



2019 Formulary (List of Covered Drugs)

Please read: This document contains information about the drugs we cover in this plan.

This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Simply Select (HMO), Member Services Department toll-free at 1-877-577-0115 or, for TTY users, 711. From October 1 to March 31, we are open seven days a week from 8:00 a.m. - 8:00 p.m. ET. Beginning April 1 to September 30, we are open Monday through Friday, 8:00 a.m. - 8:00 p.m. ET., or visit <https://shop.simplyhealthcareplans.com/medicare>.

Formulario 2019 (Lista de Medicamentos Cubiertos)

Favor, leer: Este documento contiene información sobre los medicamentos que cubrimos en este plan.

Este formulario se actualizó el 1.º de noviembre de 2019. Para obtener información más reciente o para preguntas, por favor llame a Simply Select (HMO), Servicios al Afiliado sin cargo al 1-877-577-0115 o, para usuarios de TTY, al 711. Del 1 de octubre al 31 de marzo, atendemos siete días a la semana de 8:00 a.m. - 8:00 p.m. ET. Del 1 de abril al 30 de septiembre, atendemos de lunes a viernes, de 8:00 a.m. - 8:00 p.m. ET., o visite <https://shop.simplyhealthcareplans.com/medicare>. Continúa en la página 9.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Simply Healthcare Plans. When it refers to “plan” or “our plan,” it means Simply Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is the Simply Select (HMO) formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Simply Select (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription

for *donepezil*. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Simply Select (HMO)'s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

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

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

How do I request an exception to the Simply Select (HMO)'s formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

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

You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.

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

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

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

If you are a resident of a long-term-care facility and, you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

For more detailed information about our plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last

updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Our plan's formulary

The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PAR – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-877-577-0115, From October 1 to March 31, we are open seven days a week from 8:00 a.m. - 8:00 p.m. ET. Beginning April 1 to September 30, we are

open Monday through Friday, 8:00 a.m. - 8:00 p.m. ET. TTY/TDD users should call 711.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic

Network Pharmacy with standard cost-sharing (30-day supply), Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
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Cost-Sharing Tier 2: Generic

Network Pharmacy with standard cost-sharing (30-day supply), Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
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Cost-Sharing Tier 3: Preferred Brand

Network Pharmacy with standard cost-sharing (30-day supply), Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%
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Cost-Sharing Tier 4: Nonpreferred Brand

Network Pharmacy with standard cost-sharing (30-day supply), Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%
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Cost-Sharing Tier 5: Specialty Tier*

Network Pharmacy with standard cost-sharing (30-day supply), Mail-Order Pharmacy** (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%
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Please refer to our Evidence of Coverage for more information on cost sharing.

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.

* A long-term supply is not available for drugs in the Tier 4: Non-preferred brand tier or Tier 5: Specialty Tier

** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PAR – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

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ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Importante para los miembros existentes:

Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros,” “nos” o “nuestro,” está hablando de Simply Healthcare Plans. Cuando se refiere a “plan” o “nuestro plan,” está hablando de Simply Select (HMO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está actualizada al 1.º de diciembre de 2019. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y contraportada.

Para poder utilizar su beneficio para medicamentos recetados, por lo general, debe recurrir a farmacias de la red. Los beneficios, el formulario la red de farmacias, y/o los copagos/coseguros pueden cambiar a partir del 1.º de enero de 2020, y periódicamente durante el año.

El formulario, la red de farmacias y/o la red de proveedores pueden cambiar en cualquier momento. Recibirá una notificación cuando sea necesario.

¿Qué es el formulario de Simply Select (HMO)?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención de la salud, que representa las terapias recetadas consideradas como una parte necesaria de un programa de tratamiento de calidad.

Nuestro plan, generalmente, cubrirá los medicamentos enumerados en nuestro formulario siempre y cuando el mismo sea medicamento necesario, la receta se complete en una farmacia de la red y se cumplan otras normas del plan. Para obtener más información sobre cómo abastecer sus recetas, consulte su Evidencia de Cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

Por lo general, si está tomando un medicamento de nuestro formulario 2019 que tenía cobertura a principios de año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2019, excepto si está disponible un medicamento genérico más barato o cuando se divulgue nueva información sobre la seguridad o efectividad de un medicamento, o si el medicamento se retira del mercado. (Consulte las viñetas a continuación para obtener más información sobre los cambios que afectan a los miembros que actualmente toman el medicamento). Otros tipos de cambios en el formulario, como eliminar un medicamento de nuestro formulario, no afectarán a los miembros que estén tomando actualmente dicho medicamento. Seguirá disponible con la misma distribución de costos para los miembros que lo tomen durante el resto del año de cobertura. Para nosotros es importante que tenga acceso continuo durante el resto del año de cobertura. A continuación se muestran los cambios en la lista de medicamentos que también afectarán a los miembros que actualmente toman un medicamento:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo estamos reemplazando con un medicamento genérico nuevo que aparecerá en el mismo nivel de distribución de costos o uno inferior y con las mismas o menos restricciones. Además, cuando agregamos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de Medicamentos, pero

moverlo inmediatamente a un nivel diferente de distribución de costos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de hacer ese cambio, pero luego le brindaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos dicho cambio, usted o su emisor de recetas pueden solicitarnos hacer una excepción y que continuemos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre los pasos que puede seguir para solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción para el Formulario de Simply Select (HMO)?”

- **Medicamentos eliminados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario e informaremos a los miembros que toman dicho medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente incluido en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costo compartido. O podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos una autorización previa, límites de cantidad y/o restricciones de terapia escalonada de un medicamento, o cambiamos un medicamento a un nivel superior de distribución de costos, debemos notificar dicho cambio a los miembros afectados al menos 30 días antes de que dicho cambio se haga efectivo o en el momento en que el miembro solicite que le resurtan el medicamento, momento en el que el miembro recibirá suministro del medicamento por 30 días.

El formulario adjunto está actualizado al 1.º de diciembre de 2019. Para obtener información actualizada sobre los medicamentos que cubre nuestro plan, comuníquese con nosotros. Nuestra información de contacto figura en la portada y contraportada. Si se realiza cualquier otro tipo de cambio en el formulario aprobado (que no sea de mantenimiento) durante el año, lo notificaremos enviándole una lista de dichos cambios o un formulario actualizado.

¿Cómo utilizo el formulario?

Existen dos maneras de encontrar su medicamento dentro del formulario:

Afección médica

El formulario comienza en la página 8. Los medicamentos en este formulario están agrupados en categorías basadas en el tipo de afección médica para las que se utilizan. Por ejemplo, los medicamentos para tratar una afección cardíaca están enumerados en la categoría “Cardiovascular, Hypertension/Lipids”. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que empieza en la página 8. Luego busque su medicamento bajo el nombre de la categoría correspondiente.

Lista en orden alfabético

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 94. El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento verá el número de página en la que puede encontrar información de cobertura. Vaya a la página que se enumera en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aquel aprobado por la FDA porque tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos son más económicos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

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

Autorización previa: Nuestro plan requiere que usted o su médico tengan una autorización previa para determinados medicamentos. Esto significa que necesita obtener aprobación de nuestro plan antes de poder abastecer su receta. Si no obtiene la aprobación, nuestro plan podría no cubrir el medicamento.

Límites de cantidad: Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que nuestro plan cubrirá. Por ejemplo, nuestro plan ofrece 30 tabletas por receta de *donepezil*. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

Terapia escalonada: En algunos casos, nuestro plan requiere que usted pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, es posible que nuestro plan no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, nuestro plan cubrirá el medicamento B.

Usted puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que empieza en la página 8. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y contraportada.

Puede solicitar una excepción a nuestro plan para estas restricciones o límites, o solicitar una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Simply Select (HMO)?” en la página 12 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Servicio de Atención al Cliente de y consultar si su medicamento está cubierto.

Si le informan que nuestro plan no cubre su medicamento, tiene dos opciones:

Puede solicitar al Servicio de Atención al Cliente de una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.

Puede solicitar al plan que realice una excepción y brindar cobertura para su medicamento. Consulte lo que se describe a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción para el formulario de Simply Select (HMO)?

Puede solicitar que nuestro plan haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos:

Puede solicitarnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de distribución de costos predeterminado, y usted no podrá solicitarnos que le suministremos dicho medicamento a un nivel de distribución de costos menor.

Puede solicitarnos que cubramos un medicamento del formulario en un nivel de distribución de costos más bajo. Si se aprueba, esto disminuiría la cantidad que debe pagar por su medicamento.

Puede solicitar que eximamos las restricciones o limitaciones de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitar que eximamos el límite y que cubramos más.

Por lo general, nuestro plan aprobará su solicitud de una excepción únicamente si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de

menor nivel o las restricciones de utilización adicional no son favorables para tratar su afección y/o harán que padezca efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de formulario o de restricción de utilización. **Al solicitar una excepción de formulario o de restricción de utilización deberá enviar una declaración de su emisor de recetas o médico justificando su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas después de obtener la declaración en la que su emisor de recetas realiza la justificación. Puede solicitar una excepción urgente (rápida) si usted o su médico creen que su salud corre un riesgo grave al esperar hasta 72 horas por una decisión. Si se le otorga la solicitud de agilización, debemos darle una respuesta dentro de las 24 horas luego de recibir la declaración justificatoria del médico o de otro emisor de recetas.

¿Qué hago antes de hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o que continúa en nuestro plan, podría estar tomando medicamentos que no están en nuestro formulario. O podría estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede necesitar una autorización previa de nuestra parte antes de poder abastecer su receta. Deberá hablar con su médico para decidir si debe cambiar a un medicamento adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que está tomando. Mientras consulta con su médico el curso de acción acorde para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en los que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si en su receta figuran menos días, permitiremos que le entreguen abastecimientos hasta un suministro máximo de 30 días de medicamento. Luego de su primer suministro para 30 días, no pagaremos estos medicamentos, aunque sea miembro del plan por menos de 90 días.

Si usted es residente de un centro de cuidado a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 34 días para ese medicamento mientras solicita una excepción al formulario.

Mientras obtenga el suministro temporal de un medicamento, debe hablar con su médico o con el médico emisor de la receta para decidir qué debe hacer cuando se termine el suministro temporal. Puede llamar al Servicio de Atención al Cliente de para solicitar una lista de medicamentos cubiertos que traten la misma afección médica. Esta lista puede ayudar a que su médico encuentre un medicamento cubierto que le dé resultado mientras usted sigue tramitando una excepción al formulario. Consulte la Evidencia de Cobertura para obtener más información sobre las excepciones.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de nuestro plan, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y contraportada.

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

El formulario de nuestro plan

El formulario en la página 16 proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 94.

La primera columna del cuadro enumera el nombre del medicamento. Los medicamentos de marca figuran en letra mayúscula (por ej., SPIRIVA) y los medicamentos

genéricos están enumerados en letra minúscula y cursiva (por ej., *atenolol*).

La información en la columna Requisitos/Límites le indica si nuestro plan tiene algunos requisitos especiales para la cobertura de su medicamento.

QLL - Límites de cantidad: Limita la frecuencia, cantidad o dosis de medicamento para la cual puede obtener beneficios cada vez que se le abastezca una receta (generalmente una vez por mes).

PAR - Autorización previa: El proceso de obtener la aprobación para determinadas recetas antes de aprobar los beneficios. Usted, su médico u otro proveedor de la red necesitarán solicitar autorización previa antes de abastecer la receta.

ST - Terapia escalonada: El proceso de probar por primera vez determinado medicamento o medicamentos para determinar si el o los mismos tratarán su afección médica antes de que su plan cubra otro medicamento para dicha afección.

B/D PAR – Parte B vs. Parte D: Este medicamento puede estar cubierto por los beneficios para los medicamentos recetados de la Parte D o como un medicamento de la Parte B bajo sus beneficios médicos, según lo determine Medicare.

LA - Acceso limitado: Esta receta puede estar disponible solo en ciertas farmacias. Para más información, consulte su Directorio de Farmacias o llame al Servicio a Afiliados al 1-877-577-0115, del 1 de octubre al 31 de marzo, atendemos siete días a la semana de 8:00 a.m. - 8:00 p.m. ET. Del 1 de abril al 30 de septiembre, atendemos de lunes a viernes, de 8:00 a.m. - 8:00 p.m. ET. los usuarios de TTY/TDD deben llamar al 711.

MO - Pedidos por correo: Medicamentos recetados que se pueden ordenar por correo. Espere hasta 14 días a partir de la fecha en que la receta es ordenada para procesarla y enviarla por correo. Para los usuarios nuevos de la farmacia de entrega a domicilio, tenga al menos un suministro de 30 días de medicamentos a mano cuando se realiza una solicitud a la farmacia de entrega a domicilio.

ED – Medicamentos excluidos: Por lo general, este medicamento con receta no está cubierto en un Plan de

Medicamentos Recetados de Medicare. El monto que paga cuando abastece una receta para este medicamento no cuenta para el costo total de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para una cobertura catastrófica). Además, si recibe ayuda extra para pagar sus medicamentos recetados, no recibirá ayuda extra para pagar este medicamento. Consulte su Evidencia de Cobertura para obtener más información.

CG - Etapa sin cobertura: Brindamos cobertura adicional de este medicamento recetado en la etapa sin cobertura. Tenga a bien consultar su Evidencia de Cobertura para más información sobre esta cobertura.

Distribución de costos por un suministro de un mes de un medicamento recetado y cubierto de la Parte D durante la Etapa de Cobertura Inicial:

Distribución de costos Nivel 1: Medicamentos genéricos preferidos

Farmacia de la red con distribución de costos estándar (suministro para 30 días), Farmacia de venta por correo** (suministro para 30 días) \$0.00
o Farmacia de centro de atención a largo plazo (suministro para 34 días)

Distribución de costos Nivel 2: Medicamentos genéricos

Farmacia de la red con distribución de costos estándar (suministro para 30 días), Farmacia de venta por correo** (suministro para 30 días) \$0.00
o Farmacia de centro de atención a largo plazo (suministro para 34 días)

Distribución de costos Nivel 3: Medicamentos de marca preferidos

Farmacia de la red con distribución de costos estándar (suministro para 30 días), Farmacia de venta por correo** (suministro para 30 días) 25 %
o Farmacia de centro de atención a largo plazo (suministro para 34 días)

Distribución de costos Nivel 4: Medicamentos de marca no preferidos

Farmacia de la red con distribución de costos estándar (suministro para 30 días), Farmacia de venta por correo** (suministro para 30 días) 25 %
o Farmacia de centro de atención a largo plazo (suministro para 34 días)

Distribución de costos Nivel 5: Medicamentos especializados*

Farmacia de la red con distribución de costos estándar (suministro para 30 días), Farmacia de venta por correo** (suministro para 30 días) 25 %
o Farmacia de centro de atención a largo plazo (suministro para 34 días)

Tenga a bien consultar nuestra Evidencia de Cobertura para obtener más información sobre la distribución de costos.

El monto a pagar dependerá de si califica para el subsidio por bajos ingresos (LIS), también conocido como programa de “Ayuda Extra” (Extra Help) de Medicare.

* El suministro prolongado no está disponible para los medicamentos del Nivel 4: Nivel de marca no preferido o Nivel 5: Medicamentos Especiales

** Pedido de farmacia por correo – Servicio de pedido de farmacia le permite pedir un suministro de medicamentos de 30 a 90. Los medicamentos disponibles a través del servicio de venta por correo de nuestro plan figuran como medicamentos de “venta por correo” en nuestra lista de medicamentos.

Medicamentos cubiertos por la Categoría Terapéutica

Leyenda

Los medicamentos genéricos figuran en letra minúscula y cursiva (por ej., *atenolol*).

Los medicamentos de marca figuran en letra mayúscula (por ej., SPIRIVA).

QLL - Límites de cantidad: Limita la frecuencia, cantidad o dosis de medicamento para la cual puede obtener beneficios cada vez que se le abastezca una receta (generalmente una vez por mes).

PAR - Autorización previa: El proceso de obtener la aprobación para determinadas recetas antes de aprobar los beneficios. Usted, su médico u otro proveedor de la red necesitarán solicitar autorización previa antes de abastecer la receta.

ST - Terapia escalonada: El proceso de probar por primera vez determinado medicamento o medicamentos para determinar si el o los mismos tratarán su afección médica antes de que su plan cubra otro medicamento para dicha afección.

B/D - Parte B vs. Parte D: Este medicamento puede estar cubierto por los beneficios para los medicamentos recetados de la Parte D o como un medicamento de la Parte B bajo sus beneficios médicos, según lo determine Medicare.

LA - Acceso limitado: Esta receta puede estar disponible solo en ciertas farmacias. Para más información, consulte su Directorio de Farmacias o llame al Servicio a Afiliados al 1-877-577-0115, del 1 de octubre al 31 de marzo, atendemos siete días a la semana de 8:00 a.m. - 8:00 p.m. ET. Del 1 de abril al 30 de septiembre, atendemos de lunes a viernes, de 8:00 a.m. - 8:00 p.m. ET. Los usuarios de TTY/TDD deben llamar al 711.

MO - Pedidos por correo: Medicamentos recetados que se pueden ordenar por correo. Espere hasta 14 días a partir de la fecha en que la receta es ordenada para procesarla y enviarla por correo. Para los usuarios nuevos de la farmacia de entrega a domicilio, tenga al menos un suministro de 30 días de medicamentos a mano cuando se realiza una solicitud a la farmacia de entrega a domicilio.

ED – Medicamentos excluidos: Por lo general, este medicamento con receta no está cubierto en un Plan de Medicamentos Recetados de Medicare. El monto que paga cuando abastece una receta para este medicamento no cuenta para el costo total de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para una cobertura catastrófica). Además, si recibe ayuda extra para pagar sus medicamentos recetados, no recibirá ayuda extra para pagar este medicamento. Consulte su Evidencia de Cobertura para obtener más información.

CG - Etapa sin cobertura: Brindamos cobertura adicional de este medicamento recetado en la etapa sin cobertura. Tenga a bien consultar su Evidencia de Cobertura para más información sobre esta cobertura.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
Anti - Infectives		
<i>abacavir oral solution</i>	2	MO; CG; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	5	QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	QLL (60 per 30 days)
ABELCET	5	B/D PAR
<i>acyclovir oral capsule</i>	1	MO; CG
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO; CG
<i>acyclovir oral tablet</i>	1	MO; CG
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	1	B/D PAR; MO; CG
<i>adefovir</i>	2	PAR; MO; CG
<i>albendazole</i>	2	MO; CG
ALBENZA	5	
ALINIA ORAL TABLET	4	QLL (6 per 30 days)
<i>amantadine hcl</i>	1	MO; CG
AMBISOME	4	B/D PAR
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO; CG
<i>amoxicillin oral capsule</i>	1	MO; CG
<i>amoxicillin oral suspension for reconstitution</i>	1	MO; CG
<i>amoxicillin oral tablet</i>	1	MO; CG
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO; CG
<i>amoxicillin-pot clavulanate</i>	2	MO; CG
<i>amphotericin b</i>	2	B/D PAR; MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>ampicillin oral capsule 250 mg</i>	1	CG
<i>ampicillin oral capsule 500 mg</i>	1	MO; CG
<i>ampicillin sodium injection</i>	1	MO; CG
<i>ampicillin sodium intravenous</i>	1	CG
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO; CG
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	CG
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	CG
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO; CG
APTIVUS ORAL CAPSULE	5	QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	5	QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	5	QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR
<i>atovaquone-proguanil</i>	2	MO; CG
ATRIPLA	5	QLL (30 per 30 days)
AVELOX IN NACL (ISO-OSMOTIC)	4	
AVYCAZ	5	
<i>azithromycin intravenous</i>	1	MO; CG
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO; CG

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO; CG
<i>aztreonam</i>	2	MO; CG
BARACLUDE ORAL SOLUTION	5	PAR
BETHKIS	5	B/D PAR
BICILLIN C-R	4	
BICILLIN L-A	4	
BIKTARVY	5	QLL (30 per 30 days)
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	PAR; LA
<i>cefaclor oral capsule</i>	1	MO; CG
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO; CG
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	CG
<i>cefadroxil oral capsule</i>	2	MO; CG
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO; CG
<i>cefadroxil oral tablet</i>	2	MO; CG
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO; CG
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	CG
<i>cefazolin intravenous</i>	2	CG
<i>cefdinir</i>	2	MO; CG
<i>cefepime in dextrose 5 %</i>	2	MO; CG
<i>cefepime injection</i>	2	MO; CG
<i>cefixime</i>	2	MO; CG
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	CG
<i>cefotetan injection solution</i>	2	CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>cefoxitin in dextrose, isosm</i>	2	CG
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO; CG
<i>cefoxitin intravenous recon soln 10 gram</i>	2	CG
<i>cefpodoxime</i>	2	MO; CG
<i>cefprozil</i>	2	MO; CG
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO; CG
<i>ceftazidime injection recon soln 6 gram</i>	2	CG
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO; CG
<i>ceftriaxone injection recon soln 10 gram, 100 gram</i>	2	CG
<i>ceftriaxone intravenous</i>	2	MO; CG
<i>cefuroxime axetil oral tablet</i>	2	MO; CG
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO; CG
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO; CG
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	CG
<i>cephalexin oral capsule</i>	1	MO; CG
<i>cephalexin oral suspension for reconstitution</i>	1	MO; CG
<i>chloramphenicol sodium succinate</i>	1	CG
<i>chloroquine phosphate</i>	1	MO; CG
<i>cidofovir</i>	5	B/D PAR

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
CIMDUO	5	QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	1	MO; CG
<i>ciprofloxacin in 5 % dextrose</i>	1	MO; CG
<i>ciprofloxacin oral suspension</i>	2	CG
<i>clarithromycin</i>	2	MO; CG
<i>clindamycin hcl</i>	1	MO; CG
<i>clindamycin in 5 % dextrose</i>	1	MO; CG
<i>clindamycin palmitate hcl</i>	1	MO; CG
<i>clindamycin pediatric</i>	1	MO; CG
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO; CG
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO; CG
<i>clotrimazole mucous membrane</i>	1	MO; CG
COARTEM	4	
<i>colistin (colistimethate na)</i>	2	MO; CG
COMPLERA	5	QLL (30 per 30 days)
CRESEMBA	5	PAR
CRIVAN ORAL CAPSULE 200 MG	4	QLL (360 per 30 days)
CRIVAN ORAL CAPSULE 400 MG	4	QLL (180 per 30 days)
DALVANCE	5	
<i>dapsone oral</i>	2	MO; CG
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	
<i>daptomycin intravenous recon soln 500 mg</i>	5	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
DARAPRIM	5	
DELSTRIGO	5	QLL (30 per 30 days)
<i>demeclocycline</i>	2	MO; CG
DESCOVY	5	QLL (30 per 30 days)
<i>dicloxacillin</i>	1	MO; CG
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	2	CG; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO; CG; QLL (30 per 30 days)
DIFICID	5	PAR
DOVATO	5	QLL (30 per 30 days)
<i>doxy-100</i>	2	MO; CG
<i>doxycycline hyclate intravenous</i>	2	CG
<i>doxycycline hyclate oral capsule</i>	2	MO; CG
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO; CG
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral capsule</i>	2	MO; CG
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO; CG
<i>doxycycline monohydrate oral tablet</i>	2	MO; CG
<i>e.e.s. 400 oral tablet</i>	1	MO; CG
EDURANT	5	QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	MO; CG; QLL (120 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>efavirenz oral capsule 50 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	5	QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QLL (850 per 30 days)
<i>entecavir</i>	5	PAR
EPCLUSA	5	PAR; QLL (30 per 30 days)
<i>ertapenem</i>	2	MO; CG
<i>ery-tab oral tablet, delayed release (dr/lec) 250 mg, 333 mg</i>	2	MO; CG
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200	5	
ERYPED 400	5	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO; CG
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO; CG
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO; CG
<i>erythromycin oral capsule, delayed release (dr/lec)</i>	1	MO; CG
<i>erythromycin oral tablet</i>	1	MO; CG
<i>erythromycin oral tablet, delayed release (dr/lec)</i>	2	MO; CG
<i>ethambutol</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
EVOTAZ	5	QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; CG; QLL (21 per 7 days)
<i>fluconazole</i>	1	MO; CG
<i>fluconazole in nacl (is-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO; CG
<i>fluconazole in nacl (is-osm) intravenous piggyback 400 mg/200 ml</i>	1	CG
<i>flucytosine oral capsule 250 mg</i>	2	MO; CG
<i>flucytosine oral capsule 500 mg</i>	5	
<i>fosamprenavir</i>	5	QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PAR; MO; CG
<i>gentamicin in nacl (is-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO; CG
<i>gentamicin in nacl (is-osm) intravenous piggyback 120 mg/100 ml, 80 mg/100 ml</i>	1	CG
<i>gentamicin injection</i>	1	MO; CG
<i>gentamicin sulfate (ped) (pf)</i>	1	MO; CG
GENVOYA	5	QLL (30 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>griseofulvin microsize</i>	2	MO; CG
<i>griseofulvin ultramicrosize</i>	2	MO; CG
HARVONI ORAL TABLET 90-400 MG	5	PAR; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	1	MO; CG
<i>imipenem-cilastatin</i>	2	MO; CG
INTELENCE ORAL TABLET 100 MG	5	QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)
INVANZ INJECTION	4	
INVIRASE ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	5	QLL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	2	CG
<i>isoniazid oral solution</i>	2	MO; CG
<i>isoniazid oral tablet</i>	1	MO; CG
<i>itraconazole oral capsule</i>	2	PAR; MO; CG
<i>ivermectin oral</i>	2	MO; CG
JULUCA	5	QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QLL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>lamivudine oral solution</i>	2	MO; CG; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; CG
<i>lamivudine oral tablet 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	MO; CG; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	CG
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO; CG
<i>levofloxacin intravenous</i>	1	MO; CG
<i>levofloxacin oral</i>	1	MO; CG
LEXIVA ORAL SUSPENSION	4	QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	QLL (120 per 30 days)
LINCOCIN	3	MO
<i>lincomycin</i>	1	CG
<i>linezolid in dextrose 5% for reconstitution</i>	2	CG
<i>linezolid oral suspension</i>	2	PAR; MO; CG; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	PAR; QLL (56 per 28 days)
<i>lopinavir-ritonavir</i>	2	MO; CG; QLL (480 per 30 days)
<i>mefloquine</i>	2	MO; CG
<i>meropenem</i>	2	MO; CG
<i>methenamine hippurate</i>	2	MO; CG

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>metronidazole in nacl (iso-os)</i>	2	MO; CG
<i>metronidazole oral</i>	1	MO; CG
<i>minocycline oral capsule</i>	1	MO; CG
<i>mondoxyme nl oral capsule 100 mg, 75 mg</i>	2	MO; CG
MONUROL	4	
<i>morgidox</i>	2	MO; CG
<i>moxifloxacin oral</i>	2	MO; CG
<i>moxifloxacin-sod.ace,sul-water</i>	2	CG
<i>moxifloxacin-sod.chloride(iso)</i>	2	CG
MYCAMINE	5	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO; CG
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>nafcillin intravenous recon soln 1 gram</i>	5	
<i>nafcillin intravenous recon soln 2 gram</i>	2	MO; CG
NEBUPENT	4	B/D PAR
<i>neomycin</i>	1	MO; CG
<i>nevirapine oral suspension</i>	2	CG; QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO; CG
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal</i>	2	PAR; MO; CG
<i>nitrofurantoin macrocrystal</i>	2	PAR; MO; CG
<i>nitrofurantoin monohydrate-cryst</i>	2	PAR; MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
NORVIR ORAL POWDER IN PACKET	4	QLL (360 per 30 days)
NORVIR ORAL SOLUTION	3	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL INTRAVENOUS	5	
NOXAFIL ORAL	5	PAR
<i>nystatin oral suspension</i>	1	MO; CG
<i>nystatin oral tablet</i>	1	MO; CG
ODEFSEY	5	QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	2	CG
<i>ofloxacin oral tablet 400 mg</i>	2	MO; CG
<i>okebo oral capsule 75 mg</i>	2	MO; CG
ORBACTIV	5	
<i>oseltamivir</i>	2	MO; CG
<i>paromomycin</i>	1	MO; CG
<i>paser</i>	2	MO; CG
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	1	MO; CG
<i>penicillin g sodium</i>	1	MO; CG
<i>penicillin v potassium</i>	1	MO; CG
PENTAM	4	
<i>pentamidine injection</i>	2	CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
PIFELTRO	5	QLL (30 per 30 days)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO; CG
POSACONAZOLE ORAL TABLET, DELAYED RELEASE (DR/EC)	5	PAR
<i>praziquantel</i>	2	MO; CG
PREZCOBIX	5	QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QLL (300 per 30 days)
PRIFTIN	4	
PRIMAQUINE	4	
<i>pyrazinamide</i>	1	MO; CG
<i>quinine sulfate</i>	2	PAR; MO; CG
RELENZA DISKHALER	4	QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	QLL (180 per 30 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	2	MO; CG
<i>ribasphere oral tablet 600 mg</i>	5	
<i>ribasphere ribapak oral tablets, dose pack 600-600 mg (28)-mg (28)</i>	5	
<i>ribavirin oral capsule</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>ribavirin oral tablet 200 mg</i>	5	
<i>rifabutin</i>	2	MO; CG
<i>rifampin</i>	1	MO; CG
RIFATER	4	
<i>rimantadine</i>	2	MO; CG
<i>ritonavir</i>	2	MO; CG; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	5	QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QLL (60 per 30 days)
SIRTURO	5	PAR; LA
SIVEXTRO INTRAVENOUS	5	PAR
SIVEXTRO ORAL	5	PAR; QLL (6 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>streptomycin</i>	1	MO; CG
STRIBILD	5	QLL (30 per 30 days)
<i>sulfadiazine</i>	2	MO; CG
<i>sulfamethoxazole-trimethoprim</i>	1	MO; CG
<i>sulfatrim</i>	1	MO; CG
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
SUPRAX ORAL TABLET,CHEWABLE	4	
SYMFI	5	QLL (30 per 30 days)
SYMFI LO	5	QLL (30 per 30 days)
SYMTUZA	5	QLL (30 per 30 days)
SYNAGIS	5	PAR; LA
SYNERCID	5	
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TAZICEF INTRAVENOUS	2	CG
TEFLARO	5	
TEMIXYS	5	QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	5	QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	MO; CG
<i>tetracycline</i>	2	MO; CG
TIGECYCLINE	5	
<i>tinidazole</i>	2	MO; CG
TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	QLL (224 per 28 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	5	B/D PAR; QLL (280 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>tobramycin sulfate injection recon soln</i>	5	
<i>tobramycin sulfate injection solution</i>	1	MO; CG
TRECTOR	4	
<i>trimethoprim</i>	1	MO; CG
TRIUMEQ	5	QLL (30 per 30 days)
TROGARZO	5	QLL (10.64 per 28 days)
TRUVADA	5	QLL (30 per 30 days)
TYBOST	3	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	2	MO; CG; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	5	
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	CG
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO; CG
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	2	CG
<i>vancomycin oral capsule 125 mg</i>	5	PAR; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; QLL (80 per 10 days)
VEMLIDY	5	PAR; QLL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	4	QLL (1200 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	QLL (1200 per 30 days)
VIREAD ORAL POWDER	5	QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QLL (30 per 30 days)
<i>voriconazole intravenous</i>	2	MO; CG
<i>voriconazole oral suspension for reconstitution</i>	5	PAR
<i>voriconazole oral tablet 200 mg</i>	5	PAR
VORICONAZOLE ORAL TABLET 50 MG	4	PAR
VOSEVI	5	PAR; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PAR; QLL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; QLL (84 per 28 days)
XOFLUZA	3	MO
ZIAGEN ORAL SOLUTION	4	QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; CG; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; CG; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
Antineoplastic / Immunosuppressant Drugs		
<i>abiraterone</i>	5	PAR; QLL (120 per 30 days)
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PAR; MO; CG
<i>adriamycin intravenous solution</i>	2	B/D PAR; CG
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PAR; CG
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PAR; MO; CG
AFINITOR	5	PAR
AFINITOR DISPERZ	5	PAR
ALECENSA	5	PAR; QLL (240 per 30 days)
ALIMTA	5	PAR
ALIQOPA	5	PAR; LA
ALUNBRIG ORAL TABLET 180 MG	5	PAR; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PAR; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PAR; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PAR; QLL (30 per 180 days)
<i>anastrozole</i>	1	MO; CG; QLL (30 per 30 days)
ARRANON	5	B/D PAR
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PAR
ARZERRA	5	PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ASTAGRAF XL	4	B/D PAR
AVASTIN	5	PAR
<i>azacitidine</i>	5	PAR
AZASAN	4	B/D PAR
<i>azathioprine</i>	1	B/D PAR; MO; CG
<i>azathioprine sodium solution for injection</i>	2	B/D PAR; CG
BALVERSA ORAL TABLET 3 MG	5	PAR; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PAR; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PAR; LA; QLL (30 per 30 days)
BAVENCIO	5	PAR; LA
BELEODAQ	5	PAR
BESPONSA	5	B/D PAR
<i>bexarotene</i>	5	PAR; QLL (300 per 30 days)
<i>bicalutamide</i>	1	MO; CG; QLL (30 per 30 days)
BICNU	5	B/D PAR
<i>bleomycin</i>	2	B/D PAR; MO; CG
BLINCYTO INTRAVENOUS KIT	5	PAR
BORTEZOMIB	5	PAR
BOSULIF ORAL TABLET 100 MG	5	PAR; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PAR; LA; QLL (120 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; LA; QLL (180 per 30 days)
<i>busulfan</i>	2	B/D PAR; CG
BUSULFEX	4	B/D PAR
CABOMETYX	5	PAR; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PAR; MO; CG
<i>carmustine</i>	5	B/D PAR
<i>cisplatin intravenous solution</i>	2	B/D PAR; MO; CG
<i>cladribine</i>	5	B/D PAR
<i>clofarabine</i>	5	B/D PAR
CLOLAR	5	B/D PAR
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/ DAY (20 MG X 3/ DAY)	5	PAR; QLL (84 per 28 days)
COPIKTRA	5	PAR; LA; QLL (60 per 30 days)
COTELLIC	5	PAR; LA; QLL (90 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>cyclophosphamide oral capsule</i>	2	B/D PAR; MO; CG
<i>cyclosporine intravenous</i>	2	B/D PAR; CG
<i>cyclosporine modified</i>	2	B/D PAR; MO; CG
<i>cyclosporine oral capsule</i>	2	B/D PAR; MO; CG
CYRAMZA	5	PAR
<i>cytarabine</i>	2	B/D PAR; MO; CG
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PAR; MO; CG
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PAR; CG
<i>dacarbazine</i>	2	B/D PAR; MO; CG
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	PAR; LA
<i>daunorubicin intravenous solution</i>	2	B/D PAR; CG
DAURISMO ORAL TABLET 100 MG	5	PAR; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR
<i>dexrazoxane hcl</i>	5	B/D PAR
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PAR; MO; CG
<i>doxorubicin intravenous solution</i>	2	B/D PAR; MO; CG
<i>doxorubicin, peg-liposomal</i>	5	PAR
DROXIA	4	
ELIGARD	4	PAR; QLL (1 per 28 days)
ELIGARD (3 MONTH)	4	PAR; QLL (1 per 84 days)
ELIGARD (4 MONTH)	4	PAR; QLL (1 per 112 days)
ELIGARD (6 MONTH)	4	PAR; QLL (1 per 168 days)
ELITEK	5	PAR
EMCYT	4	
EMPLICITI	5	PAR
ENVARUSUS XR	4	B/D PAR
<i>epirubicin intravenous solution</i>	2	B/D PAR; MO; CG
ERBITUX	5	PAR
ERIVEDGE	5	PAR; QLL (30 per 30 days)
ERLEADA	5	PAR
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PAR; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PAR; QLL (90 per 30 days)
ERWINAZE	5	PAR
ETOPOPHOS	5	B/D PAR
<i>etoposide intravenous</i>	2	B/D PAR; MO; CG
EVOMELA	5	B/D PAR
<i>exemestane</i>	2	MO; CG; QLL (60 per 30 days)
FARESTON	5	QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; QLL (60 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; QLL (30 per 30 days)
FASLODEX	5	PAR
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	2	B/D PAR; MO; CG
<i>fluorouracil intravenous</i>	2	B/D PAR; MO; CG
<i>flutamide</i>	1	MO; CG
FOLOTYN	5	B/D PAR
<i>fulvestrant</i>	5	PAR
GAZYVA	5	PAR
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PAR; MO; CG
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PAR
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PAR; MO; CG
<i>gengraf oral solution</i>	2	B/D PAR; MO; CG
GILOTRIF	5	PAR; QLL (30 per 30 days)
GLEOSTINE	4	PAR
HALAVEN	5	PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
HERCEPTIN	5	B/D PAR
HYLECTA		
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PAR
<i>hydroxyurea</i>	1	MO; CG
IBRANCE	5	PAR; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; QLL (30 per 30 days)
<i>idarubicin</i>	5	B/D PAR
IDHIFA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PAR; LA; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PAR; MO; CG
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PAR; MO; CG
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PAR; CG
<i>imatinib oral tablet 100 mg</i>	5	PAR; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PAR; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PAR; QLL (30 per 30 days)
IMFINZI	5	PAR; LA

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
INLYTA ORAL TABLET 1 MG	5	PAR; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; QLL (120 per 30 days)
INREBIC	5	PAR; LA; QLL (120 per 30 days)
IRESSA	5	
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PAR; MO; CG
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PAR; CG
ISTODAX	5	PAR
IXEMPRA	5	PAR
JAKAFI ORAL TABLET 10 MG	5	PAR; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; QLL (300 per 30 days)
JEVTANA	5	PAR
KADCYLA	5	PAR
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR
KHAPZORY	5	PAR
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	5	PAR; QLL (49 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	5	PAR; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	5	PAR; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/ DAY (200 MG X 1)	5	PAR; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/ DAY (200 MG X 2)	5	PAR; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/ DAY (200 MG X 3)	5	PAR; QLL (63 per 21 days)
KYPROLIS	5	PAR
LENVIMA ORAL CAPSULE 10 MG/ DAY (10 MG X 1), 4 MG	5	PAR; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/ DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/ DAY(10 MG X 2-4 MG X 1)	5	PAR; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/ DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/ DAY (4 MG X 2)	5	PAR; QLL (60 per 30 days)
<i>letrozole</i>	1	MO; CG; QLL (30 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PAR; MO; CG
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PAR; CG
<i>leucovorin calcium oral</i>	1	MO; CG
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	2	PAR; MO; CG
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	2	PAR; CG
<i>levoleucovorin calcium intravenous solution</i>	5	PAR
LIBTAYO	5	PAR
LONSURF	5	PAR
LORBRENA ORAL TABLET 100 MG	5	PAR; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAR; QLL (90 per 30 days)
LUMOXITI	5	PAR
LUPRON DEPOT	5	PAR; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; QLL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PAR; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	5	PAR; QLL (1 per 168 days)
LUPRON DEPOT- PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PAR; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	5	PAR; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	
MATULANE	5	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	PAR; CG
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PAR; MO; CG
<i>megestrol oral tablet</i>	2	PAR; MO; CG
MEKINIST ORAL TABLET 0.5 MG	5	PAR; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; QLL (30 per 30 days)
MEKTOVI	5	PAR; LA; QLL (180 per 30 days)
<i>melphalan hcl</i>	2	B/D PAR; CG
<i>mercaptopurine</i>	1	MO; CG
<i>mesna</i>	2	PAR; MO; CG
MESNEX ORAL	4	PAR
<i>methotrexate sodium</i>	1	MO; CG
<i>methotrexate sodium (pf) injection recon soln</i>	1	CG
<i>methotrexate sodium (pf) injection solution</i>	1	MO; CG
MITOMYCIN INTRAVENOUS RECON SOLN 20 MG, 5 MG	4	B/D PAR
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR
<i>mitoxantrone</i>	1	B/D PAR; MO; CG
<i>mycophenolate mofetil hcl</i>	2	B/D PAR; CG
<i>mycophenolate mofetil oral capsule</i>	2	B/D PAR; MO; CG
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR
<i>mycophenolate mofetil oral tablet</i>	2	B/D PAR; MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>mycophenolate sodium</i>	2	B/D PAR; MO; CG
MYLOTARG	5	PAR; LA
NERLYNX	5	PAR; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; LA; QLL (120 per 30 days)
<i>nilutamide</i>	5	QLL (30 per 30 days)
NINLARO	5	PAR; QLL (3 per 28 days)
NIPENT	5	B/D PAR
NUBEQA	5	PAR; LA; QLL (120 per 30 days)
NULOJIX	5	PAR
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	4	PAR
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PAR; MO; CG
OCTREOTIDE ACETATE INJECTION SOLUTION 500 MCG/ML	4	PAR
ODOMZO	5	PAR; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR
OPDIVO	5	PAR
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PAR; MO; CG
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PAR; CG
<i>oxaliplatin intravenous solution</i>	2	B/D PAR; MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>paclitaxel</i>	2	B/D PAR; MO; CG
PERJETA	5	PAR
PIQRAY ORAL TABLET 200 MG/ DAY (200 MG X 1)	5	PAR; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/ DAY (200 MG X1-50 MG X1), 300 MG/ DAY (150 MG X 2)	5	PAR; QLL (56 per 28 days)
POLIVY	5	B/D PAR
POMALYST ORAL CAPSULE 1 MG	5	PAR; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; LA; QLL (30 per 30 days)
POTELIGEO	5	B/D PAR
PROGRAF INTRAVENOUS	5	B/D PAR
PROGRAF ORAL GRANULES IN PACKET	4	B/D PAR
PURIXAN	5	PAR
RAPAMUNE ORAL SOLUTION	5	B/D PAR
REVLIMID ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; LA; QLL (150 per 30 days)
RITUXAN	5	B/D PAR
RITUXAN HYCELA	5	B/D PAR
ROMIDEPSIN	5	PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ROZLYTREK ORAL CAPSULE 100 MG	5	PAR; LA; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PAR; LA; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	5	PAR; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; QLL (240 per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR
SIGNIFOR	5	PAR
SIGNIFOR LAR	5	PAR; QLL (1 per 28 days)
SIMULECT	5	B/D PAR
<i>sirolimus oral solution</i>	5	B/D PAR
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PAR; MO; CG
SIROLIMUS ORAL TABLET 2 MG	4	B/D PAR
SOLTAMOX	5	
SOMATULINE DEPOT	5	PAR
SPRYCEL	5	PAR; QLL (30 per 30 days)
STIVARGA	5	PAR; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; QLL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	PAR
SYNRIBO	5	PAR
TABLOID	4	
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PAR; MO; CG
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PAR
TAFINLAR	5	PAR; QLL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	5	PAR; LA; QLL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PAR; LA; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PAR; QLL (60 per 30 days)
<i>tamoxifen</i>	1	MO; CG
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; QLL (90 per 30 days)
TARGRETIN TOPICAL	5	PAR; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PAR; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PAR; QLL (56 per 28 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ ML)	5	PAR; LA; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/ 14 ML (60 MG/ML)	5	PAR; QLL (28 per 30 days)
<i>temsirolimus</i>	5	PAR
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; QLL (60 per 30 days)
<i>thiotepa</i>	2	B/D PAR; MO; CG
TIBSOVO	5	PAR; QLL (60 per 30 days)
<i>toposar</i>	2	B/D PAR; MO; CG
<i>topotecan</i>	5	B/D PAR
<i>toremifene</i>	5	QLL (30 per 30 days)
TORISEL	5	PAR
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PAR; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PAR; QLL (1 per 168 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PAR; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	5	
TREXALL ORAL TABLET 10 MG, 15 MG	4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ ML	5	B/D PAR
TURALIO	5	PAR; LA; QLL (120 per 30 days)
TYKERB	5	PAR; LA; QLL (180 per 30 days)
VECTIBIX	5	PAR
VELCADE	5	PAR
VENCLEXTA ORAL TABLET 10 MG	4	PAR; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PAR; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA; QLL (84 per 365 days)
VERZENIO	5	PAR; LA; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PAR; MO; CG
<i>vincristine</i>	2	B/D PAR; MO; CG
<i>vinorelbine</i>	2	B/D PAR; MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; LA; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; LA; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PAR; LA; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	5	PAR; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; QLL (30 per 30 days)
VOTRIENT	5	PAR; QLL (120 per 30 days)
VYXEOS	5	B/D PAR
XALKORI	5	PAR; QLL (60 per 30 days)
XATMEP	4	
XGEVA	5	PAR; QLL (1.7 per 28 days)
XOSPATA	5	PAR; LA; QLL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/ WEEK (20 MG X 5)	5	PAR; LA; QLL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/ WEEK (20 MG X 8)	5	PAR; LA; QLL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/ WEEK (20 MG X 3)	5	PAR; LA; QLL (12 per 28 days)
XTANDI	5	PAR; QLL (120 per 30 days)
YERVOY	5	PAR
YONDELIS	5	B/D PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
YONSA	5	PAR; QLL (120 per 30 days)
ZALTRAP	5	PAR
ZANOSAR	5	B/D PAR
ZEJULA	5	PAR; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; QLL (240 per 30 days)
ZOLINZA	5	PAR; QLL (120 per 30 days)
ZORTRESS	5	B/D PAR
ZYDELIG	5	PAR; QLL (60 per 30 days)
ZYKADIA	5	PAR; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PAR; QLL (60 per 30 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	QLL (1 per 28 days)
ABSTRAL SUBLINGUAL TABLET 200 MCG, 800 MCG	5	PAR; QLL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg / 12.5 ml</i>	1	CG; QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/ 5 ml</i>	1	MO; CG; QLL (900 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>acetaminophen-codeine oral tablet</i>	1	MO; CG; QLL (180 per 30 days)
<i>almotriptan malate</i>	2	MO; CG; QLL (9 per 30 days)
<i>alprazolam</i>	2	MO; CG; QLL (120 per 30 days)
<i>alprazolam intensol</i>	2	MO; CG; QLL (300 per 30 days)
<i>amitriptyline</i>	2	PAR; MO; CG
<i>amitriptyline-chlordiazepoxide</i>	2	PAR; MO; CG
<i>amoxapine</i>	1	PAR; MO; CG
AMPYRA	5	PAR; LA; QLL (60 per 30 days)
APOKYN	5	PAR; LA
APTENSIO XR	4	PAR; QLL (30 per 30 days)
APTIOM	5	ST
<i>aripiprazole oral solution</i>	2	MO; CG; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; CG; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	QLL (60 per 30 days)
ARISTADA INITIO	5	QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QLL (3.9 per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QLL (3.2 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>ascomp with codeine</i>	2	PAR; MO; CG; QLL (180 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
AUBAGIO	5	PAR; QLL (30 per 30 days)
<i>baclofen oral</i>	1	MO; CG
BANZEL ORAL SUSPENSION	5	PAR; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; QLL (240 per 30 days)
BELBUCA	4	PAR; QLL (60 per 30 days)
<i>benztropine injection</i>	5	
<i>benztropine oral</i>	1	PAR; MO; CG
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	5	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; QLL (120 per 30 days)
<i>bromocriptine</i>	2	MO; CG
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; CG; QLL (240 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PAR; MO; CG; QLL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PAR; QLL (4 per 28 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; CG; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>buspirone</i>	1	MO; CG
<i>butalbital compound w/ codeine</i>	2	PAR; MO; CG; QLL (180 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PAR; MO; CG; QLL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PAR; MO; CG; QLL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; CG; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; CG; QLL (120 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; CG; QLL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PAR
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO; CG
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO; CG
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	CG
<i>carbamazepine oral tablet</i>	1	MO; CG
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO; CG
<i>carbamazepine oral tablet, chewable</i>	1	MO; CG
CARBATROL	4	
<i>carbidopa</i>	5	
<i>carbidopa-levodopa oral tablet</i>	1	MO; CG
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO; CG
<i>carbidopa-levodopa-entacapone</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>carisoprodol oral tablet 250 mg</i>	2	PAR; MO; CG
<i>celecoxib</i>	2	PAR; MO; CG
CELONTIN ORAL CAPSULE 300 MG	4	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	4	
<i>chlordiazepoxide hcl</i>	2	MO; CG; QLL (120 per 30 days)
<i>chlorpromazine</i>	1	MO; CG
<i>chlorzoxazone oral tablet 250 mg</i>	2	CG
<i>chlorzoxazone oral tablet 500 mg</i>	2	PAR; MO; CG
<i>citalopram oral solution</i>	1	MO; CG; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>clobazam oral suspension</i>	5	PAR; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	PAR; MO; CG; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PAR; QLL (60 per 30 days)
<i>clomipramine</i>	2	PAR; MO; CG
<i>clonazepam oral tablet 0.5 mg</i>	1	MO; CG; QLL (1200 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>clonazepam oral tablet 1 mg</i>	1	MO; CG; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; CG; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	2	MO; CG; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	MO; CG; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; CG; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; CG; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	2	MO; CG
<i>clozapine oral tablet 100 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	MO; CG; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; CG; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	2	CG; QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	2	CG; QLL (2160 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	5	QLL (180 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	5	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	2	CG; QLL (1080 per 30 days)
<i>codeine sulfate oral tablet</i>	2	MO; CG; QLL (180 per 30 days)
<i>codeine-butalbital-asa-caff</i>	2	PAR; CG; QLL (180 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet</i>	2	PAR; MO; CG
<i>dalfampridine</i>	5	PAR; QLL (60 per 30 days)
<i>dantrolene oral</i>	2	MO; CG
DAYTRANA	4	QLL (30 per 30 days)
<i>desipramine</i>	2	PAR; MO; CG
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 20 mg</i>	2	MO; CG; QLL (60 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>dexmethylphenidate oral tablet</i>	1	MO; CG; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>dextroamphetamine oral solution</i>	1	MO; CG; QLL (1920 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PAR; MO; CG; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PAR; MO; CG; QLL (60 per 30 days)
DIASTAT	4	
DIASTAT ACUDIAL	5	
RECTAL KIT 12.5-15-17.5-20 MG		
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	MO; CG; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	CG; QLL (1200 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>diazepam oral tablet 10 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam rectal</i>	2	MO; CG
DICLOFENAC EPOLAMINE	4	PAR; QLL (60 per 30 days)
<i>diclofenac potassium</i>	1	MO; CG
<i>diclofenac sodium oral</i>	1	MO; CG
<i>diclofenac sodium topical drops</i>	2	MO; CG; QLL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; CG; QLL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	2	MO; CG
<i>diflunisal</i>	1	MO; CG
<i>dihydroergotamine injection</i>	5	PAR
<i>dihydroergotamine nasal</i>	5	QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS	4	
DILANTIN ORAL CAPSULE 30 MG	4	
DILANTIN-125	4	
<i>divalproex</i>	1	MO; CG
<i>donepezil</i>	1	MO; CG; QLL (30 per 30 days)
<i>doxepin oral</i>	2	PAR; MO; CG
<i>duloxetine oral capsule, delayed release(drlec) 20 mg</i>	2	MO; CG; QLL (180 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; CG; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	CG; QLL (180 per 30 days)
<i>ec-naproxen</i>	1	CG
<i>eletriptan</i>	2	MO; CG; QLL (9 per 30 days)
EMSAM	5	PAR; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>entacapone</i>	2	MO; CG
EPIDIOLEX	5	PAR; LA
<i>epitol</i>	1	MO; CG
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	QLL (180 per 30 days)
<i>ergoloid</i>	2	PAR; MO; CG
<i>escitalopram oxalate oral solution</i>	1	MO; CG; QLL (600 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>ethosuximide</i>	2	MO; CG
<i>etodolac oral capsule</i>	1	MO; CG
<i>etodolac oral tablet</i>	1	MO; CG
<i>etodolac oral tablet extended release 24 hr</i>	2	MO; CG
FANAPT ORAL TABLET 1 MG	4	ST; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	ST; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	ST; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	ST; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	ST; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; QLL (16 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG	4	QLL (180 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 200 MG	5	QLL (120 per 30 days)
<i>felbamate</i>	2	MO; CG
FENOPROFEN ORAL CAPSULE 400 MG	4	

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>fenoprofen oral tablet</i>	1	MO; CG
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PAR; QLL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	5	PAR; QLL (120 per 30 days)
<i>fentanyl transdermal</i>	2	PAR; MO; CG; QLL (15 per 30 days)
FENTORA	5	PAR; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	4	PAR; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	4	PAR; QLL (90 per 30 days)
FLECTOR	4	PAR; QLL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; CG; QLL (120 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>fluoxetine oral capsule 40 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO; CG; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>fluphenazine decanoate</i>	1	MO; CG
<i>fluphenazine hcl injection</i>	1	MO; CG
<i>fluphenazine hcl oral elixir</i>	1	MO; CG
<i>fluphenazine hcl oral tablet</i>	1	MO; CG
<i>furibiprofen</i>	1	MO; CG
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; CG; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>fosphenytoin</i>	2	MO; CG
<i>frovatriptan</i>	2	MO; CG; QLL (12 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
FYCOMPA ORAL SUSPENSION	4	QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	5	QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	5	QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	MO; CG; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; CG; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; CG; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; CG; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	CG; QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO; CG; QLL (30 per 30 days)
<i>galantamine oral solution</i>	2	MO; CG; QLL (180 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>galantamine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PAR; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>guanidine</i>	1	MO; CG
<i>haloperidol</i>	1	MO; CG
<i>haloperidol decanoate</i>	1	MO; CG
<i>haloperidol lactate injection</i>	1	MO; CG
<i>haloperidol lactate intramuscular</i>	1	CG
<i>haloperidol lactate oral</i>	1	MO; CG
HETLIOZ	5	PAR; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; CG; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; CG; QLL (50 per 10 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; CG
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	CG; QLL (180 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	CG; QLL (180 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; CG; QLL (180 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	1	MO; CG; QLL (60 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; CG; QLL (720 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; CG; QLL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	PAR; QLL (30 per 30 days)
<i>ibu</i>	1	MO; CG
<i>ibuprofen lysine (pf)</i>	2	CG
<i>ibuprofen oral suspension</i>	1	MO; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>ibuprofen-oxycodone</i>	2	MO; CG; QLL (28 per 7 days)
<i>imipramine hcl</i>	2	PAR; MO; CG
<i>imipramine pamoate</i>	2	PAR; MO; CG
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QLL (0.75 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QLL (2.625 per 90 days)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	1	MO; CG
<i>ketoprofen oral capsule 50 mg</i>	1	CG
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO; CG
<i>ketorolac injection cartridge 30 mg/ml</i>	2	PAR; MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	PAR; MO; CG
<i>ketorolac intramuscular cartridge</i>	2	PAR; MO; CG
<i>ketorolac intramuscular solution</i>	2	PAR; MO; CG
<i>ketorolac intramuscular syringe</i>	2	PAR; CG
<i>ketorolac oral</i>	2	PAR; MO; CG
KEVEYIS	5	PAR; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; QLL (240 per 30 days)
LAMICTAL STARTER (BLUE) KIT	4	
LAMICTAL STARTER (GREEN) KIT	5	
LAMICTAL STARTER (ORANGE) KIT	4	
<i>lamotrigine oral tablet</i>	1	MO; CG
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO; CG
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO; CG
<i>lamotrigine oral tablet, disintegrating</i>	2	MO; CG
<i>lamotrigine oral tablets, dose pack</i>	2	MO; CG
LATUDA ORAL TABLET 120 MG, 60 MG	5	PAR; QLL (30 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
LATUDA ORAL TABLET 20 MG	5	PAR; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	5	PAR; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; QLL (60 per 30 days)
LAZANDA	5	PAR; QLL (30 per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	CG
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	5	
<i>levetiracetam intravenous</i>	2	MO; CG
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO; CG
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	CG
<i>levetiracetam oral tablet</i>	1	MO; CG
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>lithium carbonate</i>	1	MO; CG
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam intensol</i>	2	MO; CG
<i>lorazepam oral</i>	2	MO; CG
<i>lorcet (hydrocodone)</i>	1	MO; CG; QLL (180 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>lorcet hd</i>	1	MO; CG; QLL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>loxapine succinate</i>	2	MO; CG
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; CG; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO; CG
MARPLAN	4	
<i>meclofenamate</i>	2	MO; CG
<i>mefenamic acid</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>meloxicam oral tablet</i>	1	MO; CG
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>memantine oral solution</i>	2	PAR; MO; CG; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>memantine oral tablets, dose pack</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>meperidine oral tablet</i>	2	PAR; MO; CG; QLL (180 per 30 days)
<i>meprobamate</i>	2	PAR; MO; CG
MESTINON ORAL SYRUP	5	
<i>metadate er</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>metaxalone oral tablet 800 mg</i>	2	PAR; MO; CG
<i>methadone injection solution</i>	1	CG; QLL (30 per 30 days)
<i>methadone oral solution</i>	1	MO; CG; QLL (900 per 30 days)
<i>methadone oral tablet</i>	1	MO; CG; QLL (180 per 30 days)
<i>methamphetamine</i>	5	PAR; QLL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PAR; MO; CG; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PAR; MO; CG; QLL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PAR; MO; CG; QLL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	MO; CG; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO; CG
<i>migergot</i>	5	
<i>mirtazapine oral tablet 15 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; CG; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; CG; QLL (180 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>molindone</i>	2	MO; CG
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	CG; QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; CG; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	1	CG; QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; CG; QLL (180 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	5	PAR; QLL (60 per 30 days)
<i>morphine oral solution</i>	1	MO; CG; QLL (900 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>morphine oral tablet</i>	1	MO; CG; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>nabumetone</i>	1	MO; CG
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; CG; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; CG; QLL (90 per 30 days)
<i>nalfon oral capsule 400 mg</i>	1	MO; CG
<i>naloxone</i>	1	MO; CG
<i>naltrexone</i>	2	MO; CG
<i>naproxen</i>	1	MO; CG
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO; CG
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i>	1	MO; CG
<i>naratriptan</i>	1	MO; CG; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NAYZILAM	5	
<i>nefazodone oral tablet 100 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	2	MO; CG; QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>nefazodone oral tablet 250 mg</i>	2	MO; CG; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; CG; QLL (360 per 30 days)
NEUPRO	4	PAR; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	1	PAR; MO; CG
NORTRIPTYLINE ORAL SOLUTION	1	PAR; MO; CG
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 50 MG	4	PAR; QLL (60 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG, 250 MG	5	PAR; QLL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG	4	QLL (181 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	QLL (242 per 30 days)
NUEDEXTA	3	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PAR; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; QLL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	1	MO; CG; QLL (40 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; CG; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	2	MO; CG; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	2	MO; CG; QLL (90 per 30 days)
ONFI ORAL SUSPENSION	5	PAR; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	5	PAR; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; QLL (60 per 30 days)
<i>orphenadrine citrate</i>	2	PAR; MO; CG
<i>oxaprozin</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>oxazepam</i>	2	MO; CG; QLL (120 per 30 days)
<i>oxcarbazepine</i>	1	MO; CG
<i>oxycodone oral capsule</i>	1	MO; CG; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; CG; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; CG; QLL (900 per 30 days)
<i>oxycodone oral tablet</i>	1	MO; CG; QLL (180 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 15 mg, 30 mg, 60 mg</i>	2	PAR; CG; QLL (60 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG	5	PAR; QLL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; CG; QLL (180 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PAR; QLL (60 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG, 80 MG	5	PAR; QLL (60 per 30 days)
<i>oxymorphone oral tablet</i>	2	MO; CG; QLL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; CG; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; CG; QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; CG; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	QLL (900 per 30 days)
PEGANONE	4	
PENNSAID	5	
TOPICAL SOLUTION IN METERED-DOSE PUMP		
<i>perphenazine</i>	1	MO; CG
<i>perphenazine-amitriptyline</i>	2	PAR; MO; CG
PERSERIS	5	QLL (1 per 28 days)
<i>phenelzine</i>	1	MO; CG
<i>phenobarbital oral elixir</i>	1	PAR; MO; CG; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	1	PAR; MO; CG; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	1	PAR; MO; CG; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1	PAR; MO; CG; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PAR; MO; CG; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	1	PAR; MO; CG; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	1	PAR; MO; CG; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1	PAR; MO; CG; QLL (185 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>phenobarbital oral tablet 97.2 mg</i>	1	PAR; MO; CG; QLL (123 per 30 days)
PHENYTEK	4	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	CG
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO; CG
<i>phenytoin oral tablet, chewable</i>	1	MO; CG
<i>phenytoin sodium extended</i>	1	MO; CG
<i>phenytoin sodium intravenous solution</i>	1	MO; CG
<i>pimozide</i>	2	MO; CG
<i>piroxicam</i>	1	MO; CG
<i>pramipexole oral tablet</i>	1	MO; CG
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO; CG
<i>pregabalin oral capsule 100 mg</i>	2	PAR; MO; CG; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	2	PAR; MO; CG; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	2	PAR; MO; CG; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	2	PAR; MO; CG; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	PAR; MO; CG; QLL (240 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>pregabalin oral solution</i>	2	PAR; MO; CG; QLL (900 per 30 days)
<i>primidone</i>	1	MO; CG
<i>procentra</i>	1	MO; CG; QLL (1920 per 30 days)
<i>protriptyline</i>	2	PAR; MO; CG
<i>pyridostigmine bromide oral syrup</i>	5	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	MO; CG
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO; CG
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO; CG
<i>quetiapine oral tablet 100 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; CG; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; CG; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; CG; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	2	PAR; MO; CG; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	PAR; MO; CG; QLL (120 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	2	PAR; MO; CG; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	2	PAR; MO; CG; QLL (480 per 30 days)
<i>ramelteon</i>	2	MO; CG; QLL (30 per 30 days)
<i>rasagiline</i>	2	MO; CG
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	QLL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; CG; QLL (480 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>risperidone oral tablet 2 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	2	MO; CG; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	2	MO; CG; QLL (30 per 30 days)
<i>rizatriptan</i>	2	MO; CG; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	1	MO; CG
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO; CG
<i>roovepra oral tablet 500 mg</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ROZEREM	4	QLL (30 per 30 days)
SABRIL	5	PAR; LA; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	5	QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	4	QLL (120 per 30 days)
<i>selegiline hcl</i>	2	MO; CG
<i>sertraline oral concentrate</i>	1	MO; CG; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; CG; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; QLL (120 per 30 days)
<i>sulindac</i>	1	MO; CG
<i>sumatriptan nasal spray</i>	2	MO; CG
<i>sumatriptan succinate oral</i>	1	MO; CG; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; CG
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; CG
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PAR; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PAR; QLL (30 per 30 days)
TECFIDERA	5	PAR; LA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR	4	
<i>temazepam</i>	2	MO; CG; QLL (30 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	PAR; MO; CG; QLL (180 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; QLL (120 per 30 days)
<i>thioridazine</i>	2	ST; MO; CG
<i>thiothixene</i>	1	MO; CG
<i>tiagabine</i>	2	MO; CG
<i>tizanidine oral capsule</i>	2	MO; CG
<i>tizanidine oral tablet</i>	1	MO; CG
<i>tolcapone</i>	5	PAR; QLL (180 per 30 days)
<i>tolmetin</i>	2	MO; CG
<i>topiramate oral capsule, sprinkle</i>	1	PAR; MO; CG
<i>topiramate oral tablet 100 mg</i>	1	PAR; MO; CG; QLL (480 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>topiramate oral tablet 200 mg</i>	1	PAR; MO; CG; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	PAR; MO; CG; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	PAR; MO; CG; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	1	MO; CG; QLL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; CG; QLL (40 per 5 days)
<i>tranylcypromine</i>	2	MO; CG
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO; CG
<i>trazodone oral tablet 300 mg</i>	2	MO; CG
<i>triazolam</i>	1	MO; CG; QLL (30 per 30 days)
<i>trifluoperazine</i>	1	MO; CG
<i>trihexyphenidyl</i>	1	PAR; MO; CG
<i>trimipramine</i>	2	PAR; MO; CG
TRINTELLIX ORAL TABLET 10 MG	4	ST; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; QLL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	PAR
TYSABRI	5	PAR; LA
<i>valproate sodium</i>	1	MO; CG
<i>valproic acid</i>	1	MO; CG
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO; CG
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	CG
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	MO; CG; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	1	MO; CG; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; CG; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; CG; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; CG; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	1	MO; CG; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	MO; CG; QLL (60 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	MO; CG; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
<i>vicodin es</i>	1	MO; CG; QLL (180 per 30 days)
<i>vicodin hp</i>	1	MO; CG; QLL (180 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	PAR; LA; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	5	PAR; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	4	QLL (60 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
VIMPAT ORAL TABLET 200 MG	5	QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QLL (240 per 30 days)
VIVLODEX	4	
VRAYLAR ORAL CAPSULE	5	PAR; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; QLL (14 per 365 days)
VYVANSE ORAL CAPSULE	4	QLL (30 per 30 days)
XPOVIO ORAL TABLET 80 MG/ WEEK (20 MG X 4)	5	PAR; LA; QLL (16 per 28 days)
XYREM	5	PAR; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PAR; MO; CG; QLL (30 per 30 days)
ZELAPAR	5	
<i>zenzedi oral tablet 10 mg</i>	1	PAR; MO; CG; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	1	PAR; MO; CG; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>zolmitriptan</i>	2	MO; CG; QLL (9 per 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>zolpidem</i>	2	PAR; MO; CG; QLL (30 per 30 days)
ZOMIG NASAL	4	
<i>zonisamide</i>	1	MO; CG
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
<i>acebutolol</i>	1	MO; CG
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>aliskiren</i>	2	MO; CG
ALTOPREV	4	PAR
<i>amiloride</i>	1	MO; CG
<i>amiloride- hydrochlorothiazide</i>	1	MO; CG
<i>amiodarone oral</i>	1	MO; CG
<i>amlodipine besylate tablet</i>	1	MO; CG
<i>amlodipine-atorvastatin</i>	2	MO; CG
<i>amlodipine-benazepril</i>	1	MO; CG
<i>amlodipine-olmesartan</i>	2	MO; CG
<i>amlodipine-valsartan</i>	2	MO; CG
<i>amlodipine-valsartan- hydrochlorothiazide</i>	2	MO; CG
<i>aspirin-dipyridamole</i>	2	ST; MO; CG; QLL (60 per 30 days)
<i>atenolol</i>	1	MO; CG
<i>atenolol-chlorthalidone</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>atorvastatin</i>	1	MO; CG
<i>benazepril</i>	1	MO; CG
<i>benazepril- hydrochlorothiazide</i>	1	MO; CG
<i>betaxolol oral</i>	1	MO; CG
BIDIL	3	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO; CG
<i>bisoprolol- hydrochlorothiazide</i>	1	MO; CG
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide</i>	1	MO; CG
BYSTOLIC	4	ST
<i>candesartan</i>	1	MO; CG
<i>candesartan- hydrochlorothiazide</i>	1	MO; CG
<i>captopril</i>	1	MO; CG
<i>captopril- hydrochlorothiazide</i>	1	MO; CG
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	4	
<i>cartia xt</i>	1	MO; CG
<i>carvedilol</i>	1	MO; CG
<i>chlorothiazide</i>	1	MO; CG
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO; CG
<i>cholestyramine light</i>	1	MO; CG
<i>cilostazol</i>	1	MO; CG
<i>clonidine hcl oral tablet</i>	1	MO; CG
<i>clonidine transdermal patch</i>	2	MO; CG; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	1	MO; CG; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>colesevelam oral tablet</i>	2	MO; CG

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>colestipol</i>	1	MO; CG
CORLANOR ORAL SOLUTION	4	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	4	PAR; QLL (60 per 30 days)
COUMADIN ORAL	3	MO
DEMSER	5	
DIBENZYLINE	4	
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	1	MO; CG
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO; CG
<i>digox oral tablet 125 mcg (0.125 mg)</i>	1	MO; CG
<i>digox oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO; CG
<i>digoxin injection solution</i>	2	PAR; MO; CG
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	1	MO; CG
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	1	PAR; MO; CG
DILATRATE-SR	4	
<i>dilt-xr</i>	1	MO; CG
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	1	CG
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO; CG
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO; CG
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO; CG
<i>diltiazem hcl oral tablet</i>	1	MO; CG
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>disopyramide phosphate oral capsule</i>	2	PAR; MO; CG
<i>dofetilide</i>	2	MO; CG
<i>doxazosin</i>	1	MO; CG
DUTOPROL	4	
DYRENIUM	4	
EDARBI	4	
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	3	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	1	MO; CG
<i>enalapril-hydrochlorothiazide</i>	1	MO; CG
<i>enoxaparin subcutaneous solution</i>	2	MO; CG; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO; CG; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	1	MO; CG; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	MO; CG; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO; CG; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	MO; CG; QLL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	2	MO; CG; QLL (22.4 per 28 days)
ENTRESTO	4	PAR
<i>eplerenone</i>	2	MO; CG
<i>eprosartan</i>	1	MO; CG
<i>ethacrynate sodium</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>ethacrynic acid</i>	2	MO; CG
<i>ezetimibe</i>	2	MO; CG
<i>ezetimibe-simvastatin</i>	2	PAR; MO; CG; QLL (30 per 30 days)
<i>felodipine</i>	1	MO; CG
<i>fenofibrate micronized</i>	1	MO; CG
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO; CG
<i>fenofibrate oral capsule</i>	3	MO
FENOFIBRATE ORAL TABLET 120 MG	4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO; CG
<i>fenofibrate oral tablet 40 mg</i>	2	MO; CG
<i>fenofibric acid</i>	1	MO; CG
<i>fenofibric acid (choline) oral capsule, delayed release(dr/lec) 45 mg, 135 mg</i>	1	MO; CG
<i>flecainide</i>	1	MO; CG
<i>fluvastatin</i>	2	MO; CG
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO; CG; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	QLL (18 per 30 days)
<i>fosinopril</i>	1	MO; CG
<i>fosinopril-hydrochlorothiazide</i>	1	MO; CG
<i>furosemide injection</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO; CG
<i>furosemide oral tablet</i>	1	MO; CG
<i>gemfibrozil</i>	1	MO; CG
<i>guanfacine oral tablet</i>	2	PAR; MO; CG
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	CG
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO; CG
<i>heparin (porcine) in nacl (pf)</i>	1	B/D PAR; CG
<i>heparin (porcine) injection solution</i>	1	B/D PAR; MO; CG
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO; CG
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	B/D PAR; CG
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	1	MO; CG
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	B/D PAR; MO; CG
<i>heparin, porcine (pf) injection solution</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO; CG
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	CG
<i>hydralazine injection</i>	2	MO; CG
<i>hydralazine oral</i>	1	MO; CG
<i>hydrochlorothiazide</i>	1	MO; CG
<i>indapamide</i>	1	MO; CG
<i>irbesartan</i>	1	MO; CG
<i>irbesartan- hydrochlorothiazide</i>	1	MO; CG
<i>isosorbide dinitrate oral tablet</i>	1	MO; CG
<i>isosorbide dinitrate oral tablet extended release</i>	1	CG
<i>isosorbide mononitrate</i>	1	MO; CG
<i>isradipine</i>	2	MO; CG
<i>jantoven</i>	1	MO; CG
JUXTAPID	5	PAR; LA; QLL (30 per 30 days)
<i>labetalol oral</i>	1	MO; CG
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 62.5 MCG (0.0625 MG)	4	
LANOXIN ORAL TABLET 250 MCG (0.25 MG)	4	PAR
<i>lisinopril</i>	1	MO; CG
<i>lisinopril- hydrochlorothiazide</i>	1	MO; CG
<i>losartan</i>	1	MO; CG
<i>losartan- hydrochlorothiazide</i>	1	MO; CG
<i>lovastatin</i>	1	MO; CG
<i>matzim la</i>	2	MO; CG
<i>methylothiazide</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>metolazone</i>	2	MO; CG
<i>metoprolol succinate</i>	1	MO; CG
<i>metoprolol tartrate intravenous solution</i>	1	MO; CG
<i>metoprolol tartrate intravenous syringe</i>	1	CG
<i>metoprolol tartrate oral</i>	1	MO; CG
<i>metoprolol tartrate- hydrochlorothiazide</i>	1	MO; CG
<i>mexiletine</i>	1	MO; CG
<i>minoxidil oral</i>	1	MO; CG
<i>moexipril</i>	1	MO; CG
MULTAQ	4	QLL (60 per 30 days)
<i>nadolol</i>	2	MO; CG
<i>nadolol- bendroflumethiazide oral tablet 40-5 mg</i>	2	CG
<i>nadolol- bendroflumethiazide oral tablet 80-5 mg</i>	2	MO; CG
<i>niacin oral tablet 500 mg</i>	1	MO; CG
<i>niacin oral tablet extended release 24 hr</i>	2	MO; CG
<i>niacor</i>	1	MO; CG
<i>nicardipine oral</i>	1	MO; CG
<i>nifedipine oral tablet extended release</i>	1	MO; CG
<i>nifedipine oral tablet extended release 24hr</i>	1	MO; CG
<i>nimodipine</i>	2	MO; CG
<i>nisoldipine</i>	2	MO; CG
<i>nitro-bid</i>	2	MO; CG
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual</i>	2	MO; CG
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO; CG
<i>olmesartan</i>	2	MO; CG
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	2	MO; CG
<i>olmesartan-hydrochlorothiazide</i>	2	MO; CG
<i>omega-3 acid ethyl esters</i>	2	MO; CG
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO; CG
<i>pentoxifylline</i>	1	MO; CG
<i>perindopril erbumine</i>	1	MO; CG
<i>phenoxybenzamine</i>	5	
<i>pindolol</i>	1	MO; CG
PRADAXA	4	QLL (60 per 30 days)
PRALUENT PEN	5	PAR; QLL (2 per 28 days)
<i>prasugrel</i>	2	MO; CG; QLL (30 per 30 days)
<i>pravastatin</i>	1	MO; CG
PRAXBIND	4	
<i>prazosin</i>	1	MO; CG
<i>prevalite</i>	1	MO; CG
PROMACTA ORAL POWDER IN PACKET	5	PAR; LA; QLL (90 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; LA; QLL (90 per 30 days)
<i>propafenone oral capsule, extended release 12 hr</i>	2	MO; CG
<i>propafenone oral tablet</i>	1	MO; CG
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO; CG
<i>propranolol oral tablet</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>propranolol-hydrochlorothiazide</i>	1	MO; CG
<i>quinapril</i>	1	MO; CG
<i>quinapril-hydrochlorothiazide</i>	1	MO; CG
<i>quinidine gluconate oral</i>	2	MO; CG
<i>quinidine sulfate oral tablet</i>	1	MO; CG
<i>ramipril</i>	1	MO; CG
RANEXA	3	ST; MO
<i>ranolazine</i>	2	ST; MO; CG
REPATHA	5	PAR; QLL (3.5 per 28 days)
PUSHTRONEX		
REPATHA	5	PAR; QLL (3 per 28 days)
SURECLICK		
REPATHA SYRINGE	5	PAR; QLL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; CG
<i>simvastatin</i>	1	MO; CG
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO; CG
<i>sorine oral tablet 240 mg</i>	1	CG
<i>sotalol af</i>	2	MO; CG
<i>sotalol oral tablet 120 mg</i>	1	MO; CG
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO; CG
<i>spironolactone</i>	1	MO; CG
<i>spironolactone-hydrochlorothiazide</i>	1	MO; CG
<i>taztia xt</i>	1	MO; CG
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	1	MO; CG
<i>telmisartan-amlodipine</i>	2	MO; CG
<i>telmisartan-hydrochlorothiazide</i>	1	MO; CG
<i>terazosin capsule</i>	1	MO; CG
<i>timolol maleate oral</i>	1	MO; CG
<i>torse mide oral</i>	1	MO; CG
<i>trandolapril</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>trandolapril-verapamil</i>	2	MO; CG
<i>triamterene</i>	2	MO; CG
<i>triamterene- hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO; CG
<i>triamterene- hydrochlorothiazide oral tablet</i>	1	MO; CG
UPTRAVI ORAL TABLET	5	PAR; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; LA; QLL (400 per 365 days)
<i>valsartan</i>	1	MO; CG
<i>valsartan- hydrochlorothiazide</i>	1	MO; CG
VASCEPA	3	MO
VECAMYL	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO; CG
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO; CG
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO; CG
<i>verapamil oral tablet extended release</i>	1	MO; CG
<i>warfarin</i>	1	MO; CG
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
Dermatologicals/Topical Therapy		
<i>acitretin oral capsule 10 mg</i>	2	MO; CG
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	
<i>acyclovir topical cream</i>	2	MO; CG; QLL (5 per 30 days)
<i>acyclovir topical ointment</i>	2	MO; CG; QLL (30 per 30 days)
ACZONE TOPICAL GEL WITH PUMP	4	
<i>adapalene topical cream</i>	2	MO; CG
<i>adapalene topical gel</i>	2	MO; CG
<i>adapalene topical gel with pump</i>	2	MO; CG
ALA-CORT TOPICAL CREAM 1 %	3	MO
<i>ala-cort topical cream 2.5 %</i>	1	MO; CG
<i>alclometasone</i>	1	MO; CG
<i>amcinonide topical cream</i>	2	MO; CG
<i>amcinonide topical lotion</i>	2	MO; CG
<i>ammonium lactate</i>	1	MO; CG
<i>amnesteam</i>	2	MO; CG
<i>apexicon e</i>	2	MO; CG
<i>azelaic acid</i>	2	MO; CG
AZELEX	4	
<i>betamethasone dipropionate</i>	1	MO; CG
<i>betamethasone valerate</i>	1	MO; CG
<i>betamethasone, augmented</i>	1	MO; CG
<i>calcipotriene scalp</i>	2	MO; CG; QLL (60 per 30 days)
<i>calcipotriene topical</i>	2	MO; CG; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>calcipotriene- betamethasone</i>	2	MO; CG
<i>calcitriol topical</i>	2	MO; CG
CAPEX	4	
<i>ciclodan topical solution</i>	1	MO; CG
<i>ciclopirox</i>	1	MO; CG
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO; CG
CLARAVIS ORAL CAPSULE 30 MG	4	
<i>clindacin etz topical swab</i>	1	MO; CG
<i>clindacin p</i>	1	MO; CG
<i>clindamycin phosphate topical foam</i>	2	MO; CG
<i>clindamycin phosphate topical gel</i>	1	MO; CG
<i>clindamycin phosphate topical lotion</i>	1	MO; CG
<i>clindamycin phosphate topical solution</i>	1	MO; CG
<i>clindamycin phosphate topical swab</i>	1	MO; CG
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO; CG
<i>clindamycin-tretinoin</i>	2	MO; CG
<i>clobetasol scalp</i>	2	MO; CG
<i>clobetasol topical foam</i>	2	MO; CG; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	2	MO; CG
<i>clobetasol topical lotion</i>	2	MO; CG
<i>clobetasol topical ointment</i>	2	MO; CG; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	2	MO; CG
<i>clobetasol topical spray, non-aerosol</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>clobetasol-emollient topical cream</i>	2	MO; CG; QLL (120 per 30 days)
<i>clodan</i>	2	MO; CG
<i>clotrimazole topical cream</i>	2	MO; CG
<i>clotrimazole topical solution</i>	1	MO; CG
<i>clotrimazole- betamethasone topical cream</i>	1	MO; CG
<i>clotrimazole- betamethasone topical lotion</i>	2	MO; CG
CORTISPORIN TOPICAL	4	
COSENTYX	5	PAR; QLL (2 per 28 days)
COSENTYX (2 SYRINGES)	5	PAR; QLL (2 per 28 days)
COSENTYX PEN	5	PAR; QLL (2 per 28 days)
COSENTYX PEN (2 PENS)	5	PAR; QLL (2 per 28 days)
<i>crotan</i>	2	CG
<i>dapsone topical</i>	2	MO; CG
DENAVIR	5	QLL (5 per 30 days)
DESONATE	4	
<i>desonide</i>	2	MO; CG
<i>desoximetasone topical cream</i>	2	MO; CG
<i>desoximetasone topical gel</i>	2	MO; CG
<i>desoximetasone topical ointment</i>	2	MO; CG
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; QLL (100 per 30 days)
<i>diflorasone</i>	2	MO; CG
<i>doxepin topical</i>	5	

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>econazole</i>	1	MO; CG
ELIDEL	4	PAR; QLL (100 per 90 days)
<i>ery pads</i>	2	MO; CG
<i>erythromycin with ethanol topical gel</i>	1	MO; CG
<i>erythromycin with ethanol topical solution</i>	1	MO; CG
<i>erythromycin-benzoyl peroxide</i>	2	MO; CG
EURAX	4	
EXELDERM	4	
FINACEA TOPICAL GEL	4	
<i>fluocinolone topical cream 0.01 %</i>	2	MO; CG
<i>fluocinolone topical cream 0.025 %</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	5	QLL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; CG; QLL (240 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>fluocinonide-e</i>	1	MO; CG; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	1	MO; CG; QLL (240 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	5	
<i>fluorouracil topical cream 5 %</i>	2	MO; CG
<i>fluorouracil topical solution</i>	2	MO; CG
<i>flurandrenolide topical cream</i>	2	MO; CG
<i>flurandrenolide topical lotion</i>	2	MO; CG
<i>fluticasone propionate topical cream</i>	1	MO; CG
<i>fluticasone propionate topical ointment</i>	1	MO; CG
<i>gentamicin topical glydo</i>	1	MO; CG
<i>halcinonide</i>	2	MO; CG
<i>halobetasol propionate topical cream</i>	2	MO; CG
<i>halobetasol propionate topical ointment</i>	2	MO; CG
HALOG TOPICAL CREAM	5	
HALOG TOPICAL OINTMENT	4	
<i>hydrocortisone butyrate topical ointment</i>	2	MO; CG
<i>hydrocortisone butyrate topical solution</i>	2	MO; CG
<i>hydrocortisone topical cream 1 %</i>	2	MO; CG
<i>hydrocortisone topical cream 2.5 %</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO; CG
<i>hydrocortisone topical ointment 1 %</i>	2	MO; CG
<i>hydrocortisone topical ointment 2.5 %</i>	1	MO; CG
<i>hydrocortisone valerate</i>	2	MO; CG
<i>imiquimod topical cream in packet</i>	2	MO; CG
<i>ketoconazole topical cream</i>	1	MO; CG
<i>ketoconazole topical foam</i>	2	MO; CG
<i>ketoconazole topical shampoo</i>	1	MO; CG
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	2	MO; CG
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	MO; CG
<i>lidocaine hcl mucous membrane jelly</i>	1	PAR; MO; CG
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; CG
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PAR; MO; CG; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	PAR; MO; CG; QLL (150 per 30 days)
<i>lidocaine viscous</i>	1	PAR; MO; CG
<i>lidocaine-prilocaine topical cream</i>	2	MO; CG; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	2	MO; CG
<i>malathion</i>	2	MO; CG
MENTAX	4	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>methoxsalen</i>	5	PAR
<i>metronidazole topical cream</i>	2	MO; CG
<i>metronidazole topical gel</i>	2	MO; CG
<i>metronidazole topical lotion</i>	2	MO; CG
<i>mometasone topical</i>	1	MO; CG
<i>mupirocin topical cream</i>	1	MO; CG
<i>mupirocin topical ointment</i>	1	MO; CG
<i>myorisan</i>	2	MO; CG
<i>naftifine</i>	2	MO; CG
NAFTIN TOPICAL GEL 1 %	4	
NAFTIN TOPICAL GEL 2 %	3	MO
<i>neuac</i>	2	MO; CG
<i>nyamyc</i>	1	MO; CG
<i>nystatin topical</i>	1	MO; CG
<i>nystatin-triamcinolone</i>	2	MO; CG
<i>nystop</i>	1	MO; CG
<i>oxiconazole</i>	2	MO; CG
OXISTAT TOPICAL LOTION	4	
PANDEL	5	
PANRETIN	5	
<i>permethrin topical cream</i>	1	MO; CG
<i>pimecrolimus</i>	2	PAR; MO; CG; QLL (100 per 90 days)
<i>podofilox</i>	2	MO; CG
<i>prednicarbate</i>	1	MO; CG
<i>prudoxin</i>	2	MO; CG
<i>rosadan topical cream</i>	2	MO; CG
<i>rosadan topical gel</i>	2	MO; CG
SANTYL	4	QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO; CG
<i>silver sulfadiazine</i>	3	MO
SKLICE	4	

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>ssd</i>	3	MO
STELARA SUBCUTANEOUS SYRINGE	5	PAR; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	2	MO; CG
SULFAMYLON TOPICAL CREAM	4	
TACLONEX TOPICAL SUSPENSION	5	
<i>tacrolimus topical</i>	2	PAR; MO; CG; QLL (100 per 90 days)
TALTZ AUTOINJECTOR	5	PAR
TALTZ AUTOINJECTOR (2 PACK)	5	PAR
TALTZ AUTOINJECTOR (3 PACK)	5	PAR
TALTZ SYRINGE	5	PAR
<i>tazarotene</i>	2	PAR; MO; CG
TAZORAC TOPICAL CREAM 0.05 %	4	PAR
TAZORAC TOPICAL GEL	4	PAR
<i>tretinoin</i>	2	PAR; MO; CG; QLL (45 per 30 days)
<i>tretinoin microspheres</i>	2	PAR; MO; CG; QLL (50 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	2	MO; CG
<i>triamcinolone acetonide topical cream</i>	1	MO; CG
<i>triamcinolone acetonide topical lotion</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO; CG
<i>triderm topical cream</i>	1	MO; CG
UVADEX	4	B/D PAR
VALCHLOR	5	PAR
VEREGEN	5	
<i>zenatane</i>	2	MO; CG
ZOVIRAX TOPICAL CREAM	4	QLL (5 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	5	
ZYCLARA TOPICAL CREAM IN PACKET	4	
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	2	MO; CG; QLL (180 per 30 days)
<i>alendronate oral tablet 40 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>anagrelide</i>	1	MO; CG
ARALAST NP	5	PAR; LA
BUPHENYL ORAL TABLET	5	PAR
<i>bupropion hcl (smoking deter)</i>	1	MO; CG; QLL (60 per 30 days)
CARBAGLU	5	PAR; LA
<i>cevimeline</i>	2	MO; CG
CHANTIX	4	PAR; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; QLL (106 per 365 days)
CLINIMIX 4.25%/ D5W SULFIT FREE	3	B/D PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	3	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	1	CG
<i>d2.5 %-0.45 % sodium chloride</i>	1	CG
<i>d5 % and 0.9 % sodium chloride</i>	1	MO; CG
<i>d5 %-0.45 % sodium chloride</i>	1	MO; CG
<i>deferasirox</i>	5	PAR
<i>dextrose 10 % and 0.2 % nacl</i>	1	CG
<i>dextrose 10 % in water (d10w)</i>	1	MO; CG
<i>dextrose 20 % in water (d20w)</i>	1	CG
<i>dextrose 25 % in water (d25w)</i>	1	CG
<i>dextrose 30 % in water (d30w)</i>	1	CG
<i>dextrose 40 % in water (d40w)</i>	1	CG
<i>dextrose 5 % in water (d5w)</i>	1	MO; CG
<i>dextrose 5 %-lactated ringers</i>	2	MO; CG
<i>dextrose 5%-0.2 % sod chloride</i>	1	CG
<i>dextrose 5%-0.3 % sod.chloride</i>	1	CG
<i>dextrose 50 % in water (d50w)</i>	1	MO; CG
<i>dextrose 70 % in water (d70w)</i>	1	MO; CG
<i>dextrose with sodium chloride</i>	1	CG
<i>disulfiram</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>etidronate disodium oral tablet 400 mg</i>	5	
EXJADE	5	PAR; LA
FERRIPROX	5	PAR
FOSRENOL ORAL POWDER IN PACKET	5	
INCRELEX	5	PAR; LA
JADENU	5	PAR
JADENU SPRINKLE	5	PAR
<i>kionex (with sorbitol)</i>	1	MO; CG
<i>lactated ringers irrigation</i>	2	MO; CG
<i>lanthanum</i>	5	
<i>levocarnitine (with sugar)</i>	2	B/D PAR; MO; CG
<i>levocarnitine oral tablet</i>	2	MO; CG
<i>midodrine</i>	2	MO; CG
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO; CG
NICOTROL NS	4	QLL (120 per 30 days)
<i>nitisinone</i>	5	PAR
NORTHERA ORAL CAPSULE 100 MG	5	PAR; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; QLL (180 per 30 days)
ORFADIN	5	PAR; LA
PHYSIOLYTE	4	
<i>pilocarpine hcl oral</i>	2	MO; CG
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PAR; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
RAVICTI	5	PAR; QLL (525 per 30 days)
<i>riluzole</i>	2	MO; CG
<i>risedronate oral tablet 30 mg</i>	2	ST; MO; CG; QLL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	2	MO; CG; QLL (540 per 30 days)
<i>sodium benzoate-sodium phenylacetate</i>	2	CG
<i>sodium chloride 0.9 % intravenous</i>	1	MO; CG
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate</i>	5	PAR
<i>sodium polystyrene sulfonate oral</i>	1	MO; CG
<i>sodium polystyrene sulfonate rectal</i>	1	CG
<i>trientine</i>	5	
VELPHORO	5	QLL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	5	
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	4	
<i>water for irrigation, sterile</i>	3	MO
ZEMAIRA	5	PAR; LA

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	2	PAR; MO; CG
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	1	MO; CG
<i>azelastine nasal</i>	2	MO; CG; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO; CG
CIPRO HC	4	
CIPRODEX	3	MO
COLY-MYCIN S	4	
<i>fluocinolone acetonide oil otic (ear)</i>	2	MO; CG
<i>hydrocortisone-acetic acid</i>	2	MO; CG
<i>ipratropium bromide nasal</i>	1	MO; CG; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO; CG
<i>ofloxacin otic (ear)</i>	1	MO; CG
<i>olopatadine nasal</i>	2	MO; CG; QLL (31 per 30 days)
<i>oralone</i>	2	MO; CG
<i>paroex oral rinse</i>	1	MO; CG
<i>periogard</i>	1	MO; CG
<i>triamcinolone acetonide dental</i>	2	MO; CG
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; CG; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; CG; QLL (180 per 30 days)
ACTHAR	5	PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	QLL (60 per 30 days)
<i>alcohol pads</i>	2	MO; CG
ALDURAZYME	5	PAR
ANADROL-50	5	PAR
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	ST
APIDRA U-100 INSULIN	4	ST
AVANDIA ORAL TABLET 2 MG	3	PAR; MO; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	3	PAR; MO; QLL (60 per 30 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO; QLL (4 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	2	MO; CG
<i>calcitonin (salmon)</i>	2	MO; CG; QLL (4 per 30 days)
<i>calcitriol oral capsule</i>	2	MO; CG
CERDELGA	5	PAR
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR
<i>chorionic gonadotropin, human intramuscular</i>	2	PAR; MO; CG
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	5	B/D PAR; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PAR; QLL (120 per 30 days)
<i>cortisone</i>	2	MO; CG
CYCLOSET	4	ST; QLL (180 per 30 days)
<i>danazol</i>	2	MO; CG
<i>desmopressin injection</i>	2	MO; CG
<i>desmopressin nasal spray with pump</i>	2	MO; CG
<i>desmopressin nasal spray, non-aerosol</i>	2	MO; CG
<i>desmopressin oral</i>	2	MO; CG
<i>dexamethasone intensol</i>	1	MO; CG
<i>dexamethasone oral elixir</i>	1	MO; CG
<i>dexamethasone oral solution</i>	1	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>dexamethasone oral tablet</i>	1	MO; CG
<i>dexamethasone sodium phos (pf)</i>	1	MO; CG
<i>dexamethasone sodium phosphate injection</i>	1	MO; CG
<i>doxercalciferol intravenous</i>	2	CG
<i>doxercalciferol oral capsule 0.5 mcg</i>	2	B/D PAR; MO; CG
<i>doxercalciferol oral capsule 1 mcg</i>	2	MO; CG
<i>doxercalciferol oral capsule 2.5 mcg</i>	5	
ELAPRASE	5	PAR
FABRAZYME	5	PAR
<i>fludrocortisone</i>	1	MO; CG
<i>gauze pads 2 x 2</i>	2	MO; CG; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; CG; QLL (240 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; CG; QLL (120 per 30 days)
GLUCAGEN	4	
HYPOKIT		
GLUCAGON	3	MO
EMERGENCY KIT (HUMAN)		
<i>glyburide micronized oral tablet 1.5 mg</i>	1	PAR; MO; CG; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	PAR; MO; CG; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PAR; MO; CG; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	PAR; MO; CG; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	PAR; MO; CG; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PAR; MO; CG; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PAR; MO; CG; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PAR; MO; CG; QLL (120 per 30 days)
HUMALOG JUNIOR	3	MO
KWIKPEN U-100		
HUMALOG	3	MO
KWIKPEN INSULIN		

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	2	MO; CG
HUMULIN 70/30 U-100 KWIKPEN	2	MO; CG
HUMULIN N NPH INSULIN KWIKPEN	2	MO; CG
HUMULIN N NPH U-100 INSULIN	2	MO; CG
HUMULIN R REGULAR U-100 INSULN	2	MO; CG
HUMULIN R U-500 (CONC) INSULIN	5	PAR
HUMULIN R U-500 (CONC) KWIKPEN	5	PAR
<i>hydrocortisone oral</i>	1	MO; CG
INSULIN LISPRO	3	MO
<i>insulin pen needle</i>	2	MO; CG; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	2	MO; CG; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QLL (30 per 30 days)
KANUMA	5	PAR
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	4	PAR; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	4	PAR; QLL (30 per 30 days)
KORLYM	5	PAR
KUVAN	5	PAR
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
LEVEMIR U-100	3	MO
INSULIN		
<i>levothyroxine oral</i>	1	MO; CG
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>liothyronine oral</i>	1	MO; CG
LUMIZYME	5	PAR
<i>metformin oral tablet 1,000 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; CG
<i>methylpred dp</i>	1	CG
<i>methylprednisolone</i>	1	MO; CG
<i>methylprednisolone acetate</i>	1	MO; CG
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO; CG
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO; CG
<i>methytestosterone oral capsule</i>	5	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
MIACALCIN INJECTION	5	B/D PAR
<i>miglitol oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>miglustat</i>	5	PAR; LA
<i>millipred oral tablet</i>	2	MO; CG
MYALEPT	5	PAR; LA
NAGLAZYME	5	PAR; LA
<i>nateglinide oral tablet 120 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; CG; QLL (180 per 30 days)
NATPARA	5	PAR; LA; QLL (2 per 28 days)
<i>needles, insulin disp., safety</i>	2	MO; CG; QLL (200 per 30 days)
<i>novarel intramuscular recon soln 10,000 unit</i>	2	PAR; MO; CG
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PAR
NOVOLIN 70/30 U-100 INSULIN	4	ST
NOVOLIN N NPH U-100 INSULIN	4	ST
NOVOLIN R REGULAR U-100 INSULIN	4	ST
NOVOLOG FLEXPEN U-100 INSULIN	4	ST

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
NOVOLOG MIX 70-30 U-100 INSULN	4	ST
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST
NOVOLOG PENFILL U-100 INSULIN	4	ST
NOVOLOG U-100 INSULIN ASPART	4	ST
<i>np thyroid oral tablet 120 mg, 15 mg</i>	2	PAR; MO; CG
<i>oxandrolone oral tablet 10 mg</i>	2	PAR; MO; CG; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PAR; MO; CG; QLL (240 per 30 days)
OZEMPIC	3	MO
<i>pamidronate intravenous recon soln</i>	2	MO; CG
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	MO; CG
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	2	B/D PAR; MO; CG
<i>paricalcitol hemodialysis port injection</i>	2	B/D PAR; CG
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	B/D PAR; CG
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	B/D PAR; MO; CG
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	2	MO; CG
<i>paricalcitol oral capsule 4 mcg</i>	5	
<i>pioglitazone oral tablet 15 mg</i>	1	MO; CG; QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>pioglitazone oral tablet 30 mg</i>	1	MO; CG; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; CG; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; CG; QLL (90 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO; CG
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	MO; CG
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO; CG
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	MO; CG
<i>prednisone intensol</i>	1	MO; CG
<i>prednisone oral solution</i>	1	MO; CG
<i>prednisone oral tablet</i>	1	MO; CG
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	MO; CG
<i>pregnyl</i>	2	PAR; MO; CG
PROGLYCEM	5	
<i>propylthiouracil</i>	1	MO; CG
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; CG; QLL (960 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>repaglinide oral tablet 1 mg</i>	1	MO; CG; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; CG; QLL (150 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	5	B/D PAR; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; QLL (120 per 30 days)
SOLU-CORTEF (PF) INJECTION RECON SOLN 250 MG/2 ML	4	
SOMAVERT	5	PAR
STIMATE	5	
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	5	PAR; LA
SYMLINPEN 120	5	PAR; QLL (11 per 30 days)
SYMLINPEN 60	5	PAR; QLL (6 per 30 days)
SYNAREL	5	PAR
SYNJARDY	3	MO; QLL (60 per 30 days)
SYNJARDYXR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QLL (60 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
SYNJARDYXR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QLL (30 per 30 days)
SYNTHROID	3	MO
<i>testosterone cypionate</i>	2	PAR; MO; CG
<i>testosterone enanthate</i>	2	PAR; MO; CG
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PAR; MO; CG; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PAR; MO; CG; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PAR; MO; CG; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PAR; MO; CG; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PAR; MO; CG; QLL (150 per 30 days)
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	PAR; CG
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	PAR; MO; CG
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
<i>tolazamide oral tablet 250 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; CG; QLL (60 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>tolbutamide</i>	1	MO; CG; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
TRULICITY	3	MO; QLL (2 per 28 days)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>unithroid oral tablet 137 mcg</i>	1	MO; CG
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VIMIZIM	5	PAR
VPRIV	5	PAR
ZOLEDRONIC AC-MANNITOL-0.9NACL	5	PAR
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	PAR; MO; CG
<i>zoledronic acid-mannitol-water 5 mg/100 ml intravenous piggyback 4 mg/100 ml</i>	2	PAR; MO; CG
Gastroenterology		
<i>alosetron</i>	5	PAR; QLL (60 per 30 days)
ALOXI	4	PAR
AMITIZA	3	MO; QLL (60 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>aprepitant oral capsule 125 mg</i>	2	B/D PAR; MO; CG; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	B/D PAR; MO; CG; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	B/D PAR; MO; CG; QLL (10 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	2	B/D PAR; MO; CG; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	CG
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO; CG
<i>balsalazide</i>	2	MO; CG
<i>budesonide oral capsule, delayed, extend. release</i>	5	
<i>budesonide oral tablet, delayed and ext. release</i>	2	PAR; MO; CG
CANASA	5	
<i>carafate oral suspension</i>	2	MO; CG
CHENODAL	5	PAR; LA
<i>chlordiazepoxide-clidinium</i>	2	PAR; MO; CG
CHOLBAM	5	PAR; QLL (120 per 30 days)
<i>cimetidine</i>	1	MO; CG
<i>cimetidine hcl oral</i>	1	MO; CG
<i>colocort</i>	1	MO; CG
<i>compazine rectal</i>	1	MO; CG
<i>compro</i>	1	MO; CG
<i>constulose</i>	1	MO; CG
CREON	3	MO
CYSTADANE	5	
DEXILANT	4	QLL (30 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>dicyclomine intramuscular</i>	1	MO; CG
<i>dicyclomine oral capsule</i>	1	PAR; MO; CG
<i>dicyclomine oral solution</i>	1	PAR; MO; CG
<i>dicyclomine oral tablet</i>	1	PAR; MO; CG
DIPENTUM	5	
<i>diphenoxylate-atropine</i>	1	PAR; MO; CG
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	2	B/D PAR; MO; CG; QLL (120 per 30 days)
EMEND (FOSAPREPITANT)	3	MO
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
ENTYVIO	5	PAR; QLL (1 per 56 days)
<i>enulose</i>	1	MO; CG
<i>esomeprazole magnesium</i>	2	MO; CG; QLL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	CG
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO; CG
<i>famotidine (pf)</i>	1	MO; CG
<i>famotidine (pf)-nacl (isos)</i>	2	MO; CG
<i>famotidine intravenous solution</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>famotidine oral suspension</i>	1	MO; CG
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; CG
<i>fosaprepitant</i>	2	MO; CG
GATTEX 30-VIAL	5	PAR
GATTEX ONE-VIAL	5	PAR
<i>gavilyte-c</i>	1	MO; CG
<i>gavilyte-g</i>	1	MO; CG
<i>gavilyte-n</i>	1	MO; CG
<i>generlac</i>	1	MO; CG
<i>glycopyrrolate injection</i>	1	MO; CG
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO; CG
GOLYTELY ORAL POWDER IN PACKET	4	
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	MO; CG
<i>granisetron hcl oral</i>	2	B/D PAR; MO; CG; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	1	MO; CG
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO; CG
KRISTALOSE	4	
<i>lactulose oral packet</i>	2	CG
<i>lactulose oral solution</i>	1	MO; CG
<i>lansoprazole oral capsule, delayed release(drlec)</i>	2	MO; CG; QLL (30 per 30 days)
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	1	MO; CG
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO; CG
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	2	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	2	MO; CG
<i>mesalamine rectal enema</i>	2	MO; CG
<i>mesalamine rectal suppository</i>	5	
<i>mesalamine with cleansing wipe</i>	2	MO; CG
<i>methscopolamine</i>	2	MO; CG
<i>metoclopramide hcl injection solution</i>	1	MO; CG
<i>metoclopramide hcl oral solution</i>	1	MO; CG
<i>metoclopramide hcl oral tablet</i>	1	MO; CG
<i>metoclopramide hcl oral tablet, disintegrating 10 mg</i>	1	MO; CG
<i>misoprostol</i>	1	MO; CG
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	4	
<i>nizatidine</i>	2	MO; CG
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO; CG; QLL (30 per 30 days)
<i>ondansetron disintegrating tablet</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	2	MO; CG
<i>ondansetron hcl oral solution</i>	2	B/D PAR; MO; CG; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PAR; CG; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
OSMOPREP	4	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO; CG
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10, 500-35,500- 61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 21, 000-54,700- 83,900 UNIT	5	ST
<i> pantoprazole intravenous</i>	2	MO; CG
<i> pantoprazole oral</i>	1	MO; CG; QLL (30 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO; CG
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	CG
<i>peg-electrolyte soln</i>	1	CG
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16, 000-57,500- 60,500 UNIT, 24,000-86,250-90,750 UNIT	5	ST

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4, 000-14,375- 15,125 UNIT, 8,000-28,750-30,250 UNIT	4	ST
<i>polyethylene glycol 3350</i>	1	MO; CG
<i>prochlorperazine</i>	1	MO; CG
<i>prochlorperazine edisylate</i>	1	MO; CG
<i>prochlorperazine maleate</i>	1	MO; CG
<i>procto-pak</i>	1	MO; CG
<i>proctosol hc topical</i>	1	MO; CG
<i>proctozone-hc</i>	1	MO; CG
PYLERA	5	
<i>rabeprazole oral tablet, delayed release (dr/lec)</i>	2	MO; CG; QLL (30 per 30 days)
<i>ranitidine hcl injection</i>	2	MO; CG
<i>ranitidine hcl oral capsule</i>	2	MO; CG
<i>ranitidine hcl oral syrup</i>	1	MO; CG
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO; CG
RECTIV	3	MO; QLL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PAR; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PAR; QLL (12 per 30 days)
REMICADE	5	PAR
SANCUSO	5	PAR; QLL (4 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>scopolamine transdermal</i>	2	MO; CG; QLL (10 per 28 days)
SUCRAID	5	
<i>sucralfate oral tablet</i>	1	MO; CG
<i>sulfasalazine</i>	1	MO; CG
SUPREP BOWEL PREP KIT	4	
TRANSDERM-SCOP	4	QLL (10 per 28 days)
<i>trilyte with flavor packets</i>	1	MO; CG
<i>trimethobenzamide oral</i>	2	MO; CG
UCERIS RECTAL	4	
<i>ursodiol</i>	2	MO; CG
VIBERZI	5	PAR
VIOKACE	5	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10, 000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20, 000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168, 000 UNIT, 5,000-17, 000- 24,000 UNIT	4	ST
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR
ADACEL (TDAP)	3	MO
ADOLESN/ ADULT) (PF)		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.4 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR
ARCALYST	5	PAR
ATGAM	5	B/D PAR
AVONEX (WITH ALBUMIN)	5	PAR; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	3	MO
BETASERON SUBCUTANEOUS KIT	5	PAR
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PAR; MO

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR
FULPHILA	5	PAR; QLL (1.2 per 28 days)
GAMUNEX-C	5	PAR
GARDASIL 9 (PF)	3	MO
GENOTROPIN	5	PAR
GENOTROPIN MINIQUICK	5	PAR
GRANIX	5	PAR
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	3	MO
HUMATROPE	5	PAR
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; LA
IMOVAX RABIES VACCINE (PF)	3	MO

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	4	
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	5	
INTRON A INJECTION SOLUTION	5	
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
LEUKINE INJECTION RECON SOLN	5	PAR
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W- 135-DIP (PF)	3	MO
MOZOBIL	5	PAR
NEULASTA	5	PAR; QLL (1.2 per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PAR
NEUPOGEN INJECTION SYRINGE	5	PAR
NORDITROPIN FLEXPRO	5	PAR
NUTROPIN AQ NUSPIN	5	PAR
OCTAGAM	5	PAR
OMNITROPE	5	PAR
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	
PENTACEL (PF)	3	MO
PLEGRIDY	5	PAR; QLL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML	5	PAR
PROLEUKIN	5	B/D PAR
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SAIZEN	5	PAR
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PAR
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
SYLATRON	5	PAR
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS, DIPHThERIA TOX PED(PF)	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	4	PAR
YF-VAX (PF)	3	MO
ZARXIO	5	PAR
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PAR
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PAR
ZORBTIVE	5	PAR
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
<i>alendronate oral solution</i>	1	MO; CG; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; CG; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO; CG
BENLYSTA	5	PAR
<i>colchicine oral tablet</i>	2	MO; CG
DEPEN TITRATABS	5	
ENBREL MINI	5	PAR; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; QLL (8 per 28 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PAR; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PAR; QLL (8 per 28 days)
ENBREL SURECLICK <i>febuxostat</i>	5	PAR; QLL (8 per 28 days)
FORTEO	2	MO; CG
FOSAMAX PLUS D	5	PAR; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	ST; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; QLL (6 per 365 days)
HUMIRA PEN	5	PAR; QLL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PAR; QLL (12 per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PAR; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/ 0.4 ML	5	PAR; QLL (2 per 28 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PAR; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/ 0.4 ML	5	PAR; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PAR; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PAR; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PAR; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/ 0.2 ML	5	PAR; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PAR; QLL (4 per 28 days)
<i>ibandronate intravenous</i>	2	B/D PAR; MO; CG
<i>ibandronate oral</i>	2	MO; CG; QLL (1 per 28 days)
<i>leflunomide</i>	2	MO; CG
<i>probenecid</i>	1	MO; CG
<i>probenecid-colchicine</i>	1	MO; CG
PROLIA	4	PAR; QLL (2 per 365 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>raloxifene</i>	2	MO; CG; QLL (30 per 30 days)
RIDAURA	5	
<i>risedronate oral tablet 150 mg</i>	2	ST; MO; CG; QLL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	ST; MO; CG; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	ST; MO; CG; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	2	MO; CG; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	4	QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	4	QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	4	QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	4	QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	4	QLL (110 per 365 days)
ULORIC	3	ST; MO
XELJANZ	5	PAR; QLL (60 per 30 days)
XELJANZ XR	5	PAR; QLL (30 per 30 days)
Obstetrics / Gynecology		
<i>altavera (28)</i>	1	MO; CG
<i>alyacen 1/35 (28)</i>	2	MO; CG
<i>alyacen 7/7/7 (28)</i>	1	MO; CG
<i>amabelz</i>	2	PAR; MO; CG
<i>amethia</i>	2	MO; CG
<i>amethyst (28)</i>	2	MO; CG
<i>apri</i>	1	MO; CG
<i>aranelle (28)</i>	2	MO; CG
<i>ashlyna</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>aubra</i>	1	MO; CG
<i>aviane</i>	1	MO; CG
<i>azurette (28)</i>	2	MO; CG
<i>balziva (28)</i>	2	MO; CG
<i>bekyree (28)</i>	2	MO; CG
<i>blisovi 24 fe</i>	1	MO; CG
<i>blisovi fe 1.5/30 (28)</i>	1	MO; CG
<i>blisovi fe 1/20 (28)</i>	1	MO; CG
<i>brielllyn</i>	2	MO; CG
<i>camila</i>	1	MO; CG
<i>camrese</i>	2	MO; CG
<i>caziant (28)</i>	2	MO; CG
<i>chateal (28)</i>	1	CG
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal</i>	1	MO; CG
COMBIPATCH	4	PAR; QLL (8 per 28 days)
CRINONE	4	PAR
<i>cryselle (28)</i>	1	MO; CG
<i>cyclafem 1/35 (28)</i>	2	MO; CG
<i>cyclafem 7/7/7 (28)</i>	1	MO; CG
<i>cyred</i>	1	MO; CG
<i>dasetta 1/35 (28)</i>	2	MO; CG
<i>dasetta 7/7/7 (28)</i>	1	MO; CG
<i>daysee</i>	2	MO; CG
<i>deblitane</i>	1	MO; CG
<i>delyla (28)</i>	1	CG
DEPO-ESTRADIOL	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104	4	
<i>desog-e.estradiol/ e.estradiol</i>	2	MO; CG
<i>desogestrel-ethinyl estradiol</i>	1	MO; CG
DIVIGEL	4	PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	MO; CG
<i>drospirenone-ethinyl estradiol</i>	2	MO; CG
ELESTRIN	4	PAR
<i>elinest</i>	1	MO; CG
ELLA	3	
<i>emoquette</i>	1	MO; CG
<i>enpresse</i>	1	MO; CG
<i>enskyce</i>	1	MO; CG
<i>errin</i>	1	MO; CG
<i>estarylla</i>	1	MO; CG
<i>estradiol oral</i>	1	PAR; MO; CG
<i>estradiol transdermal patch semiweekly</i>	2	PAR; MO; CG; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PAR; MO; CG; QLL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO; CG
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO; CG
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	PAR; MO; CG
ESTRING	4	QLL (1 per 90 days)
EVAMIST	4	PAR
<i>falmina (28)</i>	1	MO; CG
<i>fayosim</i>	2	MO; CG
FEMRING	4	QLL (1 per 90 days)
<i>femynor</i>	2	MO; CG
<i>fyavolv</i>	1	PAR; MO; CG
<i>gianvi (28)</i>	2	MO; CG
<i>heather</i>	1	MO; CG
<i>hydroxyprogesterone caproate</i>	2	PAR; MO; CG; QLL (25 per 147 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>introvale</i>	2	MO; CG
<i>jencycla</i>	1	MO; CG
<i>jinteli</i>	1	PAR; MO; CG
<i>jolessa</i>	2	MO; CG
<i>juleber</i>	1	MO; CG
<i>junel 1.5/30 (21)</i>	1	MO; CG
<i>junel 1/20 (21)</i>	1	MO; CG
<i>junel fe 1.5/30 (28)</i>	1	MO; CG
<i>junel fe 1/20 (28)</i>	1	MO; CG
<i>junel fe 24</i>	1	MO; CG
<i>kaitlib fe</i>	2	MO; CG
<i>kariva (28)</i>	2	MO; CG
<i>kelnor 1/35 (28)</i>	2	MO; CG
<i>kurvelo (28)</i>	1	MO; CG
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO; CG
<i>larin 1.5/30 (21)</i>	1	MO; CG
<i>larin 1/20 (21)</i>	1	MO; CG
<i>larin 24 fe</i>	1	MO; CG
<i>larin fe 1.5/30 (28)</i>	1	MO; CG
<i>larin fe 1/20 (28)</i>	1	MO; CG
<i>layolis fe</i>	2	MO; CG
<i>leena 28</i>	2	MO; CG
<i>lessina</i>	1	MO; CG
<i>levonest (28)</i>	1	MO; CG
<i>levonorg-eth estrad triphasic</i>	1	MO; CG
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	MO; CG
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	MO; CG
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO; CG
<i>levora-28</i>	1	MO; CG
<i>lo-zumandimine (28)</i>	2	CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>lopreeza oral tablet 0.5-0.1 mg</i>	2	PAR; MO; CG
<i>loryna (28)</i>	2	MO; CG
<i>low-ogestrel (28)</i>	1	MO; CG
LUPANETA PACK (1 MONTH)	5	PAR; QLL (1 per 28 days)
LUPANETA PACK (3 MONTH)	5	PAR; QLL (1 per 84 days)
<i>lutera (28)</i>	1	MO; CG
<i>lyza</i>	1	MO; CG
<i>marlissa (28)</i>	1	MO; CG
<i>medroxyprogesterone intramuscular suspension</i>	2	MO; CG
<i>medroxyprogesterone oral</i>	1	MO; CG
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PAR
MENOSTAR	4	PAR; QLL (4 per 28 days)
<i>metronidazole vaginal</i>	1	MO; CG
<i>mibelas 24 fe</i>	2	MO; CG
<i>miconazole-3 vaginal suppository</i>	1	MO; CG
<i>microgestin 1.5/30 (21)</i>	1	MO; CG
<i>microgestin 1/20 (21)</i>	1	MO; CG
<i>microgestin fe 1.5/30 (28)</i>	1	MO; CG
<i>microgestin fe 1/20 (28)</i>	1	MO; CG
<i>mimvey lo</i>	2	PAR; MO; CG
MINIVELLE	4	PAR; QLL (8 per 28 days)
<i>mono-linyah</i>	1	MO; CG
<i>necon 0.5/35 (28)</i>	2	MO; CG
<i>nikki (28)</i>	2	MO; CG
<i>nora-be</i>	1	MO; CG
<i>noreth-ethinyl estradiol-iron</i>	2	MO; CG
<i>norethindrone (contraceptive)</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PAR; MO; CG
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO; CG
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	CG
<i>norethindrone acetate</i>	2	MO; CG
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	MO; CG
<i>norgestimate-ethinyl estradiol</i>	1	MO; CG
<i>norlyroc</i>	1	CG
<i>nortrel 0.5/35 (28)</i>	2	MO; CG
<i>nortrel 1/35 (21)</i>	2	MO; CG
<i>nortrel 1/35 (28)</i>	2	MO; CG
<i>nortrel 7/7/7 (28)</i>	1	MO; CG
<i>ocella</i>	2	MO; CG
<i>ogestrel (28)</i>	1	MO; CG
<i>orsythia</i>	1	MO; CG
<i>philitih</i>	2	MO; CG
<i>pimtreea (28)</i>	2	MO; CG
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO; CG
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO; CG
<i>portia 28</i>	1	MO; CG
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
<i>previfem</i>	1	MO; CG
<i>progesterone micronized</i>	2	MO; CG
<i>reclipsen (28)</i>	1	MO; CG
<i>rivelsa</i>	2	MO; CG
<i>setlakin</i>	2	MO; CG
<i>sharobel</i>	1	MO; CG

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>simpesse</i>	2	CG
<i>sprintec (28)</i>	1	MO; CG
<i>sronyx</i>	1	MO; CG
<i>syeda</i>	2	MO; CG
<i>tarina fe 1-20 eq (28)</i>	1	MO; CG
<i>tarina fe 1/20 (28)</i>	1	MO; CG
<i>terconazole vaginal cream</i>	1	MO; CG
<i>terconazole vaginal suppository</i>	2	MO; CG
<i>tilia fe</i>	2	MO; CG
<i>tranexamic acid oral</i>	2	MO; CG
<i>tri-estarylla</i>	1	MO; CG
<i>tri-legest fe</i>	2	MO; CG
<i>tri-linyah</i>	1	MO; CG
<i>tri-lo-estarylla</i>	1	MO; CG
<i>tri-lo-mili</i>	1	CG
<i>tri-lo-sprintec</i>	1	MO; CG
<i>tri-previfem (28)</i>	1	MO; CG
<i>tri-sprintec (28)</i>	1	MO; CG
<i>trivora (28)</i>	1	MO; CG
<i>vandazole</i>	3	MO
<i>velivet triphasic regimen (28)</i>	2	MO; CG
<i>vienna</i>	1	MO; CG
<i>vyfemla (28)</i>	2	MO; CG
<i>wera (28)</i>	2	MO; CG
<i>wymzya fe</i>	2	MO; CG
<i>xulane</i>	2	MO; CG
<i>yuwafem</i>	2	MO; CG
<i>zarah</i>	2	MO; CG
<i>zovia 1/35e (28)</i>	2	MO; CG
<i>zumandimine (28)</i>	2	CG
Ophthalmology		
<i>acetazolamide oral capsule, extended release</i>	2	MO; CG
<i>acetazolamide oral tablet</i>	1	MO; CG
<i>acetazolamide sodium solution for injection</i>	2	MO; CG
ACUVAIL (PF)	4	
ALOCRIL	4	

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
ALOMIDE	4	
ALPHAGAN P	3	MO
OPHTHALMIC (EYE) DROPS 0.1 %		
<i>apraclonidine</i>	2	MO; CG
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO; CG
AZOPT	4	
<i>bacitracin ophthalmic (eye)</i>	1	MO; CG
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO; CG
BEPREVE	4	
<i>betaxolol ophthalmic (eye)</i>	2	MO; CG
BETIMOL	4	
BETOPTIC S	4	
<i>bimatoprost ophthalmic (eye)</i>	2	MO; CG
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>brimonidine</i>	1	MO; CG
<i>bromfenac</i>	2	MO; CG
<i>carteolol</i>	1	MO; CG
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO; CG
COMBIGAN	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO; CG
CYSTARAN	5	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO; CG
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO; CG
<i>dorzolamide</i>	1	MO; CG
<i>dorzolamide-timolol</i>	2	MO; CG
DUREZOL	3	MO
<i>epinastine</i>	2	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>erythromycin ophthalmic (eye)</i>	1	MO; CG
FLAREX	3	MO
<i>fluorometholone</i>	2	MO; CG
<i>flurbiprofen ophthalmic (eye)</i>	1	MO; CG
FML FORTE	3	MO
FML S.O.P.	3	MO
<i>gatifloxacin</i>	2	MO; CG
<i>gentak ophthalmic (eye) ointment</i>	1	MO; CG
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; CG
<i>gentamicin ophthalmic (eye) ointment</i>	1	CG
ILEVRO	3	MO
IOPIDINE	4	
OPHTHALMIC (EYE) DROPPERETTE		
<i>ketorolac ophthalmic (eye)</i>	2	MO; CG
LACRISERT	4	QLL (60 per 30 days)
LASTACAPT	4	
<i>latanoprost</i>	1	MO; CG
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO; CG
<i>levofloxacin ophthalmic (eye)</i>	1	MO; CG
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
MAXIDEX	3	MO
<i>methazolamide</i>	1	MO; CG
MOXIFLOXACIN OPHTHALMIC (EYE)	2	MO; CG
NATACYN	4	
<i>neo-polycin</i>	1	MO; CG
<i>neo-polycin hc</i>	2	MO; CG
<i>neomycin-bacitracin-poly-hc</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>neomycin-bacitracin-polymyxin</i>	1	MO; CG
<i>neomycin-polymyxin b-dexameth</i>	1	MO; CG
<i>neomycin-polymyxin-gramicidin</i>	1	MO; CG
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO; CG
<i>ofloxacin ophthalmic (eye)</i>	1	MO; CG
<i>olopatadine ophthalmic (eye)</i>	2	MO; CG
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO; CG
<i>polycin</i>	1	MO; CG
<i>polymyxin b sulf-trimethoprim</i>	1	MO; CG
PRED MILD	3	MO
PRED-G	4	
<i>prednisolone acetate</i>	1	MO; CG
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO; CG
SIMBRINZA	4	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO; CG
<i>sulfacetamide-prednisolone</i>	1	MO; CG
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; CG
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO; CG
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>tobramycin</i>	1	MO; CG
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	2	MO; CG
TRAVATAN Z	3	MO
<i>trifluridine</i>	2	MO; CG
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	4	
ZIRGAN	4	
ZYLET	4	
Respiratory And Allergy		
<i>acetylcysteine</i>	2	B/D PAR; MO; CG
ADCIRCA	5	PAR; QLL (60 per 30 days)
ADEMPAS	5	PAR; LA
<i>adrenalin injection solution 1 mg/ml</i>	2	MO; CG
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	B/D PAR; MO; CG; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	B/D PAR; MO; CG; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PAR; MO; CG; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO; CG
<i>albuterol sulfate oral tablet</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	2	MO; CG
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	1	MO; CG
<i>ambrisentan</i>	5	PAR; LA; QLL (30 per 30 days)
<i>aminophylline intravenous</i>	1	CG
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARCAPTA	4	QLL (30 per 30 days)
NEOHALER		
ARNUTY ELLIPTA	3	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QLL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QLL (2 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	MO; CG; ED
<i>bosentan</i>	5	PAR; LA; QLL (60 per 30 days)
BREO ELLIPTA	4	QLL (60 per 30 days)
BROVANA	5	B/D PAR; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PAR; MO; CG; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PAR; MO; CG; QLL (60 per 30 days)
<i>carbinoxamine maleate oral liquid</i>	2	PAR; MO; CG
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PAR; MO; CG
<i>cetirizine oral solution 1 mg/ml</i>	1	MO; CG
CINRYZE	5	PAR
<i>clemastine oral tablet 2.68 mg</i>	2	PAR; MO; CG
COMBIVENT RESPIMAT	4	QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; CG; QLL (240 per 30 days)
<i>cyproheptadine</i>	2	PAR; MO; CG
DALIRESP	4	PAR; QLL (30 per 30 days)
<i>desloratadine</i>	2	MO; CG
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO; CG
<i>diphenhydramine hcl injection syringe</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; CG; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; QLL (90 per 30 days)
FIRAZYR	5	PAR
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; CG; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; CG; QLL (16 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	MO; CG; ED
<i>hydroxyzine hcl intramuscular</i>	2	PAR; MO; CG
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PAR; MO; CG
<i>hydroxyzine hcl oral tablet</i>	2	PAR; MO; CG
<i>hydroxyzine pamoate</i>	2	PAR; MO; CG
<i>icatibant</i>	5	PAR
<i>ipratropium bromide inhalation</i>	1	B/D PAR; MO; CG
<i>ipratropium-albuterol inhalation</i>	2	B/D PAR; MO; CG; QLL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PAR; QLL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG	5	PAR; QLL (168 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 75 MG	5	PAR; QLL (112 per 28 days)
KALYDECO ORAL TABLET	5	PAR; QLL (60 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
LETAIRIS	5	PAR; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PAR; MO; CG; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D PAR; MO; CG; QLL (540 per 30 days)
LEVALBUTEROL HFA	3	MO; QLL (45 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; CG
<i>metaproterenol oral syrup</i>	1	MO; CG
<i>mometasone nasal</i>	2	MO; CG
<i>montelukast oral granules in packet</i>	2	MO; CG
<i>montelukast oral tablet</i>	1	MO; CG
<i>montelukast oral tablet, chewable</i>	1	MO; CG
OFEV	5	PAR; QLL (60 per 30 days)
OPSUMIT	5	PAR; LA; QLL (30 per 30 days)
ORKAMBI ORAL TABLET	5	PAR; QLL (120 per 30 days)
PERFOROMIST	5	B/D PAR; QLL (120 per 30 days)
<i>phenadoz</i>	2	PAR; MO; CG
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine injection solution</i>	2	PAR; MO; CG
<i>promethazine oral</i>	2	PAR; MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	PAR; MO; CG
<i>promethazine rectal suppository 50 mg</i>	2	PAR; CG
<i>promethazine-codeine</i>	1	MO; CG; ED; QLL (180 per 30 days)
<i>promethazine-dm</i>	1	MO; CG; ED; QLL (180 per 30 days)
<i>promethazine-phenylephrine</i>	2	PAR; MO; CG
<i>promethegan</i>	2	PAR; MO; CG
PROVENTIL HFA	4	QLL (14 per 30 days)
PULMOZYME	5	B/D PAR
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QLL (22 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; QLL (224 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous</i>	5	PAR; QLL (1125 per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PAR; QLL (224 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	2	PAR; MO; CG; QLL (90 per 30 days)

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	3	MO; QLL (11 per 30 days)
SYMJEPI	4	QLL (2 per 28 days)
<i>tadalafil (pulm.hypertension)</i>	5	PAR; QLL (60 per 30 days)
<i>terbutaline</i>	1	MO; CG
<i>theophylline oral tablet extended release 12 hr</i>	1	MO; CG
<i>theophylline oral tablet extended release 24 hr</i>	1	MO; CG
TRACLEER ORAL TABLET	5	PAR; LA; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PAR; LA; QLL (120 per 30 days)
TUDORZA	3	MO; QLL (1 per 30 days)
TYVASO	5	PAR; QLL (81.2 per 30 days)
VENTAVIS	5	PAR; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PAR; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	2	MO; CG
<i>zileuton</i>	5	
Urologicals		
<i>alfuzosin</i>	2	MO; CG

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>bethanechol chloride</i>	2	MO; CG
CIALIS ORAL TABLET 10 MG, 20 MG	1	MO; CG; ED; QLL (4 per 30 days)
<i>darifenacin</i>	2	MO; CG; QLL (30 per 30 days)
<i>dutasteride</i>	2	MO; CG; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	2	MO; CG; QLL (30 per 30 days)
ELMIRON	4	
<i>finasteride oral tablet 5 mg</i>	1	MO; CG
<i>flavoxate</i>	1	MO; CG
GELNIQUE TRANSDERMAL GEL IN METERED- DOSE PUMP 100 MG/GRAM (10 %)	4	ST; QLL (30 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	4	ST; QLL (30 per 30 days)
MYRBETRIQ	4	QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO; CG; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	MO; CG; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
OXYTROL	4	QLL (8 per 28 days)
<i>potassium citrate</i>	2	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
PROCYSBI	5	
RAPAFLO	3	MO
<i>sildenafil</i>	1	MO; CG; ED; QLL (4 per 30 days)
<i>silodosin</i>	2	MO; CG
<i>solifenacin</i>	2	MO; CG; QLL (30 per 30 days)
<i>tamsulosin</i>	1	MO; CG
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; CG; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
TOVIAZ	4	QLL (30 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	2	MO; CG; QLL (30 per 30 days)
<i>trospium oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
VESICARE	4	QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	3	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	3	B/D PAR
AMINOSYN 8.5 %- ELECTROLYTES	3	B/D PAR
AMINOSYN II 10 %	3	B/D PAR
AMINOSYN II 15 %	3	B/D PAR
AMINOSYN II 8.5 %	3	B/D PAR
AMINOSYN II 8.5 %- ELECTROLYTES	3	B/D PAR
AMINOSYN M 3.5 %	3	B/D PAR
AMINOSYN-HBC 7%	3	B/D PAR
AMINOSYN-PF 10 %	3	B/D PAR

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Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR
<i>calcium acetate oral capsule</i>	1	MO; CG
<i>calcium acetate oral tablet 667 mg</i>	1	MO; CG
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PAR
CLINIMIX 4.25%- D25W SULF-FREE	3	B/D PAR
CLINIMIX 4.25%/ D10W SULF FREE	3	B/D PAR
CLINIMIX 5%- D20W(SULFITE- FREE)	3	B/D PAR
CLINIMIX E 4.25%/ D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/ D5W SULF FREE	3	B/D PAR
CLINIMIX E 5%/ D15W SULFIT FREE	3	B/D PAR
CLINIMIX E 5%/ D20W SULFIT FREE	3	B/D PAR
CLINIMIX E 5%/ D25W SULFIT FREE	3	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	3	B/D PAR
<i>clinisol sf 15 %</i>	2	B/D PAR; MO; CG
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	MO; CG; ED
<i>folic acid oral tablet 1 mg</i>	1	MO; CG; ED
FREAMINE HBC 6.9 %	4	B/D PAR
<i>freamine iii 10 %</i>	2	B/D PAR; CG
HEPATAMINE 8%	3	B/D PAR

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PAR; CG
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S <i>k-tab oral tablet extended release 10 meq, 20 meq</i>	4	
<i>k-tab oral tablet extended release 8 meq</i>	1	MO; CG
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	1	MO; CG
<i>klor-con m15</i>	2	MO; CG
<i>klor-con m20</i>	1	MO; CG
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO; CG
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<i>magnesium sulfate injection solution</i>	1	MO; CG
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<i>normosol-m in 5 % dextrose</i>	1	CG
<i>normosol-r in 5 % dextrose</i>	1	CG
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<i>nutrilipid</i>	1	B/D PAR; CG
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>plenamine</i>	2	B/D PAR; CG
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	CG
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO; CG
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	CG
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	CG
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO; CG
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	CG
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	1	MO; CG
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	CG
<i>potassium chloride intravenous</i>	1	MO; CG
<i>potassium chloride oral capsule, extended release</i>	1	MO; CG

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>potassium chloride oral liquid</i>	1	MO; CG
<i>potassium chloride oral tablet extended release</i>	1	MO; CG
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO; CG
<i>potassium chloride-0.45 % nacl</i>	1	CG
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO; CG
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	CG
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	CG
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO; CG
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	CG
<i>premasol 10 %</i>	2	B/D PAR; MO; CG
PREMASOL 6 %	3	B/D PAR
PROCALAMINE 3%	3	B/D PAR
PROSOL 20 %	3	B/D PAR; MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO; CG
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	CG
<i>sodium chloride 3% intravenous injection solution</i>	1	MO; CG

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Drug Name Nombre del medicamento	Drug Tier Nivel de medicamento	Requirements /Limits Requisitos /Límites
<i>sodium chloride 5% intravenous injection solution</i>	1	MO; CG
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO; CG
<i>travasol 10 %</i>	2	B/D PAR; MO; CG
TROPHAMINE 10 %	3	B/D PAR; MO
TROPHAMINE 6%	3	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla visitando la Leyenda en la página número 16.

Index of Drugs

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Índice de medicamentos

Leyenda

Los medicamentos genéricos figuran en letra minúscula y cursiva (por ej., *atenolol*).

Los medicamentos de marca figuran en letra mayúscula (por ej., SPIRIVA).

El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se enumeran en el Índice. Encuentre su medicamento. Al lado de su medicamento verá el número de página en la que puede encontrar información de cobertura. Vaya a la página que se enumera en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

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<i>captopril-hydrochlorothiazide</i>	55	<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	18
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<i>hr</i>	37	<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	18
<i>carbamazepine oral suspension 100 mg/5 ml</i>	37	<i>ceftazidime injection recon soln 6 gram</i>	18
<i>carbamazepine oral suspension 200 mg/10 ml</i>	37	<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250</i>	
<i>carbamazepine oral tablet</i>	37	<i>mg, 500 mg</i>	18
<i>carbamazepine oral tablet extended release 12</i>		<i>ceftriaxone injection recon soln 10 gram, 100</i>	
<i>hr</i>	37	<i>gram</i>	18
<i>carbamazepine oral tablet, chewable</i>	37	<i>ceftriaxone intravenous</i>	18
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<i>carbidopa</i>	37	<i>cefuroxime sodium injection recon soln 750 mg</i>	18
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<i>carbidopa-levodopa oral tablet extended release</i>	37	<i>gram</i>	18
<i>carbidopa-levodopa-entacapone</i>	37	<i>cefuroxime sodium intravenous recon soln 7.5</i>	
<i>carbinoxamine maleate oral liquid</i>	87	<i>gram</i>	18
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<i>clindamycin pediatric</i>	19
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<i>desmopressin nasal spray with pump</i>	67	<i>dextrose 25 % in water (d25w)</i>	65
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<i>desoximetasone topical gel</i>	61	<i>dextrose 70 % in water (d70w)</i>	65
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Simply Healthcare Plans, Inc. es un plan de atención médica coordinada con un contrato Medicare y un contrato Medicaid con la Agencia de Administración de Cuidado de la Salud (AHCA) del estado de la Florida para proveer o coordinar los beneficios a ser proporcionados a los afiliados. La inscripción en Simply Healthcare Plans, Inc. depende de la renovación del contrato.

ATENCIÓN: Si usted habla español, servicios de asistencia en español, de forma gratuita, están disponibles para usted. Llame al 1-877-577-0115 (TTY: 711)

This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Simply Select (HMO) Member Services, at 1-877-577-0115 or, for TTY users, 711, From October 1 to March 31, we are open seven days a week from 8:00 a.m. - 8:00 p.m. ET. Beginning April 1 to September 30, we are open Monday through Friday, 8:00 a.m. - 8:00 p.m. ET., or visit <https://shop.simplyhealthcareplans.com/medicare>.

Este formulario se actualizó el 1.º de noviembre de 2019. Para obtener información más reciente o para preguntas, por favor llame a Simply Healthcare Plans, Servicios al Afiliado sin cargo al 1-877-577-0115 o, para usuarios de TTY, al 711. Del 1 de octubre al 31 de marzo, atendemos siete días a la semana de 8:00 a.m. - 8:00 p.m. ET. Del 1 de abril al 30 de septiembre, atendemos de lunes a viernes, de 8:00 a.m. - 8:00 p.m. ET., o visite <https://shop.simplyhealthcareplans.com/medicare>.