

# Formulario 2027



**CHRISTUS ELITE PLANES PATROCINADOS POR EMPLEADORES  
CUBREN A LOS MIEMBROS CON LOS SIGUIENTES PLANES:**

- Bronze HMO 8500 HSA
- Bronze HMO Enhanced 7500
- Silver HMO 3000
- Silver HMO 6500
- Silver HMO 3100
- Silver HMO 6150 HSA
- Silver HMO Enhanced 5300
- Gold HMO 2250
- Gold HMO 3500 HSA
- Gold HMO Enhanced
- Platinum HMO 350
- Platinum HMO Enhanced 2250
- Platinum HMO 1800 HSA

# CHRISTUS Health Plan Elite

## Formulario Planes patrocinados por el empleador 2027

### Formulario de 5 niveles

Este formulario se actualize el 10/15/2026

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

Este formulario se actualizó el 10/15/2026. 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](http://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 10/15/2026. 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

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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.

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 10/15/2026. 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 65. 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.

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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.

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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 Sprachassistentendienste 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 ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 844-282-3025 (TTY: 711) પર કોલ 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           | ເສີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3025 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.                                                                                |
| فارسی<br>Farsi           | توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-844-282-3025 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.                          |
| Português<br>Portuguese  | ATENÇÃO: Se você fala Português, serviços gratuitos de assistência 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 provedor.           |
| 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 นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-282-3025 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ                                                                                  |
| اردو<br>Urdu             | توجه 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۔ (1-844-282-3025 (TTY: 711) 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 Elite         |                             |                                      |
|-------------------------------------------|-----------------------------|--------------------------------------|
|                                           | 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 **65**.

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.

# 5T STND Efectivo 01/01/2027

| Nombre del Medicamento               | Nivel | Requisitos/Límites                                              |
|--------------------------------------|-------|-----------------------------------------------------------------|
| <b>ANALGESICS</b>                    |       |                                                                 |
| <b>COX-2 INHIBITORS</b>              |       |                                                                 |
| <i>celecoxib</i>                     | 1     |                                                                 |
| <b>GOUT</b>                          |       |                                                                 |
| <i>allopurinol</i>                   | 1     |                                                                 |
| <i>colchicine</i>                    | 1     |                                                                 |
| <i>colchicine w/ probenecid</i>      | 1     |                                                                 |
| <i>febuxostat</i>                    | 1     | ST; PA**                                                        |
| <i>probenecid</i>                    | 1     |                                                                 |
| <b>NSAIDS</b>                        |       |                                                                 |
| <i>diclofenac potassium</i>          | 1     |                                                                 |
| <i>diclofenac sodium</i>             | 1     |                                                                 |
| <i>diclofenac sodium (topical)</i>   | 1     | QL (300g every 30 days),<br>OTC                                 |
| <i>etodolac</i>                      | 1     |                                                                 |
| <i>flurbiprofen</i>                  | 1     |                                                                 |
| <i>ibuprofen</i>                     | 1     |                                                                 |
| <i>ketorolac tromethamine soln</i>   | 1     |                                                                 |
| <i>ketorolac tromethamine tabs</i>   | 1     | QL (20 tabs every 30 days)                                      |
| <i>meclofenamate sodium</i>          | 1     |                                                                 |
| <i>mefenamic acid</i>                | 1     |                                                                 |
| <i>meloxicam</i>                     | 1     |                                                                 |
| <i>nabumetone</i>                    | 1     |                                                                 |
| <i>naproxen</i>                      | 1     |                                                                 |
| <i>oxaprozin</i>                     | 1     |                                                                 |
| <i>piroxicam</i>                     | 1     |                                                                 |
| <i>sulindac</i>                      | 1     |                                                                 |
| <i>voltaren arthritis pain</i>       | 1     | QL (300g every 30 days),<br>OTC                                 |
| <b>NSAIDS, COMBINATIONS</b>          |       |                                                                 |
| <i>diclofenac w/ misoprostol</i>     | 1     |                                                                 |
| <b>OPIOID ANALGESICS</b>             |       |                                                                 |
| <i>acetaminophen w/ codeine soln</i> | 1     | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit  |
| <i>acetaminophen w/ codeine tabs</i> | 1     | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tabs</i> | 1     | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tabs</i> | 1     | ST, QL (400 tabs every 30 days); Subject to initial 7-day limit |

| <b>Nombre del Medicamento</b>                                         | <b>Nivel</b> | <b>Requisitos/Límites</b>                                       |
|-----------------------------------------------------------------------|--------------|-----------------------------------------------------------------|
| <i>acetaminophen-caff-dihydrocod</i>                                  | 1            | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| <i>butorphanol tartrate 1mg/ml, 2mg/ml</i>                            | 1            |                                                                 |
| <i>butorphanol tartrate 10mg/ml</i>                                   | 1            | QL (2 bottles every 30 days)                                    |
| <i>codeine sulfate 30mg</i>                                           | 1            | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit  |
| CODEINE SULFATE 60MG                                                  | 3            | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit  |
| <i>endocet tab 2.5-325</i>                                            | 1            | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>endocet tab 5-325mg</i>                                            | 1            | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>endocet tab 7.5-325</i>                                            | 1            | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>endocet tab 10-325mg</i>                                           | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>fentanyl 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>                        | 1            | ST, QL (10 patches every 30 days)                               |
| <i>fentanyl 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i> | 1            | ST, PA; High Strength Requires PA                               |
| <i>hydrocodone bitartrate 20mg, 30mg, 40mg, 60mg, 80mg</i>            | 1            | ST, QL (30 tabs every 30 days)                                  |
| <i>hydrocodone bitartrate 100mg, 120mg</i>                            | 1            | ST, PA; High Strength Requires PA                               |
| <i>hydrocodone-acetaminophen soln</i>                                 | 1            | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit  |
| <i>hydrocodone-acetaminophen tabs</i>                                 | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tabs</i>                                 | 1            | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>hydrocodone-ibuprofen</i>                                          | 1            | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit  |
| <i>hydromorphone hcl soln</i>                                         | 1            |                                                                 |
| <i>hydromorphone hcl tabs 2mg</i>                                     | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |

| <b>Nombre del Medicamento</b>                              | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                         |
|------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------|
| <i>hydromorphone hcl tabs 4mg</i>                          | 1            | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit                   |
| <i>hydromorphone hcl tabs 8mg</i>                          | 1            | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit                    |
| <i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>              | 1            | ST, QL (30 tabs every 30 days)                                                    |
| <i>hydromorphone hcl tb24 32mg</i>                         | 1            | ST, PA; High Strength Requires PA                                                 |
| <i>methadone hcl conc</i>                                  | 1            | QL (30 mL every 30 days); (indicated for opioid addiction)                        |
| <i>methadone hcl soln 5mg/5ml</i>                          | 1            | ST, QL (450 mL every 30 days)                                                     |
| <i>methadone hcl soln 10mg/5ml</i>                         | 1            | ST, QL (225 mL every 30 days)                                                     |
| <i>methadone hcl tabs 5mg</i>                              | 1            | ST, QL (90 tabs every 30 days)                                                    |
| <i>methadone hcl tabs 10mg</i>                             | 1            | ST, QL (30 tabs every 30 days)                                                    |
| <i>methadone hydrochloride i</i>                           | 1            | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| <i>methadose</i>                                           | 1            | QL (9 tabs every 30 days)                                                         |
| <i>morphine sulfate soln 4mg/ml, 10mg/ml</i>               | 1            |                                                                                   |
| <i>morphine sulfate soln 10mg/5ml</i>                      | 1            | ST, QL (900 mL every 30 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate soln 20mg/5ml</i>                      | 1            | ST, QL (675 mL every 30 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate soln 100mg/5ml</i>                     | 1            | ST, QL (135 mL every 30 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate tabs 15mg</i>                          | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit                   |
| <i>morphine sulfate tabs 30mg</i>                          | 1            | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit                    |
| <i>morphine sulfate tbc 15mg, 30mg</i>                     | 1            | ST, QL (90 tabs every 30 days)                                                    |
| <i>morphine sulfate tbc 60mg, 100mg, 200mg</i>             | 1            | ST, PA; High Strength Requires PA                                                 |
| <i>morphine sulfate beads 30mg, 45mg, 60mg, 75mg, 90mg</i> | 1            | ST, QL (30 caps every 30 days)                                                    |

| <b>Nombre del Medicamento</b>       | <b>Nivel</b> | <b>Requisitos/Límites</b>                                       |
|-------------------------------------|--------------|-----------------------------------------------------------------|
| <i>morphine sulfate beads 120mg</i> | 1            | ST, PA; High Strength<br>Requires PA                            |
| <i>nalbuphine hcl</i>               | 1            |                                                                 |
| NUCYNTA 50MG                        | 3            | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA 75MG                        | 3            | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| NUCYNTA 100MG                       | 3            | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit  |
| NUCYNTA ER 50MG, 100MG              | 3            | ST, QL (60 tabs every 30 days)                                  |
| NUCYNTA ER 150MG, 200MG, 250MG      | 3            | ST, PA; High Strength<br>Requires PA                            |
| <i>oxycodone hcl caps</i>           | 1            | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl conc</i>           | 1            | ST, QL (90 mL every 30 days); Subject to initial 7-day limit    |
| <i>oxycodone hcl soln</i>           | 1            | ST, QL (900 mL every 30 days); Subject to initial 7-day limit   |
| <i>oxycodone hcl tabs 5mg, 10mg</i> | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs 15mg</i>      | 1            | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs 20mg</i>      | 1            | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxycodone hcl tabs 30mg</i>      | 1            | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit  |
| <i>oxycodone w/ acetaminophen</i>   | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen</i>   | 1            | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen</i>   | 1            | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tabs 5mg</i>     | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |

| <b>Nombre del Medicamento</b>                      | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                               |
|----------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------|
| <i>oxymorphone hcl tabs 10mg</i>                   | 1            | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit                                          |
| <i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i> | 1            | ST, QL (60 tabs every 30 days)                                                                          |
| <i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>       | 1            | ST, PA; High Strength Requires PA                                                                       |
| <i>tapentadol hcl 50mg</i>                         | 1            | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit                                         |
| <i>tapentadol hcl 75mg</i>                         | 1            | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit                                          |
| <i>tapentadol hcl 100mg</i>                        | 1            | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit                                          |
| <i>tramadol hcl tabs</i>                           | 1            | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit                                         |
| <i>tramadol hcl tb24 100mg</i>                     | 1            | ST, QL (30 tabs every 30 days)                                                                          |
| <i>tramadol hcl tb24 200mg, 300mg</i>              | 1            | ST, PA; High Strength Requires PA                                                                       |
| <i>tramadol-acetaminophen</i>                      | 1            | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit                                          |
| XTAMPZA ER 9MG, 13.5MG, 18MG, 27MG                 | 2            | ST, QL (60 caps every 30 days)                                                                          |
| XTAMPZA ER 36MG                                    | 2            | ST, PA; High Strength Requires Prior Auth                                                               |
| <b>OPIOID PARTIAL AGONISTS</b>                     |              |                                                                                                         |
| BELBUCA 75MCG, 150MCG, 300MCG, 450MCG              | 2            | ST, QL (60 films every 30 days)                                                                         |
| BELBUCA 600MCG, 750MCG, 900MCG                     | 2            | ST, PA; High Strength Requires Prior Auth                                                               |
| <i>buprenorphine 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>  | 1            | ST, QL (4 patches every 30 days)                                                                        |
| <i>buprenorphine 15mcg/hr, 20mcg/hr</i>            | 1            | ST, PA; High Strength Requires Prior Auth                                                               |
| <i>buprenorphine hcl</i>                           | 1            |                                                                                                         |
| SUBLOCADE                                          | 4            |                                                                                                         |
| <b>SALICYLATES</b>                                 |              |                                                                                                         |
| <i>aspirin ec adult low dose</i>                   | 0            | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <i>diflunisal</i>                                  | 1            |                                                                                                         |

| <b>Nombre del Medicamento</b>          | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                               |
|----------------------------------------|--------------|---------------------------------------------------------------------------------------------------------|
| <i>goodsense aspirin</i>               | 0            | QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered |
| <b>ANESTHETICS</b>                     |              |                                                                                                         |
| <b>LOCAL ANESTHETICS</b>               |              |                                                                                                         |
| <i>lidocaine hcl (local anesth.)</i>   | 1            |                                                                                                         |
| <b>ANTI-INFECTIVES</b>                 |              |                                                                                                         |
| <b>ANTHELMINTICS</b>                   |              |                                                                                                         |
| <i>albendazole</i>                     | 3            | QL (336 tabs every 365 days)                                                                            |
| EMVERM                                 | 3            | QL (12 tabs every 365 days)                                                                             |
| <i>ivermectin</i>                      | 1            |                                                                                                         |
| <i>praziquantel</i>                    | 1            | QL (24 tabs every 365 days)                                                                             |
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b> |              |                                                                                                         |
| <i>amikacin sulfate</i>                | 1            |                                                                                                         |
| <i>fosfomycin tromethamine</i>         | 1            |                                                                                                         |
| <i>gentamicin sulfate</i>              | 1            |                                                                                                         |
| <i>neomycin sulfate</i>                | 1            |                                                                                                         |
| <i>sulfadiazine</i>                    | 1            |                                                                                                         |
| <i>tinidazole</i>                      | 1            |                                                                                                         |
| <i>tobramycin sulfate soln</i>         | 1            | QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days                         |
| <i>tobramycin sulfate solr</i>         | 1            | QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days                       |
| <b>ANTIFUNGALS</b>                     |              |                                                                                                         |
| <i>amphotericin b</i>                  | 1            | QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days                       |
| CRESEMBA                               | 3            |                                                                                                         |
| <i>fluconazole</i>                     | 1            |                                                                                                         |
| <i>griseofulvin microsize</i>          | 1            |                                                                                                         |
| <i>griseofulvin ultramicrosize</i>     | 1            |                                                                                                         |
| <i>itraconazole</i>                    | 1            | PA                                                                                                      |
| <i>nystatin</i>                        | 1            |                                                                                                         |
| <i>posaconazole susp</i>               | 1            | PA                                                                                                      |
| <i>posaconazole tbec</i>               | 3            | PA                                                                                                      |
| <i>terbinafine hcl</i>                 | 1            |                                                                                                         |
| <i>voriconazole</i>                    | 3            | PA                                                                                                      |
| <b>ANTIMALARIALS</b>                   |              |                                                                                                         |
| <i>atovaquone-proguanil hcl</i>        | 1            |                                                                                                         |
| <i>chloroquine phosphate</i>           | 1            |                                                                                                         |
| COARTEM                                | 3            |                                                                                                         |

| <b>Nombre del Medicamento</b>          | <b>Nivel</b> | <b>Requisitos/Límites</b>      |
|----------------------------------------|--------------|--------------------------------|
| KRINTAFEL                              | 3            |                                |
| <i>mefloquine hcl</i>                  | 1            |                                |
| <i>primaquine phosphate</i>            | 1            |                                |
| <i>quinine sulfate</i>                 | 1            |                                |
| <b>ANTIRETROVIRAL AGENTS</b>           |              |                                |
| <i>abacavir sulfate soln</i>           | 1            | QL (900 mL every 30 days)      |
| <i>abacavir sulfate tabs</i>           | 1            | QL (60 tabs every 30 days)     |
| APRETUDE                               | 0            | QL (2 vials every 90 days)     |
| APTIVUS                                | 2            | QL (120 caps every 30 days)    |
| <i>atazanavir sulfate 150mg, 300mg</i> | 1            | QL (30 caps every 30 days)     |
| <i>atazanavir sulfate 200mg</i>        | 1            | QL (60 caps every 30 days)     |
| <i>darunavir 600mg</i>                 | 1            | QL (60 tabs every 30 days)     |
| <i>darunavir 800mg</i>                 | 1            | QL (30 tabs every 30 days)     |
| EDURANT PED                            | 2            | QL (180 tabs every 30 days)    |
| <i>efavirenz</i>                       | 1            | QL (30 tabs every 30 days)     |
| <i>emtricitabine</i>                   | 1            | QL (30 caps every 30 days)     |
| EMTRIVA                                | 2            | QL (680 ml every 28 days)      |
| <i>etravirine 100mg</i>                | 1            | QL (120 tabs every 30 days)    |
| <i>etravirine 200mg</i>                | 1            | QL (60 tabs every 30 days)     |
| <i>fosamprenavir calcium</i>           | 1            | QL (120 tabs every 30 days)    |
| INTELENCE                              | 2            | QL (120 tabs every 30 days)    |
| ISENTRESS CHEW                         | 2            | QL (180 tabs every 30 days)    |
| ISENTRESS PACK                         | 2            | QL (60 packets every 30 days)  |
| ISENTRESS TABS                         | 2            | QL (120 tabs every 30 days)    |
| ISENTRESS HD                           | 2            | QL (60 tabs every 30 days)     |
| <i>lamivudine soln</i>                 | 1            | QL (960 ml every 30 days)      |
| <i>lamivudine tabs 150mg</i>           | 1            | QL (60 tabs every 30 days)     |
| <i>lamivudine tabs 300mg</i>           | 1            | QL (30 tabs every 30 days)     |
| <i>maraviroc 150mg</i>                 | 1            | QL (60 tabs every 30 days)     |
| <i>maraviroc 300mg</i>                 | 1            | QL (120 tabs every 30 days)    |
| <i>nevirapine susp</i>                 | 1            | QL (1200 mL every 30 days)     |
| <i>nevirapine tabs</i>                 | 1            | QL (60 tabs every 30 days)     |
| <i>nevirapine tb24</i>                 | 1            | QL (30 tabs every 30 days)     |
| NORVIR                                 | 2            | QL (360 packets every 30 days) |
| PREZISTA SUSP                          | 2            | QL (400 ml every 30 days)      |
| PREZISTA TABS 75MG                     | 2            | QL (300 tabs every 30 days)    |
| PREZISTA TABS 150MG                    | 2            | QL (180 tabs every 30 days)    |
| RETROVIR IV INFUSION                   | 2            |                                |
| REYATAZ                                | 2            | QL (180 packets every 30 days) |
| <i>rilpivirine hcl</i>                 | 1            | QL (60 tabs every 30 days)     |
| <i>ritonavir</i>                       | 1            | QL (360 tabs every 30 days)    |

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|--------------------------------------|--------------|-----------------------------|
| SELZENTRY                            | 2            | QL (1840 mL every 30 days)  |
| <i>tenofovir disoproxil fumarate</i> | 1            | QL (30 tabs every 30 days)  |
| TIVICAY                              | 2            | QL (60 tabs every 30 days)  |
| TIVICAY PD                           | 2            | QL (360 tabs every 30 days) |
| TROGARZO                             | 4            |                             |
| VIREAD POWD                          | 2            | QL (240 gm every 30 days)   |
| VIREAD TABS                          | 2            | QL (30 tabs every 30 days)  |
| YEZTUGO SOLN                         | 2            | QL (4 vials every 168 days) |
| YEZTUGO TABS                         | 2            | QL (8 tabs every 4 days)    |
| <i>zidovudine caps</i>               | 1            | QL (180 caps every 30 days) |
| <i>zidovudine syrp</i>               | 1            | QL (1920 ml every 30 days)  |
| <i>zidovudine tabs</i>               | 1            | QL (60 tabs every 30 days)  |

#### **ANTIRETROVIRAL COMBINATION AGENTS**

|                                                                  |   |                                                                                                                                      |
|------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>abacavir sulfate-lamivudine</i>                               | 1 | QL (30 tabs every 30 days)                                                                                                           |
| BIKTARVY                                                         | 2 | QL (30 tabs every 30 days)                                                                                                           |
| CABENUVA                                                         | 5 | PA, QL (1 kit every 30 days)                                                                                                         |
| CABENUVA                                                         | 5 | PA, QL (1 kit every 60 days);<br>Loading dose of 1 kit in 30<br>days allowed for initial fill                                        |
| CIMDUO                                                           | 2 | QL (30 tabs every 30 days)                                                                                                           |
| DELSTRIGO                                                        | 2 | QL (30 tabs every 30 days)                                                                                                           |
| DESCOVY                                                          | 0 | QL (30 tabs every 30 days);<br>\$0 copay when medically<br>necessary for pre-exposure<br>prophylaxis; copay applies<br>for treatment |
| DESCOVY                                                          | 3 | QL (30 tabs every 30 days)                                                                                                           |
| DOVATO                                                           | 2 | QL (30 tabs every 30 days)                                                                                                           |
| <i>efavirenz-emtricitabine-tenofovir disoproxil<br/>fumarate</i> | 1 | QL (30 tabs every 30 days)                                                                                                           |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>        | 1 | QL (30 tabs every 30 days)                                                                                                           |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>               | 0 | QL (30 tabs every 30 days);<br>\$0 copay when medically<br>necessary for pre-exposure<br>prophylaxis; copay applies<br>for treatment |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>               | 1 | QL (30 tabs every 30 days)                                                                                                           |
| GENVOYA                                                          | 2 | QL (30 tabs every 30 days)                                                                                                           |
| KALETRA                                                          | 2 | QL (480 ml every 30 days)                                                                                                            |
| <i>lamivudine-zidovudine</i>                                     | 1 | QL (60 tabs every 30 days)                                                                                                           |
| <i>lopinavir-ritonavir</i>                                       | 1 | QL (120 tabs every 30 days)                                                                                                          |
| <i>lopinavir-ritonavir</i>                                       | 1 | QL (300 tabs every 30 days)                                                                                                          |
| ODEFSEY                                                          | 2 | QL (30 tabs every 30 days)                                                                                                           |
| PREZCOBIX                                                        | 3 | QL (30 tabs every 30 days)                                                                                                           |
| SYM TUZA                                                         | 3 | QL (30 tabs every 30 days)                                                                                                           |

| <b>Nombre del Medicamento</b>                    | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                         |
|--------------------------------------------------|--------------|-----------------------------------------------------------------------------------|
| TRIUMEQ                                          | 3            | QL (30 tabs every 30 days)                                                        |
| TRIUMEQ PD                                       | 3            | QL (180 tabs every 30 days)                                                       |
| <b>ANTITUBERCULAR AGENTS</b>                     |              |                                                                                   |
| <i>cycloserine</i>                               | 1            |                                                                                   |
| <i>ethambutol hcl</i>                            | 1            |                                                                                   |
| <i>isoniazid</i>                                 | 1            |                                                                                   |
| PRETOMANID                                       | 3            |                                                                                   |
| PRIFTIN                                          | 2            |                                                                                   |
| <i>pyrazinamide</i>                              | 1            |                                                                                   |
| <i>rifabutin</i>                                 | 1            |                                                                                   |
| <i>rifampin</i>                                  | 1            |                                                                                   |
| SIRTURO                                          | 3            |                                                                                   |
| <b>ANTIVIRALS</b>                                |              |                                                                                   |
| <i>acyclovir</i>                                 | 1            |                                                                                   |
| <i>cidofovir</i>                                 | 1            |                                                                                   |
| <i>famciclovir</i>                               | 1            |                                                                                   |
| <i>oseltamivir phosphate caps 30mg</i>           | 1            | QL (40 caps every 90 days)                                                        |
| <i>oseltamivir phosphate caps 45mg, 75mg</i>     | 1            | QL (20 caps every 90 days)                                                        |
| <i>oseltamivir phosphate susr</i>                | 1            | QL (360 mL every 90 days)                                                         |
| PAXLOVID                                         | 2            | QL (22 tabs every 30 days)                                                        |
| PAXLOVID                                         | 2            | QL (40 tabs every 30 days)                                                        |
| PAXLOVID                                         | 2            | QL (60 tabs every 30 days)                                                        |
| RELENZA DISKHALER                                | 2            | QL (2 inhalers every 90 days)                                                     |
| <i>rimantadine hydrochloride</i>                 | 1            |                                                                                   |
| <i>valacyclovir hcl</i>                          | 1            |                                                                                   |
| <i>valganciclovir hcl solr</i>                   | 4            | PA, QL (1144 mL every 30 days)                                                    |
| <i>valganciclovir hcl tabs</i>                   | 4            | PA, QL (120 tabs every 30 days)                                                   |
| XERESE                                           | 3            | PA                                                                                |
| <b>CEPHALOSPORINS</b>                            |              |                                                                                   |
| <i>cefaclor</i>                                  | 1            |                                                                                   |
| <i>cefadroxil</i>                                | 1            |                                                                                   |
| <i>cefazolin sodium</i>                          | 1            |                                                                                   |
| <i>cefдинир</i>                                  | 1            |                                                                                   |
| <i>cefepime hcl</i>                              | 1            |                                                                                   |
| <i>cefixime</i>                                  | 1            |                                                                                   |
| <i>cefpodoxime proxetil</i>                      | 1            |                                                                                   |
| <i>cefprozil</i>                                 | 1            |                                                                                   |
| <i>ceftazidime</i>                               | 1            |                                                                                   |
| <i>ceftriaxone sodium 1gm, 2gm, 250mg, 500mg</i> | 1            | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days |

| <b>Nombre del Medicamento</b>      | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                              |
|------------------------------------|--------------|----------------------------------------------------------------------------------------|
| <i>ceftriaxone sodium 10gm</i>     | 1            | QL (0.5 vials every day);<br>Initial limit allows up to a 14 day course every 365 days |
| <i>cefuroxime axetil</i>           | 1            |                                                                                        |
| <i>cephalexin</i>                  | 1            |                                                                                        |
| <i>tazicef</i>                     | 1            |                                                                                        |
| <b>ERYTHROMYCINS/MACROLIDES</b>    |              |                                                                                        |
| <i>azithromycin</i>                | 1            |                                                                                        |
| <i>clarithromycin</i>              | 1            |                                                                                        |
| DIFICID                            | 2            | PA                                                                                     |
| <i>e.e.s. 400</i>                  | 1            |                                                                                        |
| <i>erythromycin base</i>           | 1            |                                                                                        |
| <i>erythromycin ethylsuccinate</i> | 1            |                                                                                        |
| <i>fidaxomicin</i>                 | 1            | PA                                                                                     |
| <b>FLUOROQUINOLONES</b>            |              |                                                                                        |
| BAXDELA                            | 3            |                                                                                        |
| CIPRO                              | 3            |                                                                                        |
| <i>ciprofloxacin hcl</i>           | 1            |                                                                                        |
| <i>levofloxacin soln 25mg/ml</i>   | 1            |                                                                                        |
| <i>levofloxacin soln 25mg/ml</i>   | 1            | QL (40 mL every day); Initial<br>limit allows up to a 14 day<br>course every 365 days  |
| <i>levofloxacin tabs</i>           | 1            |                                                                                        |
| <i>moxifloxacin hcl</i>            | 1            |                                                                                        |
| <i>ofloxacin</i>                   | 1            |                                                                                        |
| <b>HEPATITIS B</b>                 |              |                                                                                        |
| <i>adefovir dipivoxil</i>          | 4            |                                                                                        |
| BARACLUDE                          | 4            | PA, QL (630 mL every 30<br>days)                                                       |
| <i>entecavir</i>                   | 4            | PA, QL (30 tabs every 30<br>days)                                                      |
| <i>lamivudine (hbv)</i>            | 1            |                                                                                        |
| <b>HEPATITIS C</b>                 |              |                                                                                        |
| MAVYRET PACK                       | 2            | PA, QL (140 packets every 28<br>days)                                                  |
| MAVYRET TABS                       | 2            | PA, QL (84 tabs every 28<br>days)                                                      |
| PEGASYS                            | 4            | PA                                                                                     |
| <i>ribavirin (hepatitis c)</i>     | 1            |                                                                                        |
| SOVALDI PACK 150MG                 | 5            | ST, PA, QL (28 pellets every<br>28 days)                                               |
| SOVALDI PACK 200MG                 | 5            | ST, PA, QL (56 pellets every<br>28 days)                                               |
| SOVALDI TABS 200MG                 | 5            | ST, PA, QL (56 tabs every 28<br>days)                                                  |

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|--------------------------------------------|--------------|---------------------------------------------------------------------------------------|
| SOVALDI TABS 400MG                         | 5            | ST, PA, QL (28 tabs every 28 days)                                                    |
| <b>MISCELLANEOUS</b>                       |              |                                                                                       |
| <i>atovaquone</i>                          | 1            |                                                                                       |
| <i>aztreonam</i>                           | 1            |                                                                                       |
| <i>clindamycin hcl</i>                     | 1            |                                                                                       |
| <i>clindamycin palmitate hydrochloride</i> | 1            |                                                                                       |
| <i>dapsone</i>                             | 1            |                                                                                       |
| <i>ertapenem sodium</i>                    | 1            | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days     |
| <i>lincomycin hcl</i>                      | 1            |                                                                                       |
| <i>linezolid</i>                           | 1            |                                                                                       |
| <i>meropenem 1gm</i>                       | 1            | QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days     |
| <i>meropenem 500mg</i>                     | 1            | QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days    |
| <i>methenamine hippurate</i>               | 1            |                                                                                       |
| <i>metronidazole</i>                       | 1            |                                                                                       |
| <i>nitazoxanide</i>                        | 1            | QL (20 tabs every 30 days)                                                            |
| <i>nitrofurantoin</i>                      | 1            |                                                                                       |
| <i>nitrofurantoin macrocrystal</i>         | 1            |                                                                                       |
| <i>nitrofurantoin monohyd macro</i>        | 1            |                                                                                       |
| <i>pentamidine isethionate</i>             | 1            |                                                                                       |
| <i>polymyxin b sulfate</i>                 | 1            |                                                                                       |
| <i>pyrimethamine</i>                       | 3            | PA                                                                                    |
| <i>sulfamethoxazole-trimethoprim</i>       | 1            |                                                                                       |
| <i>trimethoprim</i>                        | 1            |                                                                                       |
| <i>vancomycin hcl caps</i>                 | 1            | QL (80 caps every 10 days)                                                            |
| <i>vancomycin hcl solr 1gm</i>             | 1            | QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days     |
| <i>vancomycin hcl solr 5gm, 10gm</i>       | 1            | QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days |
| <i>vancomycin hcl solr 500mg, 750mg</i>    | 1            | QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days     |
| <b>PENICILLINS</b>                         |              |                                                                                       |
| <i>amoxicillin</i>                         | 1            |                                                                                       |
| <i>amoxicillin &amp; pot clavulanate</i>   | 1            |                                                                                       |
| <i>ampicillin</i>                          | 1            |                                                                                       |
| <i>ampicillin sodium</i>                   | 1            |                                                                                       |
| <i>dicloxacillin sodium</i>                | 1            |                                                                                       |

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|----------------------------------------------|--------------|-----------------------------|
| <i>penicillin g potassium</i>                | 1            |                             |
| <i>penicillin g sodium</i>                   | 1            |                             |
| <i>penicillin v potassium</i>                | 1            |                             |
| <i>pfizerpen</i>                             | 1            |                             |
| <i>piperacillin sodium-tazobactam sodium</i> | 1            |                             |
| <b>TETRACYCLINES</b>                         |              |                             |
| <i>avidoxy</i>                               | 1            |                             |
| <i>demeclocycline hcl</i>                    | 1            |                             |
| <i>doxy 100</i>                              | 1            |                             |
| <i>doxycycline (monohydrate)</i>             | 1            |                             |
| <i>doxycycline hyclate</i>                   | 1            |                             |
| <i>minocycline hcl</i>                       | 1            |                             |
| <i>tetracycline hcl</i>                      | 1            | QL (120 caps every 30 days) |
| <b>ANTINEOPLASTIC AGENTS</b>                 |              |                             |
| <b>ALKYLATING AGENTS</b>                     |              |                             |
| <i>busulfan</i>                              | 1            |                             |
| <i>carmustine</i>                            | 1            |                             |
| <i>cyclophosphamide caps</i>                 | 1            |                             |
| <i>cyclophosphamide solr</i>                 | 4            |                             |
| <i>dacarbazine</i>                           | 1            |                             |
| GLIADEL WAFER                                | 2            |                             |
| <i>ifosfamide</i>                            | 1            |                             |
| LEUKERAN                                     | 2            |                             |
| <i>lomustine</i>                             | 1            |                             |
| MATULANE                                     | 2            |                             |
| <i>melphalan hcl</i>                         | 1            |                             |
| TEMODAR                                      | 4            | PA                          |
| <i>temozolomide</i>                          | 4            | PA                          |
| <b>ANTIBIOTICS</b>                           |              |                             |
| <i>adriamycin</i>                            | 1            |                             |
| <i>bleomycin sulfate</i>                     | 1            |                             |
| <i>daunorubicin hcl</i>                      | 1            |                             |
| <i>doxorubicin hcl</i>                       | 1            |                             |
| <i>doxorubicin hcl liposomal</i>             | 1            |                             |
| <i>idarubicin hcl</i>                        | 1            |                             |
| <i>mitomycin</i>                             | 1            |                             |
| <i>mitoxantrone hcl</i>                      | 4            |                             |
| <b>ANTIMETABOLITES</b>                       |              |                             |
| <i>azacitidine</i>                           | 4            | PA                          |
| <i>capecitabine</i>                          | 4            | PA                          |
| <i>cladribine</i>                            | 1            |                             |
| <i>clofarabine</i>                           | 1            |                             |
| <i>cytarabine</i>                            | 1            |                             |

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|--------------------------------------------|--------------|---------------------------------|
| <i>decitabine</i>                          | 4            | PA                              |
| <i>fludarabine phosphate</i>               | 1            |                                 |
| <i>fluorouracil</i>                        | 1            |                                 |
| <i>gemcitabine hcl</i>                     | 4            |                                 |
| <i>mercaptopurine</i>                      | 1            |                                 |
| <i>methotrexate sodium</i>                 | 1            |                                 |
| NIPENT                                     | 2            |                                 |
| <i>pemetrexed disodium</i>                 | 4            |                                 |
| TABLOID                                    | 2            |                                 |
| <b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>    |              |                                 |
| VENCLEXTA 10MG, 50MG                       | 4            | PA, QL (120 tabs every 30 days) |
| VENCLEXTA 100MG                            | 4            | PA, QL (180 tabs every 30 days) |
| VENCLEXTA STARTING PACK                    | 4            | PA, QL (1 pack every 28 days)   |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>         |              |                                 |
| ERBITUX                                    | 4            | PA                              |
| ERIVEDGE                                   | 4            | PA, QL (30 caps every 30 days)  |
| KADCYLA                                    | 4            | PA                              |
| KEYTRUDA                                   | 4            | PA                              |
| <i>lenalidomide 2.5mg, 5mg, 10mg, 15mg</i> | 4            | PA, QL (28 caps every 28 days)  |
| <i>lenalidomide 20mg, 25mg</i>             | 4            | PA, QL (21 caps every 28 days)  |
| PADCEV 20MG                                | 5            | PA, QL (21 vials every 28 days) |
| PADCEV 30MG                                | 5            | PA, QL (15 vials every 28 days) |
| <i>pomalidomide</i>                        | 4            | PA, QL (21 caps every 28 days)  |
| THALOMID 50MG                              | 5            | PA, QL (28 caps every 28 days)  |
| THALOMID 100MG                             | 5            | PA, QL (112 caps every 28 days) |
| TICE BCG                                   | 2            |                                 |
| <b>BIOSIMILARS</b>                         |              |                                 |
| GAZYVA                                     | 4            | PA                              |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>      |              |                                 |
| <i>abiraterone acetate 250mg</i>           | 4            | PA, QL (120 tabs every 30 days) |
| <i>abiraterone acetate 500mg</i>           | 4            | PA, QL (60 tabs every 30 days)  |

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|-------------------------------|--------------|-----------------------------------------------------------------------------------|
| <i>anastrozole</i>            | 1            | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide</i>           | 1            |                                                                                   |
| ELIGARD                       | 4            | PA                                                                                |
| ERLEADA 60MG                  | 4            | PA, QL (120 tabs every 30 days)                                                   |
| ERLEADA 240MG                 | 4            | PA, QL (30 tabs every 30 days)                                                    |
| <i>exemestane</i>             | 1            | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>fulvestrant</i>            | 4            | PA                                                                                |
| <i>letrozole</i>              | 1            |                                                                                   |
| <i>leuprolide acetate</i>     | 4            | PA                                                                                |
| LYSODREN                      | 2            |                                                                                   |
| <i>megestrol acetate</i>      | 1            |                                                                                   |
| <i>nilutamide</i>             | 1            |                                                                                   |
| NUBEQA                        | 4            | PA, QL (120 tabs every 30 days)                                                   |
| <i>tamoxifen citrate</i>      | 1            | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate</i>     | 1            |                                                                                   |
| XTANDI CAPS                   | 4            | PA, QL (120 caps every 30 days)                                                   |
| XTANDI TABS 40MG              | 4            | PA, QL (120 tabs every 30 days)                                                   |
| XTANDI TABS 80MG              | 4            | PA, QL (60 tabs every 30 days)                                                    |
| YONSA                         | 4            | PA, QL (120 tabs every 30 days)                                                   |
| <b>KINASE INHIBITORS</b>      |              |                                                                                   |
| ALECENSA                      | 4            | PA, QL (240 caps every 30 days)                                                   |
| BRAFTOVI                      | 4            | PA, QL (180 caps every 30 days)                                                   |
| BRUKINSA CAPS                 | 4            | PA, QL (120 caps every 30 days)                                                   |
| BRUKINSA TABS                 | 4            | PA, QL (60 tabs every 30 days)                                                    |
| CABOMETYX                     | 4            | PA, QL (30 tabs every 30 days)                                                    |
| CALQUENCE                     | 5            | PA, QL (60 tabs every 30 days)                                                    |
| CAPRELSA 100MG                | 4            | PA, QL (60 tabs every 30 days)                                                    |

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|-------------------------------------------------|--------------|---------------------------------------------|
| CAPRELSA 300MG                                  | 4            | PA, QL (30 tabs every 30 days)              |
| COMETRIQ                                        | 4            | PA, QL (1 kit every 28 days)                |
| <i>dasatinib 20mg</i>                           | 4            | PA, QL (90 tabs every 30 days)              |
| <i>dasatinib 50mg, 70mg, 80mg, 100mg, 140mg</i> | 4            | PA, QL (30 tabs every 30 days)              |
| <i>erlotinib hcl 25mg</i>                       | 4            | PA, QL (60 tabs every 30 days)              |
| <i>erlotinib hcl 100mg, 150mg</i>               | 4            | PA, QL (30 tabs every 30 days)              |
| <i>everolimus tabs</i>                          | 4            | PA, QL (30 tabs every 30 days)              |
| <i>everolimus tbso 2mg, 5mg</i>                 | 4            | PA, QL (60 tabs every 30 days)              |
| <i>everolimus tbso 3mg</i>                      | 4            | PA, QL (90 tabs every 30 days)              |
| IBTROZI                                         | 5            | PA, QL (90 caps every 30 days)              |
| <i>imatinib mesylate 100mg</i>                  | 4            | PA, QL (120 tabs every 30 days)             |
| <i>imatinib mesylate 400mg</i>                  | 4            | PA, QL (60 tabs every 30 days)              |
| IMBRUVICA CAPS 70MG                             | 5            | PA, QL (30 caps every 30 days)              |
| IMBRUVICA CAPS 140MG                            | 5            | PA, QL (90 caps every 30 days)              |
| IMBRUVICA SUSP                                  | 5            | PA, QL (216 ml every 36 days)               |
| IMBRUVICA TABS                                  | 5            | PA, QL (30 tabs every 30 days)              |
| INLYTA 1MG                                      | 4            | PA, QL (240 tabs every 30 days)             |
| INLYTA 5MG                                      | 4            | PA, QL (120 tabs every 30 days)             |
| ITOVEBI 3MG                                     | 5            | PA, QL (60 tabs every 30 days)              |
| ITOVEBI 9MG                                     | 5            | PA, QL (30 tabs every 30 days)              |
| JAKAFI                                          | 4            | PA, QL (60 tabs every 30 days)              |
| KISQALI 200MG                                   | 4            | PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI 200MG                                   | 4            | PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI 200MG                                   | 4            | PA, QL (63 tabs every 28 days); 600 mg dose |

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>         |
|-------------------------------|--------------|-----------------------------------|
| <i>lapatinib ditosylate</i>   | 4            | PA, QL (180 tabs every 30 days)   |
| LENVIMA 4 MG DAILY DOSE       | 5            | PA, QL (30 caps every 30 days)    |
| LENVIMA 8 MG DAILY DOSE       | 5            | PA, QL (60 caps every 30 days)    |
| LENVIMA 10 MG DAILY DOSE      | 5            | PA, QL (30 caps every 30 days)    |
| LENVIMA 12MG DAILY DOSE       | 5            | PA, QL (90 caps every 30 days)    |
| LENVIMA 14 MG DAILY DOSE      | 5            | PA, QL (60 caps every 30 days)    |
| LENVIMA 18 MG DAILY DOSE      | 5            | PA, QL (90 caps every 30 days)    |
| LENVIMA 20 MG DAILY DOSE      | 5            | PA, QL (60 caps every 30 days)    |
| LENVIMA 24 MG DAILY DOSE      | 5            | PA, QL (90 caps every 30 days)    |
| LORBRENA 25MG                 | 5            | PA, QL (90 tabs every 30 days)    |
| LORBRENA 100MG                | 5            | PA, QL (30 tabs every 30 days)    |
| MEKINIST SOLR                 | 4            | PA, QL (12 bottles every 28 days) |
| MEKINIST TABS 2MG             | 4            | PA, QL (30 tabs every 30 days)    |
| MEKINIST TABS .5MG            | 4            | PA, QL (90 tabs every 30 days)    |
| MEKTOVI                       | 4            | PA, QL (180 tabs every 30 days)   |
| <i>nilotinib hcl</i>          | 4            | PA, QL (120 caps every 30 days)   |
| <i>pazopanib hcl</i>          | 4            | PA, QL (120 tabs every 30 days)   |
| RYDAPT                        | 5            | PA, QL (224 caps every 28 days)   |
| SCEMBLIX 20MG                 | 4            | PA, QL (60 tabs every 30 days)    |
| SCEMBLIX 40MG                 | 4            | PA, QL (240 tabs every 30 days)   |
| SCEMBLIX 100MG                | 4            | PA, QL (120 tabs every 30 days)   |
| <i>sorafenib tosylate</i>     | 4            | PA, QL (120 tabs every 30 days)   |
| STIVARGA                      | 4            | PA, QL (84 tabs every 28 days)    |
| <i>sunitinib malate</i>       | 4            | PA, QL (30 caps every 30 days)    |

| <b>Nombre del Medicamento</b>   | <b>Nivel</b> | <b>Requisitos/Límites</b>          |
|---------------------------------|--------------|------------------------------------|
| TAFINLAR CAPS                   | 4            | PA, QL (120 caps every 30 days)    |
| TAFINLAR TBSO                   | 4            | PA, QL (4 bottles every 28 days)   |
| TAGRISSO                        | 5            | PA, QL (30 tabs every 30 days)     |
| TRUQAP                          | 5            | PA, QL (64 tabs every 28 days)     |
| TUKYSA                          | 5            | PA, QL (120 tabs every 30 days)    |
| VERZENIO                        | 4            | PA, QL (56 tabs every 28 days)     |
| VITRAKVI CAPS 25MG              | 5            | PA, QL (180 caps every 30 days)    |
| VITRAKVI CAPS 100MG             | 5            | PA, QL (60 caps every 30 days)     |
| VITRAKVI SOLN                   | 5            | PA, QL (300 mL every 30 days)      |
| XALKORI CAPS                    | 4            | PA, QL (120 caps every 30 days)    |
| XALKORI CPSP 20MG, 50MG         | 4            | PA, QL (120 pellets every 30 days) |
| XALKORI CPSP 150MG              | 4            | PA, QL (180 pellets every 30 days) |
| ZYDELIG                         | 4            | PA, QL (60 tabs every 30 days)     |
| ZYKADIA                         | 4            | PA, QL (90 tabs every 30 days)     |
| <b>MISCELLANEOUS</b>            |              |                                    |
| <i>arsenic trioxide</i>         | 1            |                                    |
| <i>bexarotene</i>               | 4            | PA                                 |
| <i>hydroxyurea</i>              | 1            |                                    |
| IDHIFA                          | 4            | PA, QL (30 tabs every 30 days)     |
| LYNPARZA                        | 4            | PA, QL (120 tabs every 30 days)    |
| ODOMZO                          | 4            | PA, QL (30 caps every 30 days)     |
| ONCASPAR                        | 4            | PA                                 |
| PHOTOFRIN                       | 2            |                                    |
| POLIVY                          | 5            | PA                                 |
| <i>tretinoin (chemotherapy)</i> | 1            |                                    |
| VISTOGARD                       | 4            | QL (20 packets every 5 days)       |
| ZEJULA                          | 4            | PA, QL (30 tabs every 30 days)     |
| ZOLINZA                         | 4            | PA, QL (120 caps every 30 days)    |

| Nombre del Medicamento                                | Nivel | Requisitos/Límites |
|-------------------------------------------------------|-------|--------------------|
| <b>MITOTIC INHIBITORS</b>                             |       |                    |
| <i>docetaxel</i>                                      | 1     |                    |
| <i>paclitaxel</i>                                     | 1     |                    |
| <i>vinblastine sulfate</i>                            | 1     |                    |
| <i>vincristine sulfate</i>                            | 1     |                    |
| <i>vinorelbine tartrate</i>                           | 1     |                    |
| <b>PLATINUM-BASED AGENTS</b>                          |       |                    |
| <i>carboplatin</i>                                    | 1     |                    |
| <i>cisplatin</i>                                      | 1     |                    |
| <i>oxaliplatin</i>                                    | 4     |                    |
| <b>PROTECTIVE AGENTS</b>                              |       |                    |
| <i>dexrazoxane hcl</i>                                | 1     |                    |
| <i>leucovorin calcium</i>                             | 1     |                    |
| <i>mesna</i>                                          | 1     |                    |
| <b>TOPOISOMERASE INHIBITORS</b>                       |       |                    |
| <i>etoposide</i>                                      | 1     |                    |
| <i>irinotecan hcl 40mg/2ml, 100mg/5ml, 500mg/25ml</i> | 4     |                    |
| <i>irinotecan hcl 300mg/15ml</i>                      | 1     |                    |
| <i>topotecan hcl</i>                                  | 1     |                    |
| <b>CARDIOVASCULAR</b>                                 |       |                    |
| <b>ACE INHIBITOR COMBINATIONS</b>                     |       |                    |
| <i>amlodipine besylate-benazepril hcl</i>             | 1     |                    |
| <i>benazepril &amp; hydrochlorothiazide</i>           | 1     |                    |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>    | 1     |                    |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>    | 1     |                    |
| <i>lisinopril &amp; hydrochlorothiazide</i>           | 1     |                    |
| <i>quinapril-hydrochlorothiazide</i>                  | 1     |                    |
| <i>trandolapril-verapamil hcl</i>                     | 1     |                    |
| <b>ACE INHIBITORS</b>                                 |       |                    |
| <i>benazepril hcl</i>                                 | 1     |                    |
| <i>captopril</i>                                      | 1     |                    |
| <i>enalapril maleate</i>                              | 1     |                    |
| <i>fosinopril sodium</i>                              | 1     |                    |
| <i>lisinopril</i>                                     | 1     |                    |
| <i>moexipril hcl</i>                                  | 1     |                    |
| <i>perindopril erbumine</i>                           | 1     |                    |
| <i>quinapril hcl</i>                                  | 1     |                    |
| <i>ramipril</i>                                       | 1     |                    |
| <i>trandolapril</i>                                   | 1     |                    |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>               |       |                    |
| <i>eplerenone</i>                                     | 1     |                    |
| KERENDIA                                              | 3     | PA                 |
| <i>spironolactone</i>                                 | 1     |                    |

AGE - Límite de edad GNDR - Editar género OTC - Sin receta PA - Autorización previa QL  
- Límites de Cantidad ST - Terapia por etapas  
Efectivo 1/1/2027.  
MC8477

| Nombre del Medicamento                                     | Nivel | Requisitos/Límites |
|------------------------------------------------------------|-------|--------------------|
| <b>ALPHA BLOCKERS</b>                                      |       |                    |
| <i>prazosin hcl</i>                                        | 1     |                    |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>     |       |                    |
| <i>amlodipine besylate-valsartan</i>                       | 1     |                    |
| <i>candesartan cilexetil-hydrochlorothiazide</i>           | 1     |                    |
| <i>irbesartan-hydrochlorothiazide</i>                      | 1     |                    |
| <i>losartan potassium &amp; hydrochlorothiazide</i>        | 1     |                    |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1     |                    |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>            | 1     |                    |
| <i>telmisartan-hydrochlorothiazide</i>                     | 1     |                    |
| <i>valsartan-hydrochlorothiazide</i>                       | 1     |                    |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                 |       |                    |
| <i>candesartan cilexetil</i>                               | 1     |                    |
| <i>irbesartan</i>                                          | 1     |                    |
| <i>losartan potassium</i>                                  | 1     |                    |
| <i>olmesartan medoxomil</i>                                | 1     |                    |
| <i>telmisartan</i>                                         | 1     |                    |
| <i>valsartan</i>                                           | 1     |                    |
| <b>ANTIARRHYTHMICS</b>                                     |       |                    |
| <i>amiodarone hcl</i>                                      | 1     |                    |
| <i>disopyramide phosphate</i>                              | 1     |                    |
| <i>dofetilide</i>                                          | 1     |                    |
| <i>flecainide acetate</i>                                  | 1     |                    |
| <i>lidocaine hcl (cardiac)</i>                             | 1     |                    |
| MULTAQ                                                     | 2     | PA                 |
| NORPACE CR                                                 | 2     |                    |
| <i>pacerone</i>                                            | 1     |                    |
| <i>procainamide hcl</i>                                    | 1     |                    |
| <i>propafenone hcl</i>                                     | 1     |                    |
| <i>sotalol hcl</i>                                         | 1     |                    |
| <i>sotalol hcl (afib/afl)</i>                              | 1     |                    |
| <b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS</b>           |       |                    |
| NEXLETOL                                                   | 3     | PA                 |
| <b>ANTILIPEMICS, BILE ACID RESINS</b>                      |       |                    |
| <i>cholestyramine</i>                                      | 1     |                    |
| <i>cholestyramine light</i>                                | 1     |                    |
| <i>colesevelam hcl</i>                                     | 1     |                    |
| <i>colestipol hcl</i>                                      | 1     |                    |
| <i>prevalite</i>                                           | 1     |                    |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>      |       |                    |
| <i>ezetimibe</i>                                           | 1     |                    |

| <b>Nombre del Medicamento</b>                                  | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                                                                                   |
|----------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANTILIPEMICS, FIBRATES</b>                                  |              |                                                                                                                                                             |
| <i>choline fenofibrate</i>                                     | 1            |                                                                                                                                                             |
| <i>fenofibrate</i>                                             | 1            |                                                                                                                                                             |
| <i>fenofibrate micronized</i>                                  | 1            |                                                                                                                                                             |
| <i>gemfibrozil</i>                                             | 1            |                                                                                                                                                             |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>              |              |                                                                                                                                                             |
| <i>atorvastatin calcium 10mg, 20mg</i>                         | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>atorvastatin calcium 40mg, 80mg</i>                         | 1            | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease           |
| <i>fluvastatin sodium</i>                                      | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>lovastatin</i>                                              | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>pitavastatin calcium</i>                                    | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>pravastatin sodium</i>                                      | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>rosuvastatin calcium 5mg, 10mg</i>                          | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>rosuvastatin calcium 20mg, 40mg</i>                         | 1            | Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease           |
| <i>simvastatin 5mg, 10mg, 20mg, 40mg</i>                       | 1            | \$0 copay for members age 40 through 75                                                                                                                     |
| <i>simvastatin 80mg</i>                                        | 1            | ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b> |              |                                                                                                                                                             |
| <i>ezetimibe-simvastatin</i>                                   | 1            |                                                                                                                                                             |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                             |              |                                                                                                                                                             |
| <i>niacin (antihyperlipidemic)</i>                             | 1            |                                                                                                                                                             |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>                       |              |                                                                                                                                                             |
| <i>omega-3-acid ethyl esters</i>                               | 1            |                                                                                                                                                             |
| VASCEPA                                                        | 1            |                                                                                                                                                             |

| <b>Nombre del Medicamento</b>                           | <b>Nivel</b> | <b>Requisitos/Límites</b>     |
|---------------------------------------------------------|--------------|-------------------------------|
| <b>ANTILIPEMICS, PCSK9 INHIBITORS</b>                   |              |                               |
| REPATHA                                                 | 2            | QL (3 syringes every 28 days) |
| REPATHA SURECLICK                                       | 2            | QL (3 pens every 28 days)     |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>               |              |                               |
| <i>atenolol &amp; chlorthalidone</i>                    | 1            |                               |
| <i>bisoprolol &amp; hydrochlorothiazide</i>             | 1            |                               |
| <i>metoprolol &amp; hydrochlorothiazide</i>             | 1            |                               |
| <b>BETA-BLOCKERS</b>                                    |              |                               |
| <i>acebutolol hcl</i>                                   | 1            |                               |
| <i>atenolol</i>                                         | 1            |                               |
| <i>betaxolol hcl</i>                                    | 1            |                               |
| <i>bisoprolol fumarate</i>                              | 1            |                               |
| <i>carvedilol</i>                                       | 1            |                               |
| <i>carvedilol phosphate</i>                             | 1            |                               |
| <i>labetalol hcl</i>                                    | 1            |                               |
| <i>metoprolol succinate</i>                             | 1            |                               |
| <i>metoprolol tartrate</i>                              | 1            |                               |
| <i>nadolol</i>                                          | 1            |                               |
| <i>nebivolol hcl</i>                                    | 1            |                               |
| <i>pindolol</i>                                         | 1            |                               |
| <i>propranolol hcl</i>                                  | 1            |                               |
| <i>timolol maleate</i>                                  | 1            |                               |
| <b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b> |              |                               |
| <i>amlodipine besylate-atorvastatin calcium</i>         | 1            |                               |
| <b>CALCIUM CHANNEL BLOCKERS</b>                         |              |                               |
| <i>amlodipine besylate</i>                              | 1            |                               |
| <i>cartia xt</i>                                        | 1            |                               |
| <i>dilt-xr</i>                                          | 1            |                               |
| <i>diltiazem hcl</i>                                    | 1            |                               |
| <i>diltiazem hcl coated beads</i>                       | 1            |                               |
| <i>diltiazem hcl extended release beads</i>             | 1            |                               |
| <i>felodipine</i>                                       | 1            |                               |
| <i>isradipine</i>                                       | 1            |                               |
| <i>matzim la</i>                                        | 1            |                               |
| <i>nicardipine hcl</i>                                  | 1            |                               |
| <i>nifedipine</i>                                       | 1            |                               |
| <i>nimodipine</i>                                       | 1            |                               |
| <i>nisoldipine</i>                                      | 1            |                               |
| <i>verapamil hcl</i>                                    | 1            |                               |
| <b>DIGITALIS GLYCOSIDES</b>                             |              |                               |
| <i>digoxin</i>                                          | 1            |                               |

| Nombre del Medicamento                          | Nivel | Requisitos/Límites              |
|-------------------------------------------------|-------|---------------------------------|
| <b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>     |       |                                 |
| <i>aliskiren fumarate</i>                       | 1     |                                 |
| <b>DIURETICS</b>                                |       |                                 |
| <i>acetazolamide</i>                            | 1     |                                 |
| <i>amiloride &amp; hydrochlorothiazide</i>      | 1     |                                 |
| <i>amiloride hcl</i>                            | 1     |                                 |
| <i>bumetanide</i>                               | 1     |                                 |
| <i>chlorthalidone</i>                           | 1     |                                 |
| <i>ethacrynic acid</i>                          | 3     |                                 |
| <i>furosemide</i>                               | 1     |                                 |
| <i>hydrochlorothiazide</i>                      | 1     |                                 |
| <i>indapamide</i>                               | 1     |                                 |
| <i>mannitol</i>                                 | 1     |                                 |
| <i>methazolamide</i>                            | 1     |                                 |
| <i>metolazone</i>                               | 1     |                                 |
| <i>spironolactone &amp; hydrochlorothiazide</i> | 1     |                                 |
| <i>torsemide</i>                                | 1     |                                 |
| <i>triamterene</i>                              | 1     |                                 |
| <i>triamterene &amp; hydrochlorothiazide</i>    | 1     |                                 |
| <b>HEART FAILURE</b>                            |       |                                 |
| CORLANOR                                        | 2     |                                 |
| ENTRESTO                                        | 3     |                                 |
| <i>isosorbide dinitrate-hydralazine hcl</i>     | 1     |                                 |
| <i>ivabradine hcl</i>                           | 1     |                                 |
| <i>sacubitril-valsartan</i>                     | 1     |                                 |
| <b>MISCELLANEOUS</b>                            |       |                                 |
| <i>clonidine</i>                                | 1     |                                 |
| <i>clonidine hcl</i>                            | 1     |                                 |
| <i>guanfacine hcl</i>                           | 1     |                                 |
| <i>hydralazine hcl</i>                          | 1     |                                 |
| <i>methyldopa</i>                               | 1     |                                 |
| <i>midodrine hcl</i>                            | 1     |                                 |
| <i>minoxidil</i>                                | 1     |                                 |
| <i>phenoxybenzamine hcl</i>                     | 4     | PA, QL (360 caps every 30 days) |
| <i>ranolazine</i>                               | 1     | ST; PA**                        |
| <b>NITRATES</b>                                 |       |                                 |
| <i>isosorbide dinitrate</i>                     | 1     |                                 |
| <i>isosorbide mononitrate</i>                   | 1     |                                 |
| <i>nitro-bid</i>                                | 1     |                                 |
| NITRO-DUR                                       | 2     |                                 |
| <i>nitroglycerin</i>                            | 1     |                                 |

| <b>Nombre del Medicamento</b>                                           | <b>Nivel</b> | <b>Requisitos/Límites</b>       |
|-------------------------------------------------------------------------|--------------|---------------------------------|
| <b><i>PULMONARY ARTERIAL HYPERTENSION</i></b>                           |              |                                 |
| ADEMPAS                                                                 | 4            | PA, QL (90 tabs every 30 days)  |
| <i>ambrisentan</i>                                                      | 4            | PA, QL (30 tabs every 30 days)  |
| <i>bosentan tabs</i>                                                    | 4            | PA, QL (60 tabs every 30 days)  |
| <i>bosentan tbso</i>                                                    | 4            | PA, QL (112 tabs every 28 days) |
| OPSUMIT                                                                 | 4            | PA, QL (30 tabs every 30 days)  |
| <i>sildenafil citrate (pulmonary hypertension) soln</i>                 | 4            | PA, QL (90 vials every 30 days) |
| <i>sildenafil citrate (pulmonary hypertension) tabs</i>                 | 4            | PA, QL (360 tabs every 30 days) |
| <i>tadalafil (pulmonary hypertension)</i>                               | 4            | PA, QL (60 tabs every 30 days)  |
| <i>treprostinil</i>                                                     | 4            | PA                              |
| UPTRAVI SOLR                                                            | 4            | PA, QL (60 vials every 30 days) |
| UPTRAVI TABS 200MCG                                                     | 4            | PA, QL (140 tabs every 28 days) |
| UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | 4            | PA, QL (60 tabs every 30 days)  |
| UPTRAVI TITRATION PACK                                                  | 4            | PA, QL (1 pack every 28 days)   |

## **CENTRAL NERVOUS SYSTEM**

### ***ALCOHOL DETERRENTS***

|                            |   |  |
|----------------------------|---|--|
| <i>acamprosate calcium</i> | 1 |  |
| <i>disulfiram</i>          | 1 |  |

### ***AMYOTROPHIC LATERAL SCLEROSIS (ALS)***

|                 |   |  |
|-----------------|---|--|
| <i>riluzole</i> | 1 |  |
|-----------------|---|--|

### ***ANTI-ANXIETY***

|                             |   |                             |
|-----------------------------|---|-----------------------------|
| <i>alprazolam</i>           | 1 | QL (150 tabs every 30 days) |
| ALPRAZOLAM INTENSOL         | 2 | QL (300 mL every 30 days)   |
| <i>buspirone hcl</i>        | 1 |                             |
| <i>chlordiazepoxide hcl</i> | 1 | QL (360 caps every 30 days) |
| <i>clomipramine hcl</i>     | 1 |                             |
| <i>fluvoxamine maleate</i>  | 1 |                             |
| <i>lorazepam conc</i>       | 1 | QL (150 mL every 30 days)   |
| <i>lorazepam tabs</i>       | 1 | QL (150 tabs every 30 days) |
| <i>meprobamate</i>          | 1 |                             |
| <i>oxazepam</i>             | 1 | QL (120 caps every 30 days) |

### ***ANTIDEMENTIA***

|                                |   |  |
|--------------------------------|---|--|
| <i>donepezil hydrochloride</i> | 1 |  |
|--------------------------------|---|--|

| <b>Nombre del Medicamento</b>          | <b>Nivel</b> | <b>Requisitos/Límites</b>                |
|----------------------------------------|--------------|------------------------------------------|
| <i>galantamine hydrobromide</i>        | 1            |                                          |
| <i>memantine hcl</i>                   | 1            |                                          |
| <i>rivastigmine</i>                    | 1            |                                          |
| <i>rivastigmine tartrate</i>           | 1            |                                          |
| <b>ANTIDEPRESSANTS</b>                 |              |                                          |
| <i>amitriptyline hcl</i>               | 1            |                                          |
| <i>amoxapine</i>                       | 1            |                                          |
| <i>bupropion hcl</i>                   | 1            |                                          |
| <i>citalopram hydrobromide</i>         | 1            |                                          |
| <i>desipramine hcl</i>                 | 1            |                                          |
| <i>desvenlafaxine succinate</i>        | 1            | (generic of Pristiq)                     |
| <i>doxepin hcl</i>                     | 1            |                                          |
| <i>duloxetine hcl</i>                  | 1            |                                          |
| EMSAM                                  | 3            | PA                                       |
| <i>escitalopram oxalate</i>            | 1            |                                          |
| FETZIMA                                | 3            |                                          |
| FETZIMA TITRATION PACK                 | 3            |                                          |
| <i>fluoxetine hcl caps; cpdr; soln</i> | 1            |                                          |
| <i>fluoxetine hcl tabs</i>             | 1            | (generic Sarafem not covered)            |
| <i>imipramine hcl</i>                  | 1            |                                          |
| <i>imipramine pamoate</i>              | 1            |                                          |
| MARPLAN                                | 3            |                                          |
| <i>mirtazapine</i>                     | 1            |                                          |
| <i>nefazodone hcl</i>                  | 1            |                                          |
| <i>nortriptyline hcl</i>               | 1            |                                          |
| <i>paroxetine hcl</i>                  | 1            |                                          |
| <i>phenelzine sulfate</i>              | 1            |                                          |
| <i>protriptyline hcl</i>               | 1            |                                          |
| <i>sertraline hcl</i>                  | 1            |                                          |
| SPRAVATO 56MG DOSE                     | 4            | PA                                       |
| SPRAVATO 84MG DOSE                     | 4            | PA                                       |
| <i>tranylcypromine sulfate</i>         | 1            |                                          |
| <i>trazodone hcl</i>                   | 1            |                                          |
| <i>trimipramine maleate</i>            | 1            |                                          |
| TRINTELLIX                             | 3            |                                          |
| <i>venlafaxine hcl</i>                 | 1            |                                          |
| <i>vilazodone hcl</i>                  | 1            |                                          |
| <b>ANTIPARKINSONIAN AGENTS</b>         |              |                                          |
| <i>amantadine hcl</i>                  | 1            |                                          |
| APOKYN                                 | 5            | ST, PA, QL (20 cartridges every 30 days) |
| <i>benztropine mesylate</i>            | 1            |                                          |
| <i>bromocriptine mesylate</i>          | 1            |                                          |

| <b>Nombre del Medicamento</b>        | <b>Nivel</b> | <b>Requisitos/Límites</b>       |
|--------------------------------------|--------------|---------------------------------|
| <i>carbidopa</i>                     | 1            |                                 |
| <i>carbidopa-levodopa</i>            | 1            |                                 |
| <i>carbidopa-levodopa-entacapone</i> | 1            |                                 |
| <i>entacapone</i>                    | 1            |                                 |
| INBRIJA                              | 4            | PA, QL (300 caps every 30 days) |
| NEUPRO                               | 2            |                                 |
| ONGENTYS                             | 3            | PA                              |
| <i>pramipexole dihydrochloride</i>   | 1            |                                 |
| <i>rasagiline mesylate</i>           | 1            |                                 |
| <i>ropinirole hydrochloride</i>      | 1            |                                 |
| <i>selegiline hcl</i>                | 1            |                                 |
| <i>trihexyphenidyl hcl</i>           | 1            |                                 |
| <b>ANTIPSYCHOTICS</b>                |              |                                 |
| <i>aripiprazole</i>                  | 1            |                                 |
| ARISTADA                             | 2            |                                 |
| ARISTADA INITIO                      | 2            |                                 |
| <i>asenapine maleate</i>             | 1            |                                 |
| <i>chlorpromazine hcl</i>            | 1            |                                 |
| <i>clozapine</i>                     | 1            |                                 |
| COBENFY                              | 3            |                                 |
| COBENFY STARTER PACK                 | 3            |                                 |
| ERZOFRI                              | 2            |                                 |
| <i>fluphenazine decanoate</i>        | 1            |                                 |
| <i>fluphenazine hcl</i>              | 1            |                                 |
| <i>haloperidol</i>                   | 1            |                                 |
| <i>haloperidol decanoate</i>         | 1            |                                 |
| <i>haloperidol lactate</i>           | 1            |                                 |
| INVEGA HAFYERA                       | 2            |                                 |
| INVEGA SUSTENNA                      | 2            |                                 |
| INVEGA TRINZA                        | 2            |                                 |
| <i>loxapine succinate</i>            | 1            |                                 |
| <i>lurasidone hcl</i>                | 1            |                                 |
| <i>olanzapine</i>                    | 1            |                                 |
| <i>paliperidone</i>                  | 1            |                                 |
| <i>perphenazine</i>                  | 1            |                                 |
| <i>quetiapine fumarate</i>           | 1            |                                 |
| <i>risperidone</i>                   | 1            |                                 |
| RYKINDO                              | 2            |                                 |
| <i>thioridazine hcl</i>              | 1            |                                 |
| <i>thiothixene</i>                   | 1            |                                 |
| <i>trifluoperazine hcl</i>           | 1            |                                 |
| VRAYLAR                              | 2            |                                 |
| <i>ziprasidone hcl</i>               | 1            |                                 |

**AGE** - Límite de edad   **GNDR** - Editar género   **OTC** - Sin receta   **PA** - Autorización previa   **QL** - Límites de Cantidad   **ST** - Terapia por etapas  
 Efectivo 1/1/2027.  
 MC8477

| Nombre del Medicamento                          | Nivel | Requisitos/Límites                 |
|-------------------------------------------------|-------|------------------------------------|
| <b>ANTISEIZURE AGENTS</b>                       |       |                                    |
| <i>carbamazepine</i>                            | 1     |                                    |
| <i>clobazam</i>                                 | 1     |                                    |
| <i>clonazepam</i>                               | 1     |                                    |
| <i>clorazepate dipotassium</i>                  | 1     | QL (180 tabs every 30 days)        |
| <i>diazepam soln 5mg/5ml</i>                    | 1     | QL (1200 mL every 30 days)         |
| <i>diazepam soln 5mg/ml</i>                     | 1     |                                    |
| <i>diazepam tabs</i>                            | 1     | QL (120 tabs every 30 days)        |
| <i>diazepam intensol</i>                        | 1     | QL (240 mL every 30 days)          |
| DILANTIN                                        | 3     |                                    |
| <i>divalproex sodium</i>                        | 1     |                                    |
| <i>ethosuximide</i>                             | 1     |                                    |
| <i>felbamate</i>                                | 1     |                                    |
| <i>fosphenytoin sodium</i>                      | 1     |                                    |
| <i>gabapentin</i>                               | 1     |                                    |
| <i>lacosamide</i>                               | 1     |                                    |
| <i>lamotrigine</i>                              | 1     |                                    |
| <i>levetiracetam</i>                            | 1     |                                    |
| <i>levetiracetam in sodium chloride</i>         | 1     |                                    |
| <i>methsuximide</i>                             | 1     |                                    |
| NAYZILAM                                        | 2     | QL (10 units every 30 days)        |
| <i>oxcarbazepine</i>                            | 1     |                                    |
| <i>perampanel</i>                               | 1     |                                    |
| <i>phenobarbital</i>                            | 1     |                                    |
| <i>phenytoin</i>                                | 1     |                                    |
| <i>phenytoin infatabs</i>                       | 1     |                                    |
| <i>phenytoin sodium</i>                         | 1     |                                    |
| <i>phenytoin sodium extended</i>                | 1     |                                    |
| <i>pregabalin</i>                               | 1     |                                    |
| <i>primidone</i>                                | 1     |                                    |
| <i>rufinamide</i>                               | 1     |                                    |
| <i>tiagabine hcl</i>                            | 1     |                                    |
| <i>topiramate</i>                               | 1     |                                    |
| <i>valproate sodium</i>                         | 1     |                                    |
| <i>valproic acid</i>                            | 1     |                                    |
| <i>vigabatrin pack</i>                          | 4     | PA, QL (180 packets every 30 days) |
| <i>vigabatrin tabs</i>                          | 4     | PA, QL (180 tabs every 30 days)    |
| XCOPRI                                          | 2     |                                    |
| <i>zonisamide</i>                               | 1     |                                    |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b> |       |                                    |
| <i>amphetamine 3.1mg, 6.3mg, 9.4mg</i>          | 1     | QL (60 tabs every 30 days)         |
| <i>amphetamine 12.5mg, 15.7mg, 18.8mg</i>       | 1     | QL (30 tabs every 30 days)         |

| <b>Nombre del Medicamento</b>                                  | <b>Nivel</b> | <b>Requisitos/Límites</b>        |
|----------------------------------------------------------------|--------------|----------------------------------|
| <i>amphetamine-dextroamphetamine cp24</i>                      | 1            | QL (30 caps every 30 days)       |
| <i>amphetamine-dextroamphetamine cp24</i>                      | 1            | QL (90 caps every 30 days)       |
| <i>amphetamine-dextroamphetamine tabs</i>                      | 1            | QL (30 tabs every 30 days)       |
| <i>amphetamine-dextroamphetamine tabs</i>                      | 1            | QL (60 tabs every 30 days)       |
| <i>amphetamine-dextroamphetamine tabs</i>                      | 1            | QL (90 tabs every 30 days)       |
| <i>atomoxetine hcl</i>                                         | 1            |                                  |
| AZSTARYS                                                       | 2            | QL (30 caps every 30 days)       |
| <i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>       | 1            | QL (60 caps every 30 days)       |
| <i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>      | 1            | QL (30 caps every 30 days)       |
| <i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>                  | 1            | QL (120 tabs every 30 days)      |
| <i>dexmethylphenidate hcl tabs 10mg</i>                        | 1            | QL (60 tabs every 30 days)       |
| <i>dextroamphetamine sulfate cp24 5mg, 10mg</i>                | 1            | QL (120 caps every 30 days)      |
| <i>dextroamphetamine sulfate cp24 15mg</i>                     | 1            | QL (60 caps every 30 days)       |
| <i>dextroamphetamine sulfate soln</i>                          | 1            | QL (1,200 mL every 30 days)      |
| <i>dextroamphetamine sulfate tabs 5mg, 10mg</i>                | 1            | QL (120 tabs every 30 days)      |
| <i>dextroamphetamine sulfate tabs 15mg, 20mg</i>               | 1            | QL (60 tabs every 30 days)       |
| <i>dextroamphetamine sulfate tabs 30mg</i>                     | 1            | QL (30 tabs every 30 days)       |
| <i>guanfacine hcl (adhd)</i>                                   | 1            |                                  |
| <i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>       | 1            | QL (60 caps every 30 days)       |
| <i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i> | 1            | QL (30 caps every 30 days)       |
| <i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>       | 1            | QL (60 chew tabs every 30 days)  |
| <i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>       | 1            | QL (30 chew tabs every 30 days)  |
| <i>methamphetamine hcl</i>                                     | 1            | QL (150 tabs every 30 days)      |
| <i>methylphenidate hcl chew</i>                                | 1            | QL (180 chew tabs every 30 days) |
| <i>methylphenidate hcl cp24 20mg, 30mg</i>                     | 1            | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cp24 40mg, 60mg</i>                     | 1            | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>               | 1            | QL (60 caps every 30 days)       |
| <i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>               | 1            | QL (30 caps every 30 days)       |
| <i>methylphenidate hcl soln 5mg/5ml</i>                        | 1            | QL (1800 mL every 30 days)       |
| <i>methylphenidate hcl soln 10mg/5ml</i>                       | 1            | QL (900 mL every 30 days)        |
| <i>methylphenidate hcl tabs 5mg, 10mg</i>                      | 1            | QL (180 tabs every 30 days)      |
| <i>methylphenidate hcl tabs 20mg</i>                           | 1            | QL (90 tabs every 30 days)       |
| <i>methylphenidate hcl tbcrr 10mg, 20mg</i>                    | 1            | QL (90 tabs every 30 days)       |
| <i>methylphenidate hcl tbcrr 18mg, 27mg, 36mg</i>              | 1            | QL (60 tabs every 30 days)       |
| <i>methylphenidate hcl tbcrr 54mg</i>                          | 1            | QL (30 tabs every 30 days)       |
| <i>zenzedi</i>                                                 | 1            | QL (120 tabs every 30 days)      |
| <b>FIBROMYALGIA</b>                                            |              |                                  |
| <i>milnacipran hcl</i>                                         | 1            | ST; PA**                         |

| Nombre del Medicamento                      | Nivel | Requisitos/Límites                                                                                         |
|---------------------------------------------|-------|------------------------------------------------------------------------------------------------------------|
| <b>HYPNOTICS</b>                            |       |                                                                                                            |
| BELSOMRA                                    | 2     |                                                                                                            |
| <i>cvs sleep-aid nightttime</i>             | 1     | OTC                                                                                                        |
| DAYVIGO                                     | 2     | PA, QL (30 tabs every 30 days)                                                                             |
| <i>doxepin hcl (sleep)</i>                  | 1     |                                                                                                            |
| <i>estazolam</i>                            | 3     | QL (15 tabs every 30 days)                                                                                 |
| <i>eszopiclone</i>                          | 1     | QL (15 tabs every 30 days)                                                                                 |
| <i>ramelteon</i>                            | 1     | QL (15 tabs every 30 days)                                                                                 |
| <i>tasimelteon</i>                          | 4     | PA, QL (30 caps every 30 days)                                                                             |
| <i>temazepam</i>                            | 1     | QL (15 caps every 30 days)                                                                                 |
| <i>triazolam</i>                            | 3     | QL (10 tabs every 30 days)                                                                                 |
| <i>zaleplon</i>                             | 1     | QL (15 caps every 30 days)                                                                                 |
| <i>zolpidem tartrate</i>                    | 1     | QL (15 tabs every 30 days)                                                                                 |
| <b>MIGRAINE - ERGOTAMINE DERIVATIVES</b>    |       |                                                                                                            |
| <i>dihydroergotamine mesylate</i>           | 1     |                                                                                                            |
| ERGOMAR                                     | 3     |                                                                                                            |
| <i>ergotamine w/ caffeine</i>               | 3     |                                                                                                            |
| <b>MIGRAINE - MISCELLANEOUS</b>             |       |                                                                                                            |
| QULIPTA                                     | 2     | ST, QL (30 tabs every 30 days); PA**                                                                       |
| UBRELVY                                     | 2     | ST, QL (16 tabs every 30 days); PA**                                                                       |
| <b>MIGRAINE - MONOCLONAL ANTIBODIES</b>     |       |                                                                                                            |
| AIMOVIG                                     | 2     | ST, QL (1 injection every 30 days); PA**                                                                   |
| EMGALITY SOAJ                               | 2     | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| EMGALITY SOSY 100MG/ML                      | 2     | ST, QL (3 injections every 30 days); PA**                                                                  |
| EMGALITY SOSY 120MG/ML                      | 2     | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| <b>MIGRAINE - TRIPTANS AND COMBINATIONS</b> |       |                                                                                                            |
| <i>almotriptan malate</i>                   | 1     | QL (12 tabs every 30 days)                                                                                 |
| <i>eletriptan hydrobromide</i>              | 1     | QL (12 tabs every 30 days)                                                                                 |
| <i>naratriptan hcl</i>                      | 1     | QL (12 tabs every 30 days)                                                                                 |
| <i>rizatriptan benzoate</i>                 | 1     | QL (18 tabs every 30 days)                                                                                 |
| <i>sumatriptan 5mg/act</i>                  | 1     | QL (24 sprays every 30 days)                                                                               |
| <i>sumatriptan 20mg/act</i>                 | 1     | QL (12 sprays every 30 days)                                                                               |
| <i>sumatriptan succinate soaj</i>           | 1     | QL (12 units every 30 days)                                                                                |

| <b>Nombre del Medicamento</b>       | <b>Nivel</b> | <b>Requisitos/Límites</b>            |
|-------------------------------------|--------------|--------------------------------------|
| <i>sumatriptan succinate soln</i>   | 1            | QL (12 vials every 30 days)          |
| <i>sumatriptan succinate tabs</i>   | 1            | QL (12 tabs every 30 days)           |
| <i>sumatriptan-naproxen sodium</i>  | 3            | ST, QL (9 tabs every 30 days); PA**  |
| <i>zolmitriptan soln</i>            | 1            | QL (12 sprays every 30 days)         |
| <i>zolmitriptan tabs; tbdp</i>      | 1            | QL (12 tabs every 30 days)           |
| <b>MISCELLANEOUS</b>                |              |                                      |
| EVRYSDI SOLR                        | 5            | PA, QL (2 bottles every 24 days)     |
| EVRYSDI TABS                        | 5            | PA, QL (30 tabs every 30 days)       |
| <b>MOOD STABILIZERS</b>             |              |                                      |
| <i>lithium</i>                      | 1            |                                      |
| <i>lithium carbonate</i>            | 1            |                                      |
| <b>MOVEMENT DISORDERS</b>           |              |                                      |
| AUSTEDO 6MG                         | 4            | PA, QL (60 tabs every 30 days)       |
| AUSTEDO 9MG, 12MG                   | 4            | PA, QL (120 tabs every 30 days)      |
| <i>tetrabenazine 12.5mg</i>         | 4            | PA, QL (120 tabs every 30 days)      |
| <i>tetrabenazine 25mg</i>           | 4            | PA, QL (60 tabs every 30 days)       |
| <b>MULTIPLE SCLEROSIS AGENTS</b>    |              |                                      |
| BETASERON                           | 4            | PA, QL (14 injections every 28 days) |
| <i>dalfampridine</i>                | 4            | PA, QL (60 tabs every 30 days)       |
| <i>dimethyl fumarate cdpk</i>       | 4            | PA, QL (1 kit every 30 days)         |
| <i>dimethyl fumarate cpdr 120mg</i> | 4            | PA, QL (14 caps every 28 days)       |
| <i>dimethyl fumarate cpdr 240mg</i> | 4            | PA, QL (60 caps every 30 days)       |
| <i>fingolimod hcl</i>               | 4            | PA, QL (30 caps every 30 days)       |
| <i>glatiramer acetate</i>           | 1            | PA, QL (12 syringes every 28 days)   |
| <i>glatopa</i>                      | 1            | PA, QL (30 injections every 30 days) |
| KESIMPTA                            | 4            | PA, QL (1 pen every 28 days)         |
| <i>teriflunomide</i>                | 4            | PA, QL (30 tabs every 30 days)       |
| TYRUKO                              | 4            | PA, QL (15 mL every 28 days)         |
| TYSABRI                             | 4            | PA, QL (15 mL every 28 days)         |

| Nombre del Medicamento                               | Nivel | Requisitos/Límites                          |
|------------------------------------------------------|-------|---------------------------------------------|
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                |       |                                             |
| <i>baclofen</i>                                      | 1     |                                             |
| <i>carisoprodol</i>                                  | 1     |                                             |
| <i>chlorzoxazone</i>                                 | 1     |                                             |
| <i>cyclobenzaprine hcl</i>                           | 1     |                                             |
| <i>dantrolene sodium</i>                             | 1     |                                             |
| <i>metaxalone</i>                                    | 1     |                                             |
| <i>methocarbamol</i>                                 | 1     |                                             |
| <i>norgesic</i>                                      | 3     |                                             |
| <i>orphenadrine citrate</i>                          | 1     |                                             |
| <i>tizanidine hcl</i>                                | 1     |                                             |
| <b>MYASTHENIA GRAVIS</b>                             |       |                                             |
| <i>pyridostigmine bromide</i>                        | 1     |                                             |
| <b>NARCOLEPSY/CATAPLEXY</b>                          |       |                                             |
| <i>armodafinil 50mg</i>                              | 1     | PA, QL (60 tabs every 30 days)              |
| <i>armodafinil 150mg, 200mg, 250mg</i>               | 1     | PA, QL (30 tabs every 30 days)              |
| <i>modafinil</i>                                     | 1     | PA, QL (60 tabs every 30 days)              |
| <i>sodium oxybate 500mg/ml</i>                       | 1     | PA, QL (540mL every 30 days); ANDA Generics |
| <i>sodium oxybate 500mg/ml</i>                       | 4     | PA, QL (540mL every 30 days); HIKMA AG      |
| SUNOSI                                               | 2     | PA, QL (30 tabs every 30 days)              |
| XYWAV                                                | 4     | PA, QL (540 ml every 30 days)               |
| <b>OPIOID AGONIST/ANTAGONIST</b>                     |       |                                             |
| <i>buprenorphine hcl-naloxone hcl dihydrate film</i> | 1     |                                             |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl</i> | 0     | \$0 copay                                   |
| ZUBSOLV                                              | 2     |                                             |
| <b>OPIOID ANTAGONIST</b>                             |       |                                             |
| <i>naloxone hcl liqd</i>                             | 1     | OTC                                         |
| <i>naloxone hcl soct; soln; sosy</i>                 | 1     |                                             |
| <i>naltrexone hcl</i>                                | 0     | \$0 copay                                   |
| <b>OPIOID PARTIAL AGONISTS</b>                       |       |                                             |
| <i>buprenorphine hcl</i>                             | 0     | \$0 copay                                   |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                        |       |                                             |
| <i>chlordiazepoxide-amitriptyline</i>                | 3     |                                             |
| <i>lofexidine hcl</i>                                | 1     |                                             |
| NUEDEXTA                                             | 2     | PA                                          |
| <i>perphenazine-amitriptyline</i>                    | 3     |                                             |
| <i>pimozide</i>                                      | 1     |                                             |

| Nombre del Medicamento                   | Nivel | Requisitos/Límites                                                   |
|------------------------------------------|-------|----------------------------------------------------------------------|
| <b>SMOKING DETERRENTS</b>                |       |                                                                      |
| <i>bupropion hcl (smoking deterrent)</i> | 0     | \$0 limited to 2 treatment cycles/year                               |
| <i>goodsense nicotine polacr</i>         | 0     | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine</i>                          | 0     | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine polacrilex</i>               | 0     | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine step 3</i>                   | 0     | OTC; \$0 limited to 2 treatment cycles/year                          |
| <i>nicotine transdermal syst</i>         | 0     | OTC; \$0 limited to 2 treatment cycles/year                          |
| NICOTROL INHALER                         | 0     | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS                              | 0     | QL (max 168 days every year); \$0 limited to 2 treatment cycles/year |
| <i>varenicline tartrate</i>              | 0     | \$0 limited to 2 treatment cycles/year                               |

## ENDOCRINE AND METABOLIC

### ACROMEGALY

|                                                               |   |                                    |
|---------------------------------------------------------------|---|------------------------------------|
| <i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i> | 4 | PA, QL (90 ml every 30 days)       |
| <i>octreotide acetate soln 200mcg/ml</i>                      | 4 | PA, QL (225 ml every 30 days)      |
| <i>octreotide acetate soln 1000mcg/ml</i>                     | 4 | PA, QL (45 ml every 30 days)       |
| <i>octreotide acetate sosy</i>                                | 4 | PA, QL (90 ml every 30 days)       |
| SOMATULINE DEPOT                                              | 4 | PA, QL (1 injection every 28 days) |
| SOMAVERT                                                      | 4 | PA, QL (30 vials every 30 days)    |

### ANDROGENS

|                               |   |    |
|-------------------------------|---|----|
| <i>testosterone</i>           | 1 | PA |
| <i>testosterone cypionate</i> | 1 | PA |
| <i>testosterone enanthate</i> | 1 | PA |

### ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

|                 |   |  |
|-----------------|---|--|
| <i>acarbose</i> | 1 |  |
| <i>miglitol</i> | 1 |  |

### ANTIDIABETICS, BIGUANIDE

|                                         |   |                                                            |
|-----------------------------------------|---|------------------------------------------------------------|
| <i>metformin hcl tabs 500mg, 1000mg</i> | 1 |                                                            |
| <i>metformin hcl tabs 850mg</i>         | 1 | \$0 copay for members age 35-70 for prevention of diabetes |
| <i>metformin hcl tb24</i>               | 1 |                                                            |

| <b>Nombre del Medicamento</b>                                                      | <b>Nivel</b> | <b>Requisitos/Límites</b>            |
|------------------------------------------------------------------------------------|--------------|--------------------------------------|
| <b><i>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</i></b>                  |              |                                      |
| <i>glipizide-metformin hcl</i>                                                     | 1            |                                      |
| <b><i>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</i></b> |              |                                      |
| <i>alogliptin-metformin hcl</i>                                                    | 1            | ST; PA**                             |
| <i>sitagliptin phosphate-metformin hcl</i>                                         | 1            | ST; PA**                             |
| <b><i>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i></b>             |              |                                      |
| <i>alogliptin benzoate</i>                                                         | 1            | ST; PA**                             |
| <i>sitagliptin phosphate</i>                                                       | 1            | ST; PA**                             |
| <b><i>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</i></b>                               |              |                                      |
| <i>liraglutide</i>                                                                 | 1            | ST, QL (3 pens every 30 days); PA**  |
| MOUNJARO                                                                           | 2            | ST, QL (4 pens every 28 days); PA**  |
| OZEMPIC SOPN                                                                       | 2            | ST, QL (3 mL every 28 days); PA**    |
| OZEMPIC TABS                                                                       | 2            | ST, QL (30 tabs every 30 days); PA** |
| TRULICITY                                                                          | 2            | ST, QL (4 pens every 28 days); PA**  |
| <b><i>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</i></b>                   |              |                                      |
| SOLIQUA 100/33                                                                     | 2            | ST; PA**                             |
| XULTOPHY 100/3.6                                                                   | 2            | ST; PA**                             |
| <b><i>ANTIDIABETICS, INSULIN</i></b>                                               |              |                                      |
| BASAGLAR KWIKPEN                                                                   | 2            |                                      |
| FIASP                                                                              | 2            |                                      |
| FIASP FLEXTOUCH                                                                    | 2            |                                      |
| FIASP PENFILL                                                                      | 2            |                                      |
| FIASP PUMPCART                                                                     | 2            |                                      |
| HUMULIN 70/30                                                                      | 3            | OTC                                  |
| HUMULIN 70/30 KWIKPEN                                                              | 3            | OTC                                  |
| HUMULIN N                                                                          | 3            | OTC                                  |
| HUMULIN N KWIKPEN                                                                  | 3            | OTC                                  |
| HUMULIN R                                                                          | 3            | OTC                                  |
| HUMULIN R U-500 KWIKPEN                                                            | 2            |                                      |
| INSULIN GLARGINE-YFGN                                                              | 2            |                                      |
| NOVOLIN 70/30                                                                      | 2            | OTC; RELION not covered              |
| NOVOLIN 70/30 FLEXPEN                                                              | 2            | OTC; RELION not covered              |
| NOVOLIN N                                                                          | 2            | OTC; RELION not covered              |
| NOVOLIN N FLEXPEN                                                                  | 2            | OTC; RELION not covered              |
| NOVOLIN R                                                                          | 2            | OTC; RELION not covered              |
| NOVOLIN R FLEXPEN                                                                  | 2            | OTC; RELION not covered              |
| NOVOLOG                                                                            | 2            |                                      |
| NOVOLOG FLEXPEN                                                                    | 2            |                                      |
| NOVOLOG MIX 70/30                                                                  | 2            |                                      |

| <b>Nombre del Medicamento</b>                                                                       | <b>Nivel</b> | <b>Requisitos/Límites</b>                          |
|-----------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|
| NOVOLOG MIX 70/30 PREFILL                                                                           | 2            |                                                    |
| NOVOLOG PENFILL                                                                                     | 2            |                                                    |
| TRESIBA                                                                                             | 2            |                                                    |
| TRESIBA FLEXTOUCH                                                                                   | 2            |                                                    |
| <b>ANTIDIABETICS, INSULIN SENSITIZER</b>                                                            |              |                                                    |
| <i>pioglitazone hcl</i>                                                                             | 1            |                                                    |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>                                      |              |                                                    |
| <i>pioglitazone hcl-metformin hcl</i>                                                               | 1            |                                                    |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>                                   |              |                                                    |
| <i>pioglitazone hcl-glimepiride</i>                                                                 | 1            |                                                    |
| <b>ANTIDIABETICS, MEGLITINIDE</b>                                                                   |              |                                                    |
| <i>nateglinide</i>                                                                                  | 1            |                                                    |
| <i>repaglinide</i>                                                                                  | 1            |                                                    |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>                 |              |                                                    |
| SYNJARDY                                                                                            | 2            | ST; PA**                                           |
| SYNJARDY XR                                                                                         | 2            | ST; PA**                                           |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b> |              |                                                    |
| GLYXAMBI                                                                                            | 2            | ST; PA**                                           |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                             |              |                                                    |
| JARDIANCE                                                                                           | 2            | ST; PA**; Indicated for Diabetes and Heart Failure |
| <b>ANTIDIABETICS, SULFONYLUREA</b>                                                                  |              |                                                    |
| <i>glimepiride</i>                                                                                  | 1            |                                                    |
| <i>glipizide</i>                                                                                    | 1            |                                                    |
| <b>CALCIUM RECEPTOR AGONISTS</b>                                                                    |              |                                                    |
| <i>cinacalcet hcl 30mg, 60mg</i>                                                                    | 4            | PA, QL (60 tabs every 30 days)                     |
| <i>cinacalcet hcl 90mg</i>                                                                          | 4            | PA, QL (120 tabs every 30 days)                    |
| <b>CALCIUM REGULATORS, BISPHOSPHONATES</b>                                                          |              |                                                    |
| <i>alendronate sodium</i>                                                                           | 1            |                                                    |
| FOSAMAX PLUS D                                                                                      | 3            |                                                    |
| <i>ibandronate sodium</i>                                                                           | 1            |                                                    |
| <i>pamidronate disodium</i>                                                                         | 1            |                                                    |
| <i>risedronate sodium</i>                                                                           | 1            |                                                    |
| <i>zoledronic acid</i>                                                                              | 4            | PA                                                 |
| <b>CALCIUM REGULATORS, MISCELLANEOUS</b>                                                            |              |                                                    |
| <i>calcitonin (salmon)</i>                                                                          | 1            |                                                    |
| OSPOMYV                                                                                             | 4            | PA, QL (1 syringe (60 mg) every 180 days)          |

| <b>Nombre del Medicamento</b>                              | <b>Nivel</b> | <b>Requisitos/Límites</b>                 |
|------------------------------------------------------------|--------------|-------------------------------------------|
| STOBOCLO                                                   | 4            | PA, QL (1 syringe (60 mg) every 180 days) |
| <b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>            |              |                                           |
| TYMLOS                                                     | 4            | PA, QL (1 pen every 30 days)              |
| <b>CENTRAL PRECOCIOUS PUBERTY</b>                          |              |                                           |
| LUPRON DEPOT-PED (1-MONTH                                  | 4            | PA                                        |
| LUPRON DEPOT-PED (3-MONTH                                  | 4            | PA                                        |
| LUPRON DEPOT-PED (6-MONTH                                  | 4            | PA                                        |
| SUPPRELIN LA                                               | 4            | PA                                        |
| TRIPTODUR                                                  | 4            | PA                                        |
| <b>CHELATING AGENTS</b>                                    |              |                                           |
| CHEMET                                                     | 3            |                                           |
| <i>deferiprone</i>                                         | 4            | PA                                        |
| FERRIPROX                                                  | 4            | PA                                        |
| FERRIPROX TWICE-A-DAY                                      | 4            | PA                                        |
| <i>penicillamine</i>                                       | 4            |                                           |
| <b>CONTRACEPTIVES</b>                                      |              |                                           |
| <i>altavera</i>                                            | 0            |                                           |
| <i>alyacen 1/35</i>                                        | 0            |                                           |
| <i>alyacen 7/7/7</i>                                       | 0            |                                           |
| <i>amethyst</i>                                            | 0            |                                           |
| ANNOVERA                                                   | 0            | QL (1 every 300 days)                     |
| <i>apri</i>                                                | 0            |                                           |
| <i>aranelle</i>                                            | 0            |                                           |
| <i>ashlyna</i>                                             | 0            |                                           |
| AVERI                                                      | 0            |                                           |
| <i>aviane</i>                                              | 0            |                                           |
| <i>azurette</i>                                            | 0            |                                           |
| <i>camila</i>                                              | 0            |                                           |
| <i>camrese</i>                                             | 0            |                                           |
| CAYA                                                       | 0            | QL (1 every 300 days)                     |
| <i>chateal eq</i>                                          | 0            |                                           |
| CONDOMS                                                    | 0            | QL (12 condoms every 30 days), OTC        |
| <i>dasetta 1/35</i>                                        | 0            |                                           |
| <i>dasetta 7/7/7</i>                                       | 0            |                                           |
| <i>delyla</i>                                              | 0            |                                           |
| DEPO-SUBQ PROVERA 104                                      | 0            | QL (4 inj every 300 days)                 |
| <i>drospirenone-ethinyl estradiol</i>                      | 0            |                                           |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0            |                                           |
| DUREX REALFEEL NON-LATEX                                   | 0            | QL (12 condoms every 30 days), OTC        |
| <i>elinest</i>                                             | 0            |                                           |
| ELLA                                                       | 0            |                                           |

| <b>Nombre del Medicamento</b>                      | <b>Nivel</b> | <b>Requisitos/Límites</b>          |
|----------------------------------------------------|--------------|------------------------------------|
| <i>enskyce</i>                                     | 0            |                                    |
| <i>errin</i>                                       | 0            |                                    |
| <i>etonogestrel-ethinyl estradiol</i>              | 0            | QL (13 every 300 days)             |
| <i>falmina</i>                                     | 0            |                                    |
| FC2 FEMALE CONDOM                                  | 0            | QL (12 condoms every 30 days), OTC |
| FEMCAP                                             | 0            | QL (1 every 300 days)              |
| FEMLYV                                             | 0            |                                    |
| <i>galbriela</i>                                   | 0            |                                    |
| <i>gemmily</i>                                     | 0            |                                    |
| <i>heather</i>                                     | 0            |                                    |
| <i>introvale</i>                                   | 0            |                                    |
| <i>jolessa</i>                                     | 0            |                                    |
| <i>junel 1.5/30</i>                                | 0            |                                    |
| <i>junel 1/20</i>                                  | 0            |                                    |
| <i>junel fe 1.5/30</i>                             | 0            |                                    |
| <i>junel fe 1/20</i>                               | 0            |                                    |
| <i>junel fe 24</i>                                 | 0            |                                    |
| <i>kariva</i>                                      | 0            |                                    |
| <i>kelnor 1/35</i>                                 | 0            |                                    |
| <i>kurvelo</i>                                     | 0            |                                    |
| KYLEENA                                            | 0            | QL (1 every 300 days)              |
| <i>larin 1.5/30</i>                                | 0            |                                    |
| <i>lessina</i>                                     | 0            |                                    |
| <i>levonest</i>                                    | 0            |                                    |
| <i>levonorgestrel &amp; eth estradiol</i>          | 0            |                                    |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i>   | 0            |                                    |
| <i>levonorgestrel-ethinyl estradiol-iron</i>       | 0            |                                    |
| LILETTA                                            | 0            | QL (1 every 300 days)              |
| LO LOESTRIN FE                                     | 0            |                                    |
| <i>loryna</i>                                      | 0            |                                    |
| <i>low-ogestrel</i>                                | 0            |                                    |
| <i>marlissa</i>                                    | 0            |                                    |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 0            | QL (4 inj every 300 days)          |
| <i>microgestin 1.5/30</i>                          | 0            |                                    |
| MIRENA                                             | 0            | QL (1 every 300 days)              |
| MIUDELLA COPPER INTRAUTER                          | 0            | QL (1 unit every 300 days)         |
| <i>mono-lynyah</i>                                 | 0            |                                    |
| NATAZIA                                            | 0            |                                    |
| <i>necon 0.5/35-28</i>                             | 0            |                                    |
| NEXPLANON                                          | 0            | QL (1 every 300 days)              |
| NEXTSTELLIS                                        | 0            |                                    |
| <i>nikki</i>                                       | 0            |                                    |
| <i>nora-be</i>                                     | 0            |                                    |

| <b>Nombre del Medicamento</b>                     | <b>Nivel</b> | <b>Requisitos/Límites</b>               |
|---------------------------------------------------|--------------|-----------------------------------------|
| <i>norethin acet &amp; estrad-fe</i>              | 0            |                                         |
| <i>norethindrone (contraceptive)</i>              | 0            |                                         |
| <i>norethindrone acet &amp; eth estra</i>         | 0            |                                         |
| <i>norgestimate-ethinyl estradiol</i>             | 0            |                                         |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | 0            |                                         |
| <i>nortrel 0.5/35 (28)</i>                        | 0            |                                         |
| <i>nortrel 1/35</i>                               | 0            |                                         |
| <i>nortrel 7/7/7</i>                              | 0            |                                         |
| <i>nylia 1/35</i>                                 | 0            |                                         |
| OMNIFLEX DIAPHRAGM                                | 0            | QL (1 every 300 days)                   |
| OPILL                                             | 0            | OTC                                     |
| PARAGARD INTRAUTERINE COP                         | 0            | QL (1 unit every 300 days)              |
| <i>portia-28</i>                                  | 0            |                                         |
| <i>reclipsen</i>                                  | 0            |                                         |
| <i>rivelsa</i>                                    | 0            |                                         |
| SKYLA                                             | 0            | QL (1 every 300 days)                   |
| SLYND                                             | 0            |                                         |
| <i>sprintec 28</i>                                | 0            |                                         |
| <i>syeda</i>                                      | 0            |                                         |
| <i>take action</i>                                | 0            | OTC                                     |
| <i>tilia fe</i>                                   | 0            |                                         |
| <i>tri-linyah</i>                                 | 0            |                                         |
| <i>tri-sprintec</i>                               | 0            |                                         |
| TRUSTEX WITH NONOXYNOL-9/                         | 0            | QL (12 condoms every 30 days), OTC      |
| TRUSTEX/RIA NON-LUBRICATE                         | 0            | QL (12 condoms every 30 days), OTC      |
| TWIRLA                                            | 0            |                                         |
| TYBLUME                                           | 0            |                                         |
| <i>valtya 1/50</i>                                | 0            |                                         |
| <i>velivet</i>                                    | 0            |                                         |
| <i>viorele</i>                                    | 0            |                                         |
| <i>vyfemla</i>                                    | 0            |                                         |
| <i>wera</i>                                       | 0            |                                         |
| WIDE-SEAL SILICONE DIAPHR                         | 0            | QL (1 every 300 days)                   |
| <i>xelria fe</i>                                  | 0            |                                         |
| <i>xulane</i>                                     | 0            |                                         |
| <i>zovia 1/35</i>                                 | 0            |                                         |
| <b>DIABETIC SUPPLIES</b>                          |              |                                         |
| ACCU-CHEK AVIVA                                   | 2            | OTC                                     |
| ACCU-CHEK AVIVA PLUS KIT                          | 2            | OTC                                     |
| ACCU-CHEK AVIVA PLUS STRP                         | 2            | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK COMPACT BLUE CO                         | 2            | OTC                                     |

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>               |
|-------------------------------|--------------|-----------------------------------------|
| ACCU-CHEK COMPACT PLUS CL     | 2            | OTC                                     |
| ACCU-CHEK FASTCLIX LANCET     | 2            | OTC                                     |
| ACCU-CHEK GUIDE KIT           | 2            | OTC                                     |
| ACCU-CHEK GUIDE STRP          | 2            | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK GUIDE CONTROL L     | 2            | OTC                                     |
| ACCU-CHEK GUIDE ME            | 2            | OTC                                     |
| ACCU-CHEK GUIDE TEST STRI     | 2            | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK NANO SMARTVIEW      | 2            | OTC                                     |
| ACCU-CHEK SMARTVIEW CONTR     | 2            | OTC                                     |
| ACCU-CHEK SMARTVIEW STRIP     | 2            | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK SOFTCLIX LANCET     | 2            | OTC                                     |
| ALCOHOL PREP PADS             | 2            | OTC                                     |
| BD VEO INSULIN SYRINGE UL     | 2            | OTC                                     |
| CAREFINE PEN NEEDLES 32GX     | 2            | OTC                                     |
| CHEMSTRIP 2 GP STRIPS         | 3            | OTC                                     |
| CHEMSTRIP 5 OB                | 3            | OTC                                     |
| CHEMSTRIP 7                   | 3            | OTC                                     |
| CHEMSTRIP 9 STRIPS            | 3            | OTC                                     |
| CHEMSTRIP 10 MD               | 3            | OTC                                     |
| CHEMSTRIP -10 WITH SG         | 3            | OTC                                     |
| CHEMSTRIP UGK                 | 3            | OTC                                     |
| CHEMSTRIP-K                   | 3            | OTC                                     |
| CVS KETONE CARE               | 3            | OTC                                     |
| DEXCOM G6 RECEIVER            | 2            |                                         |
| DEXCOM G6 SENSOR              | 2            | QL (3 sensors every 30 days)            |
| DEXCOM G6 TRANSMITTER         | 2            |                                         |
| DEXCOM G7 15 DAY SENSOR       | 2            | QL (2 sensors every 30 days)            |
| DEXCOM G7 RECEIVER            | 2            |                                         |
| DEXCOM G7 SENSOR              | 2            | QL (3 sensors every 30 days)            |
| DIASCREEN 1B                  | 3            | OTC                                     |
| DIASCREEN 1G                  | 3            | OTC                                     |
| DIASCREEN 1K                  | 3            | OTC                                     |
| DIASCREEN 2GK                 | 3            | OTC                                     |
| DIASCREEN 2GP                 | 3            | OTC                                     |
| DIASCREEN 3                   | 3            | OTC                                     |
| DIASCREEN 4NL                 | 3            | OTC                                     |
| DIASCREEN 4OBL                | 3            | OTC                                     |
| DIASCREEN 4PH                 | 3            | OTC                                     |
| DIASCREEN 5                   | 3            | OTC                                     |
| DIASCREEN 6                   | 3            | OTC                                     |
| DIASCREEN 7                   | 3            | OTC                                     |
| DIASCREEN 8                   | 3            | OTC                                     |

**AGE** - Límite de edad **GNDR** - Editar género **OTC** - Sin receta **PA** - Autorización previa **QL** - Límites de Cantidad **ST** - Terapia por etapas  
Efectivo 1/1/2027.  
MC8477

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b> |
|-------------------------------|--------------|---------------------------|
| DIASCREEN 9                   | 3            | OTC                       |
| DIASCREEN 10                  | 3            | OTC                       |
| DIASCREEN LIQUID URINE CO     | 3            | OTC                       |
| DIASTIX                       | 3            | OTC                       |
| KETONE                        | 3            | OTC                       |
| KETONE TEST STRIPS            | 3            | OTC                       |
| NOVOFINE PEN NEEDLE 32G X     | 2            | OTC                       |
| OMNIPOD 5 DEXCOM G7G6 INT     | 2            |                           |
| OMNIPOD 5 DEXCOM G7G6 POD     | 2            |                           |
| OMNIPOD 5 G7 INTRO KIT (G     | 2            |                           |
| OMNIPOD 5 G7 PODS (GEN 5)     | 2            |                           |
| OMNIPOD CLASSIC PDM START     | 2            |                           |
| OMNIPOD CLASSIC PODS (GEN     | 2            |                           |
| OMNIPOD DASH INTRO KIT (G     | 2            |                           |
| OMNIPOD DASH PDM KIT (GEN     | 2            |                           |
| OMNIPOD DASH PODS (GEN 4)     | 2            |                           |
| TWIST REFILL KIT              | 2            |                           |
| TWIST REFILL KIT/INFUSIO      | 2            |                           |
| TWIST STARTER KIT             | 2            |                           |
| ULTILET SHARPS CONTAINER      | 2            | OTC                       |

#### **ENDOMETRIOSIS**

|                |   |    |
|----------------|---|----|
| <i>danazol</i> | 1 |    |
| ORILISSA       | 2 |    |
| SYNAREL        | 5 | PA |

#### **GLUCOCORTICOIDS**

|                                          |   |                                |
|------------------------------------------|---|--------------------------------|
| <i>deflazacort susp</i>                  | 4 | PA, QL (52 mL every 30 days)   |
| <i>deflazacort tabs 6mg</i>              | 4 | PA, QL (60 tabs every 30 days) |
| <i>deflazacort tabs 18mg, 30mg, 36mg</i> | 4 | PA, QL (30 tabs every 30 days) |
| DEPO-MEDROL                              | 3 |                                |
| <i>dexamethasone</i>                     | 1 |                                |
| DEXAMETHASONE INTENSOL                   | 2 |                                |
| <i>dexamethasone sodium phosphate</i>    | 1 |                                |
| <i>fludrocortisone acetate</i>           | 1 |                                |
| <i>hydrocortisone</i>                    | 1 |                                |
| <i>hydrocortisone sod succinate</i>      | 1 |                                |
| MEDROL                                   | 2 |                                |
| <i>methylprednisolone</i>                | 1 |                                |
| <i>methylprednisolone acetate</i>        | 1 |                                |
| <i>methylprednisolone sod succ</i>       | 1 |                                |
| <i>prednisolone</i>                      | 1 |                                |
| <i>prednisolone sodium phosphate</i>     | 1 |                                |

| <b>Nombre del Medicamento</b>                        | <b>Nivel</b> | <b>Requisitos/Límites</b>      |
|------------------------------------------------------|--------------|--------------------------------|
| <i>prednisone</i>                                    | 1            |                                |
| PREDNISON INTENSOL                                   | 2            |                                |
| SOLU-CORTEF                                          | 3            |                                |
| SOLU-MEDROL                                          | 3            |                                |
| <b>GLUCOSE ELEVATING AGENTS</b>                      |              |                                |
| <i>glucagon</i>                                      | 1            |                                |
| GVOKE HYPOPEN 1-PACK                                 | 2            |                                |
| GVOKE KIT                                            | 2            |                                |
| GVOKE PFS                                            | 2            |                                |
| INSTA-GLUCOSE                                        | 2            | OTC                            |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>          |              |                                |
| <i>nitisinone</i>                                    | 4            | PA                             |
| ORFADIN                                              | 4            | PA                             |
| <b>HUMAN GROWTH HORMONES</b>                         |              |                                |
| NORDIPEN 5 INJECTION DEVI                            | 2            |                                |
| NORDIPEN DELIVERY SYSTEM                             | 2            | OTC                            |
| NORDITROPIN FLEXPRO                                  | 4            | PA                             |
| <b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE</b> |              |                                |
| CERDELGA                                             | 4            | PA, QL (56 caps every 28 days) |
| <b>MENOPAUSAL SYMPTOM AGENTS</b>                     |              |                                |
| BIJUVA                                               | 3            |                                |
| CLIMARA PRO                                          | 2            |                                |
| DEPO-ESTRADIOL                                       | 3            |                                |
| DUAVEE                                               | 2            |                                |
| ELESTRIN                                             | 3            |                                |
| <i>estradiol</i>                                     | 1            |                                |
| <i>estradiol &amp; norethindrone acetate</i>         | 1            |                                |
| <i>estradiol vaginal</i>                             | 1            |                                |
| <i>estradiol valerate</i>                            | 1            |                                |
| <i>estrogens, conjugated</i>                         | 1            |                                |
| EVAMIST                                              | 3            |                                |
| IMVEXXY MAINTENANCE PACK                             | 2            |                                |
| IMVEXXY STARTER PACK                                 | 2            |                                |
| <i>jinteli</i>                                       | 1            |                                |
| <i>mimvey</i>                                        | 1            |                                |
| <i>norethindrone acetate-ethinyl estradiol</i>       | 1            |                                |
| PREMARIN                                             | 3            |                                |
| <i>yuvaferm</i>                                      | 1            |                                |
| <b>MISCELLANEOUS</b>                                 |              |                                |
| <i>betaine</i>                                       | 4            | PA                             |
| <i>cabergoline</i>                                   | 1            |                                |
| CHORIONIC GONADOTROPIN                               | 4            | PA                             |

| <b>Nombre del Medicamento</b>             | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                         |
|-------------------------------------------|--------------|-----------------------------------------------------------------------------------|
| CORTROPHIN GEL                            | 4            | PA, QL (35 mL every 21 days)                                                      |
| CORTROPHIN PRSY                           | 4            | PA, QL (28 syringes every 28 days)                                                |
| CYSTAGON                                  | 4            | PA                                                                                |
| INCRELEX                                  | 4            | PA                                                                                |
| INTRAROSA                                 | 3            |                                                                                   |
| MYALEPT                                   | 4            | PA, QL (30 vials every 30 days)                                                   |
| OSPHERA                                   | 3            |                                                                                   |
| <i>raloxifene hcl</i>                     | 1            | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>sapropterin dihydrochloride</i>        | 4            | PA                                                                                |
| SIGNIFOR                                  | 5            | PA, QL (60 ampules every 30 days)                                                 |
| <i>tolvaptan (hyponatremia)</i>           | 4            | PA                                                                                |
| <b>PHOSPHATE BINDER AGENTS</b>            |              |                                                                                   |
| <i>calcium acetate (phosphate binder)</i> | 1            |                                                                                   |
| <i>lanthanum carbonate</i>                | 1            |                                                                                   |
| <i>sevelamer carbonate</i>                | 1            |                                                                                   |
| VELPHORO                                  | 3            | ST; PA**                                                                          |
| <b>POTASSIUM-REMOVING AGENTS</b>          |              |                                                                                   |
| <i>sps</i>                                | 1            |                                                                                   |
| <b>PROGESTINS</b>                         |              |                                                                                   |
| CRINONE                                   | 2            |                                                                                   |
| <i>medroxyprogesterone acetate</i>        | 1            |                                                                                   |
| <i>megestrol acetate</i>                  | 1            |                                                                                   |
| <i>megestrol acetate (appetite)</i>       | 1            |                                                                                   |
| <i>norethindrone acetate</i>              | 1            |                                                                                   |
| <i>progesterone</i>                       | 1            |                                                                                   |
| <b>THYROID AGENTS</b>                     |              |                                                                                   |
| <i>levothyroxine sodium</i>               | 1            |                                                                                   |
| <i>levoxyl</i>                            | 1            |                                                                                   |
| <i>liothyronine sodium</i>                | 1            |                                                                                   |
| <i>methimazole</i>                        | 1            |                                                                                   |
| <i>propylthiouracil</i>                   | 1            |                                                                                   |
| SYNTHROID                                 | 2            |                                                                                   |
| <i>unithroid</i>                          | 1            |                                                                                   |
| <b>UREA CYCLE DISORDER</b>                |              |                                                                                   |
| <i>carglumic acid</i>                     | 4            | PA                                                                                |
| PHEBURANE                                 | 4            | PA, QL (672g every 30 days)                                                       |
| <i>sodium phenylbutyrate powd</i>         | 4            | PA, QL (798g every 30 days)                                                       |
| <i>sodium phenylbutyrate tabs</i>         | 4            | PA, QL (1200 tabs every 30 days)                                                  |

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| Nombre del Medicamento                         | Nivel | Requisitos/Límites         |
|------------------------------------------------|-------|----------------------------|
| <b>VASOPRESSINS</b>                            |       |                            |
| <i>desmopressin acetate</i>                    | 1     |                            |
| <i>desmopressin acetate spray</i>              | 1     |                            |
| <i>desmopressin acetate spray refrigerated</i> | 1     |                            |
| <b>VITAMIN D ANALOGS</b>                       |       |                            |
| <i>calcitriol</i>                              | 1     |                            |
| <i>doxercalciferol</i>                         | 1     |                            |
| <i>paricalcitol</i>                            | 1     |                            |
| <b>GASTROINTESTINAL</b>                        |       |                            |
| <b>ANTICHOLINERGICS</b>                        |       |                            |
| <i>atropine sulfate</i>                        | 1     |                            |
| <i>dicyclomine hcl</i>                         | 1     |                            |
| <i>glycopyrrolate</i>                          | 1     |                            |
| <i>methscopolamine bromide</i>                 | 1     |                            |
| <b>ANTIDIARRHEALS</b>                          |       |                            |
| <i>diphenoxylate w/ atropine</i>               | 1     |                            |
| <i>loperamide hcl</i>                          | 1     |                            |
| MOTOFEN                                        | 3     |                            |
| <b>ANTIEMETICS</b>                             |       |                            |
| AKYNZEO                                        | 3     | QL (2 caps every 28 days)  |
| <i>aprepitant caps 40mg</i>                    | 1     | QL (3 caps every 180 days) |
| <i>aprepitant caps 80mg</i>                    | 1     | QL (4 caps every 28 days)  |
| <i>aprepitant caps 125mg</i>                   | 1     | QL (2 caps every 28 days)  |
| <i>aprepitant cppk</i>                         | 1     | QL (2 packs every 28 days) |
| <i>compro</i>                                  | 1     |                            |
| <i>dronabinol</i>                              | 1     | QL (60 caps every 30 days) |
| <i>granisetron hcl</i>                         | 1     |                            |
| <i>meclizine hcl</i>                           | 1     |                            |
| <i>metoclopramide hcl</i>                      | 1     |                            |
| <i>ondansetron</i>                             | 1     |                            |
| <i>ondansetron hcl</i>                         | 1     |                            |
| <i>prochlorperazine</i>                        | 1     |                            |
| <i>prochlorperazine maleate</i>                | 1     |                            |
| <i>promethazine hcl</i>                        | 1     |                            |
| <i>promethegan</i>                             | 1     |                            |
| SANCUSO                                        | 2     |                            |
| <i>scopolamine</i>                             | 1     |                            |
| <i>trimethobenzamide hcl</i>                   | 1     |                            |
| VARUBI                                         | 2     |                            |
| <b>H2-RECEPTOR ANTAGONISTS</b>                 |       |                            |
| <i>cimetidine</i>                              | 1     |                            |
| <i>famotidine</i>                              | 1     |                            |
| <i>famotidine in nacl</i>                      | 1     |                            |

| <b>Nombre del Medicamento</b>                                   | <b>Nivel</b> | <b>Requisitos/Límites</b>                                      |
|-----------------------------------------------------------------|--------------|----------------------------------------------------------------|
| <i>nizatidine</i>                                               | 1            |                                                                |
| <i>ranitidine hcl</i>                                           | 1            |                                                                |
| <b>INFLAMMATORY BOWEL DISEASE</b>                               |              |                                                                |
| <i>balsalazide disodium</i>                                     | 1            |                                                                |
| <i>budesonide</i>                                               | 1            |                                                                |
| CORTIFOAM                                                       | 2            |                                                                |
| DIPENTUM                                                        | 3            |                                                                |
| <i>hydrocortisone (intrarectal)</i>                             | 1            |                                                                |
| <i>mesalamine</i>                                               | 1            |                                                                |
| <i>mesalamine w/ cleanser</i>                                   | 1            |                                                                |
| <i>sulfasalazine</i>                                            | 1            |                                                                |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>               |              |                                                                |
| LINZESS                                                         | 2            |                                                                |
| <i>lubiprostone</i>                                             | 1            |                                                                |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                   |              |                                                                |
| <i>alosetron hcl</i>                                            | 1            | PA                                                             |
| VIBERZI                                                         | 2            | PA                                                             |
| <b>LAXATIVES</b>                                                |              |                                                                |
| CLENPIQ                                                         | 0            | \$0 copay for members age 45 through 75, Tier 2 for all others |
| <i>enulose</i>                                                  | 1            |                                                                |
| <i>gavilyte-c</i>                                               | 1            |                                                                |
| <i>gavilyte-g</i>                                               | 1            |                                                                |
| <i>lactulose</i>                                                | 1            |                                                                |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>  | 0            | \$0 copay for members age 45 through 75, otherwise not covered |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>         | 1            |                                                                |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1            |                                                                |
| PEG-PREP                                                        | 0            | \$0 copay for members age 45 through 75, otherwise not covered |
| PLENVU                                                          | 0            | \$0 copay for members age 45 through 75, otherwise not covered |
| <i>polyethylene glycol 3350</i>                                 | 1            | OTC                                                            |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>       | 0            | \$0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE                                                         | 0            | \$0 copay for members age 45 through 75, otherwise not covered |

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|---------------------------------------------------|--------------|----------------------------------------------------------------|
| SUTAB                                             | 0            | \$0 copay for members age 45 through 75, otherwise not covered |
| <b>MISCELLANEOUS</b>                              |              |                                                                |
| <i>cromolyn sodium (mastocytosis)</i>             | 1            |                                                                |
| IQIRVO                                            | 4            | PA, QL (30 tabs every 30 days)                                 |
| <i>misoprostol</i>                                | 1            |                                                                |
| MOVANTIK                                          | 2            |                                                                |
| SUCRAID                                           | 3            | PA, QL (354 mL every 30 days)                                  |
| <i>sucralfate</i>                                 | 1            |                                                                |
| <i>ursodiol</i>                                   | 1            |                                                                |
| VOWST                                             | 5            | PA, QL (12 caps every 30 days)                                 |
| <b>PANCREATIC ENZYMES</b>                         |              |                                                                |
| CREON                                             | 2            | PA                                                             |
| VIOKACE                                           | 2            | PA                                                             |
| ZENPEP                                            | 2            | PA                                                             |
| <b>PROTON PUMP INHIBITORS</b>                     |              |                                                                |
| <i>esomeprazole magnesium cpdr</i>                | 1            |                                                                |
| <i>esomeprazole magnesium pack</i>                | 1            | Covered for age less than 1 year only                          |
| <i>lansoprazole</i>                               | 1            |                                                                |
| <i>omeprazole</i>                                 | 1            |                                                                |
| <i>omeprazole-sodium bicarbonate</i>              | 3            |                                                                |
| <i>pantoprazole sodium</i>                        | 1            |                                                                |
| <i>rabeprazole sodium</i>                         | 1            |                                                                |
| <b>RECTAL, CORTICOSTEROIDS</b>                    |              |                                                                |
| <i>hydrocortisone (rectal)</i>                    | 1            |                                                                |
| <i>proctozone-hc</i>                              | 1            |                                                                |
| <b>ULCER THERAPY COMBINATIONS</b>                 |              |                                                                |
| <i>amoxicillin-clarithromycin w/ lansoprazole</i> | 1            |                                                                |
| <b>GENITOURINARY</b>                              |              |                                                                |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>               |              |                                                                |
| <i>alfuzosin hcl</i>                              | 1            |                                                                |
| CARDURA XL                                        | 3            |                                                                |
| <i>doxazosin mesylate</i>                         | 1            |                                                                |
| <i>dutasteride</i>                                | 1            |                                                                |
| <i>dutasteride-tamsulosin hcl</i>                 | 1            |                                                                |
| <i>finasteride</i>                                | 1            |                                                                |
| <i>silodosin</i>                                  | 1            |                                                                |
| <i>tadalafil</i>                                  | 1            | PA, QL (30 tabs every 30 days)                                 |

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|----------------------------------------|--------------|---------------------------|
| <i>tamsulosin hcl</i>                  | 1            |                           |
| <i>terazosin hcl</i>                   | 1            |                           |
| <b>CONTRACEPTIVES</b>                  |              |                           |
| ENCARE                                 | 0            | OTC                       |
| OPTIONS GYNOL II VAGINAL               | 0            | OTC                       |
| PHEXX                                  | 0            |                           |
| PHEXXI                                 | 0            |                           |
| TODAY SPONGE                           | 0            | OTC                       |
| VCF VAGINAL CONTRACEPTIVE              | 0            | OTC                       |
| <b>ERECTILE DYSFUNCTION</b>            |              |                           |
| <i>avanafil</i>                        | 1            | QL (6 tabs every 30 days) |
| <b>MISCELLANEOUS</b>                   |              |                           |
| <i>bethanechol chloride</i>            | 1            |                           |
| ELMIRON                                | 3            |                           |
| <i>eq urinary pain relief</i>          | 1            | OTC                       |
| <i>potassium citrate (alkalinizer)</i> | 1            |                           |
| <b>URINARY ANTISPASMODICS</b>          |              |                           |
| <i>darifenacin hydrobromide</i>        | 1            |                           |
| <i>fesoterodine fumarate</i>           | 1            |                           |
| <i>mirabegron</i>                      | 1            |                           |
| <i>oxybutynin chloride</i>             | 1            |                           |
| <i>solifenacin succinate</i>           | 1            |                           |
| <i>tolterodine tartrate</i>            | 1            |                           |
| <i>tropium chloride</i>                | 1            |                           |
| <b>VAGINAL ANTI-INFECTIVES</b>         |              |                           |
| CLEOCIN                                | 2            |                           |
| <i>clindamycin phosphate vaginal</i>   | 1            |                           |
| GYNAZOLE-1                             | 3            |                           |
| <i>metronidazole vaginal</i>           | 1            |                           |
| <i>miconazole 3</i>                    | 1            |                           |
| <i>terconazole vaginal</i>             | 1            |                           |
| <b>HEMATOLOGIC</b>                     |              |                           |
| <b>ANTICOAGULANTS</b>                  |              |                           |
| <i>dabigatran etexilate mesylate</i>   | 1            |                           |
| ELIQUIS                                | 2            |                           |
| ELIQUIS STARTER PACK                   | 2            |                           |
| <i>enoxaparin sodium</i>               | 1            |                           |
| <i>fondaparinux sodium</i>             | 1            |                           |
| FRAGMIN                                | 3            |                           |
| <i>heparin sodium (porcine)</i>        | 1            |                           |
| <i>rivaroxaban</i>                     | 1            |                           |
| <i>warfarin sodium</i>                 | 1            |                           |
| XARELTO                                | 2            |                           |

**AGE** - Límite de edad   **GNDR** - Editar género   **OTC** - Sin receta   **PA** - Autorización previa   **QL** - Límites de Cantidad   **ST** - Terapia por etapas  
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| <b>Nombre del Medicamento</b>                     | <b>Nivel</b> | <b>Requisitos/Límites</b>           |
|---------------------------------------------------|--------------|-------------------------------------|
| XARELTO STARTER PACK                              | 2            |                                     |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>               |              |                                     |
| ARANESP ALBUMIN FREE                              | 4            | PA                                  |
| FYLNETRA                                          | 4            | PA, QL (2 syringes every 28 days)   |
| MIRCERA                                           | 4            | PA                                  |
| NIVESTYM                                          | 4            | PA                                  |
| NYVEPRIA                                          | 4            | PA, QL (2 syringes every 28 days)   |
| RETACRIT                                          | 4            | PA                                  |
| <b>HEMOPHILIA A AGENTS</b>                        |              |                                     |
| HEMLIBRA                                          | 5            | PA                                  |
| <b>MISCELLANEOUS</b>                              |              |                                     |
| <i>anagrelide hcl</i>                             | 1            |                                     |
| <i>cilostazol</i>                                 | 1            |                                     |
| <i>pentoxifylline</i>                             | 1            |                                     |
| <i>tranexamic acid</i>                            | 1            |                                     |
| <b>PLATELET AGGREGATION INHIBITORS</b>            |              |                                     |
| <i>aspirin-dipyridamole</i>                       | 1            |                                     |
| <i>clopidogrel bisulfate</i>                      | 1            |                                     |
| <i>dipyridamole</i>                               | 1            |                                     |
| <i>prasugrel hcl</i>                              | 1            |                                     |
| YOSPRALA                                          | 3            |                                     |
| <b>SICKLE CELL DISEASE</b>                        |              |                                     |
| DROXIA                                            | 2            |                                     |
| <b>THROMBOCYTOPENIA AGENTS</b>                    |              |                                     |
| ALVAIZ 9MG, 54MG                                  | 4            | PA, QL (60 tabs every 30 days)      |
| ALVAIZ 18MG, 36MG                                 | 4            | PA, QL (90 tabs every 30 days)      |
| DOPTELET SPRINKLE                                 | 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)    |
| <b>IMMUNOLOGIC AGENTS</b>                         |              |                                     |
| <b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b> |              |                                     |
| ACTEMRA 80MG/4ML                                  | 5            | ST, PA, QL (20 vials every 28 days) |
| ACTEMRA 200MG/10ML                                | 5            | ST, PA, QL (8 vials every 28 days)  |

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|-----------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|
| ACTEMRA 400MG/20ML                                  | 5            | ST, PA, QL (4 vials every 28 days)                                                                                                       |
| COSENTYX                                            | 4            | PA, QL (15 mL every 28 days); Preferred agent for Ankylosing Spondylitis, NRAXSPA, and Psoriatic Arthritis                               |
| ENTYVIO                                             | 5            | PA, QL (1 vial every 56 days)                                                                                                            |
| INFLIXIMAB                                          | 4            | PA, QL (5 vials every 42 days)                                                                                                           |
| SIMPONI ARIA                                        | 5            | PA, QL (200 mg every 8 weeks)                                                                                                            |
| SKYRIZI                                             | 4            | PA, QL (6 vials every 56 days)                                                                                                           |
| TREMFYA                                             | 4            | PA, QL (One time use only)                                                                                                               |
| <b><i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</i></b> |              |                                                                                                                                          |
| ACTEMRA                                             | 5            | ST, PA, QL (4 syringes every 28 days)                                                                                                    |
| ACTEMRA ACTPEN                                      | 5            | ST, PA, QL (4 injections every 28 days)                                                                                                  |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML                     | 4            | PA, QL (4 auto-injectors every 28 days)                                                                                                  |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML                     | 4            | PA, QL (2 auto-injectors every 28 days)                                                                                                  |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML                     | 4            | PA, QL (2 syringes every 28 days)                                                                                                        |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML         | 4            | PA, QL (4 syringes every 28 days)                                                                                                        |
| ADALIMUMAB-FKJP AJKT                                | 4            | PA, QL (4 auto-injectors every 28 days)                                                                                                  |
| ADALIMUMAB-FKJP PSKT                                | 4            | PA, QL (4 syringes every 28 days)                                                                                                        |
| CIMZIA (1 SYRINGE)                                  | 4            | PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA                                                                           |
| CIMZIA STARTER KIT                                  | 4            | PA, QL (One time use only); Preferred agent for NRAXSPA                                                                                  |
| COSENTYX 75MG/0.5ML, 150MG/ML                       | 4            | PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |

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|----------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------|
| COSENTYX 150MG/ML                | 4            | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX SENSOREADY PEN 150MG/ML | 4            | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis  |
| COSENTYX SENSOREADY PEN 150MG/ML | 4            | PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis |
| COSENTYX UNOREADY                | 4            | PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis  |
| ENBREL SOLN                      | 4            | PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis             |
| ENBREL SOSY 25MG/0.5ML           | 4            | PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis          |
| ENBREL SOSY 50MG/ML              | 4            | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis          |
| ENBREL MINI                      | 4            | PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis        |
| ENBREL SURECLICK                 | 4            | PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis          |

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                            |
|-------------------------------|--------------|------------------------------------------------------------------------------------------------------|
| ENTYVIO PEN                   | 5            | PA, QL (2 pens every 28 days)                                                                        |
| HYRIMOZ SOAJ                  | 4            | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX                                   |
| HYRIMOZ SOSY                  | 4            | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX                                         |
| HYRIMOZ PLAQUE PSORIASIS      | 4            | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX                                 |
| HYRIMOZ SENSOREADY CD/UC/     | 4            | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX                                   |
| HYRIMOZ SENSOREADY PENS       | 4            | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX                                   |
| KEVZARA SOAJ                  | 4            | PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis                              |
| KEVZARA SOSY                  | 4            | PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis                          |
| LITFULO                       | 4            | PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata                                  |
| OLUMIANT                      | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata                                  |
| OTEZLA TABS                   | 4            | PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis                |
| OTEZLA TBPk                   | 4            | PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis                |
| OTEZLA XR                     | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis                |
| OTEZLA/OTEZLA XR 28 DAY T     | 4            | PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis                |
| PYZCHIVA SOAJ 45MG/0.5ML      | 4            | PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis |

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| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                                                                                                                  |
|-------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PYZCHIVA SOAJ 90MG/ML         | 4            | PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                                                                                       |
| PYZCHIVA SOLN                 | 4            | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                                                                                      |
| PYZCHIVA SOSY 45MG/0.5ML      | 4            | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                                                                                   |
| PYZCHIVA SOSY 90MG/ML         | 4            | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                                                                                   |
| RINVOQ 15MG                   | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis |
| RINVOQ 30MG                   | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.                                                                             |
| RINVOQ 45MG                   | 4            | PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis.                                                                              |
| RINVOQ LQ                     | 4            | PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis                                                                                                                     |
| SIMPONI                       | 5            | ST, PA, QL (1 injection every 28 days)                                                                                                                                                     |
| SKYRIZI SOCT                  | 4            | PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis                                                                                             |
| SKYRIZI SOSY                  | 4            | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis                                                                                                   |

| <b>Nombre del Medicamento</b>        | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                                                                     |
|--------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| SKYRIZI PEN                          | 4            | PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis                                                      |
| TALTZ SOAJ                           | 4            | PA, QL (1 injection every 28 days); Preferred agent for Psoriasis                                                                             |
| TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML   | 4            | PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis                                                                               |
| TALTZ SOSY 80MG/ML                   | 4            | PA, QL (1 injection every 28 days); Preferred agent for Psoriasis                                                                             |
| <i>tofacitinib citrate soln</i>      | 4            | PA, QL (240 mL every 24 days)                                                                                                                 |
| <i>tofacitinib citrate tabs 5mg</i>  | 4            | PA, QL (60 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis. |
| <i>tofacitinib citrate tabs 10mg</i> | 4            | PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.                                                                       |
| <i>tofacitinib citrate tb24 11mg</i> | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis. |
| <i>tofacitinib citrate tb24 22mg</i> | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.                                                                       |
| TREMFYA SOAJ                         | 4            | PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis                                                |
| TREMFYA SOPN                         | 4            | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis               |
| TREMFYA SOSY 100MG/ML                | 4            | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis               |

| <b>Nombre del Medicamento</b>                          | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                                                       |
|--------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------|
| TREMFYA SOSY 200MG/2ML                                 | 4            | PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis                                  |
| TREMFYA PEN                                            | 4            | PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis |
| VELSIPITY                                              | 4            | PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis                                                          |
| YESINTEK SOLN                                          | 4            | PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                           |
| YESINTEK SOSY 45MG/0.5ML                               | 4            | PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                        |
| YESINTEK SOSY 90MG/ML                                  | 4            | PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis                        |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b> |              |                                                                                                                                 |
| <i>hydroxychloroquine sulfate</i>                      | 1            |                                                                                                                                 |
| <i>leflunomide</i>                                     | 1            |                                                                                                                                 |
| <i>methotrexate sodium</i>                             | 1            |                                                                                                                                 |
| <b>HEREDITARY ANGIOEDEMA</b>                           |              |                                                                                                                                 |
| <i>icatibant acetate</i>                               | 4            | PA, QL (45 syringes every 90 days)                                                                                              |
| TAKHZYRO                                               | 5            | PA, QL (2 syringes every 28 days)                                                                                               |
| <b>IMMUNOGLOBULIN</b>                                  |              |                                                                                                                                 |
| CUTAQUIG                                               | 4            | PA                                                                                                                              |
| <b>IMMUNOMODULATORS</b>                                |              |                                                                                                                                 |
| ACTIMMUNE                                              | 5            | PA                                                                                                                              |
| ARCALYST                                               | 4            | PA, QL (8 vials every 28 days)                                                                                                  |
| <b>IMMUNOSUPPRESSANTS</b>                              |              |                                                                                                                                 |
| <i>azathioprine</i>                                    | 1            |                                                                                                                                 |
| <i>cyclosporine</i>                                    | 1            |                                                                                                                                 |
| <i>cyclosporine modified (for microemulsion)</i>       | 1            |                                                                                                                                 |
| ENVARUSUS XR                                           | 3            |                                                                                                                                 |
| <i>everolimus (immunosuppressant)</i>                  | 1            |                                                                                                                                 |
| <i>gengraf</i>                                         | 1            |                                                                                                                                 |

| <b>Nombre del Medicamento</b>    | <b>Nivel</b> | <b>Requisitos/Límites</b>                                       |
|----------------------------------|--------------|-----------------------------------------------------------------|
| <i>mycophenolate mofetil</i>     | 1            |                                                                 |
| <i>mycophenolate mofetil hcl</i> | 1            |                                                                 |
| <i>mycophenolate sodium</i>      | 1            |                                                                 |
| NULOJIX                          | 3            |                                                                 |
| PROGRAF                          | 3            |                                                                 |
| SANDIMMUNE                       | 3            |                                                                 |
| <i>sirolimus</i>                 | 1            |                                                                 |
| <i>tacrolimus</i>                | 1            |                                                                 |
| <b>MISCELLANEOUS</b>             |              |                                                                 |
| BEYFORTUS                        | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| ENFLONIA                         | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| <b>VACCINES</b>                  |              |                                                                 |
| ABRYSVO                          | 0            |                                                                 |
| ACTHIB                           | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| ADACEL                           | 0            |                                                                 |
| AREXVY                           | 0            | \$0 copay for members age 19 and older, otherwise not covered   |
| BEXSERO                          | 0            |                                                                 |
| BOOSTRIX                         | 0            |                                                                 |
| CAPVAXIVE                        | 0            |                                                                 |
| COMIRNATY 2025-26                | 0            |                                                                 |
| COMIRNATY/5-11Y/2025-26          | 0            |                                                                 |
| DAPTACEL                         | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| DENGXVAXIA                       | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B                        | 0            |                                                                 |
| FLUAD 2025-2026                  | 0            |                                                                 |
| FLUMIST NASAL VACCINE 202        | 0            |                                                                 |
| GARDASIL 9                       | 0            |                                                                 |
| HAVRIX                           | 0            |                                                                 |
| HEPLISAV-B                       | 0            |                                                                 |
| HIBERIX                          | 0            | \$0 copay for members age 18 and younger, otherwise not covered |

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>                                       |
|-------------------------------|--------------|-----------------------------------------------------------------|
| INFANRIX                      | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| IPOL INACTIVATED IPV          | 0            |                                                                 |
| JYNNEOS                       | 0            |                                                                 |
| KINRIX                        | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II                      | 0            |                                                                 |
| MENQUADFI                     | 0            |                                                                 |
| MENVEO                        | 0            |                                                                 |
| MNEXSPIKE COVID-19 VACCIN     | 0            |                                                                 |
| MRESVIA                       | 0            | \$0 copay for members age 19 and older, otherwise not covered   |
| NUVAXOVID COVID-19 VACCIN     | 0            |                                                                 |
| PEDIARIX                      | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| PEDVAXHIB                     | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| PENBRAYA                      | 0            |                                                                 |
| PENMENVY                      | 0            |                                                                 |
| PENTACEL                      | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| PNEUMOVAX 23                  | 0            |                                                                 |
| PREVNAR 20                    | 0            |                                                                 |
| PRIORIX                       | 0            |                                                                 |
| PROQUAD                       | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL                     | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB                 | 0            |                                                                 |
| ROTARIX                       | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ                       | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX                      | 0            | \$0 copay for members age 19 and older, otherwise not covered   |
| SPIKEVAX COVID-19 VACCINE     | 0            |                                                                 |

| <b>Nombre del Medicamento</b> | <b>Nivel</b> | <b>Requisitos/Límites</b>                                       |
|-------------------------------|--------------|-----------------------------------------------------------------|
| TENIVAC                       | 0            | \$0 copay for members age 19 and older, otherwise not covered   |
| TRUMENBA                      | 0            |                                                                 |
| TWINRIX                       | 0            | \$0 copay for members age 19 and older, otherwise not covered   |
| VAQTA                         | 0            |                                                                 |
| VARIVAX                       | 0            |                                                                 |
| VAXELIS                       | 0            | \$0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE                   | 0            |                                                                 |

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

|                                                         |   |                                                         |
|---------------------------------------------------------|---|---------------------------------------------------------|
| EFFER-K                                                 | 1 |                                                         |
| <i>klor-con m15</i>                                     | 1 |                                                         |
| <i>magnesium sulfate</i>                                | 1 |                                                         |
| <i>magnesium sulfate in dextrose</i>                    | 1 |                                                         |
| MONOJECT SODIUM CHLORIDE                                | 1 |                                                         |
| <i>potassium chloride</i>                               | 1 |                                                         |
| <i>potassium chloride microencapsulated crystals er</i> | 1 |                                                         |
| <i>sodium chloride</i>                                  | 1 |                                                         |
| <i>sodium fluoride chew 1mg</i>                         | 1 |                                                         |
| <i>sodium fluoride chew .25mg, .5mg</i>                 | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>sodium fluoride soln</i>                             | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>sodium fluoride tabs 1mg</i>                         | 1 |                                                         |
| <i>sodium fluoride tabs .5mg</i>                        | 0 | \$0 applies for ages 5 and under, otherwise not covered |

### ***PRENATAL VITAMINS***

|                   |   |  |
|-------------------|---|--|
| <i>elite-ob</i>   | 1 |  |
| <i>pnv-dha</i>    | 1 |  |
| <i>pnv-select</i> | 1 |  |

### ***VITAMINS***

|                            |   |                                                                                                                    |
|----------------------------|---|--------------------------------------------------------------------------------------------------------------------|
| <i>cholecalciferol</i>     | 1 | OTC                                                                                                                |
| <i>cyanocobalamin</i>      | 1 |                                                                                                                    |
| <i>ergocalciferol</i>      | 1 |                                                                                                                    |
| <i>folic acid caps</i>     | 0 | QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>folic acid tabs 1mg</i> | 1 |                                                                                                                    |

| <b>Nombre del Medicamento</b>            | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                                                          |
|------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------|
| <i>folic acid tabs 400mcg, 800mcg</i>    | 0            | QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| <i>ped multivitamins w/fl &amp; iron</i> | 1            |                                                                                                                    |
| <i>pediatric multivitamins w/fl</i>      | 1            |                                                                                                                    |
| <i>phytonadione</i>                      | 1            |                                                                                                                    |
| <i>pyridoxine hcl</i>                    | 1            | OTC                                                                                                                |
| <i>tri-vite/fluoride</i>                 | 1            |                                                                                                                    |

## OPHTHALMIC

### ANTI-INFECTIVE/ANTI-INFLAMMATORY

|                                         |   |  |
|-----------------------------------------|---|--|
| <i>bacitracin-poly-neomycin-hc</i>      | 1 |  |
| <i>loteprednol etabonate-tobramycin</i> | 1 |  |
| <i>neomycin-polymy-dexameth</i>         | 1 |  |
| <i>neomycin-polymyxin-hc (ophth)</i>    | 1 |  |
| <i>sulfacetamide sod-prednisolone</i>   | 1 |  |
| TOBRADEX                                | 2 |  |
| TOBRADEX ST                             | 2 |  |
| <i>tobramycin-dexamethasone</i>         | 1 |  |

### ANTI-INFECTIVES

|                                         |   |  |
|-----------------------------------------|---|--|
| AZASITE                                 | 2 |  |
| <i>bacitracin-polymyxin b (ophth)</i>   | 1 |  |
| BESIVANCE                               | 3 |  |
| <i>ciprofloxacin hcl (ophth)</i>        | 1 |  |
| <i>erythromycin (ophth)</i>             | 1 |  |
| <i>gatifloxacin (ophth)</i>             | 1 |  |
| <i>gentamicin sulfate (ophth)</i>       | 1 |  |
| <i>moxifloxacin hcl (ophth)</i>         | 1 |  |
| NATACYN                                 | 2 |  |
| <i>neomycin-bacitracin zn-polymyxin</i> | 1 |  |
| <i>neomycin-polymyxin-gramicidin</i>    | 1 |  |
| <i>ofloxacin (ophth)</i>                | 1 |  |
| <i>polymyxin b-trimethoprim</i>         | 1 |  |
| <i>sulfacetamide sodium (ophth)</i>     | 1 |  |
| <i>tobramycin (ophth)</i>               | 1 |  |
| <i>trifluridine</i>                     | 1 |  |
| ZIRGAN                                  | 3 |  |

### ANTI-INFLAMMATORIES

|                                               |   |  |
|-----------------------------------------------|---|--|
| ACUVAIL                                       | 2 |  |
| <i>bromfenac sodium (ophth)</i>               | 1 |  |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1 |  |
| <i>diclofenac sodium (ophth)</i>              | 1 |  |
| <i>difluprednate</i>                          | 1 |  |

| <b>Nombre del Medicamento</b>               | <b>Nivel</b> | <b>Requisitos/Límites</b>        |
|---------------------------------------------|--------------|----------------------------------|
| <i>flurbiprofen sodium</i>                  | 1            |                                  |
| ILEVRO                                      | 2            |                                  |
| <i>ketorolac tromethamine (ophth)</i>       | 1            |                                  |
| <i>loteprednol etabonate</i>                | 1            |                                  |
| NEVANAC                                     | 2            |                                  |
| <i>prednisolone acetate (ophth)</i>         | 1            |                                  |
| PREDNISOLONE SODIUM PHOSP                   | 2            |                                  |
| <b>ANTIALLERGICS</b>                        |              |                                  |
| ALOCRIL                                     | 3            |                                  |
| <i>azelastine hcl (ophth)</i>               | 1            |                                  |
| <i>bepotastine besilate</i>                 | 1            |                                  |
| <i>cromolyn sodium (ophth)</i>              | 1            |                                  |
| <i>epinastine hcl (ophth)</i>               | 1            |                                  |
| <i>olopatadine hcl</i>                      | 1            |                                  |
| ZERVIAE                                     | 3            |                                  |
| <b>ANTIGLAUCOMA BETA-BLOCKERS</b>           |              |                                  |
| <i>betaxolol hcl (ophth)</i>                | 1            |                                  |
| BETOPTIC-S                                  | 2            |                                  |
| <i>carteolol hcl (ophth)</i>                | 1            |                                  |
| <i>levobunolol hcl</i>                      | 1            |                                  |
| <i>timolol maleate (ophth)</i>              | 1            |                                  |
| <b>ANTIGLAUCOMA COMBINATION AGENTS</b>      |              |                                  |
| <i>brimonidine tartrate-timolol maleate</i> | 1            |                                  |
| <i>dorzolamide hcl-timolol maleate</i>      | 1            |                                  |
| SIMBRINZA                                   | 2            |                                  |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>        |              |                                  |
| <i>brinzolamide</i>                         | 1            |                                  |
| <i>dorzolamide hcl</i>                      | 1            |                                  |
| <b>DRY EYE DISEASE</b>                      |              |                                  |
| <i>cyclosporine (ophth)</i>                 | 1            |                                  |
| RESTASIS MULTIDOSE                          | 2            |                                  |
| TRYPTYR                                     | 2            |                                  |
| <b>MISCELLANEOUS</b>                        |              |                                  |
| <i>atropine sulfate (ophthalmic)</i>        | 1            |                                  |
| CYSTARAN                                    | 5            | PA, QL (4 bottles every 28 days) |
| <i>phenylephrine hcl (mydriatic)</i>        | 1            |                                  |
| PHOSPHOLINE IODIDE                          | 3            |                                  |
| <i>pilocarpine hcl</i>                      | 1            |                                  |
| <i>proparacaine hcl</i>                     | 1            |                                  |
| <i>tropicamide</i>                          | 1            |                                  |
| <b>PROSTAGLANDINS</b>                       |              |                                  |
| <i>bimatoprost</i>                          | 1            |                                  |

| Nombre del Medicamento                                   | Nivel | Requisitos/Límites                                            |
|----------------------------------------------------------|-------|---------------------------------------------------------------|
| <i>latanoprost</i>                                       | 1     |                                                               |
| <i>tafluprost</i>                                        | 1     |                                                               |
| <i>travoprost</i>                                        | 1     |                                                               |
| <b>SYMPATHOMIMETICS</b>                                  |       |                                                               |
| <i>apraclonidine hcl</i>                                 | 1     |                                                               |
| <i>brimonidine tartrate</i>                              | 1     |                                                               |
| IOPIDINE                                                 | 3     |                                                               |
| <b>RESPIRATORY</b>                                       |       |                                                               |
| <b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>             |       |                                                               |
| PROLASTIN-C                                              | 4     | PA                                                            |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>                      |       |                                                               |
| <i>epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml</i> | 1     | QL (4 auto-injectors every 30 days)                           |
| <i>epinephrine (anaphylaxis) .15mg/0.15ml</i>            | 1     | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK                                             | 2     | QL (4 auto-injectors every 30 days)                           |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>         |       |                                                               |
| BEVESPI AEROSPHERE                                       | 2     | QL (1 package every 30 days)                                  |
| <i>ipratropium-albuterol</i>                             | 1     | QL (6 boxes every 30 days)                                    |
| STIOLTO RESPIMAT                                         | 2     | QL (1 package every 30 days)                                  |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b> |       |                                                               |
| BREZTRI AEROSPHERE                                       | 2     | QL (1 package every 30 days)                                  |
| TRELEGY ELLIPTA                                          | 2     | QL (1 package every 30 days)                                  |
| <b>ANTICHOLINERGICS</b>                                  |       |                                                               |
| <i>ipratropium bromide</i>                               | 1     | QL (5 boxes every 30 days)                                    |
| <i>ipratropium bromide (nasal)</i>                       | 1     |                                                               |
| SPIRIVA RESPIMAT                                         | 2     | QL (1 package every 30 days)                                  |
| <i>tiotropium bromide</i>                                | 1     | QL (1 package every 30 days)                                  |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                       |       |                                                               |
| <i>azelastine hcl-fluticasone propionate</i>             | 1     | QL (1 package every 30 days)                                  |
| <b>ANTI-HISTAMINES</b>                                   |       |                                                               |
| <i>azelastine hcl</i>                                    | 1     | QL (2 bottles every 30 days)                                  |
| <i>carbinoxamine maleate</i>                             | 1     |                                                               |
| <i>clemastine fumarate</i>                               | 1     |                                                               |
| <i>cyproheptadine hcl</i>                                | 1     |                                                               |
| <i>desloratadine</i>                                     | 1     |                                                               |
| <i>diphenhydramine hcl</i>                               | 1     |                                                               |
| <i>hydroxyzine hcl</i>                                   | 1     |                                                               |
| <i>hydroxyzine pamoate</i>                               | 1     |                                                               |
| <i>levocetirizine dihydrochloride</i>                    | 1     |                                                               |
| <i>olopatadine hcl (nasal)</i>                           | 1     | QL (1 container every 30 days)                                |

| Nombre del Medicamento                                       | Nivel | Requisitos/Límites                                            |
|--------------------------------------------------------------|-------|---------------------------------------------------------------|
| <b>BETA AGONISTS</b>                                         |       |                                                               |
| <i>albuterol sulfate aers</i>                                | 1     | QL (2 inhalers every 30 days)                                 |
| <i>albuterol sulfate nebu 2.5mg/0.5ml</i>                    | 1     | QL (120 vials every 30 days)                                  |
| <i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>   | 1     | QL (5 boxes every 30 days)                                    |
| <i>albuterol sulfate syrp</i>                                | 1     |                                                               |
| <i>albuterol sulfate tabs</i>                                | 1     |                                                               |
| <i>arformoterol tartrate</i>                                 | 1     | QL (60 vials every 30 days)                                   |
| <i>formoterol fumarate</i>                                   | 1     | QL (60 vials every 30 days)                                   |
| <i>levalbuterol hcl 1.25mg/0.5ml</i>                         | 1     | QL (45 mL every 30 days)                                      |
| <i>levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>     | 1     | QL (300 mL every 30 days)                                     |
| <i>levalbuterol tartrate</i>                                 | 1     | QL (2 inhalers every 30 days)                                 |
| SEREVENT DISKUS                                              | 2     | QL (1 package every 30 days)                                  |
| STRIVERDI RESPIMAT                                           | 2     | QL (1 package every 30 days)                                  |
| <i>terbutaline sulfate</i>                                   | 1     |                                                               |
| <b>COLD/COUGH</b>                                            |       |                                                               |
| <i>benzonatate</i>                                           | 1     |                                                               |
| <i>guaifenesin-codeine</i>                                   | 1     | QL (60 mL every day), OTC; Subject to initial 7-day limit     |
| <i>hydrocodone bitartrate-homatropine methylbromide soln</i> | 1     | QL (30 mL every day); Subject to initial 7-day limit          |
| <i>hydrocodone bitartrate-homatropine methylbromide tabs</i> | 1     | QL (6 tabs every day); Subject to initial 7-day limit         |
| <i>hydrocodone polistirex-chlorpheniramine polistirex</i>    | 1     | QL (10 mL every day); Subject to initial 7-day limit          |
| <i>promethazine &amp; phenylephrine</i>                      | 1     |                                                               |
| <i>promethazine w/codeine</i>                                | 1     | QL (30 mL every day); Subject to initial 7-day limit          |
| <i>promethazine-dm</i>                                       | 1     |                                                               |
| <i>pseudoephed-bromphen-dm</i>                               | 1     |                                                               |
| TUXARIN ER                                                   | 3     | QL (2 tabs every day); Subject to initial 7-day limit         |
| <b>CYSTIC FIBROSIS</b>                                       |       |                                                               |
| CAYSTON                                                      | 4     | PA, QL (84 vials every 28 days)                               |
| KALYDECO PACK                                                | 4     | PA, QL (56 packets every 28 days)                             |
| KALYDECO TABS                                                | 4     | PA, QL (56 tabs every 28 days); carton consists of 56 tablets |
| ORKAMBI PACK                                                 | 4     | PA, QL (56 packets every 28 days)                             |
| ORKAMBI TABS                                                 | 4     | PA, QL (112 tabs every 28 days)                               |

| <b>Nombre del Medicamento</b>           | <b>Nivel</b> | <b>Requisitos/Límites</b>         |
|-----------------------------------------|--------------|-----------------------------------|
| SYMDEKO                                 | 4            | PA, QL (56 tabs every 28 days)    |
| <i>tobramycin 300mg/4ml</i>             | 4            | PA, QL (224 mL every 28 days)     |
| <i>tobramycin 300mg/5ml</i>             | 4            | PA, QL (280 mL every 28 days)     |
| TRIKAFTA TBPK                           | 4            | PA, QL (84 tabs every 28 days)    |
| TRIKAFTA THPK                           | 4            | PA, QL (56 packets every 28 days) |
| <b>LEUKOTRIENE MODIFIERS</b>            |              |                                   |
| <i>zileuton</i>                         | 3            |                                   |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b> |              |                                   |
| <i>montelukast sodium</i>               | 1            |                                   |
| <i>zafirlukast</i>                      | 1            |                                   |
| <b>MAST CELL STABILIZERS</b>            |              |                                   |
| <i>cromolyn sodium</i>                  | 1            | QL (2 boxes every 30 days)        |
| <b>MISCELLANEOUS</b>                    |              |                                   |
| <i>acetylcysteine</i>                   | 1            |                                   |
| <i>roflumilast</i>                      | 1            | PA                                |
| <i>sodium chloride (inhalant)</i>       | 1            |                                   |
| <b>NASAL STEROIDS</b>                   |              |                                   |
| <i>flunisolide (nasal)</i>              | 1            | QL (3 containers every 30 days)   |
| <i>fluticasone propionate (nasal)</i>   | 1            | QL (1 container every 30 days)    |
| <i>mometasone furoate (nasal)</i>       | 1            | QL (2 packages every 30 days)     |
| OMNARIS                                 | 3            | QL (1 package every 30 days)      |
| <i>triamcinolone acetonide (nasal)</i>  | 1            | QL (1 package every 30 days), OTC |
| <b>PULMONARY FIBROSIS AGENTS</b>        |              |                                   |
| <i>nintedanib esylate</i>               | 4            | PA, QL (60 caps every 30 days)    |
| <i>pirfenidone caps</i>                 | 4            | PA, QL (270 caps every 30 days)   |
| <i>pirfenidone tabs 267mg</i>           | 4            | PA, QL (270 tabs every 30 days)   |
| <i>pirfenidone tabs 801mg</i>           | 4            | PA, QL (90 tabs every 30 days)    |
| <b>RESPIRATORY THERAPY SUPPLIES</b>     |              |                                   |
| AEROCHAMBER PLUS FLOW VU                | 2            |                                   |
| CLEVER CHOICE ANTI-STATIC               | 2            | OTC                               |
| FLEXICHAMBER CHILD MASK/S               | 2            |                                   |
| PEDIATRIC PANDA MASK                    | 2            | OTC                               |

| Nombre del Medicamento      | Nivel | Requisitos/Límites                                                        |
|-----------------------------|-------|---------------------------------------------------------------------------|
| <b>SEVERE ASTHMA AGENTS</b> |       |                                                                           |
| DUPIXENT 200MG/1.14ML       | 4     | PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT 300MG/2ML          | 4     | PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis |
| FASENRA PEN                 | 4     | PA, QL (1 auto-injector every 28 days)                                    |
| NUCALA SOAJ                 | 4     | PA, QL (3 autoinjectors every 28 days)                                    |
| NUCALA SOSY 40MG/0.4ML      | 4     | PA, QL (1 syringe every 28 days)                                          |
| NUCALA SOSY 100MG/ML        | 4     | PA, QL (3 syringes every 28 days)                                         |

#### **STEROID INHALANTS**

|                                          |   |                               |
|------------------------------------------|---|-------------------------------|
| ALVESCO 80MCG/ACT                        | 3 | QL (3 packages every 30 days) |
| ALVESCO 160MCG/ACT                       | 3 | QL (2 packages every 30 days) |
| ASMANEX HFA                              | 2 | QL (1 package every 30 days)  |
| <i>budesonide (inhalation) 1mg/2ml</i>   | 1 | QL (1 box every 30 days)      |
| <i>budesonide (inhalation) .5mg/2ml</i>  | 1 | QL (2 boxes every 30 days)    |
| <i>budesonide (inhalation) .25mg/2ml</i> | 1 | QL (3 boxes every 30 days)    |
| <i>fluticasone furoate (inhalation)</i>  | 1 | QL (1 package every 30 days)  |

#### **STEROID/BETA-AGONIST COMBINATIONS**

|                                                 |   |                               |
|-------------------------------------------------|---|-------------------------------|
| AIRSUPRA                                        | 2 | QL (3 packages every 30 days) |
| BREO ELLIPTA                                    | 2 | QL (1 package every 30 days)  |
| <i>breyna</i>                                   | 1 | QL (3 packages every 30 days) |
| <i>budesonide-formoterol fumarate dihydrate</i> | 1 | QL (3 packages every 30 days) |
| <i>fluticasone-salmeterol</i>                   | 1 | QL (1 package every 30 days)  |

#### **XANTHINES**

|                     |   |  |
|---------------------|---|--|
| <i>theophylline</i> | 1 |  |
|---------------------|---|--|

#### **TOPICAL**

##### **DERMATOLOGY, ACNE**

|                                                   |   |                                                                     |
|---------------------------------------------------|---|---------------------------------------------------------------------|
| <i>adapalene</i>                                  | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| <i>adapalene-benzoyl peroxide</i>                 | 1 |                                                                     |
| <i>benzoyl peroxide-erythromycin</i>              | 1 | QL (47g every 30 days)                                              |
| <i>clindamycin phosphate (topical) foam; swab</i> | 1 |                                                                     |
| <i>clindamycin phosphate (topical) gel</i>        | 1 | QL (75g every 30 days)                                              |
| <i>clindamycin phosphate (topical) lotn; soln</i> | 1 | QL (60 mL every 30 days)                                            |

AGE - Límite de edad GNDR - Editar género OTC - Sin receta PA - Autorización previa QL 60  
 - Límites de Cantidad ST - Terapia por etapas  
 Efectivo 1/1/2027.  
 MC8477

| <b>Nombre del Medicamento</b>                               | <b>Nivel</b> | <b>Requisitos/Límites</b>                   |
|-------------------------------------------------------------|--------------|---------------------------------------------|
| <i>clindamycin phosphate-benzoyl peroxide</i>               | 1            | QL (50g every 30 days)                      |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1            | QL (45g every 30 days)                      |
| <i>ery</i>                                                  | 1            |                                             |
| <i>erythromycin (acne aid) gel</i>                          | 1            | QL (60g every 30 days)                      |
| <i>erythromycin (acne aid) soln</i>                         | 1            | QL (60 mL every 30 days)                    |
| <i>isotretinoin</i>                                         | 1            | PA                                          |
| <i>sulfacetamide sodium (acne)</i>                          | 1            |                                             |
| <i>tretinoin</i>                                            | 1            | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere</i>                                | 1            | PA; PA applies for members age 35 and older |

#### **DERMATOLOGY, ACTINIC KERATOSIS**

|                                              |   |  |
|----------------------------------------------|---|--|
| <i>diclofenac sodium (actinic keratoses)</i> | 3 |  |
| <i>fluorouracil (topical)</i>                | 1 |  |
| <i>imiquimod</i>                             | 1 |  |

#### **DERMATOLOGY, ANTIBIOTICS**

|                                     |   |                        |
|-------------------------------------|---|------------------------|
| <i>antiseptic products, misc.</i>   | 1 | OTC                    |
| <i>gentamicin sulfate (topical)</i> | 1 |                        |
| <i>mupirocin</i>                    | 1 | QL (30g every 30 days) |
| <i>silver sulfadiazine</i>          | 1 |                        |
| <i>ssd</i>                          | 1 |                        |
| SULFAMYLON                          | 3 |                        |

#### **DERMATOLOGY, ANTIFUNGALS**

|                                           |   |                             |
|-------------------------------------------|---|-----------------------------|
| <i>ciclopirox gel</i>                     | 1 | QL (120g every 30 days)     |
| <i>ciclopirox sham</i>                    | 1 | QL (120 mL every 30 days)   |
| <i>ciclopirox soln</i>                    | 1 |                             |
| <i>ciclopirox olamine crea</i>            | 1 | QL (120g every 30 days)     |
| <i>ciclopirox olamine susp</i>            | 1 | QL (120 mL every 30 days)   |
| <i>clotrimazole (topical) crea</i>        | 1 | QL (120g every 30 days)     |
| <i>clotrimazole (topical) soln</i>        | 1 | QL (120 mL every 30 days)   |
| <i>clotrimazole w/ betamethasone crea</i> | 1 | QL (60g every 30 days)      |
| <i>clotrimazole w/ betamethasone lotn</i> | 1 | QL (60 mL every 30 days)    |
| <i>econazole nitrate</i>                  | 1 | QL (60g every 30 days)      |
| ERTACZO                                   | 3 | QL (60g every 30 days)      |
| JUBLIA                                    | 3 | PA, QL (4 mL every 28 days) |
| <i>ketoconazole (topical)</i>             | 1 | QL (120g every 30 days)     |
| <i>luliconazole</i>                       | 3 | QL (60g every 30 days)      |
| <i>naftifine hcl</i>                      | 1 | QL (60g every 30 days)      |
| <i>nystatin (topical)</i>                 | 1 | QL (120g every 30 days)     |
| <i>nystatin-triamcinolone</i>             | 1 | QL (60g every 30 days)      |
| <i>nystop</i>                             | 1 | QL (120g every 30 days)     |
| <i>oxiconazole nitrate</i>                | 1 | QL (60g every 30 days)      |
| <i>sulconazole nitrate crea</i>           | 1 | QL (60g every 30 days)      |

| <b>Nombre del Medicamento</b>                               | <b>Nivel</b> | <b>Requisitos/Límites</b>                                                     |
|-------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|
| <i>sulconazole nitrate soln</i>                             | 1            | QL (60 mL every 30 days)                                                      |
| <b>DERMATOLOGY, ANTIPRURITIC</b>                            |              |                                                                               |
| <i>doxepin hcl (antipruritic)</i>                           | 3            |                                                                               |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                          |              |                                                                               |
| <i>acitretin</i>                                            | 1            |                                                                               |
| <i>calcipotriene</i>                                        | 1            | ST, QL (60 mL every 30 days); PA**                                            |
| <i>calcipotriene-betamethasone dipropionate</i>             | 3            | ST, QL (60g every 30 days); PA**                                              |
| <i>calcitriol (topical)</i>                                 | 3            | ST, QL (100g every 30 days); PA**                                             |
| <i>methoxsalen rapid</i>                                    | 1            |                                                                               |
| <i>tazarotene</i>                                           | 1            | PA                                                                            |
| ZORYVE                                                      | 2            |                                                                               |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                         |              |                                                                               |
| <i>ketoconazole (topical)</i>                               | 1            | QL (120 mL every 30 days)                                                     |
| <i>selenium sulfide</i>                                     | 1            |                                                                               |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>                       |              |                                                                               |
| DUPIXENT 200MG/1.14ML                                       | 4            | PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| DUPIXENT 300MG/2ML                                          | 4            | PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis |
| EBGLYSS SOAJ                                                | 4            | PA, QL (2 pens every 28 days)                                                 |
| EBGLYSS SOSY                                                | 4            | PA, QL (2 syringes every 28 days)                                             |
| EUCRISA                                                     | 2            | ST, QL (60g every 30 days); PA**                                              |
| <i>pimecrolimus</i>                                         | 3            | ST; PA**                                                                      |
| <i>tacrolimus (topical)</i>                                 | 3            | ST; PA**                                                                      |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                         |              |                                                                               |
| <i>ala-cort</i>                                             | 1            | QL (120g every 30 days)                                                       |
| <i>alclometasone dipropionate</i>                           | 1            | QL (120g every 30 days)                                                       |
| <i>amcinonide</i>                                           | 1            | QL (120g every 30 days)                                                       |
| <i>betamethasone dipropionate (topical) crea</i>            | 1            | QL (120g every 30 days)                                                       |
| <i>betamethasone dipropionate (topical) lotn</i>            | 1            | QL (120 mL every 30 days)                                                     |
| <i>betamethasone dipropionate augmented crea; gel; oint</i> | 1            | QL (120g every 30 days)                                                       |
| <i>betamethasone dipropionate augmented lotn</i>            | 1            | QL (120 mL every 30 days)                                                     |
| <i>betamethasone valerate crea; foam; oint</i>              | 1            | QL (120g every 30 days)                                                       |
| <i>betamethasone valerate lotn</i>                          | 1            | QL (120 mL every 30 days)                                                     |
| BRYHALI                                                     | 2            | QL (120 mL every 30 days)                                                     |
| <i>clobetasol propionate crea; foam; gel; oint</i>          | 1            | QL (120g every 30 days)                                                       |

| <b>Nombre del Medicamento</b>                              | <b>Nivel</b> | <b>Requisitos/Límites</b>          |
|------------------------------------------------------------|--------------|------------------------------------|
| <i>clobetasol propionate liqd; lotn; sham; soln</i>        | 1            | QL (120 mL every 30 days)          |
| <i>clobetasol propionate emo</i>                           | 1            | QL (120g every 30 days)            |
| <i>clocortolone pivalate</i>                               | 3            | QL (120g every 30 days)            |
| <i>desonide crea; oint</i>                                 | 1            | QL (120g every 30 days)            |
| <i>desonide lotn</i>                                       | 1            | QL (120 mL every 30 days)          |
| <i>desoximetasone crea; gel; oint</i>                      | 1            | QL (120g every 30 days)            |
| <i>desoximetasone liqd</i>                                 | 3            | QL (120 mL every 30 days)          |
| <i>diflorasone diacetate</i>                               | 3            | QL (120g every 30 days)            |
| <i>fluocinolone acetonide crea; oint</i>                   | 1            | QL (120g every 30 days)            |
| <i>fluocinolone acetonide oil; soln</i>                    | 1            | QL (120 mL every 30 days)          |
| <i>fluocinonide crea; gel; oint</i>                        | 1            | QL (120g every 30 days)            |
| <i>fluocinonide soln</i>                                   | 1            | QL (120 mL every 30 days)          |
| <i>fluticasone propionate crea; oint</i>                   | 1            | QL (120g every 30 days)            |
| <i>fluticasone propionate lotn</i>                         | 1            | QL (120 mL every 30 days)          |
| <i>halobetasol propionate</i>                              | 1            | QL (120g every 30 days)            |
| <i>hydrocortisone (topical) crea; oint</i>                 | 1            | QL (120g every 30 days)            |
| <i>hydrocortisone (topical) lotn</i>                       | 1            | QL (120 mL every 30 days)          |
| <i>hydrocortisone butyrate crea; oint</i>                  | 1            | QL (120g every 30 days)            |
| <i>hydrocortisone butyrate soln</i>                        | 1            | QL (120 mL every 30 days)          |
| <i>hydrocortisone valerate</i>                             | 1            | QL (120g every 30 days)            |
| <i>mometasone furoate crea; oint</i>                       | 1            | QL (120g every 30 days)            |
| <i>mometasone furoate soln</i>                             | 1            | QL (120 mL every 30 days)          |
| <i>triamcinolone acetonide (topical) crea; oint</i>        | 1            | QL (120g every 30 days)            |
| <i>triamcinolone acetonide (topical) lotn</i>              | 1            | QL (120 mL every 30 days)          |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                      |              |                                    |
| <i>lidocaine oint</i>                                      | 1            | QL (50g every 30 days)             |
| <i>lidocaine ptch</i>                                      | 1            | PA, QL (90 patches every 30 days)  |
| <i>lidocaine hcl prsy</i>                                  | 1            | QL (60 mL every 30 days)           |
| <i>lidocaine hcl soln</i>                                  | 1            | QL (50 mL every 30 days)           |
| <i>lidocaine pain relief pat</i>                           | 1            | QL (30 patches every 30 days), OTC |
| <i>lidocaine-prilocaine</i>                                | 1            | QL (30g every 30 days)             |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |              |                                    |
| <i>acyclovir topical</i>                                   | 3            |                                    |
| <i>bexarotene (topical)</i>                                | 4            | PA                                 |
| <i>lactic acid (ammonium lactate)</i>                      | 1            |                                    |
| <i>nitroglycerin (intra-anal)</i>                          | 1            |                                    |
| <i>penciclovir</i>                                         | 1            |                                    |
| <i>podofilox</i>                                           | 1            |                                    |
| <b>DERMATOLOGY, ROSACEA</b>                                |              |                                    |
| <i>azelaic acid</i>                                        | 1            |                                    |
| <i>brimonidine tartrate (topical)</i>                      | 1            | PA                                 |
| <b>FINACEA</b>                                             | 2            |                                    |

| <b>Nombre del Medicamento</b>                    | <b>Nivel</b> | <b>Requisitos/Límites</b>      |
|--------------------------------------------------|--------------|--------------------------------|
| <i>ivermectin (rosacea)</i>                      | 1            | PA                             |
| <i>metronidazole (topical) crea; gel</i>         | 1            | QL (60g every 30 days)         |
| <i>metronidazole (topical) lotn</i>              | 1            | QL (60 mL every 30 days)       |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b> |              |                                |
| <i>crotan</i>                                    | 1            |                                |
| <i>cvs ivermectin lice treat</i>                 | 1            | OTC                            |
| <i>malathion</i>                                 | 1            |                                |
| <i>permethrin</i>                                | 1            |                                |
| <i>sb lice treatment</i>                         | 1            | OTC                            |
| <i>spinosad</i>                                  | 1            |                                |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>            |              |                                |
| <i>sodium chloride (gu irrigant)</i>             | 1            |                                |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                |              |                                |
| <i>cevimeline hcl</i>                            | 1            |                                |
| <i>chlorhexidine gluconate (mouth-throat)</i>    | 1            |                                |
| <i>clotrimazole</i>                              | 1            | QL (90 lozenges every 30 days) |
| <i>lidocaine hcl (mouth-throat)</i>              | 1            |                                |
| <i>nystatin (mouth-throat)</i>                   | 1            |                                |
| <i>oralone dental paste</i>                      | 1            |                                |
| <i>ORAVIG</i>                                    | 3            | QL (14 tabs every 30 days)     |
| <i>periogard</i>                                 | 1            |                                |
| <i>pilocarpine hcl (oral)</i>                    | 1            |                                |
| <i>triamcinolone acetonide (mouth)</i>           | 1            |                                |
| <b>OTIC</b>                                      |              |                                |
| <i>acetic acid (otic)</i>                        | 1            |                                |
| <i>ciprofloxacin hcl (otic)</i>                  | 1            |                                |
| <i>ciprofloxacin-dexamethasone</i>               | 1            |                                |
| <i>ciprofloxacin-fluocinolone acetonide</i>      | 3            |                                |
| <i>CORTISPORIN-TC</i>                            | 3            |                                |
| <i>fluocinolone acetonide (otic)</i>             | 1            |                                |
| <i>hydrocortisone w/acetic acid</i>              | 1            |                                |
| <i>neomycin-polymyxin-hc (otic)</i>              | 1            |                                |
| <i>ofloxacin (otic)</i>                          | 1            |                                |

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