 1 | |
| *sertraline hcl tab 100 mg* | 1 | |
| SPRAVATO SOL 56MG DOS | 4 | PA |
| SPRAVATO SOL 84MG DOS | 4 | PA |
| *tranylcypromine sulfate tab 10 mg* | 1 | |
| *trazodone hcl tab 50 mg* | 1 | |
| *trazodone hcl tab 100 mg* | 1 | |
| *trazodone hcl tab 150 mg* | 1 | |
| *trazodone hcl tab 300 mg* | 1 | |
| *trimipramine maleate cap 25 mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *trimipramine maleate cap 50 mg* | 1 | QL (60 caps every 30 days); QL applies to members age 65 and older |
| *trimipramine maleate cap 100 mg* | 1 | QL (30 caps every 30 days); QL applies to members age 65 and older |
| TRINTELLIX TAB 5MG | 3 | ST; PA** |
| TRINTELLIX TAB 10MG | 3 | ST; PA** |
| TRINTELLIX TAB 20MG | 3 | ST; PA** |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | 1 | |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *venlafaxine hcl tab 100 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab er 24hr 75 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab er 24hr 150 mg (base equivalent)* | 1 | |
| *vilazodone hcl tab 10 mg* | 1 | |
| *vilazodone hcl tab 20 mg* | 1 | |
| *vilazodone hcl tab 40 mg* | 1 | |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl cap 100 mg* | 1 | |
| *amantadine hcl soln 50 mg/5ml* | 1 | |
| *amantadine hcl tab 100 mg* | 1 | |
| APOKYN INJ 10MG/ML | 5 | ST, PA, QL (20 cartridges every 30 days) |
| *benztropine mesylate inj 1 mg/ml* | 1 | |
| *benztropine mesylate tab 0.5 mg* | 1 | |
| *benztropine mesylate tab 1 mg* | 1 | |
| *benztropine mesylate tab 2 mg* | 1 | |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | 1 | |
| *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 tab 25 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 tab 200 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| INBRIJA CAP 42MG | 4 | PA, QL (300 caps every 30 days) |
| NEUPRO DIS 1MG/24HR | 2 | |
| NEUPRO DIS 2MG/24HR | 2 | |
| NEUPRO DIS 3MG/24HR | 2 | |
| NEUPRO DIS 4MG/24HR | 2 | |
| NEUPRO DIS 6MG/24HR | 2 | |
| NEUPRO DIS 8MG/24HR | 2 | |
| ONGENTYS CAP 25MG | 3 | PA |
| ONGENTYS CAP 50MG | 3 | PA |
| *pramipexole dihydrochloride tab 0.5 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.125 mg* | 1 | |
| *pramipexole dihydrochloride tab 1 mg* | 1 | |
| *pramipexole dihydrochloride tab 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.375 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 2.25 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3.75 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 4.5 mg* | 1 | |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | 1 | |
| *rasagiline mesylate tab 1 mg (base equiv)* | 1 | |
| *ropinirole hydrochloride tab 0.5 mg* | 1 | |
| *ropinirole hydrochloride tab 0.25 mg* | 1 | |
| *ropinirole hydrochloride tab 1 mg* | 1 | |
| *ropinirole hydrochloride tab 2 mg* | 1 | |
| *ropinirole hydrochloride tab 3 mg* | 1 | |
| *ropinirole hydrochloride tab 4 mg* | 1 | |
| *ropinirole hydrochloride tab 5 mg* | 1 | |
| *selegiline hcl cap 5 mg* | 1 | |
| *selegiline hcl tab 5 mg* | 1 | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | 1 | |
| *trihexyphenidyl hcl tab 2 mg* | 1 | |
| *trihexyphenidyl hcl tab 5 mg* | 1 | |
| ***ANTIPSYCHOTICS*** | | |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole orally disintegrating tab 10 mg* | 1 | |
| *aripiprazole orally disintegrating tab 15 mg* | 1 | |
| *aripiprazole tab 2 mg* | 1 | |
| *aripiprazole tab 5 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *aripiprazole tab 10 mg* | 1 | |
| *aripiprazole tab 15 mg* | 1 | |
| *aripiprazole tab 20 mg* | 1 | |
| *aripiprazole tab 30 mg* | 1 | |
| ARISTADA INJ 441MG/1. | 2 | |
| ARISTADA INJ 662MG/2 | 2 | |
| ARISTADA INJ 882MG/3 | 2 | |
| ARISTADA INJ 1064MG | 2 | |
| ARISTADA INJ INITIO | 2 | |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | 1 | |
| *asenapine maleate sl tab 5 mg (base equiv)* | 1 | |
| *asenapine maleate sl tab 10 mg (base equiv)* | 1 | |
| *chlorpromazine hcl inj 25 mg/ml* | 1 | |
| *chlorpromazine hcl inj 50 mg/2ml* | 1 | |
| *chlorpromazine hcl tab 10 mg* | 1 | |
| *chlorpromazine hcl tab 25 mg* | 1 | |
| *chlorpromazine hcl tab 50 mg* | 1 | |
| *chlorpromazine hcl tab 100 mg* | 1 | |
| *chlorpromazine hcl tab 200 mg* | 1 | |
| *clozapine orally disintegrating tab 12.5 mg* | 1 | |
| *clozapine orally disintegrating tab 25 mg* | 1 | |
| *clozapine orally disintegrating tab 100 mg* | 1 | |
| *clozapine orally disintegrating tab 150 mg* | 1 | |
| *clozapine orally disintegrating tab 200 mg* | 1 | |
| *clozapine tab 25 mg* | 1 | |
| *clozapine tab 50 mg* | 1 | |
| *clozapine tab 100 mg* | 1 | |
| *clozapine tab 200 mg* | 1 | |
| COBENFY CAP 50-20MG | 3 | |
| COBENFY CAP 100-20MG | 3 | |
| COBENFY CAP 125-30MG | 3 | |
| COBENFY STRT CAP PACK | 3 | |
| ERZOFRI INJ 39/0.25 | 2 | |
| ERZOFRI INJ 78/0.5ML | 2 | |
| ERZOFRI INJ 117/0.75 | 2 | |
| ERZOFRI INJ 156MG/ML | 2 | |
| ERZOFRI INJ 234/1.5 | 2 | |
| ERZOFRI INJ 351/2.25 | 2 | |
| *fluphenazine decanoate inj 25 mg/ml* | 1 | |
| *fluphenazine hcl elixir 2.5 mg/5ml* | 1 | |
| *fluphenazine hcl inj 2.5 mg/ml* | 1 | |
| *fluphenazine hcl oral conc 5 mg/ml* | 1 | |
| *fluphenazine hcl tab 1 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *fluphenazine hcl tab 2.5 mg* | 1 | |
| *fluphenazine hcl tab 5 mg* | 1 | |
| *fluphenazine hcl tab 10 mg* | 1 | |
| *haloperidol decanoate im soln 50 mg/ml* | 1 | |
| *haloperidol decanoate im soln 100 mg/ml* | 1 | |
| *haloperidol lactate inj 5 mg/ml* | 1 | |
| *haloperidol lactate oral conc 2 mg/ml* | 1 | |
| *haloperidol tab 0.5 mg* | 1 | |
| *haloperidol tab 1 mg* | 1 | |
| *haloperidol tab 2 mg* | 1 | |
| *haloperidol tab 5 mg* | 1 | |
| *haloperidol tab 10 mg* | 1 | |
| *haloperidol tab 20 mg* | 1 | |
| INVEGA HAFYE INJ 1092MG | 2 | |
| INVEGA HAFYE INJ 1560MG | 2 | |
| INVEGA SUST INJ 39/0.25 | 2 | |
| INVEGA SUST INJ 78/0.5ML | 2 | |
| INVEGA SUST INJ 117/0.75 | 2 | |
| INVEGA SUST INJ 156MG/ML | 2 | |
| INVEGA SUST INJ 234/1.5 | 2 | |
| INVEGA TRINZ INJ 273MG | 2 | |
| INVEGA TRINZ INJ 410MG | 2 | |
| INVEGA TRINZ INJ 546MG | 2 | |
| INVEGA TRINZ INJ 819MG | 2 | |
| *loxapine succinate cap 5 mg* | 1 | |
| *loxapine succinate cap 10 mg* | 1 | |
| *loxapine succinate cap 25 mg* | 1 | |
| *loxapine succinate cap 50 mg* | 1 | |
| *lurasidone hcl tab 20 mg* | 1 | |
| *lurasidone hcl tab 40 mg* | 1 | |
| *lurasidone hcl tab 60 mg* | 1 | |
| *lurasidone hcl tab 80 mg* | 1 | |
| *lurasidone hcl tab 120 mg* | 1 | |
| *olanzapine for im inj 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 5 mg* | 1 | |
| *olanzapine orally disintegrating tab 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 15 mg* | 1 | |
| *olanzapine orally disintegrating tab 20 mg* | 1 | |
| *olanzapine tab 2.5 mg* | 1 | |
| *olanzapine tab 5 mg* | 1 | |
| *olanzapine tab 7.5 mg* | 1 | |
| *olanzapine tab 10 mg* | 1 | |
| *olanzapine tab 15 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *olanzapine tab 20 mg* | 1 | |
| *paliperidone tab er 24hr 1.5 mg* | 1 | |
| *paliperidone tab er 24hr 3 mg* | 1 | |
| *paliperidone tab er 24hr 6 mg* | 1 | |
| *paliperidone tab er 24hr 9 mg* | 1 | |
| *perphenazine tab 2 mg* | 1 | |
| *perphenazine tab 4 mg* | 1 | |
| *perphenazine tab 8 mg* | 1 | |
| *perphenazine tab 16 mg* | 1 | |
| *quetiapine fumarate tab 25 mg* | 1 | |
| *quetiapine fumarate tab 50 mg* | 1 | |
| *quetiapine fumarate tab 100 mg* | 1 | |
| *quetiapine fumarate tab 200 mg* | 1 | |
| *quetiapine fumarate tab 300 mg* | 1 | |
| *quetiapine fumarate tab 400 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 150 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 200 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 300 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 400 mg* | 1 | |
| *risperidone orally disintegrating tab 0.5 mg* | 1 | |
| *risperidone orally disintegrating tab 0.25 mg* | 1 | |
| *risperidone orally disintegrating tab 1 mg* | 1 | |
| *risperidone orally disintegrating tab 2 mg* | 1 | |
| *risperidone orally disintegrating tab 3 mg* | 1 | |
| *risperidone orally disintegrating tab 4 mg* | 1 | |
| *risperidone soln 1 mg/ml* | 1 | |
| *risperidone tab 0.5 mg* | 1 | |
| *risperidone tab 0.25 mg* | 1 | |
| *risperidone tab 1 mg* | 1 | |
| *risperidone tab 2 mg* | 1 | |
| *risperidone tab 3 mg* | 1 | |
| *risperidone tab 4 mg* | 1 | |
| RYKINDO INJ 25MG | 2 | |
| RYKINDO INJ 37.5MG | 2 | |
| RYKINDO INJ 50MG | 2 | |
| *thioridazine hcl tab 10 mg* | 1 | |
| *thioridazine hcl tab 25 mg* | 1 | |
| *thioridazine hcl tab 50 mg* | 1 | |
| *thioridazine hcl tab 100 mg* | 1 | |
| *thiothixene cap 1 mg* | 1 | |
| *thiothixene cap 2 mg* | 1 | |
| *thiothixene cap 5 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *thiothixene cap 10 mg* | 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | 1 | |
| VRAYLAR CAP 0.5MG | 2 | ST; PA** |
| VRAYLAR CAP 0.75MG | 2 | ST; PA** |
| VRAYLAR CAP 1.5MG | 2 | ST; PA** |
| VRAYLAR CAP 3MG | 2 | ST; PA** |
| VRAYLAR CAP 4.5MG | 2 | ST; PA** |
| VRAYLAR CAP 6MG | 2 | ST; PA** |
| *ziprasidone hcl cap 20 mg* | 1 | |
| *ziprasidone hcl cap 40 mg* | 1 | |
| *ziprasidone hcl cap 60 mg* | 1 | |
| *ziprasidone hcl cap 80 mg* | 1 | |
| ***ANTISEIZURE AGENTS*** | | |
| *carbamazepine cap er 12hr 100 mg* | 1 | |
| *carbamazepine cap er 12hr 200 mg* | 1 | |
| *carbamazepine cap er 12hr 300 mg* | 1 | |
| *carbamazepine chew tab 100 mg* | 1 | |
| *carbamazepine chew tab 200 mg* | 1 | |
| *carbamazepine susp 100 mg/5ml* | 1 | |
| *carbamazepine tab 200 mg* | 1 | |
| *carbamazepine tab er 12hr 100 mg* | 1 | |
| *carbamazepine tab er 12hr 200 mg* | 1 | |
| *carbamazepine tab er 12hr 400 mg* | 1 | |
| *clobazam suspension 2.5 mg/ml* | 1 | |
| *clobazam tab 10 mg* | 1 | |
| *clobazam tab 20 mg* | 1 | |
| *clonazepam tab 0.5 mg* | 1 | |
| *clonazepam tab 1 mg* | 1 | |
| *clonazepam tab 2 mg* | 1 | |
| *clorazepate dipotassium tab 3.75 mg* | 1 | QL (180 tabs every 30 days) |
| *clorazepate dipotassium tab 7.5 mg* | 1 | QL (180 tabs every 30 days) |
| *clorazepate dipotassium tab 15 mg* | 1 | QL (180 tabs every 30 days) |
| *diazepam inj 5 mg/ml* | 1 | |
| *diazepam intensol* | 1 | QL (240 mL every 30 days) |
| *diazepam oral soln 1 mg/ml* | 1 | QL (1200 mL every 30 days) |
| *diazepam tab 2 mg* | 1 | QL (120 tabs every 30 days) |
| *diazepam tab 5 mg* | 1 | QL (120 tabs every 30 days) |
| *diazepam tab 10 mg* | 1 | QL (120 tabs every 30 days) |
| DILANTIN CAP 30MG | 3 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *divalproex sodium cap delayed release sprinkle 125 mg* | 1 | |
| *divalproex sodium tab delayed release 125 mg* | 1 | |
| *divalproex sodium tab delayed release 250 mg* | 1 | |
| *divalproex sodium tab delayed release 500 mg* | 1 | |
| *divalproex sodium tab er 24 hr 250 mg* | 1 | |
| *divalproex sodium tab er 24 hr 500 mg* | 1 | |
| *ethosuximide cap 250 mg* | 1 | |
| *ethosuximide soln 250 mg/5ml* | 1 | |
| *felbamate susp 600 mg/5ml* | 1 | |
| *felbamate tab 400 mg* | 1 | |
| *felbamate tab 600 mg* | 1 | |
| *fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)* | 1 | |
| *fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)* | 1 | |
| *gabapentin cap 100 mg* | 1 | QL (6 caps every day) |
| *gabapentin cap 300 mg* | 1 | QL (6 caps every day) |
| *gabapentin cap 400 mg* | 1 | QL (6 caps every day) |
| *gabapentin oral soln 250 mg/5ml* | 1 | QL (72 mL every day) |
| *gabapentin tab 600 mg* | 1 | QL (6 tabs every day) |
| *gabapentin tab 800 mg* | 1 | QL (4 tabs every day) |
| *lacosamide iv inj 200 mg/20ml (10 mg/ml)* | 1 | |
| *lacosamide oral solution 10 mg/ml* | 1 | |
| *lacosamide tab 50 mg* | 1 | |
| *lacosamide tab 100 mg* | 1 | |
| *lacosamide tab 150 mg* | 1 | |
| *lacosamide tab 200 mg* | 1 | |
| *lamotrigine orally disintegrating tab 25 mg* | 1 | |
| *lamotrigine orally disintegrating tab 50 mg* | 1 | |
| *lamotrigine orally disintegrating tab 100 mg* | 1 | |
| *lamotrigine orally disintegrating tab 200 mg* | 1 | |
| *lamotrigine tab 25 mg* | 1 | |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | 1 | |
| *lamotrigine tab 100 mg* | 1 | |
| *lamotrigine tab 150 mg* | 1 | |
| *lamotrigine tab 200 mg* | 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | 1 | |
| *lamotrigine tab er 24hr 25 mg* | 1 | |
| *lamotrigine tab er 24hr 50 mg* | 1 | |
| *lamotrigine tab er 24hr 100 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *lamotrigine tab er 24hr 200 mg* | 1 | |
| *lamotrigine tab er 24hr 250 mg* | 1 | |
| *lamotrigine tab er 24hr 300 mg* | 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 | |
| *levetiracetam inj 500 mg/5ml (100 mg/ml)* | 1 | |
| *levetiracetam oral soln 100 mg/ml* | 1 | |
| *levetiracetam tab 250 mg* | 1 | |
| *levetiracetam tab 500 mg* | 1 | |
| *levetiracetam tab 750 mg* | 1 | |
| *levetiracetam tab 1000 mg* | 1 | |
| *levetiracetam tab er 24hr 500 mg* | 1 | |
| *levetiracetam tab er 24hr 750 mg* | 1 | |
| *methsuximide cap 300 mg* | 1 | |
| NAYZILAM SPR 5MG | 2 | QL (10 units every 30 days) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | 1 | |
| *oxcarbazepine tab 150 mg* | 1 | |
| *oxcarbazepine tab 300 mg* | 1 | |
| *oxcarbazepine tab 600 mg* | 1 | |
| *perampanel susp 0.5 mg/ml* | 1 | |
| *perampanel tab 2 mg* | 1 | |
| *perampanel tab 4 mg* | 1 | |
| *perampanel tab 6 mg* | 1 | |
| *perampanel tab 8 mg* | 1 | |
| *perampanel tab 10 mg* | 1 | |
| *perampanel tab 12 mg* | 1 | |
| *phenobarbital elixir 20 mg/5ml* | 1 | |
| *phenobarbital tab 15 mg* | 1 | |
| *phenobarbital tab 16.2 mg* | 1 | |
| *phenobarbital tab 30 mg* | 1 | |
| *phenobarbital tab 32.4 mg* | 1 | |
| *phenobarbital tab 60 mg* | 1 | |
| *phenobarbital tab 64.8 mg* | 1 | |
| *phenobarbital tab 97.2 mg* | 1 | |
| *phenobarbital tab 100 mg* | 1 | |
| *phenytoin infatabs* | 1 | |
| *phenytoin sodium extended cap 100 mg* | 1 | |
| *phenytoin sodium extended cap 200 mg* | 1 | |
| *phenytoin sodium extended cap 300 mg* | 1 | |
| *phenytoin sodium inj 50 mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *phenytoin susp 125 mg/5ml* | 1 | |
| *pregabalin cap 25 mg* | 1 | ST; PA** |
| *pregabalin cap 50 mg* | 1 | ST; PA** |
| *pregabalin cap 75 mg* | 1 | ST; PA** |
| *pregabalin cap 100 mg* | 1 | ST; PA** |
| *pregabalin cap 150 mg* | 1 | ST; PA** |
| *pregabalin cap 200 mg* | 1 | ST; PA** |
| *pregabalin cap 225 mg* | 1 | ST; PA** |
| *pregabalin cap 300 mg* | 1 | ST; PA** |
| *pregabalin soln 20 mg/ml* | 1 | ST; PA** |
| *primidone tab 50 mg* | 1 | |
| *primidone tab 250 mg* | 1 | |
| *rufinamide susp 40 mg/ml* | 1 | |
| *rufinamide tab 200 mg* | 1 | |
| *rufinamide tab 400 mg* | 1 | |
| *tiagabine hcl tab 2 mg* | 1 | |
| *tiagabine hcl tab 4 mg* | 1 | |
| *tiagabine hcl tab 12 mg* | 1 | |
| *tiagabine hcl tab 16 mg* | 1 | |
| *topiramate sprinkle cap 15 mg* | 1 | |
| *topiramate sprinkle cap 25 mg* | 1 | |
| *topiramate sprinkle cap 50 mg* | 1 | |
| *topiramate tab 25 mg* | 1 | |
| *topiramate tab 50 mg* | 1 | |
| *topiramate tab 100 mg* | 1 | |
| *topiramate tab 200 mg* | 1 | |
| *valproate sodium inj 100 mg/ml* | 1 | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | 1 | |
| *valproic acid cap 250 mg* | 1 | |
| *vigabatrin powd pack 500 mg* | 4 | PA, QL (180 packets every 30 days) |
| *vigabatrin tab 500 mg* | 4 | PA, QL (180 tabs every 30 days) |
| XCOPRI PAK 12.5-25 | 2 | |
| XCOPRI PAK 50-100MG | 2 | |
| XCOPRI PAK 100-150 | 2 | |
| XCOPRI PAK 150-200 | 2 | |
| XCOPRI TAB 25MG | 2 | |
| XCOPRI TAB 50MG | 2 | |
| XCOPRI TAB 100MG | 2 | |
| XCOPRI TAB 150MG | 2 | |
| XCOPRI TAB 200MG | 2 | |
| *zonisamide cap 25 mg* | 1 | |
| *zonisamide cap 50 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *zonisamide cap 100 mg* | 1 | |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine tab extended release disintegrating 3.1 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine tab extended release disintegrating 6.3 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine tab extended release disintegrating 9.4 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine tab extended release disintegrating 12.5 mg* | 1 | QL (30 tabs every 30 days) |
| *amphetamine tab extended release disintegrating 15.7 mg* | 1 | QL (30 tabs every 30 days) |
| *amphetamine tab extended release disintegrating 18.8 mg* | 1 | 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 cap 10 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 18 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 25 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 40 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 60 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 80 mg (base equiv)* | 1 | |
| *atomoxetine hcl cap 100 mg (base equiv)* | 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 cap er 24 hr 5 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 10 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 15 mg* | 1 | QL (60 caps every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *dexmethylphenidate hcl cap er 24 hr 20 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 25 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 30 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 35 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 40 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | 1 | QL (120 tabs every 30 days) |
| *dexmethylphenidate hcl tab 5 mg* | 1 | QL (120 tabs every 30 days) |
| *dexmethylphenidate hcl tab 10 mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 5 mg* | 1 | QL (120 caps every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 10 mg* | 1 | QL (120 caps every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 15 mg* | 1 | QL (60 caps every 30 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | 1 | QL (1,200 mL every 30 days) |
| *dextroamphetamine sulfate tab 5 mg* | 1 | QL (120 tabs every 30 days) |
| *dextroamphetamine sulfate tab 10 mg* | 1 | QL (120 tabs every 30 days) |
| *dextroamphetamine sulfate tab 15 mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tab 20 mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tab 30 mg* | 1 | QL (30 tabs every 30 days) |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | 1 | |
| *lisdexamfetamine dimesylate cap 10 mg* | 1 | QL (60 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 20 mg* | 1 | QL (60 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 30 mg* | 1 | QL (60 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 40 mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 50 mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 60 mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate cap 70 mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate chew tab 10 mg* | 1 | QL (60 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew tab 20 mg* | 1 | QL (60 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew tab 30 mg* | 1 | QL (60 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew tab 40 mg* | 1 | QL (30 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew tab 50 mg* | 1 | QL (30 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew tab 60 mg* | 1 | QL (30 chew tabs every 30 days) |
| *methamphetamine hcl tab 5 mg* | 1 | QL (150 tabs every 30 days) |
| *methylphenidate hcl cap er 10 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 20 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 20 mg (la)* | 1 | QL (60 caps every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *methylphenidate hcl cap er 24hr 30 mg (la)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 40 mg (la)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 60 mg (la)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 30 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 40 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 50 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 60 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl chew tab 2.5 mg* | 1 | QL (180 chew tabs every 30 days) |
| *methylphenidate hcl chew tab 5 mg* | 1 | QL (180 chew tabs every 30 days) |
| *methylphenidate hcl chew tab 10 mg* | 1 | QL (180 chew tabs every 30 days) |
| *methylphenidate hcl soln 5 mg/5ml* | 1 | QL (1800 mL every 30 days) |
| *methylphenidate hcl soln 10 mg/5ml* | 1 | QL (900 mL every 30 days) |
| *methylphenidate hcl tab 5 mg* | 1 | QL (180 tabs every 30 days) |
| *methylphenidate hcl tab 10 mg* | 1 | QL (180 tabs every 30 days) |
| *methylphenidate hcl tab 20 mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tab er 10 mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tab er 20 mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* | 1 | QL (30 tabs every 30 days) |
| *zenzedi* | 1 | QL (120 tabs every 30 days) |
| ***FIBROMYALGIA*** | | |
| *milnacipran hcl tab 12.5 mg* | 1 | ST; PA** |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak* | 1 | ST; PA** |
| *milnacipran hcl tab 25 mg* | 1 | ST; PA** |
| *milnacipran hcl tab 50 mg* | 1 | ST; PA** |
| *milnacipran hcl tab 100 mg* | 1 | ST; PA** |
| SAVELLA MIS TITR PAK | 3 | ST; PA** |
| SAVELLA TAB 12.5MG | 3 | ST; PA** |
| SAVELLA TAB 25MG | 3 | ST; PA** |
| SAVELLA TAB 50MG | 3 | ST; PA** |
| SAVELLA TAB 100MG | 3 | ST; PA** |
| ***HYPNOTICS*** | | |
| BELSOMRA TAB 5MG | 2 | ST; PA** |
| BELSOMRA TAB 10MG | 2 | ST; PA** |
| BELSOMRA TAB 15MG | 2 | ST; PA** |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| BELSOMRA TAB 20MG | 2 | ST; PA** |
| *cvs sleep-aid nighttime* | 1 | OTC |
| DAYVIGO TAB 5MG | 2 | PA, QL (30 tabs every 30 days) |
| DAYVIGO TAB 10MG | 2 | PA, QL (30 tabs every 30 days) |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | 1 | QL (30 tabs every 30 days); QL applies to members age 65 and older |
| *estazolam tab 1 mg* | 3 | QL (15 tabs every 30 days) |
| *estazolam tab 2 mg* | 3 | QL (15 tabs every 30 days) |
| *eszopiclone tab 1 mg* | 1 | QL (15 tabs every 30 days) |
| *eszopiclone tab 2 mg* | 1 | QL (15 tabs every 30 days) |
| *eszopiclone tab 3 mg* | 1 | QL (15 tabs every 30 days) |
| *ramelteon tab 8 mg* | 1 | QL (15 tabs every 30 days) |
| *tasimelteon capsule 20 mg* | 4 | PA, QL (30 caps every 30 days) |
| *temazepam cap 7.5 mg* | 1 | QL (15 caps every 30 days) |
| *temazepam cap 15 mg* | 1 | QL (15 caps every 30 days) |
| *temazepam cap 22.5 mg* | 1 | QL (15 caps every 30 days) |
| *temazepam cap 30 mg* | 1 | QL (15 caps every 30 days) |
| *triazolam tab 0.25 mg* | 3 | QL (10 tabs every 30 days) |
| *triazolam tab 0.125 mg* | 3 | QL (10 tabs every 30 days) |
| *zaleplon cap 5 mg* | 1 | QL (15 caps every 30 days) |
| *zaleplon cap 10 mg* | 1 | QL (15 caps every 30 days) |
| *zolpidem tartrate tab 5 mg* | 1 | QL (15 tabs every 30 days) |
| *zolpidem tartrate tab 10 mg* | 1 | QL (15 tabs every 30 days) |
| *zolpidem tartrate tab er 6.25 mg* | 1 | QL (15 tabs every 30 days) |
| *zolpidem tartrate tab er 12.5 mg* | 1 | QL (15 tabs every 30 days) |
| ***MIGRAINE - ERGOTAMINE DERIVATIVES*** | | |
| *dihydroergotamine mesylate inj 1 mg/ml* | 1 | |
| ERGOMAR SUB 2MG | 3 | |
| *ergotamine w/ caffeine tab 1-100 mg* | 3 | |
| ***MIGRAINE - MISCELLANEOUS*** | | |
| QULIPTA TAB 10MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| QULIPTA TAB 30MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| QULIPTA TAB 60MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| UBRELVY TAB 50MG | 2 | ST, QL (16 tabs every 30 days); PA** |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| UBRELVY TAB 100MG | 2 | ST, QL (16 tabs every 30 days); PA** |
| ***MIGRAINE - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG INJ 70MG/ML | 2 | ST, QL (1 injection every 30 days); PA** |
| AIMOVIG INJ 140MG/ML | 2 | ST, QL (1 injection every 30 days); PA** |
| EMGALITY INJ 100MG/ML | 2 | ST, QL (3 injections every 30 days); PA** |
| EMGALITY INJ 120MG/ML | 2 | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| ***MIGRAINE - TRIPTANS AND COMBINATIONS*** | | |
| *almotriptan malate tab 6.25 mg* | 1 | QL (12 tabs every 30 days) |
| *almotriptan malate tab 12.5 mg* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tab 20 mg (base equivalent)* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tab 40 mg (base equivalent)* | 1 | QL (12 tabs every 30 days) |
| *naratriptan hcl tab 1 mg (base equiv)* | 1 | QL (12 tabs every 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | 1 | QL (12 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | 1 | QL (18 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | 1 | QL (18 tabs every 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | 1 | QL (18 tabs every 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | 1 | QL (18 tabs every 30 days) |
| *sumatriptan nasal spray 5 mg/act* | 1 | QL (24 sprays every 30 days) |
| *sumatriptan nasal spray 20 mg/act* | 1 | QL (12 sprays every 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | 1 | QL (12 vials every 30 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | 1 | QL (18 syringes every 30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | 1 | QL (12 units every 30 days) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | 1 | QL (18 syringes every 30 days) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | 1 | QL (12 units every 30 days) |
| *sumatriptan succinate tab 25 mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan succinate tab 50 mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan succinate tab 100 mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan-naproxen sodium tab 85-500 mg* | 3 | ST, QL (9 tabs every 30 days); PA** |
| *zolmitriptan nasal spray 5 mg/spray unit* | 1 | QL (12 sprays every 30 days) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | 1 | QL (12 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *zolmitriptan orally disintegrating tab 5 mg* | 1 | QL (12 tabs every 30 days) |
| *zolmitriptan tab 2.5 mg* | 1 | QL (12 tabs every 30 days) |
| *zolmitriptan tab 5 mg* | 1 | QL (12 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| EVRYSDI SOL | 5 | PA, QL (2 bottles every 24 days) |
| EVRYSDI TAB 5MG | 5 | PA, QL (30 tabs every 30 days) |
| ***MOOD STABILIZERS*** | | |
| *lithium carbonate cap 150 mg* | 1 | |
| *lithium carbonate cap 300 mg* | 1 | |
| *lithium carbonate cap 600 mg* | 1 | |
| *lithium carbonate tab 300 mg* | 1 | |
| *lithium carbonate tab er 300 mg* | 1 | |
| *lithium carbonate tab er 450 mg* | 1 | |
| *lithium oral solution 8 meq/5ml* | 1 | |
| ***MOVEMENT DISORDERS*** | | |
| AUSTEDO TAB 6MG | 4 | PA, QL (60 tabs every 30 days) |
| AUSTEDO TAB 9MG | 4 | PA, QL (120 tabs every 30 days) |
| AUSTEDO TAB 12MG | 4 | PA, QL (120 tabs every 30 days) |
| *tetrabenazine tab 12.5 mg* | 4 | PA, QL (120 tabs every 30 days) |
| *tetrabenazine tab 25 mg* | 4 | PA, QL (60 tabs every 30 days) |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BETASERON INJ 0.3MG | 4 | PA, QL (14 injections every 28 days) |
| *dalfampridine tab er 12hr 10 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *dimethyl fumarate capsule delayed release 120 mg* | 4 | PA, QL (14 caps every 28 days) |
| *dimethyl fumarate capsule delayed release 240 mg* | 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 cap 0.5 mg (base equiv)* | 4 | PA, QL (30 caps every 30 days) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | 2 | PA, QL (12 syringes every 28 days) |
| *glatopa* | 2 | PA, QL (30 injections every 30 days) |
| KESIMPTA INJ 20/.4ML | 4 | PA, QL (1 pen every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *teriflunomide tab 7 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *teriflunomide tab 14 mg* | 4 | PA, QL (30 tabs every 30 days) |
| TYRUKO CON 300/15ML | 4 | PA, QL (15 mL every 28 days) |
| TYSABRI INJ 300/15ML | 4 | PA, QL (1 vial every 28 days) |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen tab 5 mg* | 1 | |
| *baclofen tab 10 mg* | 1 | |
| *baclofen tab 20 mg* | 1 | |
| *carisoprodol tab 350 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *chlorzoxazone tab 500 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *cyclobenzaprine hcl tab 5 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *cyclobenzaprine hcl tab 10 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *dantrolene sodium cap 25 mg* | 1 | |
| *dantrolene sodium cap 50 mg* | 1 | |
| *dantrolene sodium cap 100 mg* | 1 | |
| *metaxalone tab 800 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *methocarbamol tab 500 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *methocarbamol tab 750 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *norgesic* | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *orphenadrine citrate inj 30 mg/ml* | 1 | |
| *orphenadrine citrate tab er 12hr 100 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *tizanidine hcl tab 2 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | 1 | |
| ***MYASTHENIA GRAVIS*** | | |
| *pyridostigmine bromide oral soln 60 mg/5ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *pyridostigmine bromide tab 60 mg* | 1 | |
| *pyridostigmine bromide tab er 180 mg* | 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil tab 50 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *armodafinil tab 150 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *armodafinil tab 200 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *armodafinil tab 250 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *modafinil tab 100 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *modafinil tab 200 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | 4 | PA, QL (540mL every 30 days) |
| SUNOSI TAB 75MG | 2 | PA, QL (30 tabs every 30 days) |
| SUNOSI TAB 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 films 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 tabs every day) |
| ZUBSOLV SUB 8.6-2.1 | 2 | QL (2 units every day) |
| ZUBSOLV SUB 11.4-2.9 | 2 | QL (1 tab every day) |
| ***OPIOID ANTAGONIST*** | | |
| *naloxone hcl inj 0.4 mg/ml* | 1 | |
| *naloxone hcl inj 4 mg/10ml* | 1 | |
| *naloxone hcl nasal spray 4 mg/0.1ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *naloxone hcl nasal spray 4 mg/0.1ml* | 1 | OTC |
| *naloxone hcl soln cartridge 0.4 mg/ml* | 1 | |
| *naloxone hcl soln prefilled syringe 2 mg/2ml* | 1 | |
| *naltrexone hcl tab 50 mg* | 0 | $0 copay |
| ***OPIOID PARTIAL AGONISTS*** | | |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | 0 | QL (90 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | 0 | QL (120 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply |
| ***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 tab 0.18 mg (base equivalent)* | 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 tab 1 mg* | 1 | |
| *pimozide tab 2 mg* | 1 | |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* | 0 | $0 limited to 2 treatment cycles/year |
| *goodsense nicotine polacr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex gum 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *nicotine polacrilex gum 4 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex lozenge 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine step 3* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 14 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 21 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine transdermal syst* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INH | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| NICOTROL NS SPR 10MG/ML | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| *varenicline tartrate tab 0.5 mg (base equiv)* | 0 | $0 limited to 2 treatment cycles/year |
| *varenicline tartrate tab 1 mg (base equiv)* | 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 inj 50 mcg/ml (0.05 mg/ml)* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | 4 | PA, QL (225 ml every 30 days) |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | 4 | PA, QL (45 ml every 30 days) |
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | 4 | PA, QL (90 ml every 30 days) |
| SOMATULINE INJ 60/0.2ML | 4 | PA, QL (1 injection every 28 days) |
| SOMATULINE INJ 90/0.3ML | 4 | PA, QL (1 injection every 28 days) |
| SOMATULINE INJ 120/.5ML | 4 | PA, QL (1 injection every 28 days) |
| SOMAVERT INJ 10MG | 4 | PA, QL (30 vials every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| SOMAVERT INJ 15MG | 4 | PA, QL (30 vials every 30 days) |
| SOMAVERT INJ 20MG | 4 | PA, QL (30 vials every 30 days) |
| SOMAVERT INJ 25MG | 4 | PA, QL (30 vials every 30 days) |
| SOMAVERT INJ 30MG | 4 | PA, QL (30 vials every 30 days) |
| ***ANDROGENS*** | | |
| *testosterone cypionate im inj in oil 100 mg/ml* | 1 | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | 1 | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | 1 | PA |
| *testosterone td gel 10mg/act (2%)* | 1 | PA |
| *testosterone td gel 25 mg/2.5gm (1%)* | 1 | PA |
| ***ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| *acarbose tab 25 mg* | 1 | |
| *acarbose tab 50 mg* | 1 | |
| *acarbose tab 100 mg* | 1 | |
| *miglitol tab 25 mg* | 1 | |
| *miglitol tab 50 mg* | 1 | |
| *miglitol tab 100 mg* | 1 | |
| ***ANTIDIABETICS, AMYLIN ANALOGS*** | | |
| SYMLINPEN 60 INJ 1000MCG | 3 | ST; PA** |
| SYMLNPEN 120 INJ 1000MCG | 3 | ST; PA** |
| ***ANTIDIABETICS, BIGUANIDE*** | | |
| *metformin hcl tab 500 mg* | 1 | |
| *metformin hcl tab 850 mg* | 1 | $0 copay for members age 35-70 for prevention of diabetes |
| *metformin hcl tab 1000 mg* | 1 | |
| *metformin hcl tab er 24hr 500 mg* | 1 | |
| *metformin hcl tab er 24hr 750 mg* | 1 | |
| ***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** |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* | 1 | ST; PA** |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* | 1 | ST; PA** |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| *alogliptin benzoate tab 6.25 mg (base equiv)* | 1 | ST; PA** |
| *alogliptin benzoate tab 12.5 mg (base equiv)* | 1 | ST; PA** |
| *alogliptin benzoate tab 25 mg (base equiv)* | 1 | ST; PA** |
| JANUVIA TAB 25MG | 2 | ST; PA** |
| JANUVIA TAB 50MG | 2 | ST; PA** |
| JANUVIA TAB 100MG | 2 | ST; PA** |
| *sitagliptin phosphate tab 25 mg (base equiv)* | 1 | ST; PA** |
| *sitagliptin phosphate tab 50 mg (base equiv)* | 1 | ST; PA** |
| *sitagliptin phosphate tab 100 mg (base equiv)* | 1 | ST; PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | | |
| *liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)* | 1 | ST, QL (3 pens every 30 days); PA** |
| MOUNJARO INJ 2.5/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 5MG/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 7.5/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 10MG/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 12.5/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| MOUNJARO INJ 15MG/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC INJ 2MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| OZEMPIC INJ 4MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| OZEMPIC INJ 8MG/3ML | 2 | ST, QL (3 mL every 28 days); PA** |
| OZEMPIC TAB 1.5MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| OZEMPIC TAB 4MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| OZEMPIC TAB 9MG | 2 | ST, QL (30 tabs every 30 days); PA** |
| TRULICITY INJ 0.75/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| TRULICITY INJ 1.5/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |
| TRULICITY INJ 3/0.5 | 2 | ST, QL (4 pens every 28 days); PA** |

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|---|---|---|
| TRULICITY INJ 4.5/0.5 | 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 KWP INJ 100/ML | 2 | |
| BASAGLAR TMP INJ 100/ML | 2 | |
| FIASP FLEX INJ TOUCH | 2 | |
| FIASP INJ 100/ML | 2 | |
| FIASP PENFIL INJ U-100 | 2 | |
| FIASP PMPCRT INJ U-100 | 2 | |
| GLARGIN YFGN INJ 100U/ML | 2 | |
| GLARGIN YFGN SOL 100U/ML | 2 | |
| HUMULIN INJ 70/30 | 3 | OTC |
| HUMULIN INJ 70/30KWP | 3 | OTC |
| HUMULIN N INJ U-100 | 3 | OTC |
| HUMULIN N INJ U-100KWP | 3 | OTC |
| HUMULIN R INJ U-100 | 3 | OTC |
| HUMULIN R INJ U-500 | 2 | |
| HUMULIN R INJ U-500KWP | 2 | |
| NOVOLIN INJ 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN INJ 70/30 FP | 2 | OTC; RELION not covered |
| NOVOLIN N INJ 100 UNIT | 2 | OTC; RELION not covered |
| NOVOLIN N INJ U-100 | 2 | OTC; RELION not covered |
| NOVOLIN R INJ 100 UNIT | 2 | OTC; RELION not covered |
| NOVOLIN R INJ U-100 | 2 | OTC; RELION not covered |
| NOVOLOG INJ 100/ML | 2 | |
| NOVOLOG INJ FLEXPEN | 2 | |
| NOVOLOG INJ PENFILL | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| TRESIBA FLEX INJ 100UNIT | 2 | |
| TRESIBA FLEX INJ 200UNIT | 2 | |
| TRESIBA INJ 100UNIT | 2 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | | |
| *pioglitazone hcl tab 15 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 30 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 45 mg (base equiv)* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | |
| ***ANTIDIABETICS, MEGLITINIDE*** | | |
| *nateglinide tab 60 mg* | 1 | |
| *nateglinide tab 120 mg* | 1 | |
| *repaglinide tab 0.5 mg* | 1 | |
| *repaglinide tab 1 mg* | 1 | |
| *repaglinide tab 2 mg* | 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 TAB 10MG | 2 | ST; PA**; Indicated for Diabetes and Heart Failure |
| JARDIANCE TAB 25MG | 2 | ST; PA**; Indicated for Diabetes and Heart Failure |
| ***ANTIDIABETICS, SULFONYLUREA*** | | |
| *glimepiride tab 1 mg* | 1 | |
| *glimepiride tab 2 mg* | 1 | |
| *glimepiride tab 4 mg* | 1 | |
| *glipizide tab 5 mg* | 1 | |
| *glipizide tab 10 mg* | 1 | |
| *glipizide tab er 24hr 2.5 mg* | 1 | |
| *glipizide tab er 24hr 5 mg* | 1 | |
| *glipizide tab er 24hr 10 mg* | 1 | |
| ***CALCIUM RECEPTOR AGONISTS*** | | |
| *cinacalcet hcl tab 30 mg (base equiv)* | 4 | PA, QL (60 tabs every 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | 4 | PA, QL (60 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *cinacalcet hcl tab 90 mg (base equiv)* | 4 | PA, QL (120 tabs every 30 days) |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | | |
| *alendronate sodium oral soln 70 mg/75ml* | 1 | |
| *alendronate sodium tab 10 mg* | 1 | |
| *alendronate sodium tab 35 mg* | 1 | |
| *alendronate sodium tab 70 mg* | 1 | |
| FOSAMAX + D TAB 70-2800 | 3 | |
| FOSAMAX + D TAB 70-5600 | 3 | |
| *ibandronate sodium iv soln 3 mg/3ml (base equivalent)* | 1 | |
| *ibandronate sodium tab 150 mg (base equivalent)* | 1 | |
| *pamidronate disodium iv soln 3 mg/ml* | 1 | |
| *risedronate sodium tab 5 mg* | 1 | |
| *risedronate sodium tab 30 mg* | 1 | |
| *risedronate sodium tab 35 mg* | 1 | |
| *risedronate sodium tab 150 mg* | 1 | |
| *risedronate sodium tab delayed release 35 mg* | 1 | |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | 4 | PA |
| *zoledronic acid iv soln 5 mg/100ml* | 4 | PA |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | | |
| *calcitonin (salmon) nasal soln 200 unit/act* | 1 | |
| OSPOMYV INJ 60MG/ML | 4 | PA, QL (1 syringe (60 mg) every 180 days) |
| PROLIA INJ 60MG/ML | 4 | PA, QL (1 syringe (60 mg) every 180 days) |
| STOBOCLO INJ 60MG/ML | 4 | PA, QL (1 syringe (60 mg) every 180 days) |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | | |
| TYMLOS INJ | 4 | PA, QL (1 pen every 30 days) |
| ***CENTRAL PRECOCIOUS PUBERTY*** | | |
| LUPR DEP-PED INJ 3M 30MG | 4 | PA |
| LUPR DEP-PED INJ 7.5MG | 4 | PA |
| LUPR DEP-PED INJ 11.25MG | 4 | PA |
| LUPR DEP-PED INJ 15MG | 4 | PA |
| LUPRON DEPOT INJ 45MG | 4 | PA |
| SUPPRELIN LA KIT 50MG | 4 | PA |
| TRIPTODUR SUS 22.5MG | 4 | PA |
| ***CHELATING AGENTS*** | | |
| CHEMET CAP 100MG | 3 | |
| *deferiprone tab 500 mg* | 4 | PA |
| *deferiprone tab 1000 mg* | 4 | PA |
| FERPRX 2-DAY TAB 1000MG | 4 | PA |
| FERRIPROX SOL 100MG/ML | 4 | PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *penicillamine tab 250 mg* | 4 | |
| ***CONTRACEPTIVES*** | | |
| *altavera* | 0 | |
| *alyacen 1/35* | 0 | |
| *alyacen 7/7/7* | 0 | |
| *amethyst* | 0 | |
| ANNOVERA MIS | 0 | QL (1 every 300 days) |
| *apri* | 0 | |
| *aranelle* | 0 | |
| *ashlyna* | 0 | |
| AVERI TAB | 0 | |
| *aviane* | 0 | |
| *azurette* | 0 | |
| *camila* | 0 | |
| *camrese* | 0 | |
| CAYA DPR | 0 | QL (1 every 300 days) |
| *chateal eq* | 0 | |
| CONDOMS MIS | 0 | QL (12 condoms every 30 days), OTC |
| *dasetta 1/35* | 0 | |
| *dasetta 7/7/7* | 0 | |
| *delyla* | 0 | |
| DEPO-SQ PROV INJ 104 | 0 | QL (4 inj every 300 days) |
| *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* | 0 | |
| ELLA TAB 30MG | 0 | |
| *enskyce* | 0 | |
| *errin* | 0 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 0 | QL (13 every 300 days) |
| *falmina* | 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 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *galbriela* | 0 | |
| *gemmily* | 0 | |
| *heather* | 0 | |
| *introvale* | 0 | |
| *jolessa* | 0 | |
| *junel 1.5/30* | 0 | |
| *junel 1/20* | 0 | |
| *junel fe 1.5/30* | 0 | |
| *junel fe 1/20* | 0 | |
| *junel fe 24* | 0 | |
| *kariva* | 0 | |
| *kelnor 1/35* | 0 | |
| *kurvelo* | 0 | |
| KYLEENA IUD 19.5MG | 0 | QL (1 every 300 days) |
| *larin 1.5/30* | 0 | |
| *lessina* | 0 | |
| *levonest* | 0 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 0 | |
| *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-fe tab 0.1 mg-20 mcg (21)* | 0 | |
| LILETTA IUD 52MG | 0 | QL (1 every 300 days) |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| *loryna* | 0 | |
| *low-ogestrel* | 0 | |
| *marlissa* | 0 | |
| *medroxyprogesterone acetate im susp 150 mg/ml* | 0 | QL (4 inj every 300 days) |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | 0 | QL (4 inj every 300 days) |
| *microgestin 1.5/30* | 0 | |
| MIRENA IUD SYSTEM | 0 | QL (1 every 300 days) |
| MIUDELLA IUD COPPER | 0 | QL (1 unit every 300 days) |
| *mono-linyah* | 0 | |
| NATAZIA TAB | 0 | |
| *necon 0.5/35-28* | 0 | |
| NEXPLANON IMP 68MG | 0 | QL (1 every 300 days) |
| NEXTSTELLIS TAB 3-14.2MG | 0 | |
| *nikki* | 0 | |
| *nora-be* | 0 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 0 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *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 | |
| *norethindrone tab 0.35 mg* | 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 0.5/35 (28)* | 0 | |
| *nortrel 1/35* | 0 | |
| *nortrel 7/7/7* | 0 | |
| *nylia 1/35* | 0 | |
| OMNIFLEX DPR | 0 | QL (1 every 300 days) |
| OPILL TAB 0.075MG | 0 | OTC |
| PARAGARD IUD T380A | 0 | QL (1 unit every 300 days) |
| *portia-28* | 0 | |
| *reclipsen* | 0 | |
| *rivelsa* | 0 | |
| SKYLA IUD 13.5MG | 0 | QL (1 every 300 days) |
| SLYND TAB 4MG | 0 | |
| *sprintec 28* | 0 | |
| *syeda* | 0 | |
| *take action* | 0 | OTC |
| *tilia fe* | 0 | |
| *tri-linyah* | 0 | |
| *tri-sprintec* | 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 | |
| *valtya 1/50* | 0 | |
| *velivet* | 0 | |
| *viorele* | 0 | |
| *vyfemla* | 0 | |
| *wera* | 0 | |
| WIDE-SEAL DPR KIT 60 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 65 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 70 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 75 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 80 | 0 | QL (1 every 300 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| WIDE-SEAL DPR KIT 85 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 90 | 0 | QL (1 every 300 days) |
| WIDE-SEAL DPR KIT 95 | 0 | QL (1 every 300 days) |
| *xelria fe* | 0 | |
| *xulane* | 0 | |
| *zovia 1/35* | 0 | |
| ***DIABETIC SUPPLIES*** | | |
| ACCU-CHEK KIT AVIVA PL | 2 | OTC |
| ACCU-CHEK KIT FASTCLIX | 2 | OTC |
| ACCU-CHEK KIT GUIDE | 2 | OTC |
| ACCU-CHEK KIT GUIDE ME | 2 | OTC |
| ACCU-CHEK KIT NANO | 2 | OTC |
| ACCU-CHEK KIT SOFTCLIX | 2 | 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 |
| ACCU-CHEK TES AVIVA PL | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK TES GUIDE | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK TES SMART | 2 | QL (150 Test Strips every 30 days), OTC |
| ALCOHOL PREP PAD | 2 | OTC |
| CAREFINE MIS 32GX6MM | 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 |
| 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) |
| DEXCOM G7 MIS SNSR 15D | 2 | QL (2 sensors every 30 days) |
| DIASCREEN 3 MIS | 3 | OTC |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| 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 SYRG MIS 1ML/31G | 2 | OTC |
| KETONE TES | 3 | OTC |
| KETONE TEST TES | 3 | OTC |
| NOVOFINE MIS 32GX6MM | 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 CONT MIS 2QUART | 2 | OTC |
| SOFTCLIX MIS LANCETS | 2 | OTC |
| TWIIST KIT REFILL | 2 | |
| TWIIST KIT STARTER | 2 | |
| TWIIST REFIL KIT INFUSION | 2 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol cap 50 mg* | 1 | |
| *danazol cap 100 mg* | 1 | |
| *danazol cap 200 mg* | 1 | |
| ORILISSA TAB 150MG | 2 | |
| ORILISSA TAB 200MG | 2 | |
| SYNAREL SOL 2MG/ML | 5 | PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***GLUCOCORTICOIDS*** | | |
| *deflazacort susp 22.75 mg/ml* | 4 | PA, QL (52 mL every 30 days) |
| *deflazacort tab 6 mg* | 4 | PA, QL (60 tabs every 30 days) |
| *deflazacort tab 18 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *deflazacort tab 30 mg* | 4 | PA, QL (30 tabs every 30 days) |
| *deflazacort tab 36 mg* | 4 | PA, QL (30 tabs every 30 days) |
| DEPO-MEDROL INJ 20MG/ML | 3 | |
| DEXAMETHASON CON 1MG/ML | 2 | |
| *dexamethasone elixir 0.5 mg/5ml* | 1 | |
| *dexamethasone sod phosphate preservative free inj 10 mg/ml* | 1 | |
| *dexamethasone sodium phosphate inj 4 mg/ml* | 1 | |
| *dexamethasone sodium phosphate inj 10 mg/ml* | 1 | |
| *dexamethasone sodium phosphate inj 20 mg/5ml* | 1 | |
| *dexamethasone sodium phosphate inj 100 mg/10ml* | 1 | |
| *dexamethasone sodium phosphate inj 120 mg/30ml* | 1 | |
| *dexamethasone sodium phosphate inj soln pref syr 4 mg/ml* | 1 | |
| *dexamethasone soln 0.5 mg/5ml* | 1 | |
| *dexamethasone tab 0.5 mg* | 1 | |
| *dexamethasone tab 0.75 mg* | 1 | |
| *dexamethasone tab 1 mg* | 1 | |
| *dexamethasone tab 1.5 mg* | 1 | |
| *dexamethasone tab 2 mg* | 1 | |
| *dexamethasone tab 4 mg* | 1 | |
| *dexamethasone tab 6 mg* | 1 | |
| *fludrocortisone acetate tab 0.1 mg* | 1 | |
| *hydrocortisone sodium succinate pf for inj 100 mg* | 1 | |
| *hydrocortisone tab 5 mg* | 1 | |
| *hydrocortisone tab 10 mg* | 1 | |
| *hydrocortisone tab 20 mg* | 1 | |
| MEDROL TAB 2MG | 2 | |
| *methylprednisolone acetate inj susp 40 mg/ml* | 1 | |
| *methylprednisolone acetate inj susp 80 mg/ml* | 1 | |
| *methylprednisolone sod succ for inj 125 mg (base equiv)* | 1 | |
| *methylprednisolone sod succ for inj 1000 mg (base equiv)* | 1 | |
| *methylprednisolone tab 4 mg* | 1 | |
| *methylprednisolone tab 8 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *methylprednisolone tab 16 mg* | 1 | |
| *methylprednisolone tab 32 mg* | 1 | |
| *methylprednisolone tab therapy pack 4 mg (21)* | 1 | |
| *prednisolone sod phos orally disintegr tab 10 mg (base eq)* | 1 | |
| *prednisolone sod phos orally disintegr tab 15 mg (base eq)* | 1 | |
| *prednisolone sod phos orally disintegr tab 30 mg (base eq)* | 1 | |
| *prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)* | 1 | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | 1 | |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | 1 | |
| *prednisolone soln 15 mg/5ml* | 1 | |
| PREDNISONE CON 5MG/ML | 2 | |
| *prednisone oral soln 5 mg/5ml* | 1 | |
| *prednisone tab 1 mg* | 1 | |
| *prednisone tab 2.5 mg* | 1 | |
| *prednisone tab 5 mg* | 1 | |
| *prednisone tab 10 mg* | 1 | |
| *prednisone tab 20 mg* | 1 | |
| *prednisone tab 50 mg* | 1 | |
| *prednisone tab therapy pack 5 mg (21)* | 1 | |
| *prednisone tab therapy pack 5 mg (48)* | 1 | |
| *prednisone tab therapy pack 10 mg (21)* | 1 | |
| *prednisone tab therapy pack 10 mg (48)* | 1 | |
| SOLU-CORTEF INJ 250MG | 3 | |
| SOLU-CORTEF INJ 500MG | 3 | |
| SOLU-CORTEF INJ 1000MG | 3 | |
| SOLU-MEDROL INJ 2GM | 3 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *glucagon for inj 1 mg* | 1 | |
| GVOKE HYPO 1 INJ 0.5/.1ML | 2 | |
| GVOKE HYPO 1 INJ 1/0.2ML | 2 | |
| GVOKE KIT SOL 1/0.2ML | 2 | |
| GVOKE PFS INJ 1/0.2ML | 2 | |
| INSTA-GLUCOS GEL 77.4% | 2 | OTC |
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | | |
| *nitisinone cap 2 mg* | 4 | PA |
| *nitisinone cap 5 mg* | 4 | PA |
| *nitisinone cap 10 mg* | 4 | PA |
| *nitisinone cap 20 mg* | 4 | PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ORFADIN SUS 4MG/ML | 4 | PA |
| ***HUMAN GROWTH HORMONES*** | | |
| NORDIPEN 5 MIS DEVICE | 2 | |
| NORDIPEN DEL MIS SYSTEM | 2 | OTC |
| NORDITROPIN INJ 5/1.5ML | 4 | PA |
| NORDITROPIN INJ 10/1.5ML | 4 | PA |
| NORDITROPIN INJ 15/1.5ML | 4 | PA |
| NORDITROPIN INJ 30/3ML | 4 | PA |
| ***LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE*** | | |
| CERDELGA CAP 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-ESTRADI INJ 5MG/ML | 3 | |
| DUAVEE TAB 0.45-20 | 2 | |
| ELESTRIN GEL 0.06% | 3 | 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 gel 0.06% (0.75 mg/1.25 gm metered-dose pump)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol tab 0.5 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol tab 1 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol tab 2 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td gel 0.5 mg/0.5gm (0.1%)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td gel 0.25 mg/0.25gm (0.1%)* | 1 | PA; High Risk Medications require PA for members age 70 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *estradiol td gel 0.75 mg/0.75gm (0.1%)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td gel 1 mg/gm (0.1%)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td gel 1.25 mg/1.25gm (0.1%)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch twice weekly 0.1 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch twice weekly 0.05 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch twice weekly 0.025 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch twice weekly 0.075 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.1 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.05 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.06 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.025 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.075 mg/24hr* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estradiol vaginal cream 0.01%* | 1 | |
| *estradiol valerate im in oil 20 mg/ml* | 1 | |
| *estradiol valerate im in oil 40 mg/ml* | 1 | |
| *estrogens, conjugated tab 0.3 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *estrogens, conjugated tab 0.9 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estrogens, conjugated tab 0.45 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estrogens, conjugated tab 0.625 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *estrogens, conjugated tab 1.25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| EVAMIST SPR 1.53MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| IMVEXXY MAIN SUP 4MCG | 2 | |
| IMVEXXY MAIN SUP 10MCG | 2 | |
| IMVEXXY STRT SUP 4MCG | 2 | |
| IMVEXXY STRT SUP 10MCG | 2 | |
| *jinteli* | 1 | |
| MENEST TAB 0.3MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 0.625MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 1.25MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 2.5MG | 3 | PA; High Risk Medications require PA for members age 70 and older |
| *mimvey* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| PREMARIN VAG CRE 0.625MG | 3 | |
| *yuvafem* | 1 | |
| ***MISCELLANEOUS*** | | |
| *betaine powder for oral solution* | 4 | PA |
| *cabergoline tab 0.5 mg* | 1 | |
| CHOR GONADOT INJ 10000UNT | 4 | PA |
| CORTROPHIN INJ 40/0.5ML | 4 | PA, QL (28 syringes every 28 days) |
| CORTROPHIN INJ 80UNT/ML | 4 | PA, QL (28 syringes every 28 days) |
| CORTROPHIN INJ 80UNT/ML | 4 | PA, QL (35 mL every 21 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| CYSTAGON CAP 50MG | 4 | PA |
| CYSTAGON CAP 150MG | 4 | PA |
| INCRELEX INJ 40MG/4ML | 4 | PA |
| INTRAROSA SUP 6.5MG | 3 | |
| MYALEPT INJ 11.3MG | 4 | PA, QL (30 vials every 30 days) |
| OSPHENA TAB 60MG | 3 | |
| *raloxifene hcl tab 60 mg* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *sapropterin dihydrochloride powder packet 100 mg* | 4 | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | 4 | PA |
| *sapropterin dihydrochloride tab 100 mg* | 4 | PA |
| SIGNIFOR INJ 0.3MG/ML | 5 | PA, QL (60 ampules every 30 days) |
| SIGNIFOR INJ 0.6MG/ML | 5 | PA, QL (60 ampules every 30 days) |
| SIGNIFOR INJ 0.9MG/ML | 5 | PA, QL (60 ampules every 30 days) |
| *tolvaptan (hyponatremia) tab 15 mg* | 4 | PA |
| *tolvaptan (hyponatremia) tab 30 mg* | 4 | PA |
| *tolvaptan tab 15 mg* | 4 | PA |
| *tolvaptan tab 30 mg* | 4 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | 1 | |
| *calcium acetate (phosphate binder) tab 667 mg* | 1 | |
| *lanthanum carbonate chew tab 500 mg (elemental)* | 1 | |
| *lanthanum carbonate chew tab 750 mg (elemental)* | 1 | |
| *lanthanum carbonate chew tab 1000 mg (elemental)* | 1 | |
| *sevelamer carbonate packet 0.8 gm* | 1 | |
| *sevelamer carbonate packet 2.4 gm* | 1 | |
| *sevelamer carbonate tab 800 mg* | 1 | |
| VELPHORO CHW 500MG | 3 | ST; PA** |
| ***POTASSIUM-REMOVING AGENTS*** | | |
| *sps* | 1 | |
| ***PROGESTINS*** | | |
| CRINONE GEL 4% VAG | 2 | |
| CRINONE GEL 8% VAG | 2 | |
| *medroxyprogesterone acetate tab 2.5 mg* | 1 | |
| *medroxyprogesterone acetate tab 5 mg* | 1 | |
| *medroxyprogesterone acetate tab 10 mg* | 1 | |
| *megestrol acetate susp 40 mg/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *megestrol acetate susp 625 mg/5ml* | 1 | |
| *norethindrone acetate tab 5 mg* | 1 | |
| *progesterone cap 100 mg* | 1 | |
| *progesterone cap 200 mg* | 1 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium tab 25 mcg* | 1 | |
| *levothyroxine sodium tab 50 mcg* | 1 | |
| *levothyroxine sodium tab 75 mcg* | 1 | |
| *levothyroxine sodium tab 88 mcg* | 1 | |
| *levothyroxine sodium tab 100 mcg* | 1 | |
| *levothyroxine sodium tab 112 mcg* | 1 | |
| *levothyroxine sodium tab 125 mcg* | 1 | |
| *levothyroxine sodium tab 137 mcg* | 1 | |
| *levothyroxine sodium tab 150 mcg* | 1 | |
| *levothyroxine sodium tab 175 mcg* | 1 | |
| *levothyroxine sodium tab 200 mcg* | 1 | |
| *levothyroxine sodium tab 300 mcg* | 1 | |
| *levoxyl* | 1 | |
| *liothyronine sodium tab 5 mcg* | 1 | |
| *liothyronine sodium tab 25 mcg* | 1 | |
| *liothyronine sodium tab 50 mcg* | 1 | |
| *methimazole tab 5 mg* | 1 | |
| *methimazole tab 10 mg* | 1 | |
| *propylthiouracil tab 50 mg* | 1 | |
| SYNTHROID TAB 25MCG | 2 | |
| SYNTHROID TAB 50MCG | 2 | |
| SYNTHROID TAB 75MCG | 2 | |
| SYNTHROID TAB 88MCG | 2 | |
| SYNTHROID TAB 100MCG | 2 | |
| SYNTHROID TAB 112MCG | 2 | |
| SYNTHROID TAB 125MCG | 2 | |
| SYNTHROID TAB 137MCG | 2 | |
| SYNTHROID TAB 150MCG | 2 | |
| SYNTHROID TAB 175MCG | 2 | |
| SYNTHROID TAB 200MCG | 2 | |
| SYNTHROID TAB 300MCG | 2 | |
| *unithroid* | 1 | |
| ***UREA CYCLE DISORDER*** | | |
| *carglumic acid soluble tab 200 mg* | 4 | PA |
| PHEBURANE MIS 483/GM | 4 | PA, QL (672g every 30 days) |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | 4 | PA, QL (798g every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *sodium phenylbutyrate tab 500 mg* | 4 | PA, QL (1200 tabs every 30 days) |
| ***VASOPRESSINS*** | | |
| *desmopressin acetate inj 4 mcg/ml* | 1 | |
| *desmopressin acetate nasal spray soln 0.01%* | 1 | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | 1 | |
| *desmopressin acetate preservative free (pf) inj 4 mcg/ml* | 1 | |
| *desmopressin acetate tab 0.1 mg* | 1 | |
| *desmopressin acetate tab 0.2 mg* | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol cap 0.5 mcg* | 1 | |
| *calcitriol cap 0.25 mcg* | 1 | |
| *calcitriol oral soln 1 mcg/ml* | 1 | |
| *doxercalciferol cap 0.5 mcg* | 1 | |
| *doxercalciferol cap 1 mcg* | 1 | |
| *doxercalciferol cap 2.5 mcg* | 1 | |
| *paricalcitol cap 1 mcg* | 1 | |
| *paricalcitol cap 2 mcg* | 1 | |
| *paricalcitol cap 4 mcg* | 1 | |
| **GASTROINTESTINAL** | | |
| ***ANTICHOLINERGICS*** | | |
| *atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)* | 1 | |
| *dicyclomine hcl cap 10 mg* | 1 | |
| *dicyclomine hcl inj 10 mg/ml* | 1 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | 1 | |
| *dicyclomine hcl tab 20 mg* | 1 | |
| *glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate oral soln 1 mg/5ml* | 1 | |
| *glycopyrrolate tab 1 mg* | 1 | |
| *glycopyrrolate tab 2 mg* | 1 | |
| *methscopolamine bromide tab 2.5 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *methscopolamine bromide tab 5 mg* | 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 cap 2 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| MOTOFEN TAB 1-0.025 | 3 | |
| ***ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps every 28 days) |
| *aprepitant capsule 40 mg* | 1 | QL (3 caps every 180 days) |
| *aprepitant capsule 80 mg* | 1 | QL (4 caps every 28 days) |
| *aprepitant capsule 125 mg* | 1 | QL (2 caps every 28 days) |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | QL (2 packs every 28 days) |
| *compro* | 1 | |
| *dronabinol cap 2.5 mg* | 1 | QL (60 caps every 30 days) |
| *dronabinol cap 5 mg* | 1 | QL (60 caps every 30 days) |
| *dronabinol cap 10 mg* | 1 | QL (60 caps every 30 days) |
| *granisetron hcl inj 1 mg/ml* | 1 | |
| *granisetron hcl tab 1 mg* | 1 | |
| *meclizine hcl tab 12.5 mg* | 1 | |
| *meclizine hcl tab 25 mg* | 1 | |
| *metoclopramide hcl inj 5 mg/ml (base equivalent)* | 1 | |
| *metoclopramide hcl orally disintegrating tab 5 mg (base eq)* | 1 | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | 1 | |
| *ondansetron hcl inj 4 mg/2ml (2 mg/ml)* | 1 | |
| *ondansetron hcl inj 40 mg/20ml (2 mg/ml)* | 1 | |
| *ondansetron hcl inj soln pref syr 4 mg/2ml* | 1 | |
| *ondansetron hcl oral soln 4 mg/5ml* | 1 | |
| *ondansetron hcl tab 4 mg* | 1 | |
| *ondansetron hcl tab 8 mg* | 1 | |
| *ondansetron hcl tab 24 mg* | 1 | |
| *ondansetron orally disintegrating tab 4 mg* | 1 | |
| *ondansetron orally disintegrating tab 8 mg* | 1 | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | 1 | |
| *prochlorperazine suppos 25 mg* | 1 | |
| *promethazine hcl inj 25 mg/ml* | 1 | |
| *promethazine hcl inj 50 mg/ml* | 1 | |
| *promethazine hcl oral soln 6.25 mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethazine hcl suppos 12.5 mg* | 1 | |
| *promethazine hcl suppos 25 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *promethazine hcl tab 12.5 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethazine hcl tab 25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethazine hcl tab 50 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *promethegan* | 1 | |
| SANCUSO DIS 3.1MG | 2 | |
| *scopolamine td patch 72hr 1 mg/3days* | 1 | |
| *trimethobenzamide hcl cap 300 mg* | 1 | |
| VARUBI TAB 90MG | 2 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine tab 200 mg* | 1 | |
| *cimetidine tab 300 mg* | 1 | |
| *cimetidine tab 400 mg* | 1 | |
| *cimetidine tab 800 mg* | 1 | |
| *famotidine for susp 40 mg/5ml* | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *famotidine preservative free inj 20 mg/2ml* | 1 | |
| *famotidine tab 20 mg* | 1 | |
| *famotidine tab 40 mg* | 1 | |
| *nizatidine cap 150 mg* | 1 | |
| *nizatidine cap 300 mg* | 1 | |
| *ranitidine hcl tab 150 mg* | 1 | |
| *ranitidine hcl tab 300 mg* | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium cap 750 mg* | 1 | |
| *budesonide delayed release particles cap 3 mg* | 1 | |
| *budesonide tab er 24hr 9 mg* | 1 | |
| CORTIFOAM AER 90MG | 2 | |
| DIPENTUM CAP 250MG | 3 | |
| *hydrocortisone enema 100 mg/60ml* | 1 | |
| *mesalamine cap dr 400 mg* | 1 | |
| *mesalamine cap er 24hr 0.375 gm* | 1 | |
| *mesalamine enema 4 gm* | 1 | |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | 1 | |
| *mesalamine suppos 1000 mg* | 1 | |
| *mesalamine tab delayed release 1.2 gm* | 1 | |
| *mesalamine tab delayed release 800 mg* | 1 | |
| *sulfasalazine tab 500 mg* | 1 | |
| *sulfasalazine tab delayed release 500 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | | |
| LINZESS CAP 72MCG | 2 | |
| LINZESS CAP 145MCG | 2 | |
| LINZESS CAP 290MCG | 2 | |
| *lubiprostone cap 8 mcg* | 1 | |
| *lubiprostone cap 24 mcg* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | | |
| *alosetron hcl tab 0.5 mg (base equiv)* | 1 | PA |
| *alosetron hcl tab 1 mg (base equiv)* | 1 | PA |
| VIBERZI TAB 75MG | 2 | PA |
| VIBERZI TAB 100MG | 2 | PA |
| ***LAXATIVES*** | | |
| CLENPIQ SOL | 0 | $0 copay for members age 45 through 75, Tier 2 for all others |
| *enulose* | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* | 1 | |
| *lactulose solution 10 gm/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 oral powder 17 gm/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 oral conc 100 mg/5ml* | 1 | |
| IQIRVO TAB 80MG | 4 | PA, QL (30 tabs every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *misoprostol tab 100 mcg* | 1 | |
| *misoprostol tab 200 mcg* | 1 | |
| MOVANTIK TAB 12.5MG | 2 | |
| MOVANTIK TAB 25MG | 2 | |
| SUCRAID SOL 8500/ML | 3 | PA, QL (354 mL every 30 days) |
| *sucralfate tab 1 gm* | 1 | |
| *ursodiol cap 300 mg* | 1 | |
| *ursodiol tab 250 mg* | 1 | |
| *ursodiol tab 500 mg* | 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 cap delayed release 20 mg (base eq)* | 1 | |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | 1 | |
| *esomeprazole magnesium for delayed release susp pack 2.5 mg* | 1 | Covered for age less than 1 year only |
| *esomeprazole magnesium for delayed release susp packet 5 mg* | 1 | Covered for age less than 1 year only |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | 1 | Covered for age less than 1 year only |
| *lansoprazole cap delayed release 15 mg* | 1 | |
| *lansoprazole cap delayed release 30 mg* | 1 | |
| *omeprazole cap delayed release 10 mg* | 1 | |
| *omeprazole cap delayed release 20 mg* | 1 | |
| *omeprazole cap delayed release 40 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* | 3 | |
| *omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg* | 3 | |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | 1 | |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | 1 | |
| *rabeprazole sodium ec tab 20 mg* | 1 | |
| ***RECTAL, CORTICOSTEROIDS*** | | |
| *hydrocortisone perianal cream 1%* | 1 | |
| *hydrocortisone perianal cream 2.5%* | 1 | |
| *proctozone-hc* | 1 | |
| ***ULCER THERAPY COMBINATIONS*** | | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| HELIDAC MIS THERAPY | 3 | |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl tab er 24hr 10 mg* | 1 | |
| CARDURA XL TAB 4MG | 3 | |
| CARDURA XL TAB 8MG | 3 | |
| *doxazosin mesylate tab 1 mg* | 1 | |
| *doxazosin mesylate tab 2 mg* | 1 | |
| *doxazosin mesylate tab 4 mg* | 1 | |
| *doxazosin mesylate tab 8 mg* | 1 | |
| *dutasteride cap 0.5 mg* | 1 | |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | |
| *finasteride tab 5 mg* | 1 | |
| *silodosin cap 4 mg* | 1 | |
| *silodosin cap 8 mg* | 1 | |
| *tadalafil tab 2.5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tadalafil tab 5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tamsulosin hcl cap 0.4 mg* | 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | 1 | |
| ***CONTRACEPTIVES*** | | |
| ENCARE SUP 100MG | 0 | OTC |
| GYNOL II GEL 3% | 0 | OTC |
| PHEXX GEL | 0 | |
| PHEXXI GEL | 0 | |
| TODAY SPONGE MIS | 0 | OTC |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| VCF VAGINAL GEL CONTRACE | 0 | OTC |
| VCF VAGINAL MIS CONTRACP | 0 | OTC |
| ***ERECTILE DYSFUNCTION*** | | |
| *avanafil tab 50 mg* | 1 | QL (6 tabs every 30 days) |
| *avanafil tab 100 mg* | 1 | QL (6 tabs every 30 days) |
| *avanafil tab 200 mg* | 1 | QL (6 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride tab 5 mg* | 1 | |
| *bethanechol chloride tab 10 mg* | 1 | |
| *bethanechol chloride tab 25 mg* | 1 | |
| *bethanechol chloride tab 50 mg* | 1 | |
| ELMIRON CAP 100MG | 3 | |
| *eq urinary pain relief* | 1 | OTC |
| *potassium citrate tab er 5 meq (540 mg)* | 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* | 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* | 1 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* | 1 | |
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* | 1 | |
| *fesoterodine fumarate tab er 24hr 4 mg* | 1 | |
| *fesoterodine fumarate tab er 24hr 8 mg* | 1 | |
| *mirabegron granules for oral extended release susp 8 mg/ml* | 1 | |
| *mirabegron tab er 24 hr 25 mg* | 1 | |
| *mirabegron tab er 24 hr 50 mg* | 1 | |
| MYRBETRIQ SUS 8MG/ML | 2 | |
| *oxybutynin chloride solution 5 mg/5ml* | 1 | |
| *oxybutynin chloride tab 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 10 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 15 mg* | 1 | |
| *solifenacin succinate tab 5 mg* | 1 | |
| *solifenacin succinate tab 10 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 2 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 4 mg* | 1 | |
| *tolterodine tartrate tab 1 mg* | 1 | |
| *tolterodine tartrate tab 2 mg* | 1 | |
| *trospium chloride cap er 24hr 60 mg* | 1 | |
| *trospium chloride tab 20 mg* | 1 | |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN SUP 100MG | 2 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *clindamycin phosphate vaginal cream 2%* | 1 | |
| GYNAZOLE-1 CRE 2% | 3 | |
| *metronidazole vaginal gel 0.75%* | 1 | |
| *miconazole 3* | 1 | |
| *terconazole vaginal cream 0.4%* | 1 | |
| *terconazole vaginal cream 0.8%* | 1 | |
| *terconazole vaginal suppos 80 mg* | 1 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate cap 75 mg (etexilate base eq)* | 1 | |
| *dabigatran etexilate mesylate cap 110 mg (etexilate base eq)* | 1 | |
| *dabigatran etexilate mesylate cap 150 mg (etexilate base eq)* | 1 | |
| ELIQUIS CAP 0.15MG | 2 | |
| ELIQUIS ST P TAB 5MG | 2 | |
| ELIQUIS TAB 0.5MG | 2 | |
| ELIQUIS TAB 1.5MG | 2 | |
| ELIQUIS TAB 2.5MG | 2 | |
| ELIQUIS TAB 2MG | 2 | |
| ELIQUIS TAB 5MG | 2 | |
| *enoxaparin sodium inj 300 mg/3ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | 1 | |
| FRAGMIN INJ 2500/0.2 | 3 | |
| FRAGMIN INJ 2500/ML | 3 | |
| FRAGMIN INJ 5000/0.2 | 3 | |
| FRAGMIN INJ 7500/0.3 | 3 | |
| FRAGMIN INJ 10000/ML | 3 | |
| FRAGMIN INJ 12500UNT | 3 | |
| FRAGMIN INJ 15000UNT | 3 | |
| FRAGMIN INJ 18000UNT | 3 | |
| FRAGMIN INJ 95000UNT | 3 | |
| *heparin sodium (porcine) inj 1000 unit/ml* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *heparin sodium (porcine) inj 5000 unit/ml* | 1 | |
| *heparin sodium (porcine) inj 10000 unit/ml* | 1 | |
| *heparin sodium (porcine) inj 20000 unit/ml* | 1 | |
| *heparin sodium (porcine) pf inj 1000 unit/ml* | 1 | |
| *heparin sodium (porcine) pf inj 5000 unit/0.5ml* | 1 | |
| *rivaroxaban for susp 1 mg/ml* | 1 | |
| *rivaroxaban tab 2.5 mg* | 1 | |
| *warfarin sodium tab 1 mg* | 1 | |
| *warfarin sodium tab 2 mg* | 1 | |
| *warfarin sodium tab 2.5 mg* | 1 | |
| *warfarin sodium tab 3 mg* | 1 | |
| *warfarin sodium tab 4 mg* | 1 | |
| *warfarin sodium tab 5 mg* | 1 | |
| *warfarin sodium tab 6 mg* | 1 | |
| *warfarin sodium tab 7.5 mg* | 1 | |
| *warfarin sodium tab 10 mg* | 1 | |
| XARELTO STAR TAB 15/20MG | 2 | |
| XARELTO TAB 10MG | 2 | |
| XARELTO TAB 15MG | 2 | |
| XARELTO TAB 20MG | 2 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP INJ 10MCG | 4 | PA |
| ARANESP INJ 25MCG | 4 | PA |
| ARANESP INJ 40MCG | 4 | PA |
| ARANESP INJ 60MCG | 4 | PA |
| ARANESP INJ 100MCG | 4 | PA |
| ARANESP INJ 150MCG | 4 | PA |
| ARANESP INJ 200MCG | 4 | PA |
| ARANESP INJ 300MCG | 4 | PA |
| ARANESP INJ 500MCG | 4 | PA |
| FYLNETRA INJ 6MG/0.6 | 4 | PA, QL (2 syringes every 28 days) |
| MIRCERA INJ 30MCG | 4 | PA |
| MIRCERA INJ 50MCG | 4 | PA |
| MIRCERA INJ 75MCG | 4 | PA |
| MIRCERA INJ 100MCG | 4 | PA |
| MIRCERA INJ 120MCG | 4 | PA |
| MIRCERA INJ 150MCG | 4 | PA |
| MIRCERA INJ 200MCG | 4 | PA |
| NIVESTYM INJ 300/0.5 | 4 | PA |
| NIVESTYM INJ 300MCG | 4 | PA |
| NIVESTYM INJ 480/0.8 | 4 | PA |
| NIVESTYM INJ 480MCG | 4 | PA |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| NYVEPRIA INJ 6/0.6ML | 4 | PA, QL (2 syringes every 28 days) |
| RETACRIT INJ 2000UNIT | 4 | PA |
| RETACRIT INJ 3000UNIT | 4 | PA |
| RETACRIT INJ 4000UNIT | 4 | PA |
| RETACRIT INJ 10000UNT | 4 | PA |
| RETACRIT INJ 20000UNI | 4 | PA |
| RETACRIT INJ 40000UNT | 4 | PA |
| ***HEMOPHILIA A AGENTS*** | | |
| HEMLIBRA INJ 30MG/ML | 5 | PA |
| HEMLIBRA INJ 60/0.4 | 5 | PA |
| HEMLIBRA INJ 105/0.7 | 5 | PA |
| HEMLIBRA INJ 150/ML | 5 | PA |
| HEMLIBRA INJ 300/2ML | 5 | PA |
| HEMLIBRA SOL 12/0.4ML | 5 | PA |
| ***MISCELLANEOUS*** | | |
| *anagrelide hcl cap 0.5 mg* | 1 | |
| *anagrelide hcl cap 1 mg* | 1 | |
| *cilostazol tab 50 mg* | 1 | |
| *cilostazol tab 100 mg* | 1 | |
| *pentoxifylline tab er 400 mg* | 1 | |
| *tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* | 1 | |
| *tranexamic acid tab 650 mg* | 1 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | 1 | |
| *clopidogrel bisulfate tab 300 mg (base equiv)* | 1 | |
| *dipyridamole tab 25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *dipyridamole tab 50 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *dipyridamole tab 75 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *prasugrel hcl tab 5 mg (base equiv)* | 1 | |
| *prasugrel hcl tab 10 mg (base equiv)* | 1 | |
| YOSPRALA TAB 81-40MG | 3 | |
| YOSPRALA TAB 325-40MG | 3 | |
| ***SICKLE CELL DISEASE*** | | |
| DROXIA CAP 200MG | 2 | |
| DROXIA CAP 300MG | 2 | |
| DROXIA CAP 400MG | 2 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***THROMBOCYTOPENIA AGENTS*** | | |
| ALVAIZ TAB 9MG | 4 | PA, QL (60 tabs every 30 days) |
| ALVAIZ TAB 18MG | 4 | PA, QL (90 tabs every 30 days) |
| ALVAIZ TAB 36MG | 4 | PA, QL (90 tabs every 30 days) |
| ALVAIZ TAB 54MG | 4 | PA, QL (60 tabs every 30 days) |
| DOPTELET SPR CAP 10MG | 4 | PA, QL (60 caps every 30 days) |
| DOPTELET TAB 20MG (10 TABLETS) | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (15 TABLETS) | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (30 TABLETS) | 4 | PA, QL (2 cartons every 30 days) |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | | |
| ACTEMRA INJ 80MG/4ML | 5 | ST, PA, QL (20 vials every 28 days) |
| ACTEMRA INJ 200/10ML | 5 | ST, PA, QL (8 vials every 28 days) |
| ACTEMRA INJ 400/20ML | 5 | ST, PA, QL (4 vials every 28 days) |
| COSENTYX INJ 125/5ML | 4 | PA, QL (15 mL every 28 days); Preferred agent for Ankylosing Spondylitis, NRAXSPA, and Psoriatic Arthritis |
| ENTYVIO INJ 300MG | 5 | PA, QL (1 vial every 56 days) |
| INFLIXIMAB INJ 100MG | 4 | PA, QL (5 vials every 42 days) |
| SIMPONI ARIA SOL 50MG/4ML | 5 | PA, QL (200 mg every 8 weeks) |
| SKYRIZI SOL 60MG/ML | 4 | PA, QL (6 vials every 56 days) |
| TREMFYA INJ 200/20ML | 4 | PA, QL (One time use only) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED)*** | | |
| ACTEMRA INJ 162/0.9 | 5 | ST, PA, QL (4 syringes every 28 days) |
| ACTEMRA INJ ACTPEN | 5 | ST, PA, QL (4 injections every 28 days) |
| ADALIMU-ADAZ INJ 10/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMU-ADAZ INJ 20/0.2ML | 4 | PA, QL (4 syringes every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ADALIMU-ADAZ INJ 40/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMU-ADAZ INJ 40/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMU-ADAZ INJ 80/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMU-FKJP KIT 20/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMU-FKJP KIT 40/0.8ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMU-FKJP KIT 40/0.8ML | 4 | PA, QL (4 syringes every 28 days) |
| CIMZIA 1-SYR INJ 200MG/ML | 4 | PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA |
| CIMZIA START KIT 200MG/ML | 4 | PA, QL (One time use only); Preferred agent for NRAXSPA |
| COSENTYX INJ 75MG/0.5 | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX INJ 150MG/ML | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX INJ 300DOSE | 4 | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX PEN INJ 150MG/ML | 4 | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX PEN INJ 300DOSE | 4 | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| COSENTYX UNO INJ 300/2ML | 4 | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| ENBREL INJ 25/0.5ML | 4 | PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL INJ 25MG | 4 | PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL INJ 50MG/ML | 4 | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL MINI INJ 50MG/ML | 4 | PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SRCLK INJ 50MG/ML | 4 | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENTYVIO PEN INJ 108/0.68 | 5 | PA, QL (2 pens every 28 days) |
| HYRIMOZ CD/ INJ UC/HS SP | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ INJ 20/0.2ML | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ INJ 40/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ INJ 40/0.4ML | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENS INJ 80/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| HYRIMOZ-PLAQ INJ PSORIASI | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| KEVZARA INJ 150/1.14 | 4 | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis |
| KEVZARA INJ 150/1.14 | 4 | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis |
| KEVZARA INJ 200/1.14 | 4 | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis |
| KEVZARA INJ 200/1.14 | 4 | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis |
| LITFULO CAP 50MG | 4 | PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata |
| OLUMIANT TAB 1MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata |
| OLUMIANT TAB 2MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata |
| OLUMIANT TAB 4MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata |
| 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 |
| OTEZLA TAB 20MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 30MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA XR TAB 75MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| OTEZLA/XR TAB 28 DAY | 4 | PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| PYZCHIVA INJ 45/0.5ML | 4 | PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA INJ 45/0.5ML | 4 | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA INJ 45/0.5ML | 4 | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA INJ 90MG/ML | 4 | PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| PYZCHIVA INJ 90MG/ML | 4 | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| RINVOQ LQ SOL 1MG/ML | 4 | PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis |
| RINVOQ TAB 15MG ER | 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 TAB 30MG ER | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis. |
| RINVOQ TAB 45MG ER | 4 | PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis. |
| SIMPONI INJ 50/0.5ML | 5 | ST, PA, QL (1 injection every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| SIMPONI INJ 100MG/ML | 5 | ST, PA, QL (1 injection every 28 days) |
| SKYRIZI INJ 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| SKYRIZI INJ 180/1.2 | 4 | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis |
| SKYRIZI INJ 360/2.4 | 4 | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis |
| SKYRIZI PEN INJ 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis |
| TALTZ INJ 20/0.25 | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis |
| TALTZ INJ 40/0.5ML | 4 | PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis |
| TALTZ INJ 80MG/ML | 4 | PA, QL (1 injection every 28 days); Preferred agent for Psoriasis |
| TREMFYA INJ 100MG/ML | 4 | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis |
| TREMFYA INJ 200/2ML | 4 | PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis |
| VELSIPITY TAB 2MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis |
| XELJANZ SOL 1MG/ML | 4 | PA, QL (240 mL every 24 days) |
| XELJANZ TAB 5MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ TAB 10MG | 4 | PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis. |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| XELJANZ XR TAB 11MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis. |
| XELJANZ XR TAB 22MG | 4 | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis. |
| YESINTEK INJ 45/0.5ML | 4 | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| YESINTEK INJ 45/0.5ML | 4 | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |
| YESINTEK INJ 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 tab 200 mg* | 1 | |
| *leflunomide tab 10 mg* | 1 | |
| *leflunomide tab 20 mg* | 1 | |
| *methotrexate sodium tab 2.5 mg (base equiv)* | 1 | |
| ***HEREDITARY ANGIOEDEMA*** | | |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | 4 | PA, QL (45 syringes every 90 days) |
| TAKHZYRO INJ 150MG/ML | 5 | PA, QL (2 syringes every 28 days) |
| TAKHZYRO INJ 300/2ML | 5 | PA, QL (2 syringes every 28 days) |
| TAKHZYRO INJ 300/2ML | 5 | PA, QL (2 vials every 28 days) |
| ***IMMUNOGLOBULIN*** | | |
| CUTAQUIG SOL 1.65GM | 4 | PA |
| CUTAQUIG SOL 1GM | 4 | PA |
| CUTAQUIG SOL 2GM | 4 | PA |
| CUTAQUIG SOL 3.3GM | 4 | PA |
| CUTAQUIG SOL 4GM | 4 | PA |
| CUTAQUIG SOL 8GM | 4 | PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE INJ 2MU/0.5 | 5 | PA |
| ARCALYST INJ 220MG | 4 | PA, QL (8 vials every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CAP 0.5MG | 3 | |
| ASTAGRAF XL CAP 1MG | 3 | |
| ASTAGRAF XL CAP 5MG | 3 | |
| *azathioprine tab 50 mg* | 1 | |
| *azathioprine tab 75 mg* | 1 | |
| *azathioprine tab 100 mg* | 1 | |
| CELLCEPT CAP 250MG | 3 | |
| CELLCEPT IV INJ 500MG | 3 | |
| CELLCEPT SUS 200MG/ML | 3 | |
| CELLCEPT TAB 500MG | 3 | |
| *cyclosporine cap 25 mg* | 1 | |
| *cyclosporine cap 100 mg* | 1 | |
| *cyclosporine modified cap 25 mg* | 1 | |
| *cyclosporine modified cap 50 mg* | 1 | |
| *cyclosporine modified cap 100 mg* | 1 | |
| *cyclosporine modified oral soln 100 mg/ml* | 1 | |
| ENVARSUS XR TAB 0.75MG | 3 | |
| ENVARSUS XR TAB 1MG | 3 | |
| ENVARSUS XR TAB 4MG | 3 | |
| *everolimus tab 0.5 mg* | 1 | |
| *everolimus tab 0.25 mg* | 1 | |
| *everolimus tab 0.75 mg* | 1 | |
| *everolimus tab 1 mg* | 1 | |
| *gengraf* | 1 | |
| *mycophenolate mofetil cap 250 mg* | 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | 1 | |
| *mycophenolate mofetil hcl for iv soln 500 mg (base equiv)* | 1 | |
| *mycophenolate mofetil tab 500 mg* | 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | 1 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | 1 | |
| MYFORTIC TAB 180MG | 3 | |
| MYFORTIC TAB 360MG | 3 | |
| NEORAL CAP 25MG | 3 | |
| NEORAL CAP 100MG | 3 | |
| NEORAL SOL 100MG/ML | 3 | |
| NULOJIX INJ 250MG | 3 | |
| PROGRAF CAP 0.5MG | 3 | |
| PROGRAF CAP 1MG | 3 | |
| PROGRAF CAP 5MG | 3 | |
| PROGRAF GRA 0.2MG | 3 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| PROGRAF GRA 1MG | 3 | |
| SANDIMMUNE CAP 25MG | 3 | |
| SANDIMMUNE CAP 100MG | 3 | |
| SANDIMMUNE INJ 50MG/ML | 3 | |
| *sirolimus oral soln 1 mg/ml* | 1 | |
| *sirolimus tab 0.5 mg* | 1 | |
| *sirolimus tab 1 mg* | 1 | |
| *sirolimus tab 2 mg* | 1 | |
| *tacrolimus cap 0.5 mg* | 1 | |
| *tacrolimus cap 1 mg* | 1 | |
| *tacrolimus cap 5 mg* | 1 | |
| *tacrolimus cap er 24hr 0.5 mg* | 1 | |
| *tacrolimus cap er 24hr 1 mg* | 1 | |
| *tacrolimus cap er 24hr 5 mg* | 1 | |
| *tacrolimus inj 5 mg/ml* | 1 | |
| ZORTRESS TAB 0.5MG | 3 | |
| ZORTRESS TAB 0.25MG | 3 | |
| ZORTRESS TAB 0.75MG | 3 | |
| ZORTRESS TAB 1MG | 3 | |
| ***MISCELLANEOUS*** | | |
| BEYFORTUS INJ 50/0.5ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| BEYFORTUS INJ 100MG/ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ENFLONSIA INJ 105MG | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ***VACCINES*** | | |
| ABRYSVO INJ 120MCG | 0 | |
| ACTHIB INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ | 0 | |
| AREXVY INJ 120MCG | 0 | $0 copay for members age 19 and older, otherwise not covered |
| BEXSERO INJ | 0 | |
| BOOSTRIX INJ | 0 | |
| CAPVAXIVE INJ 0.5ML | 0 | |
| COMIRNATY 5- INJ 11/25-26 | 0 | |
| COMIRNATY INJ 30/.3ML | 0 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| 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 INJ 10/0.5ML | 0 | |
| ENGERIX-B INJ 20MCG/ML | 0 | |
| FLUAD INJ 2025-26 | 0 | |
| FLUMIST NASA LIQ 2025-26 | 0 | |
| GARDASIL 9 INJ | 0 | |
| HAVRIX INJ 720UNIT | 0 | |
| HAVRIX INJ 1440UNIT | 0 | |
| HEPLISAV-B INJ 20/0.5ML | 0 | |
| HIBERIX SOL 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 |
| IPOL INJ INACTIVE | 0 | |
| JYNNEOS INJ | 0 | |
| KINRIX INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II INJ | 0 | |
| MENQUADFI INJ | 0 | |
| MENVEO INJ | 0 | |
| MENVEO SOL | 0 | |
| MNEXSPIKE INJ 2025-26 | 0 | |
| MRESVIA INJ 50MCG | 0 | $0 copay for members age 19 and older, otherwise not covered |
| NUVAXOVID INJ 2025-26 | 0 | |
| PEDIARIX INJ 0.5ML | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PEDVAXHIB INJ 7.5MCG | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PENBRAYA INJ | 0 | |
| PENMENVY INJ | 0 | |
| PENTACEL INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PFIZER 6M-4Y INJ 2024-25 | 0 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| PNEUMOVAX 23 INJ 25/0.5 | 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 |
| RECOMBIVA HB INJ 5MCG/0.5 | 0 | |
| RECOMBIVA HB INJ 10MCG/ML | 0 | |
| RECOMBIVA-HB INJ 40MCG/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 INJ 50/0.5ML | 0 | $0 copay for members age 19 and older, otherwise not covered |
| SPIKEVAX INJ 2025-26 | 0 | |
| TENIVAC INJ 5-2LF | 0 | $0 copay for members age 19 and older, otherwise not covered |
| TRUMENBA INJ | 0 | |
| TWINRIX INJ | 0 | $0 copay for members age 19 and older, otherwise not covered |
| VAQTA INJ 25/0.5ML | 0 | |
| VAQTA INJ 50UNT/ML | 0 | |
| VARIVAX INJ | 0 | |
| VAXELIS INJ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE INJ | 0 | |

**NUTRITIONAL/SUPPLEMENTS**

***ELECTROLYTES***

| | | |
|---|---|---|
| EFFER-K TAB 25MEQ EF | 1 | |
| *klor-con m15* | 1 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 1 | |
| *magnesium sulfate inj 50%* | 1 | |
| *magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)* | 1 | |
| *potassium chloride cap er 8 meq* | 1 | |
| *potassium chloride cap er 10 meq* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *potassium chloride inj 2 meq/ml* | 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* | 1 | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | 1 | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | 1 | |
| *potassium chloride tab er 8 meq (600 mg)* | 1 | |
| *potassium chloride tab er 10 meq* | 1 | |
| *potassium chloride tab er 15 meq* | 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* | 1 | |
| SOD CHLORIDE INJ 0.9% | 1 | |
| *sodium chloride inj 2.5 meq/ml (14.6%)* | 1 | |
| *sodium chloride iv soln 0.9%* | 1 | |
| *sodium chloride iv soln 0.45%* | 1 | |
| *sodium chloride iv soln 3%* | 1 | |
| *sodium chloride iv soln 5%* | 1 | |
| *sodium chloride preservative free (pf) inj 0.9%* | 1 | |
| *sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride chew tab 1 mg f (from 2.2 mg naf)* | 1 | |
| *sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride tab 0.5 mg f (from 1.1 mg naf)* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride tab 1 mg f (from 2.2 mg naf)* | 1 | |
| ***PRENATAL VITAMINS*** | | |
| *elite-ob* | 1 | |
| INATAL GT TAB | 1 | |
| *pnv-dha* | 1 | |
| *pnv-select* | 1 | |
| PRENATAL 19 CHW TAB | 1 | |
| TRINATE TAB | 1 | |
| ***VITAMINS*** | | |
| *cholecalciferol cap 1.25 mg (50000 unit)* | 1 | OTC |
| *cyanocobalamin inj 1000 mcg/ml* | 1 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* | 1 | |
| *folic acid cap 0.8 mg* | 0 | QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *folic acid tab 1 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *folic acid tab 400 mcg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *folic acid tab 800 mcg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml* | 1 | |
| *pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* | 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 | |
| *pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml* | 1 | |
| *phytonadione tab 5 mg* | 1 | |
| *pyridoxine hcl tab 25 mg* | 1 | OTC |
| *pyridoxine hcl tab 50 mg* | 1 | OTC |
| *tri-vite/fluoride* | 1 | |

**OPHTHALMIC**

***ANTI-INFECTIVE/ANTI-INFLAMMATORY***

| | | |
|---|---|---|
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | 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 | |

***ANTI-INFECTIVES***

| | | |
|---|---|---|
| AZASITE SOL 1% | 2 | |
| *bacitracin ophth oint 500 unit/gm* | 1 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| BESIVANCE SUS 0.6% | 3 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | 1 | |
| *erythromycin ophth oint 5 mg/gm* | 1 | |
| *gatifloxacin ophth soln 0.5%* | 1 | |
| *gentamicin sulfate ophth soln 0.3%* | 1 | |
| *moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)* | 1 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | 1 | |
| NATACYN SUS 5% OP | 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 0.3%* | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium ophth oint 10%* | 1 | |
| *sulfacetamide sodium ophth soln 10%* | 1 | |
| *tobramycin ophth soln 0.3%* | 1 | |
| *trifluridine ophth soln 1%* | 1 | |
| ZIRGAN GEL 0.15% | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACUVAIL SOL 0.45% OP | 2 | |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* | 1 | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | 1 | |
| *diclofenac sodium ophth soln 0.1%* | 1 | |
| *difluprednate ophth emulsion 0.05%* | 1 | |
| *flurbiprofen sodium ophth soln 0.03%* | 1 | |
| ILEVRO DRO 0.3% OP | 2 | |
| *ketorolac tromethamine ophth soln 0.4%* | 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | 1 | |
| *loteprednol etabonate ophth susp 0.5%* | 1 | |
| NEVANAC SUS 0.1% OP | 2 | |
| PRED SOD PHO SOL 1% OP | 2 | |
| *prednisolone acetate ophth susp 1%* | 1 | |
| ***ANTIALLERGICS*** | | |
| ALOCRIL SOL 2% | 3 | |
| *azelastine hcl ophth soln 0.05%* | 1 | |
| *bepotastine besilate ophth soln 1.5%* | 1 | |
| *cromolyn sodium ophth soln 4%* | 1 | |
| *epinastine hcl ophth soln 0.05%* | 1 | |
| *olopatadine hcl ophth soln 0.2% (base equivalent)* | 1 | |
| ZERVIATE DRO 0.24% | 3 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | | |
| *betaxolol hcl ophth soln 0.5%* | 1 | |
| BETOPTIC-S SUS 0.25% OP | 2 | |
| *carteolol hcl ophth soln 1%* | 1 | |
| *levobunolol hcl ophth soln 0.5%* | 1 | |
| *timolol maleate ophth gel forming soln 0.5%* | 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | 1 | |
| *timolol maleate ophth soln 0.5%* | 1 | |
| *timolol maleate ophth soln 0.5% (once-daily)* | 1 | |
| *timolol maleate ophth soln 0.25%* | 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 ophth susp 1%* | 1 | |
| *dorzolamide hcl ophth soln 2%* | 1 | |
| ***DRY EYE DISEASE*** | | |
| *cyclosporine (ophth) emulsion 0.05% (pf)* | 1 | |
| RESTASIS MUL EMU 0.05% OP | 2 | |
| TRYPTYR SOL 0.003% | 2 | |
| ***MISCELLANEOUS*** | | |
| *atropine sulfate ophth soln 1%* | 1 | |
| CYSTARAN SOL 0.44% | 5 | PA, QL (4 bottles every 28 days) |
| *phenylephrine hcl ophth soln 2.5%* | 1 | |
| *phenylephrine hcl ophth soln 10%* | 1 | |
| PHOSPHOLINE SOL 0.125%OP | 3 | |
| *pilocarpine hcl ophth soln 1%* | 1 | |
| *proparacaine hcl ophth soln 0.5%* | 1 | |
| *tropicamide ophth soln 0.5%* | 1 | |
| *tropicamide ophth soln 1%* | 1 | |
| ***PROSTAGLANDINS*** | | |
| *bimatoprost ophth soln 0.01%* | 1 | |
| *latanoprost ophth soln 0.005%* | 1 | |
| LUMIGAN SOL 0.01% OP | 2 | ST; PA** |
| *tafluprost preservative free (pf) ophth soln 0.0015%* | 1 | |
| *travoprost ophth soln 0.004% (benzalkonium free) (bak free)* | 1 | |
| ***SYMPATHOMIMETICS*** | | |
| *apraclonidine hcl ophth soln 0.5% (base equivalent)* | 1 | |
| *brimonidine tartrate ophth soln 0.1%* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *brimonidine tartrate ophth soln 0.2%* | 1 | |
| *brimonidine tartrate ophth soln 0.15%* | 1 | |
| IOPIDINE SOL 1% OP | 3 | |
| **RESPIRATORY** | | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | | |
| PROLASTIN-C INJ 1000MG | 4 | PA |
| ***ANAPHYLAXIS TREATMENT AGENTS*** | | |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | 1 | QL (4 auto-injectors every 30 days) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | 1 | QL (4 auto-injectors every 30 days) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | 1 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK INJ 0.3MG | 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 9MCG | 2 | QL (1 package every 30 days) |
| BREZTRI AERO AER 18MCG | 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 inhal soln 0.02%* | 1 | QL (5 boxes every 30 days) |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | 1 | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | 1 | |
| SPIRIVA RESP AER 1.25MCG | 2 | QL (1 package every 30 days) |
| SPIRIVA RESP AER 2.5MCG | 2 | QL (1 package every 30 days) |
| *tiotropium bromide inhal cap 18 mcg (base equiv)* | 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 nasal spray 0.1% (137 mcg/spray)* | 1 | QL (2 bottles every 30 days) |
| *carbinoxamine maleate soln 4 mg/5ml* | 1 | |
| *carbinoxamine maleate tab 4 mg* | 1 | |
| *clemastine fumarate tab 2.68 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *cyproheptadine hcl syrup 2 mg/5ml* | 1 | |
| *cyproheptadine hcl tab 4 mg* | 1 | |
| *desloratadine tab 5 mg* | 1 | |
| *desloratadine tab orally disintegrating 2.5 mg* | 1 | |
| *desloratadine tab orally disintegrating 5 mg* | 1 | |
| *diphenhydramine hcl elixir 12.5 mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *diphenhydramine hcl inj 50 mg/ml* | 1 | |
| *hydroxyzine hcl im soln 25 mg/ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine hcl im soln 50 mg/ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine hcl syrup 10 mg/5ml* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine hcl tab 10 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine hcl tab 25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine hcl tab 50 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine pamoate cap 25 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine pamoate cap 50 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *hydroxyzine pamoate cap 100 mg* | 1 | PA; High Risk Medications require PA for members age 70 and older |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* | 1 | |
| *levocetirizine dihydrochloride tab 5 mg* | 1 | |
| *olopatadine hcl nasal soln 0.6%* | 1 | QL (1 container every 30 days) |
| *ryclora* | 3 | PA; High Risk Medications require PA for members age 70 and older |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | 1 | QL (2 inhalers every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | 1 | QL (120 vials every 30 days) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate syrup 2 mg/5ml* | 1 | |
| *albuterol sulfate tab 2 mg* | 1 | |
| *albuterol sulfate tab 4 mg* | 1 | |
| *arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)* | 1 | QL (60 vials every 30 days) |
| *formoterol fumarate soln nebu 20 mcg/2ml* | 1 | QL (60 vials every 30 days) |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | 1 | QL (45 mL every 30 days) |
| *levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* | 1 | QL (2 inhalers every 30 days) |
| SEREVENT DIS AER 50MCG | 2 | QL (1 package every 30 days) |
| STRIVERDI AER 2.5MCG | 2 | QL (1 package every 30 days) |
| *terbutaline sulfate tab 2.5 mg* | 1 | |
| *terbutaline sulfate tab 5 mg* | 1 | |
| ***COLD/COUGH*** | | |
| *benzonatate cap 100 mg* | 1 | |
| *benzonatate cap 200 mg* | 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 |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | 1 | QL (6 tabs 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 INH 75MG | 4 | PA, QL (84 vials every 28 days) |
| KALYDECO GRA 5.8MG | 4 | PA, QL (56 packets every 28 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| KALYDECO GRA 13.4MG | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO PAK 25MG | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO PAK 50MG | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO PAK 75MG | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO TAB 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 soln 300 mg/4ml* | 4 | PA, QL (224 mL every 28 days) |
| *tobramycin nebu soln 300 mg/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 tab er 12hr 600 mg* | 3 | |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| *montelukast sodium chew tab 4 mg (base equiv)* | 1 | |
| *montelukast sodium chew tab 5 mg (base equiv)* | 1 | |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | 1 | |
| *montelukast sodium tab 10 mg (base equiv)* | 1 | |
| *zafirlukast tab 10 mg* | 1 | |
| *zafirlukast tab 20 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | 1 | QL (2 boxes every 30 days) |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine inhal soln 10%* | 1 | |
| *acetylcysteine inhal soln 20%* | 1 | |
| *roflumilast tab 250 mcg* | 1 | PA |
| *roflumilast tab 500 mcg* | 1 | PA |
| *sodium chloride soln nebu 0.9%* | 1 | |
| *sodium chloride soln nebu 3%* | 1 | |
| *sodium chloride soln nebu 7%* | 1 | |
| *sodium chloride soln nebu 10%* | 1 | |
| ***NASAL STEROIDS*** | | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | 1 | QL (3 containers every 30 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | 1 | QL (1 container every 30 days) |
| *mometasone furoate nasal susp 50 mcg/act* | 1 | QL (2 packages every 30 days) |
| OMNARIS SPR | 3 | QL (1 package every 30 days) |
| *triamcinolone acetonide nasal aerosol suspension 55 mcg/act* | 1 | QL (1 package every 30 days), OTC |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| *nintedanib esylate cap 100 mg (base equivalent)* | 4 | PA, QL (60 caps every 30 days) |
| *nintedanib esylate cap 150 mg (base equivalent)* | 4 | PA, QL (60 caps every 30 days) |
| OFEV CAP 100MG | 4 | PA, QL (60 caps every 30 days) |
| OFEV CAP 150MG | 4 | PA, QL (60 caps every 30 days) |
| *pirfenidone cap 267 mg* | 4 | PA, QL (270 caps every 30 days) |
| *pirfenidone tab 267 mg* | 4 | PA, QL (270 tabs every 30 days) |
| *pirfenidone tab 801 mg* | 4 | PA, QL (90 tabs every 30 days) |
| ***RESPIRATORY THERAPY SUPPLIES*** | | |
| AEROCHAMBER MIS PLUS | 2 | |
| FLEXICHAMBER MIS MASK SM | 2 | |
| HOLD CHAMBER MIS MEDIUM | 2 | OTC |
| PANDA MASK MIS PEDIATRI | 2 | OTC |
| ***SEVERE ASTHMA AGENTS*** | | |
| DUPIXENT INJ 200MG | 4 | PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| DUPIXENT INJ 300/2ML | 4 | PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| FASENRA PEN INJ 30MG/ML | 4 | PA, QL (1 auto-injector every 28 days) |
| NUCALA INJ 40MG/0.4 | 4 | PA, QL (1 syringe every 28 days) |
| NUCALA INJ 100MG/ML | 4 | PA, QL (3 autoinjectors every 28 days) |
| NUCALA INJ 100MG/ML | 4 | PA, QL (3 syringes every 28 days) |
| XOLAIR INJ 75/0.5 | 4 | PA, QL (2 pens every 28 days) |
| XOLAIR INJ 75/0.5 | 4 | PA, QL (2 syringes every 28 days) |
| XOLAIR INJ 150MG/ML | 4 | PA, QL (8 pens every 28 days) |
| XOLAIR INJ 150MG/ML | 4 | PA, QL (8 syringes every 28 days) |
| XOLAIR INJ 300/2ML | 4 | PA, QL (4 pens every 28 days) |
| XOLAIR INJ 300/2ML | 4 | PA, QL (4 syringes every 28 days) |
| XOLAIR SOL 150MG | 4 | PA, QL (8 vials every 28 days) |
| ***STEROID INHALANTS*** | | |
| ALVESCO AER 80MCG | 3 | QL (3 packages every 30 days) |
| ALVESCO AER 160MCG | 3 | QL (2 packages every 30 days) |
| ASMANEX HFA AER 50MCG | 2 | QL (1 package every 30 days) |
| ASMANEX HFA AER 100 MCG | 2 | QL (1 package every 30 days) |
| ASMANEX HFA AER 200 MCG | 2 | QL (1 package every 30 days) |
| *budesonide inhalation susp 0.5 mg/2ml* | 1 | QL (2 boxes every 30 days) |
| *budesonide inhalation susp 0.25 mg/2ml* | 1 | QL (3 boxes every 30 days) |
| *budesonide inhalation susp 1 mg/2ml* | 1 | QL (1 box every 30 days) |
| *fluticasone furoate aerosol powder breath activ 50 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone furoate aerosol powder breath activ 100 mcg/act* | 1 | QL (1 package every 30 days) |
| *fluticasone furoate aerosol powder breath activ 200 mcg/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) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| 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* | 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*** | | |
| AMINOPHYLLIN INJ 25MG/ML | 1 | |
| *theophylline elixir 80 mg/15ml* | 1 | |
| *theophylline soln 80 mg/15ml* | 1 | |
| *theophylline tab er 12hr 300 mg* | 1 | |
| *theophylline tab er 12hr 450 mg* | 1 | |
| *theophylline tab er 24hr 400 mg* | 1 | |
| *theophylline tab er 24hr 600 mg* | 1 | |
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| *adapalene cream 0.1%* | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| *adapalene gel 0.1%* | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| *adapalene gel 0.3%* | 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) |
| *clindamycin phosphate foam 1%* | 1 | |
| *clindamycin phosphate gel 1% (twice-daily)* | 1 | QL (75g every 30 days) |
| *clindamycin phosphate lotion 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate soln 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate swab 1%* | 1 | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | QL (50g every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | 1 | QL (50g every 30 days) |
| *ery* | 1 | |
| *erythromycin gel 2%* | 1 | QL (60g every 30 days) |
| *erythromycin soln 2%* | 1 | QL (60 mL every 30 days) |
| *isotretinoin cap 10 mg* | 1 | PA |
| *isotretinoin cap 20 mg* | 1 | PA |
| *isotretinoin cap 30 mg* | 1 | PA |
| *isotretinoin cap 40 mg* | 1 | PA |
| *sulfacetamide sodium lotion 10% (acne)* | 1 | |
| *tretinoin cream 0.1%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin cream 0.05%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin cream 0.025%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin gel 0.01%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin gel 0.05%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin gel 0.025%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin microsphere gel 0.1%* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin microsphere gel 0.04%* | 1 | PA; PA applies for members age 35 and older |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | | |
| *diclofenac sodium (actinic keratoses) gel 3%* | 3 | |
| *fluorouracil cream 5%* | 1 | |
| *fluorouracil soln 2%* | 1 | |
| *fluorouracil soln 5%* | 1 | |
| *imiquimod cream 5%* | 1 | |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *antiseptic products misc - pads* | 1 | OTC |
| *gentamicin sulfate cream 0.1%* | 1 | |
| *gentamicin sulfate oint 0.1%* | 1 | |
| *mupirocin oint 2%* | 1 | QL (30g every 30 days) |
| *silver sulfadiazine cream 1%* | 1 | |
| *ssd* | 1 | |
| SULFAMYLON CRE 85MG/GM | 3 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox gel 0.77%* | 1 | QL (120g every 30 days) |
| *ciclopirox olamine cream 0.77% (base equiv)* | 1 | QL (120g every 30 days) |
| *ciclopirox olamine susp 0.77% (base equiv)* | 1 | QL (120 mL every 30 days) |
| *ciclopirox shampoo 1%* | 1 | QL (120 mL every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *ciclopirox solution 8%* | 1 | |
| *clotrimazole cream 1%* | 1 | QL (120g every 30 days) |
| *clotrimazole 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 cream 1%* | 1 | QL (60g every 30 days) |
| ERTACZO CRE 2% | 3 | QL (60g every 30 days) |
| JUBLIA SOL 10% | 3 | PA, QL (4 mL every 28 days) |
| *ketoconazole cream 2%* | 1 | QL (120g every 30 days) |
| *luliconazole cream 1%* | 3 | QL (60g every 30 days) |
| *naftifine hcl cream 1%* | 1 | QL (60g every 30 days) |
| *naftifine hcl cream 2%* | 1 | QL (60g every 30 days) |
| *nystatin cream 100000 unit/gm* | 1 | QL (120g every 30 days) |
| *nystatin oint 100000 unit/gm* | 1 | QL (120g every 30 days) |
| *nystatin topical powder 100000 unit/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* | 1 | QL (120g every 30 days) |
| *oxiconazole nitrate cream 1%* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate cream 1%* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate solution 1%* | 1 | QL (60 mL every 30 days) |
| ***DERMATOLOGY, ANTIPRURITIC*** | | |
| *doxepin hcl cream 5%* | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin cap 10 mg* | 1 | |
| *acitretin cap 17.5 mg* | 1 | |
| *acitretin cap 25 mg* | 1 | |
| *calcipotriene soln 0.005% (50 mcg/ml)* | 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 oint 3 mcg/gm* | 3 | ST, QL (100g every 30 days); PA** |
| *methoxsalen rapid cap 10 mg* | 1 | |
| *tazarotene cream 0.1%* | 1 | PA |
| *tazarotene cream 0.05%* | 1 | PA |
| *tazarotene gel 0.1%* | 1 | PA |
| *tazarotene gel 0.05%* | 1 | PA |
| ZORYVE CRE 0.3% | 2 | |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole shampoo 2%* | 1 | QL (120 mL every 30 days) |
| *selenium sulfide lotion 2.5%* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | | |
| DUPIXENT INJ 200/1.14 | 4 | PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT INJ 300/2ML | 4 | PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| EBGLYSS INJ 250/2ML | 4 | PA, QL (2 pens every 28 days) |
| EBGLYSS INJ 250/2ML | 4 | PA, QL (2 syringes every 28 days) |
| EUCRISA OIN 2% | 2 | ST, QL (60g every 30 days); PA** |
| *pimecrolimus cream 1%* | 3 | ST; PA** |
| *tacrolimus oint 0.1%* | 3 | ST; PA** |
| *tacrolimus oint 0.03%* | 3 | ST; PA** |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* | 1 | QL (120g every 30 days) |
| *alclometasone dipropionate cream 0.05%* | 1 | QL (120g every 30 days) |
| *alclometasone dipropionate oint 0.05%* | 1 | QL (120g every 30 days) |
| *amcinonide oint 0.1%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate augmented cream 0.05%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate augmented gel 0.05%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone dipropionate augmented oint 0.05%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate cream 0.05%* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate aerosol foam 0.12%* | 1 | QL (120g every 30 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | 1 | QL (120g every 30 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | 1 | QL (120g every 30 days) |
| BRYHALI LOT 0.01% | 2 | QL (120 mL every 30 days) |
| *clobetasol propionate cream 0.05%* | 1 | QL (120g every 30 days) |
| *clobetasol propionate emo* | 1 | QL (120g every 30 days) |
| *clobetasol propionate foam 0.05%* | 1 | QL (120g every 30 days) |
| *clobetasol propionate gel 0.05%* | 1 | QL (120g every 30 days) |
| *clobetasol propionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate oint 0.05%* | 1 | QL (120g every 30 days) |
| *clobetasol propionate shampoo 0.05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate soln 0.05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate spray 0.05%* | 1 | QL (120 mL every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *clocortolone pivalate cream 0.1%* | 3 | QL (120g every 30 days) |
| *desonide cream 0.05%* | 1 | QL (120g every 30 days) |
| *desonide lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *desonide oint 0.05%* | 1 | QL (120g every 30 days) |
| *desoximetasone cream 0.05%* | 1 | QL (120g every 30 days) |
| *desoximetasone cream 0.25%* | 1 | QL (120g every 30 days) |
| *desoximetasone gel 0.05%* | 1 | QL (120g every 30 days) |
| *desoximetasone oint 0.25%* | 1 | QL (120g every 30 days) |
| *desoximetasone spray 0.25%* | 3 | QL (120 mL every 30 days) |
| *diflorasone diacetate cream 0.05%* | 3 | QL (120g every 30 days) |
| *diflorasone diacetate oint 0.05%* | 3 | QL (120g every 30 days) |
| *fluocinolone acetonide cream 0.01%* | 1 | QL (120g every 30 days) |
| *fluocinolone acetonide cream 0.025%* | 1 | QL (120g every 30 days) |
| *fluocinolone acetonide oil 0.01% (body oil)* | 1 | QL (120 mL every 30 days) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | 1 | QL (120 mL every 30 days) |
| *fluocinolone acetonide oint 0.025%* | 1 | QL (120g every 30 days) |
| *fluocinolone acetonide soln 0.01%* | 1 | QL (120 mL every 30 days) |
| *fluocinonide cream 0.05%* | 1 | QL (120g every 30 days) |
| *fluocinonide gel 0.05%* | 1 | QL (120g every 30 days) |
| *fluocinonide oint 0.05%* | 1 | QL (120g every 30 days) |
| *fluocinonide soln 0.05%* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate cream 0.05%* | 1 | QL (120g every 30 days) |
| *fluticasone propionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate oint 0.005%* | 1 | QL (120g every 30 days) |
| *halobetasol propionate cream 0.05%* | 1 | QL (120g every 30 days) |
| *halobetasol propionate oint 0.05%* | 1 | QL (120g every 30 days) |
| *hydrocortisone butyrate cream 0.1%* | 1 | QL (120g every 30 days) |
| *hydrocortisone butyrate oint 0.1%* | 1 | QL (120g every 30 days) |
| *hydrocortisone butyrate soln 0.1%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone cream 1%* | 1 | QL (120g every 30 days) |
| *hydrocortisone cream 2.5%* | 1 | QL (120g every 30 days) |
| *hydrocortisone lotion 2.5%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone oint 2.5%* | 1 | QL (120g every 30 days) |
| *hydrocortisone valerate cream 0.2%* | 1 | QL (120g every 30 days) |
| *hydrocortisone valerate oint 0.2%* | 1 | QL (120g every 30 days) |
| *mometasone furoate cream 0.1%* | 1 | QL (120g every 30 days) |
| *mometasone furoate oint 0.1%* | 1 | QL (120g every 30 days) |
| *mometasone furoate solution 0.1% (lotion)* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide cream 0.1%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide cream 0.5%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide cream 0.025%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide lotion 0.1%* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide lotion 0.025%* | 1 | QL (120 mL every 30 days) |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *triamcinolone acetonide oint 0.1%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide oint 0.5%* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide oint 0.025%* | 1 | QL (120g every 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *lidocaine hcl soln 4%* | 1 | QL (50 mL every 30 days) |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | 1 | QL (60 mL every 30 days) |
| *lidocaine oint 5%* | 1 | QL (50g every 30 days) |
| *lidocaine pain relief pat* | 1 | QL (30 patches every 30 days), OTC |
| *lidocaine patch 5%* | 1 | PA, QL (90 patches every 30 days) |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | QL (30g every 30 days) |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir cream 5%* | 3 | |
| *bexarotene gel 1%* | 4 | PA |
| *lactic acid (ammonium lactate) cream 12%* | 1 | |
| *lactic acid (ammonium lactate) lotion 12%* | 1 | |
| *nitroglycerin oint 0.4%* | 1 | |
| *penciclovir cream 1%* | 1 | |
| *podofilox gel 0.5%* | 1 | |
| *podofilox soln 0.5%* | 1 | |
| ***DERMATOLOGY, ROSACEA*** | | |
| *azelaic acid gel 15%* | 1 | |
| *brimonidine tartrate gel 0.33% (base equivalent)* | 1 | PA |
| FINACEA AER 15% | 2 | |
| *ivermectin cream 1%* | 1 | PA |
| *metronidazole cream 0.75%* | 1 | QL (60g every 30 days) |
| *metronidazole gel 0.75%* | 1 | QL (60g every 30 days) |
| *metronidazole gel 1%* | 1 | QL (60g every 30 days) |
| *metronidazole lotion 0.75%* | 1 | QL (60 mL every 30 days) |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | | |
| *crotan* | 1 | |
| *cvs ivermectin lice treat* | 1 | OTC |
| *malathion lotion 0.5%* | 1 | |
| *permethrin cream 5%* | 1 | |
| *sb lice treatment* | 1 | OTC |
| *spinosad susp 0.9%* | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| REGRANEX GEL 0.01% | 3 | PA, QL (30g every 30 days) |
| *sodium chloride irrigation soln 0.9%* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl cap 30 mg* | 1 | |

| Nombre del Medicamento | Nivel | Requisitos/Límites |
|---|---|---|
| *chlorhexidine gluconate soln 0.12%* | 1 | |
| *clotrimazole troche 10 mg* | 1 | QL (90 lozenges every 30 days) |
| *lidocaine hcl laryngotracheal soln 4%* | 1 | |
| *lidocaine hcl viscous soln 2%* | 1 | |
| *nystatin susp 100000 unit/ml* | 1 | |
| *oralone dental paste* | 1 | |
| ORAVIG TAB 50MG | 3 | QL (14 tabs every 30 days) |
| *periogard* | 1 | |
| *pilocarpine hcl tab 5 mg* | 1 | |
| *pilocarpine hcl tab 7.5 mg* | 1 | |
| *triamcinolone acetonide dental paste 0.1%* | 1 | |
| ***OTIC*** | | |
| *acetic acid otic soln 2%* | 1 | |
| *ciprofloxacin hcl otic soln 0.2% (base equivalent)* | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%* | 3 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| *fluocinolone acetonide (otic) oil 0.01%* | 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 0.3%* | 1 | |

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Este formulario se actualize el 9/1/2026. 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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