



Banner Medicare Advantage Dual HMO D-SNP

# 2024 Formulario Completo

(Lista de Medicamentos Cubiertos)



Cochise | Gila | Graham | Greenlee | La Paz | Maricopa | Pima | Pinal | Santa Cruz | Yuma

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Formulario ID 24266, Version 10

Este formulario se actualizó en 03/19/2024. Para la información más reciente u otras preguntas, favor de comunicarse con Banner Medicare Advantage Dual al (877) 874-3930, TTY 711, de 8 a.m. a 8 p.m., los siete días de la semana, o visite [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).

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

Cuando esta lista de medicamentos (formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Banner Medicare Advantage. Cuando dice “plan” o “nuestro plan”, hace referencia a Banner Medicare Advantage Dual.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está en vigencia desde el 03/19/2024. Comuníquese con nosotros para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y contraportada.

Generalmente, debe ir a las farmacias de la red para usar el beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o copagos/coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

## **¿Qué es el Formulario de Banner Medicare Advantage Dual?**

Un Formulario es una lista de medicamentos cubiertos seleccionados por Banner Medicare Advantage Dual con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Banner Medicare Advantage Dual cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento recetado se obtenga en una farmacia de la red de Banner Medicare Advantage Dual y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de Cobertura.

## **¿Puede cambiar el Formulario (lista de medicamentos)?**

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero Banner Medicare Advantage Dual podría agregar o quitar medicamentos de la Lista de Medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

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

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

- Si realizamos un cambio, usted o prescriptor puede solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Banner Medicare Advantage Dual?”.
- **Medicamentos retirados del mercado.** Si la Administración de Medicamentos y Alimentos de los Estados Unidos considera que un medicamento de nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo:
  - Podríamos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario, o bien
  - Agregar nuevas restricciones al medicamento de marca, y/o bien
  - Moverlo a un nivel de costo compartido diferente, o bien
  - Hacer cambios en función de las nuevas reglas clínicas.

Si retiramos medicamentos de nuestro formulario, agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento, o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un relleno del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 31 días.

- Si realizamos estos otros cambios, usted o el prescriptor pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Banner Medicare Advantage Dual?”

**Cambios que no lo afectarán si actualmente toma el medicamento.** En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de Medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir de 03/19/2024. Para recibir información actualizada sobre los medicamentos cubiertos por Banner Medicare Advantage Dual, comuníquese con nosotros. Nuestra

información de contacto aparece en las páginas de la portada y contraportada. Banner Medicare Advantage Dual publica formularios actualizados en nuestro sitio web mensualmente.

## ¿Cómo utilizo el Formulario?

Hay dos maneras para encontrar su medicamento dentro del formulario:

### Afección Médica

El formulario comienza en la página 3. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría, Cardiovascular. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

### Lista por Orden Alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 99. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Banner Medicare Advantage Dual cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos de los Estados Unidos (FDA, por sus siglas en inglés), dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

## ¿Hay alguna restricción en mi cobertura?

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

- **Autorización Previa:** Banner Medicare Advantage Dual exige que usted o su obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Banner Medicare Advantage Dual antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que Banner Medicare Advantage Dual no cubra el medicamento.
- **Límites de Cantidad:** Para ciertos medicamentos, Banner Medicare Advantage Dual limita la cantidad del medicamento que cubrirá Banner Medicare Advantage Dual. Por ejemplo, Banner Medicare Advantage Dual proporciona 30 tabletas para 30 días de simvastatin. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Terapia Escalonada:** En algunos casos, Banner Medicare Advantage Dual requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que, Banner Medicare Advantage Dual no cubra el medicamento B, a

menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, Banner Medicare Advantage Dual cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el formulario que empieza en la página 3. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea documentos que explican nuestra restricción de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Puede pedirle a Banner Medicare Advantage Dual que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Banner Medicare Advantage Dual?” abajo para obtener información acerca de cómo solicitar una excepción.

### **¿Qué son los medicamentos sin receta (OTC)?**

Los medicamentos sin receta (OTC, por sus siglas en inglés) son medicamentos que no necesitan receta y, normalmente, no están cubiertos por un Plan de Medicamentos Recetados de Medicare. Banner Medicare Advantage Dual paga por ciertos medicamentos OTC. Banner Medicare Advantage Dual proporcionará estos medicamentos OTC, sin costo alguno para usted. El costo para Banner Medicare Advantage Dual de estos medicamentos OTC no se tendrá en cuenta para los costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos OTC no se tiene en cuenta para el período sin cobertura).

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

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Centro de Atención al Cliente y preguntar si su medicamento está cubierto.

Si resulta que Banner Medicare Advantage Dual no cubre el medicamento que toma, tiene dos opciones:

- Puede pedir al Centro de Atención al Cliente una lista de medicamentos similares que estén cubiertos por Banner Medicare Advantage Dual. Cuando reciba la lista, muéstrese la a su doctor y pídale que le recete un medicamento similar que esté cubierto por y Banner Medicare Advantage Dual.
- Puede solicitar que Banner Medicare Advantage Dual haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

### **¿Cómo puedo solicitar que se haga una excepción al Formulario de Banner Medicare Advantage Dual?**

Puede solicitarle a Banner Medicare Advantage Dual que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Banner Medicare Advantage limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Banner Medicare Advantage Dual solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al formulario, nivel, o a la restricción de uso. **Cuando solicita una excepción al formulario, nivel o a la restricción de uso, debe presentar una declaración de su doctor o de su prescriptor que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción rápida (acelerada) si usted o su doctor consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su doctor u otro prescriptor.

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

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el formulario. También es posible que esté tomando un medicamento incluido en el formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento recetado. Debe consultar con su doctor para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su doctor el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos que realice rellenos por un máximo de hasta 31 del medicamento. Después del primer suministro para 31 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

## **Para más información**

Para obtener información más detallada sobre la cobertura para medicamentos recetados de Banner Medicare Advantage Dual consulte la Evidencia de Cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Banner Medicare Advantage Dual, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y contraportada.

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

## **Formulario de Banner Medicare Advantage Dual**

El Formulario que comienza en la página 3 proporciona información acerca de la cobertura de los medicamentos cubiertos por Banner Medicare Advantage Dual. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 99.

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

La información incluida en la columna de Requisitos/límites indica si Banner Medicare Advantage Dual tiene algún requisito especial para la cobertura del medicamento.

## Banner Medicare Advantage Dual HMO D-SNP

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-874-3930, TTY 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-874-3930, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-874-3930, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-874-3930, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-874-3930, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-874-3930, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-874-3930, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-874-3930, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-874-3930, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-874-3930, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-874-3930, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-874-3930, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-874-3930, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-874-3930, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-874-3930, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-874-3930, TTY 711. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-874-3930, TTY 711 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

## **Cantidades de copago y coseguro por nivel de medicamento**

La lista de medicamentos de Banner Medicare Advantage Dual es una lista de medicamentos de un solo nivel. Cada medicamento aparece como Nivel 1 (como se muestra en la columna Nivel de Medicamentos del Formulario que comienza en la página 3). Para obtener información más detallada sobre su cobertura de medicamentos recetados, consulte su Evidencia de Cobertura y otros documentos del plan en [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA) o bien comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas.

## Tabla de Contenido

|                                                                                          |    |
|------------------------------------------------------------------------------------------|----|
| <b>ANTIINFECCIOSOS</b> .....                                                             | 3  |
| <b>CARDIOVASCULARES, HIPERTENSIÓN/LÍPIDOS</b> .....                                      | 14 |
| <b>GASTROENTEROLOGÍA</b> .....                                                           | 23 |
| <b>IMMUNOLOGÍA, VACUNAS/BIOTECNOLOGÍA</b> .....                                          | 27 |
| <b>MEDICAMENTOS ANTINEOPLÁSICOS/INMUNODEPRESORES</b> .....                               | 31 |
| <b>MEDICAMENTOS PARA EL SISTEMA NERVIOSO AUTÓNOMO/CENTRAL,<br/>NEUROLOGÍA/PSIC</b> ..... | 44 |
| <b>MEDICAMENTOS PARA NARIZ, GARGANTA Y OÍDO</b> .....                                    | 62 |
| <b>OBSTETRICIA/GINECOLOGÍA</b> .....                                                     | 63 |
| <b>OFTALMOLOGÍA</b> .....                                                                | 68 |
| <b>PRODUCTOS DE DIAGNÓSTICO/AGENTES VARIOS</b> .....                                     | 71 |
| <b>PRODUCTOS DERMATOLÓGICOS/TRATAMIENTO TÓPICO</b> .....                                 | 73 |
| <b>SISTEMA ENDOCRINO/DIABETES</b> .....                                                  | 78 |
| <b>SISTEMA LOCOMOTOR/REUMATOLOGÍA</b> .....                                              | 85 |
| <b>SISTEMA RESPIRATORIO Y ALERGIA</b> .....                                              | 89 |
| <b>SUMINISTROS DIVERSOS</b> .....                                                        | 93 |
| <b>UROLÓGICOS</b> .....                                                                  | 94 |
| <b>VITAMINAS, HEMATÍNICOS/ELECTROLITOS</b> .....                                         | 95 |

La siguiente es una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna de Requisitos/Límites para indicarle si su medicamento está sujeto a algún requisito especial de cobertura.

### **Lista de Abreviaciones**

**B/D PA:** Este medicamento recetado podría estar cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias. Puede ser necesario que se presente información que describa la utilización y las circunstancias en las que se administrará el medicamento, para que se pueda tomar una determinación.

**CG:** Brecha de cobertura. Brindamos cobertura adicional de este medicamento recetado en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.

**LA:** Disponibilidad limitada. Este medicamento recetado puede estar disponible solamente en ciertas farmacias. Para obtener más información, llame al servicio de Atención al cliente.

**MO:** Medicamento obtenido por correo. Este medicamento recetado está disponible a través de nuestro servicio de pedido por correo, así como en las farmacias minoristas de nuestra red. Considere utilizar el servicio de farmacia por correo para obtener sus medicamentos de uso continuo, o de mantenimiento (por ejemplo, los medicamentos para la presión sanguínea elevada). Las farmacias minoristas de la red pueden ser más adecuadas para obtener medicamentos de uso a corto plazo (por ejemplo, los antibióticos).

**PA:** Autorización previa. El Plan requiere que usted o su médico obtengan autorización previa para obtener ciertos medicamentos. Esto significa que deberá obtener aprobación antes de que se surtan sus recetas. Si no obtiene aprobación, podríamos no cubrir el medicamento.

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

**ST:** Terapia de paso. En algunos casos, el Plan requiere que primero pruebe ciertos medicamentos para el tratamiento de su afección médica antes de que podamos cubrir otro medicamento para tratar esa afección. Por ejemplo, si puede utilizarse tanto un medicamento A como un medicamento B en el tratamiento de la misma afección médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le produce mejoras, cubriremos el medicamento B.

**V:** Esta vacuna se suministra a los adultos sin ningún costo cuando se utiliza de acuerdo con las recomendaciones del Comité Asesor sobre Prácticas de Inmunización (ACIP) de los Centros para el Control y la Prevención de Enfermedades (CDC).

| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites          |
|----------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <b>ANTIINFECCIOSOS</b>                                                                 |                      |                             |
| <b>AGENTES ANTIMICÓTICOS</b>                                                           |                      |                             |
| ABELCET                                                                                | \$0 (Tier 1)         | B/D PA                      |
| <i>amphotericin b</i>                                                                  | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>caspofungin</i>                                                                     | \$0 (Tier 1)         |                             |
| <i>clotrimazole mucous membrane</i>                                                    | \$0 (Tier 1)         | MO                          |
| CRESEMBA ORAL                                                                          | \$0 (Tier 1)         | PA                          |
| <i>fluconazole</i>                                                                     | \$0 (Tier 1)         | MO                          |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | \$0 (Tier 1)         | PA                          |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>               | \$0 (Tier 1)         | PA; MO                      |
| <i>flucytosine</i>                                                                     | \$0 (Tier 1)         | MO                          |
| <i>griseofulvin microsize</i>                                                          | \$0 (Tier 1)         | MO                          |
| <i>griseofulvin ultramicrosize</i>                                                     | \$0 (Tier 1)         | MO                          |
| <i>itraconazole oral capsule</i>                                                       | \$0 (Tier 1)         | MO; QL (120 per 30 days)    |
| <i>itraconazole oral solution</i>                                                      | \$0 (Tier 1)         | MO                          |
| <i>ketoconazole oral</i>                                                               | \$0 (Tier 1)         | MO                          |
| <i>micafungin</i>                                                                      | \$0 (Tier 1)         | MO                          |
| <i>nystatin oral</i>                                                                   | \$0 (Tier 1)         | MO                          |
| <i>posaconazole oral tablet, delayed release (drlec)</i>                               | \$0 (Tier 1)         | PA; MO; QL (96 per 30 days) |
| <i>terbinafine hcl oral</i>                                                            | \$0 (Tier 1)         | MO                          |
| <i>voriconazole intravenous</i>                                                        | \$0 (Tier 1)         | PA; MO                      |
| <i>voriconazole oral suspension for reconstitution</i>                                 | \$0 (Tier 1)         | PA; MO                      |
| <i>voriconazole oral tablet</i>                                                        | \$0 (Tier 1)         | PA; MO                      |
| <b>AGENTES DE LAS VÍAS URINARIAS</b>                                                   |                      |                             |
| <i>methenamine hippurate</i>                                                           | \$0 (Tier 1)         | MO                          |
| <i>methenamine mandelate oral tablet 0.5 g</i>                                         | \$0 (Tier 1)         | MO                          |
| <i>methenamine mandelate oral tablet 1 gram</i>                                        | \$0 (Tier 1)         |                             |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                          | \$0 (Tier 1)         | MO                          |
| <i>nitrofurantoin monohydr/m-cryst</i>                                                 | \$0 (Tier 1)         | MO                          |
| <i>trimethoprim</i>                                                                    | \$0 (Tier 1)         | MO                          |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                            | Nivel De Medicamento | Requisitos/Límites              |
|---------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| <b>ANTIINFECCIOSOS VARIOS</b>                                                                     |                      |                                 |
| <i>albendazole</i>                                                                                | \$0 (Tier 1)         | MO                              |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>                                     | \$0 (Tier 1)         | PA; MO                          |
| ARIKAYCE                                                                                          | \$0 (Tier 1)         | PA; LA                          |
| <i>atovaquone</i>                                                                                 | \$0 (Tier 1)         | MO                              |
| <i>atovaquone-proguanil</i>                                                                       | \$0 (Tier 1)         | MO                              |
| <i>aztreonam</i>                                                                                  | \$0 (Tier 1)         | PA; MO                          |
| <i>bacitracin intramuscular</i>                                                                   | \$0 (Tier 1)         |                                 |
| CAYSTON                                                                                           | \$0 (Tier 1)         | PA; MO; LA; QL (84 per 56 days) |
| <i>chloramphenicol sod succinate</i>                                                              | \$0 (Tier 1)         |                                 |
| <i>chloroquine phosphate</i>                                                                      | \$0 (Tier 1)         | MO                              |
| <i>clindamycin hcl</i>                                                                            | \$0 (Tier 1)         | MO                              |
| <i>clindamycin in 5 % dextrose</i>                                                                | \$0 (Tier 1)         | PA; MO                          |
| <i>clindamycin phosphate injection</i>                                                            | \$0 (Tier 1)         | PA; MO                          |
| <i>clindamycin phosphate intravenous</i>                                                          | \$0 (Tier 1)         | PA; MO                          |
| COARTEM                                                                                           | \$0 (Tier 1)         | MO                              |
| <i>colistin (colistimethate na)</i>                                                               | \$0 (Tier 1)         | PA; MO; QL (30 per 10 days)     |
| <i>dapsone oral</i>                                                                               | \$0 (Tier 1)         | MO                              |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG                                                          | \$0 (Tier 1)         | MO                              |
| <i>daptomycin intravenous recon soln 500 mg</i>                                                   | \$0 (Tier 1)         | MO                              |
| EMVERM                                                                                            | \$0 (Tier 1)         | MO                              |
| <i>ertapenem</i>                                                                                  | \$0 (Tier 1)         | PA; MO; QL (14 per 14 days)     |
| <i>ethambutol</i>                                                                                 | \$0 (Tier 1)         | MO                              |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | \$0 (Tier 1)         | PA; MO                          |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>                            | \$0 (Tier 1)         | PA                              |
| <i>gentamicin injection solution 40 mg/ml</i>                                                     | \$0 (Tier 1)         | PA; MO                          |
| <i>gentamicin sulfate (ped) (pf)</i>                                                              | \$0 (Tier 1)         | PA; MO                          |
| <i>hydroxychloroquine oral tablet 200 mg</i>                                                      | \$0 (Tier 1)         | MO                              |
| <i>imipenem-cilastatin</i>                                                                        | \$0 (Tier 1)         | PA; MO                          |

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| Nombre Del Medicamento                              | Nivel De Medicamento | Requisitos/Límites             |
|-----------------------------------------------------|----------------------|--------------------------------|
| <i>isoniazid injection</i>                          | \$0 (Tier 1)         |                                |
| <i>isoniazid oral</i>                               | \$0 (Tier 1)         | MO                             |
| <i>ivermectin oral</i>                              | \$0 (Tier 1)         | PA; MO; QL (20 per 30 days)    |
| <i>lincomycin</i>                                   | \$0 (Tier 1)         | PA                             |
| <i>linezolid in dextrose 5%</i>                     | \$0 (Tier 1)         | PA; MO                         |
| <i>linezolid oral suspension for reconstitution</i> | \$0 (Tier 1)         | MO                             |
| <i>linezolid oral tablet</i>                        | \$0 (Tier 1)         | MO                             |
| <i>linezolid-0.9% sodium chloride</i>               | \$0 (Tier 1)         | PA                             |
| <i>mefloquine</i>                                   | \$0 (Tier 1)         | MO                             |
| <i>meropenem intravenous recon soln 1 gram</i>      | \$0 (Tier 1)         | PA; QL (30 per 10 days)        |
| <i>meropenem intravenous recon soln 500 mg</i>      | \$0 (Tier 1)         | PA; QL (10 per 10 days)        |
| <i>metro i.v.</i>                                   | \$0 (Tier 1)         | PA; MO                         |
| <i>metronidazole in nacl (iso-os)</i>               | \$0 (Tier 1)         | PA; MO                         |
| <i>metronidazole oral tablet</i>                    | \$0 (Tier 1)         | MO                             |
| <i>neomycin</i>                                     | \$0 (Tier 1)         | MO                             |
| <i>nitazoxanide</i>                                 | \$0 (Tier 1)         | MO                             |
| <i>paromomycin</i>                                  | \$0 (Tier 1)         |                                |
| <i>pentamidine inhalation</i>                       | \$0 (Tier 1)         | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i>                        | \$0 (Tier 1)         | MO                             |
| <i>praziquantel</i>                                 | \$0 (Tier 1)         | MO                             |
| <b>PRIFTIN</b>                                      | \$0 (Tier 1)         | MO                             |
| <b>PRIMAQUINE</b>                                   | \$0 (Tier 1)         | MO                             |
| <i>pyrazinamide</i>                                 | \$0 (Tier 1)         | MO                             |
| <i>pyrimethamine</i>                                | \$0 (Tier 1)         | PA; MO                         |
| <i>quinine sulfate</i>                              | \$0 (Tier 1)         | MO                             |
| <i>rifabutin</i>                                    | \$0 (Tier 1)         | MO                             |
| <i>rifampin intravenous</i>                         | \$0 (Tier 1)         | MO                             |
| <i>rifampin oral</i>                                | \$0 (Tier 1)         | MO                             |
| <b>SIRTURO</b>                                      | \$0 (Tier 1)         | PA; LA                         |
| <b>STREPTOMYCIN</b>                                 | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)    |
| <i>tigecycline</i>                                  | \$0 (Tier 1)         | PA; MO                         |
| <i>tinidazole</i>                                   | \$0 (Tier 1)         | MO                             |
| <b>TOBI PODHALER</b>                                | \$0 (Tier 1)         | MO; QL (224 per 56 days)       |
| <i>tobramycin in 0.225 % nacl</i>                   | \$0 (Tier 1)         | PA; MO; QL (280 per 28 days)   |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                             | Nivel De Medicamento | Requisitos/Límites           |
|--------------------------------------------------------------------|----------------------|------------------------------|
| <i>tobramycin inhalation</i>                                       | \$0 (Tier 1)         | PA; MO; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i>                     | \$0 (Tier 1)         | PA; QL (9 per 14 days)       |
| <i>tobramycin sulfate injection solution</i>                       | \$0 (Tier 1)         | PA; MO                       |
| TRECTOR                                                            | \$0 (Tier 1)         | MO                           |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML | \$0 (Tier 1)         | PA; QL (4000 per 10 days)    |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML | \$0 (Tier 1)         | PA; QL (1000 per 10 days)    |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML | \$0 (Tier 1)         | PA; QL (4050 per 10 days)    |
| VANCOMYCIN INJECTION                                               | \$0 (Tier 1)         | PA; QL (1 per 10 days)       |
| <i>vancomycin intravenous recon soln 1,000 mg</i>                  | \$0 (Tier 1)         | PA; MO; QL (20 per 10 days)  |
| <i>vancomycin intravenous recon soln 10 gram</i>                   | \$0 (Tier 1)         | PA; QL (2 per 10 days)       |
| <i>vancomycin intravenous recon soln 5 gram</i>                    | \$0 (Tier 1)         | PA; QL (4 per 10 days)       |
| <i>vancomycin intravenous recon soln 500 mg</i>                    | \$0 (Tier 1)         | PA; MO; QL (10 per 10 days)  |
| <i>vancomycin intravenous recon soln 750 mg</i>                    | \$0 (Tier 1)         | PA; MO; QL (27 per 10 days)  |
| <i>vancomycin oral capsule 125 mg</i>                              | \$0 (Tier 1)         | PA; MO; QL (40 per 10 days)  |
| <i>vancomycin oral capsule 250 mg</i>                              | \$0 (Tier 1)         | PA; MO; QL (80 per 10 days)  |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG                              | \$0 (Tier 1)         | PA                           |
| XIFAXAN ORAL TABLET 200 MG                                         | \$0 (Tier 1)         | QL (9 per 30 days)           |
| XIFAXAN ORAL TABLET 550 MG                                         | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <b>ANTIVÍRICOS</b>                                                 |                      |                              |
| <i>abacavir</i>                                                    | \$0 (Tier 1)         | MO                           |
| <i>abacavir-lamivudine</i>                                         | \$0 (Tier 1)         | MO                           |
| <i>acyclovir oral capsule</i>                                      | \$0 (Tier 1)         | MO                           |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                       | \$0 (Tier 1)         | MO                           |
| <i>acyclovir oral tablet</i>                                       | \$0 (Tier 1)         | MO                           |
| <i>acyclovir sodium intravenous solution</i>                       | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>adefovir</i>                                                    | \$0 (Tier 1)         | MO                           |
| <i>amantadine hcl</i>                                              | \$0 (Tier 1)         | MO                           |
| APRETUDE                                                           | \$0 (Tier 1)         | MO                           |
| APTIVUS                                                            | \$0 (Tier 1)         | MO                           |

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| Nombre Del Medicamento                                    | Nivel De Medicamento | Requisitos/Límites          |
|-----------------------------------------------------------|----------------------|-----------------------------|
| <i>atazanavir</i>                                         | \$0 (Tier 1)         | MO                          |
| BARACLUDE ORAL SOLUTION                                   | \$0 (Tier 1)         | MO                          |
| BIKTARVY                                                  | \$0 (Tier 1)         | MO                          |
| CABENUVA                                                  | \$0 (Tier 1)         | MO                          |
| <i>cidofovir</i>                                          | \$0 (Tier 1)         | B/D PA; MO                  |
| CIMDUO                                                    | \$0 (Tier 1)         | MO                          |
| COMPLERA                                                  | \$0 (Tier 1)         | MO                          |
| <i>darunavir</i>                                          | \$0 (Tier 1)         | MO                          |
| DELSTRIGO                                                 | \$0 (Tier 1)         | MO                          |
| DESCOVY                                                   | \$0 (Tier 1)         | MO                          |
| DOVATO                                                    | \$0 (Tier 1)         | MO                          |
| EDURANT                                                   | \$0 (Tier 1)         | MO                          |
| <i>efavirenz</i>                                          | \$0 (Tier 1)         | MO                          |
| <i>efavirenz-emtricitabin-tenofovir</i>                   | \$0 (Tier 1)         | MO                          |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | \$0 (Tier 1)         | MO                          |
| <i>emtricitabine</i>                                      | \$0 (Tier 1)         | MO                          |
| <i>emtricitabine-tenofovir (tdf)</i>                      | \$0 (Tier 1)         | MO                          |
| EMTRIVA ORAL SOLUTION                                     | \$0 (Tier 1)         | MO                          |
| <i>entecavir</i>                                          | \$0 (Tier 1)         | MO                          |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG                | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                  | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG                             | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG                            | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days) |
| <i>etravirine</i>                                         | \$0 (Tier 1)         | MO                          |
| EVOTAZ                                                    | \$0 (Tier 1)         | MO                          |
| <i>famciclovir</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>fosamprenavir</i>                                      | \$0 (Tier 1)         | MO                          |
| FUZEON SUBCUTANEOUS RECON SOLN                            | \$0 (Tier 1)         | MO                          |
| <i>ganciclovir sodium intravenous recon soln</i>          | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>ganciclovir sodium intravenous solution</i>            | \$0 (Tier 1)         | B/D PA                      |
| GENVOYA                                                   | \$0 (Tier 1)         | MO                          |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG               | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days) |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                     | Nivel De Medicamento | Requisitos/Límites          |
|------------------------------------------------------------|----------------------|-----------------------------|
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                   | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG                              | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG                              | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days) |
| INTELENCE ORAL TABLET 25 MG                                | \$0 (Tier 1)         | MO                          |
| ISENTRESS HD                                               | \$0 (Tier 1)         | MO                          |
| ISENTRESS ORAL POWDER IN PACKET                            | \$0 (Tier 1)         | MO                          |
| ISENTRESS ORAL TABLET                                      | \$0 (Tier 1)         | MO                          |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                      | \$0 (Tier 1)         | MO                          |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                       | \$0 (Tier 1)         | MO                          |
| JULUCA                                                     | \$0 (Tier 1)         | MO                          |
| LAGEVRIO (EUA)                                             | \$0 (Tier 1)         | CG; QL (40 per 180 days)    |
| <i>lamivudine</i>                                          | \$0 (Tier 1)         | MO                          |
| <i>lamivudine-zidovudine</i>                               | \$0 (Tier 1)         | MO                          |
| LEXIVA ORAL SUSPENSION                                     | \$0 (Tier 1)         | MO                          |
| <i>lopinavir-ritonavir oral solution</i>                   | \$0 (Tier 1)         | MO                          |
| <i>lopinavir-ritonavir oral tablet</i>                     | \$0 (Tier 1)         | MO                          |
| <i>maraviroc</i>                                           | \$0 (Tier 1)         | MO                          |
| <i>nevirapine oral suspension</i>                          | \$0 (Tier 1)         |                             |
| <i>nevirapine oral tablet</i>                              | \$0 (Tier 1)         | MO                          |
| <i>nevirapine oral tablet extended release 24 hr</i>       | \$0 (Tier 1)         | MO                          |
| NORVIR ORAL POWDER IN PACKET                               | \$0 (Tier 1)         | MO                          |
| ODEFSEY                                                    | \$0 (Tier 1)         | MO                          |
| <i>oseltamivir</i>                                         | \$0 (Tier 1)         | MO                          |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG                 | \$0 (Tier 1)         | CG; QL (20 per 180 days)    |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | \$0 (Tier 1)         | CG; QL (30 per 180 days)    |
| PIFELTRO                                                   | \$0 (Tier 1)         | MO                          |
| PREVYMIS INTRAVENOUS                                       | \$0 (Tier 1)         | PA                          |
| PREVYMIS ORAL                                              | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| PREZCOBIX                                                  | \$0 (Tier 1)         | MO                          |
| PREZISTA ORAL SUSPENSION                                   | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                    | Nivel De Medicamento | Requisitos/Límites          |
|-------------------------------------------|----------------------|-----------------------------|
| PREZISTA ORAL TABLET 150 MG, 75 MG        | \$0 (Tier 1)         | MO                          |
| RELENZA DISKHALER                         | \$0 (Tier 1)         | MO                          |
| RETROVIR INTRAVENOUS                      | \$0 (Tier 1)         | MO                          |
| REYATAZ ORAL POWDER IN PACKET             | \$0 (Tier 1)         | MO                          |
| <i>ribavirin oral capsule</i>             | \$0 (Tier 1)         | MO                          |
| <i>ribavirin oral tablet 200 mg</i>       | \$0 (Tier 1)         | MO                          |
| <i>rimantadine</i>                        | \$0 (Tier 1)         | MO                          |
| <i>ritonavir</i>                          | \$0 (Tier 1)         | MO                          |
| RUKOBIA                                   | \$0 (Tier 1)         | MO                          |
| SELZENTRY ORAL SOLUTION                   | \$0 (Tier 1)         | MO                          |
| SELZENTRY ORAL TABLET 25 MG, 75 MG        | \$0 (Tier 1)         | MO                          |
| STRIBILD                                  | \$0 (Tier 1)         | MO                          |
| SUNLENCA                                  | \$0 (Tier 1)         |                             |
| SYMTUZA                                   | \$0 (Tier 1)         | MO                          |
| SYNAGIS                                   | \$0 (Tier 1)         | MO; LA                      |
| <i>tenofovir disoproxil fumarate</i>      | \$0 (Tier 1)         | MO                          |
| TIVICAY ORAL TABLET 10 MG                 | \$0 (Tier 1)         |                             |
| TIVICAY ORAL TABLET 25 MG, 50 MG          | \$0 (Tier 1)         | MO                          |
| TIVICAY PD                                | \$0 (Tier 1)         | MO                          |
| TRIUMEQ                                   | \$0 (Tier 1)         | MO                          |
| TRIUMEQ PD                                | \$0 (Tier 1)         | MO                          |
| TRIZIVIR                                  | \$0 (Tier 1)         |                             |
| TROGARZO                                  | \$0 (Tier 1)         | MO; LA                      |
| <i>valacyclovir oral tablet 1 gram</i>    | \$0 (Tier 1)         | MO; QL (120 per 30 days)    |
| <i>valacyclovir oral tablet 500 mg</i>    | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>valganciclovir oral recon soln</i>     | \$0 (Tier 1)         | MO                          |
| <i>valganciclovir oral tablet</i>         | \$0 (Tier 1)         | MO                          |
| VEKLURY                                   | \$0 (Tier 1)         |                             |
| VEMLIDY                                   | \$0 (Tier 1)         | MO                          |
| VIRACEPT ORAL TABLET                      | \$0 (Tier 1)         | MO                          |
| VIREAD ORAL POWDER                        | \$0 (Tier 1)         | MO                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | \$0 (Tier 1)         | MO                          |
| VOSEVI                                    | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days) |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites |
|----------------------------------------------------------------------------------------|----------------------|--------------------|
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                       | \$0 (Tier 1)         | MO                 |
| <i>zidovudine oral capsule</i>                                                         | \$0 (Tier 1)         | MO                 |
| <i>zidovudine oral syrup</i>                                                           | \$0 (Tier 1)         | MO                 |
| <i>zidovudine oral tablet</i>                                                          | \$0 (Tier 1)         | MO                 |
| <b>CEFALOSPORINAS</b>                                                                  |                      |                    |
| <i>cefaclor oral capsule</i>                                                           | \$0 (Tier 1)         | MO                 |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>                         | \$0 (Tier 1)         | MO                 |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>            | \$0 (Tier 1)         |                    |
| <i>cefaclor oral tablet extended release 12 hr</i>                                     | \$0 (Tier 1)         | MO                 |
| <i>cefadroxil oral capsule</i>                                                         | \$0 (Tier 1)         | MO                 |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>          | \$0 (Tier 1)         | MO                 |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | \$0 (Tier 1)         | MO                 |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                                   | \$0 (Tier 1)         | MO                 |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>                         | \$0 (Tier 1)         |                    |
| <i>cefazolin intravenous recon soln 1 gram</i>                                         | \$0 (Tier 1)         |                    |
| <i>cefdinir oral capsule</i>                                                           | \$0 (Tier 1)         | MO                 |
| <i>cefdinir oral suspension for reconstitution</i>                                     | \$0 (Tier 1)         | MO                 |
| <i>cefepime in dextrose, iso-osm</i>                                                   | \$0 (Tier 1)         |                    |
| <i>cefepime injection</i>                                                              | \$0 (Tier 1)         | MO                 |
| <i>cefixime</i>                                                                        | \$0 (Tier 1)         | MO                 |
| <i>cefoxitin in dextrose, iso-osm</i>                                                  | \$0 (Tier 1)         | PA                 |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>                                 | \$0 (Tier 1)         | PA; MO             |
| <i>cefoxitin intravenous recon soln 10 gram</i>                                        | \$0 (Tier 1)         | PA                 |
| <i>cefpodoxime</i>                                                                     | \$0 (Tier 1)         | MO                 |
| <i>cefprozil</i>                                                                       | \$0 (Tier 1)         | MO                 |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                                 | \$0 (Tier 1)         | PA; MO             |
| <i>ceftazidime injection recon soln 6 gram</i>                                         | \$0 (Tier 1)         | PA                 |
| <i>ceftriaxone in dextrose, iso-os</i>                                                 | \$0 (Tier 1)         | MO                 |
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>                 | \$0 (Tier 1)         | MO                 |

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| Nombre Del Medicamento                                                         | Nivel De Medicamento | Requisitos/Límites      |
|--------------------------------------------------------------------------------|----------------------|-------------------------|
| <i>ceftriaxone injection recon soln 10 gram</i>                                | \$0 (Tier 1)         |                         |
| <i>ceftriaxone intravenous</i>                                                 | \$0 (Tier 1)         | MO                      |
| <i>cefuroxime axetil oral tablet</i>                                           | \$0 (Tier 1)         | MO                      |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                           | \$0 (Tier 1)         | PA; MO                  |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>                       | \$0 (Tier 1)         | PA; MO                  |
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i>                       | \$0 (Tier 1)         | PA                      |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                  | \$0 (Tier 1)         | MO                      |
| <i>cephalexin oral suspension for reconstitution</i>                           | \$0 (Tier 1)         | MO                      |
| <i>tazicef injection</i>                                                       | \$0 (Tier 1)         | PA; MO                  |
| <i>tazicef intravenous</i>                                                     | \$0 (Tier 1)         | PA                      |
| TEFLARO                                                                        | \$0 (Tier 1)         | PA; MO                  |
| <b>ERITROMICINAS/OTROS MACRÓLIDOS</b>                                          |                      |                         |
| <i>azithromycin intravenous</i>                                                | \$0 (Tier 1)         | PA; MO                  |
| <i>azithromycin oral packet</i>                                                | \$0 (Tier 1)         | MO                      |
| <i>azithromycin oral suspension for reconstitution</i>                         | \$0 (Tier 1)         | MO                      |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>               | \$0 (Tier 1)         |                         |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                         | \$0 (Tier 1)         | MO                      |
| <i>clarithromycin</i>                                                          | \$0 (Tier 1)         | MO                      |
| DIFICID ORAL TABLET                                                            | \$0 (Tier 1)         | MO; QL (20 per 10 days) |
| <i>e.e.s. 400 oral tablet</i>                                                  | \$0 (Tier 1)         | MO                      |
| <i>ery-tab oral tablet, delayed release (drlec) 250 mg, 333 mg</i>             | \$0 (Tier 1)         | MO                      |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                             | \$0 (Tier 1)         |                         |
| <i>erythromycin ethylsuccinate oral tablet</i>                                 | \$0 (Tier 1)         | MO                      |
| <i>erythromycin oral</i>                                                       | \$0 (Tier 1)         | MO                      |
| <b>PENICILINAS</b>                                                             |                      |                         |
| <i>amoxicillin oral capsule</i>                                                | \$0 (Tier 1)         | MO; CG                  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i> | \$0 (Tier 1)         | MO; CG                  |
| <i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1)         | MO                      |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                        | Nivel De Medicamento | Requisitos/Límites |
|-----------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>amoxicillin oral tablet</i>                                                                | \$0 (Tier 1)         | MO; CG             |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                       | \$0 (Tier 1)         | MO                 |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>                         | \$0 (Tier 1)         | MO                 |
| <i>amoxicillin-pot clavulanate oral tablet</i>                                                | \$0 (Tier 1)         | MO                 |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>                         | \$0 (Tier 1)         | MO                 |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>                                      | \$0 (Tier 1)         | MO                 |
| <i>ampicillin oral capsule 500 mg</i>                                                         | \$0 (Tier 1)         | MO                 |
| <i>ampicillin sodium injection</i>                                                            | \$0 (Tier 1)         | PA; MO             |
| <i>ampicillin sodium intravenous</i>                                                          | \$0 (Tier 1)         | PA                 |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>                             | \$0 (Tier 1)         | PA; MO             |
| <i>ampicillin-sulbactam injection recon soln 15 gram</i>                                      | \$0 (Tier 1)         | PA                 |
| <i>ampicillin-sulbactam intravenous</i>                                                       | \$0 (Tier 1)         | PA                 |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML                                | \$0 (Tier 1)         | MO                 |
| BICILLIN C-R                                                                                  | \$0 (Tier 1)         | PA; MO             |
| BICILLIN L-A                                                                                  | \$0 (Tier 1)         | PA; MO             |
| <i>dicloxacillin</i>                                                                          | \$0 (Tier 1)         | MO                 |
| <i>nafcillin in dextrose iso-osm</i>                                                          | \$0 (Tier 1)         | PA                 |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>                                          | \$0 (Tier 1)         | PA; MO             |
| <i>nafcillin injection recon soln 10 gram</i>                                                 | \$0 (Tier 1)         | PA                 |
| <i>nafcillin intravenous recon soln 2 gram</i>                                                | \$0 (Tier 1)         | PA                 |
| <i>oxacillin in dextrose( iso-osm)</i>                                                        | \$0 (Tier 1)         | PA                 |
| <i>oxacillin injection recon soln 1 gram, 10 gram</i>                                         | \$0 (Tier 1)         | PA                 |
| <i>oxacillin injection recon soln 2 gram</i>                                                  | \$0 (Tier 1)         | PA; MO             |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML                       | \$0 (Tier 1)         | PA                 |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | \$0 (Tier 1)         | PA                 |
| <i>penicillin g potassium</i>                                                                 | \$0 (Tier 1)         | PA; MO             |
| <i>penicillin g sodium</i>                                                                    | \$0 (Tier 1)         | PA; MO             |
| <i>penicillin v potassium</i>                                                                 | \$0 (Tier 1)         | MO                 |

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| Nombre Del Medicamento                                                                | Nivel De Medicamento | Requisitos/Límites |
|---------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>pfizerpen-g</i>                                                                    | \$0 (Tier 1)         | PA                 |
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>            | \$0 (Tier 1)         |                    |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | \$0 (Tier 1)         | MO                 |
| <b>QUINOLONAS</b>                                                                     |                      |                    |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>                                           | \$0 (Tier 1)         |                    |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>                                   | \$0 (Tier 1)         | MO; CG             |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>                                           | \$0 (Tier 1)         | MO                 |
| <i>ciprofloxacin in 5 % dextrose</i>                                                  | \$0 (Tier 1)         | PA; MO             |
| <i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>                   | \$0 (Tier 1)         |                    |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>                         | \$0 (Tier 1)         | PA                 |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>         | \$0 (Tier 1)         | PA; MO             |
| <i>levofloxacin intravenous</i>                                                       | \$0 (Tier 1)         | PA                 |
| <i>levofloxacin oral solution</i>                                                     | \$0 (Tier 1)         | MO                 |
| <i>levofloxacin oral tablet</i>                                                       | \$0 (Tier 1)         | MO                 |
| <i>moxifloxacin oral</i>                                                              | \$0 (Tier 1)         | MO                 |
| <i>moxifloxacin-sod.chloride( iso )</i>                                               | \$0 (Tier 1)         | PA; MO             |
| <b>SULFAMIDAS/AGENTES RELACIONADOS</b>                                                |                      |                    |
| <i>sulfadiazine</i>                                                                   | \$0 (Tier 1)         | MO                 |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                                      | \$0 (Tier 1)         | PA; MO             |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>                                  | \$0 (Tier 1)         | MO                 |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                                      | \$0 (Tier 1)         | MO; CG             |
| <b>TETRACICLINAS</b>                                                                  |                      |                    |
| <i>demeclocycline</i>                                                                 | \$0 (Tier 1)         | MO                 |
| <i>doxy-100</i>                                                                       | \$0 (Tier 1)         | PA; MO             |
| <i>doxycycline hyclate intravenous</i>                                                | \$0 (Tier 1)         | PA                 |
| <i>doxycycline hyclate oral capsule</i>                                               | \$0 (Tier 1)         | MO                 |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>                           | \$0 (Tier 1)         | MO                 |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.



| Nombre Del Medicamento                                            | Nivel De Medicamento | Requisitos/Límites |
|-------------------------------------------------------------------|----------------------|--------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>         | \$0 (Tier 1)         | MO                 |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | \$0 (Tier 1)         | MO                 |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>   | \$0 (Tier 1)         | MO                 |
| <i>minocycline oral capsule</i>                                   | \$0 (Tier 1)         | MO                 |
| <i>minocycline oral tablet</i>                                    | \$0 (Tier 1)         | MO                 |
| <i>mondoxyne nl oral capsule 100 mg</i>                           | \$0 (Tier 1)         |                    |
| <i>tetracycline oral capsule</i>                                  | \$0 (Tier 1)         | MO                 |

## CARDIOVASCULARES, HIPERTENSIÓN/LÍPIDOS

### AGENTES ANTIARRÍTMICOS

|                                                                                                        |              |            |
|--------------------------------------------------------------------------------------------------------|--------------|------------|
| <i>adenosine</i>                                                                                       | \$0 (Tier 1) |            |
| <i>amiodarone intravenous solution</i>                                                                 | \$0 (Tier 1) | B/D PA; MO |
| <i>amiodarone intravenous syringe</i>                                                                  | \$0 (Tier 1) | B/D PA     |
| <i>amiodarone oral tablet 100 mg, 200 mg</i>                                                           | \$0 (Tier 1) | MO         |
| <i>amiodarone oral tablet 400 mg</i>                                                                   | \$0 (Tier 1) |            |
| <i>dofetilide</i>                                                                                      | \$0 (Tier 1) | MO         |
| <i>flecainide</i>                                                                                      | \$0 (Tier 1) | MO         |
| <i>ibutilide fumarate</i>                                                                              | \$0 (Tier 1) |            |
| <i>lidocaine (pf) intravenous</i>                                                                      | \$0 (Tier 1) |            |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | \$0 (Tier 1) |            |
| <i>mexiletine</i>                                                                                      | \$0 (Tier 1) | MO         |
| <i>pacrone oral tablet 100 mg, 200 mg, 400 mg</i>                                                      | \$0 (Tier 1) | MO         |
| <i>procainamide injection</i>                                                                          | \$0 (Tier 1) |            |
| <i>propafenone oral capsule, extended release 12 hr</i>                                                | \$0 (Tier 1) | MO         |
| <i>propafenone oral tablet</i>                                                                         | \$0 (Tier 1) | MO         |
| <i>quinidine sulfate oral tablet</i>                                                                   | \$0 (Tier 1) | MO         |
| <i>sorine oral tablet 120 mg, 160 mg</i>                                                               | \$0 (Tier 1) | MO         |
| <i>sorine oral tablet 80 mg</i>                                                                        | \$0 (Tier 1) |            |
| <i>sotalol af</i>                                                                                      | \$0 (Tier 1) |            |
| <i>sotalol oral</i>                                                                                    | \$0 (Tier 1) | MO         |

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| Nombre Del Medicamento                                                                                                                                                  | Nivel De Medicamento | Requisitos/Límites      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| <b>AGENTES CARDIOVASCULARES VARIOS</b>                                                                                                                                  |                      |                         |
| CORLANOR ORAL SOLUTION                                                                                                                                                  | \$0 (Tier 1)         | QL (450 per 30 days)    |
| CORLANOR ORAL TABLET                                                                                                                                                    | \$0 (Tier 1)         | MO; QL (60 per 30 days) |
| <i>digoxin oral solution</i>                                                                                                                                            | \$0 (Tier 1)         | MO                      |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                                                                                        | \$0 (Tier 1)         | MO                      |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>                                                                                                                         | \$0 (Tier 1)         | MO                      |
| <i>dobutamine</i>                                                                                                                                                       | \$0 (Tier 1)         | B/D PA                  |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>                          | \$0 (Tier 1)         | B/D PA                  |
| <i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i> | \$0 (Tier 1)         | B/D PA                  |
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>                                                                                       | \$0 (Tier 1)         | B/D PA; MO              |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>                                                                                                             | \$0 (Tier 1)         | B/D PA                  |
| <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>                                                                                                            | \$0 (Tier 1)         | B/D PA; MO              |
| ENTRESTO                                                                                                                                                                | \$0 (Tier 1)         | MO; QL (60 per 30 days) |
| <i>milrinone</i>                                                                                                                                                        | \$0 (Tier 1)         | B/D PA                  |
| <i>milrinone in 5 % dextrose</i>                                                                                                                                        | \$0 (Tier 1)         | B/D PA                  |
| <i>norepinephrine bitartrate</i>                                                                                                                                        | \$0 (Tier 1)         |                         |
| <i>ranolazine</i>                                                                                                                                                       | \$0 (Tier 1)         | MO                      |
| <i>sodium nitroprusside</i>                                                                                                                                             | \$0 (Tier 1)         | B/D PA                  |
| VECAMYL                                                                                                                                                                 | \$0 (Tier 1)         |                         |
| VERQUVO                                                                                                                                                                 | \$0 (Tier 1)         | MO; QL (30 per 30 days) |
| VYNDAMAX                                                                                                                                                                | \$0 (Tier 1)         | PA; MO                  |
| <b>AGENTES PARA REDUCIR LOS LÍPIDOS/EL COLESTEROL</b>                                                                                                                   |                      |                         |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>                             | \$0 (Tier 1)         | MO; QL (30 per 30 days) |

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| Nombre Del Medicamento                                                  | Nivel De Medicamento | Requisitos/Límites          |
|-------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>                    | \$0 (Tier 1)         | QL (30 per 30 days)         |
| <i>atorvastatin</i>                                                     | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>cholestyramine (with sugar)</i>                                      | \$0 (Tier 1)         | MO                          |
| <i>cholestyramine light</i>                                             | \$0 (Tier 1)         |                             |
| <i>colesevelam</i>                                                      | \$0 (Tier 1)         | MO                          |
| <i>colestipol oral granules</i>                                         | \$0 (Tier 1)         | MO                          |
| <i>colestipol oral packet</i>                                           | \$0 (Tier 1)         |                             |
| <i>colestipol oral tablet</i>                                           | \$0 (Tier 1)         | MO                          |
| <i>ezetimibe</i>                                                        | \$0 (Tier 1)         | MO                          |
| <i>ezetimibe-simvastatin</i>                                            | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | \$0 (Tier 1)         | MO                          |
| <i>fenofibrate nanocrystallized</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                            | \$0 (Tier 1)         | MO                          |
| <i>fenofibric acid</i>                                                  | \$0 (Tier 1)         |                             |
| <i>fenofibric acid (choline)</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>fluvastatin oral capsule 20 mg</i>                                   | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>fluvastatin oral capsule 40 mg</i>                                   | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>gemfibrozil</i>                                                      | \$0 (Tier 1)         | MO; CG                      |
| <i>icosapent ethyl</i>                                                  | \$0 (Tier 1)         | MO                          |
| <b>JUXTAPID</b>                                                         | \$0 (Tier 1)         | PA; MO; LA                  |
| <i>lovastatin oral tablet 10 mg</i>                                     | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>                              | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days) |
| <b>NEXLETOL</b>                                                         | \$0 (Tier 1)         | PA; MO                      |
| <b>NEXLIZET</b>                                                         | \$0 (Tier 1)         | PA; MO                      |
| <i>niacin oral tablet 500 mg</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>niacin oral tablet extended release 24 hr</i>                        | \$0 (Tier 1)         | MO                          |
| <i>omega-3 acid ethyl esters</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>pitavastatin calcium</i>                                             | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>pravastatin</i>                                                      | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>prevalite</i>                                                        | \$0 (Tier 1)         | MO                          |
| <b>REPATHA</b>                                                          | \$0 (Tier 1)         | PA; QL (6 per 28 days)      |
| <b>REPATHA PUSHTRONEX</b>                                               | \$0 (Tier 1)         | PA; QL (7 per 28 days)      |
| <b>REPATHA SURECLICK</b>                                                | \$0 (Tier 1)         | PA; QL (6 per 28 days)      |
| <i>rosuvastatin</i>                                                     | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                                                                     | Nivel De Medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>simvastatin</i>                                                                                                                         | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <b>NITRATOS</b>                                                                                                                            |                      |                             |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                                                          | \$0 (Tier 1)         | MO                          |
| <i>isosorbide mononitrate</i>                                                                                                              | \$0 (Tier 1)         | MO; CG                      |
| <i>nitro-bid</i>                                                                                                                           | \$0 (Tier 1)         | MO                          |
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> | \$0 (Tier 1)         | B/D PA                      |
| <i>nitroglycerin intravenous</i>                                                                                                           | \$0 (Tier 1)         | B/D PA                      |
| <i>nitroglycerin sublingual</i>                                                                                                            | \$0 (Tier 1)         | MO                          |
| <i>nitroglycerin transdermal patch 24 hour</i>                                                                                             | \$0 (Tier 1)         | MO                          |
| <i>nitroglycerin translingual</i>                                                                                                          | \$0 (Tier 1)         | MO                          |
| <b>TRATAMIENTO ANTIHIPERTENSIVO</b>                                                                                                        |                      |                             |
| <i>acebutolol</i>                                                                                                                          | \$0 (Tier 1)         | MO                          |
| <i>aliskiren</i>                                                                                                                           | \$0 (Tier 1)         | MO                          |
| <i>amiloride</i>                                                                                                                           | \$0 (Tier 1)         | MO                          |
| <i>amiloride-hydrochlorothiazide</i>                                                                                                       | \$0 (Tier 1)         | MO                          |
| <i>amlodipine</i>                                                                                                                          | \$0 (Tier 1)         | MO; CG                      |
| <i>amlodipine-benazepril</i>                                                                                                               | \$0 (Tier 1)         | MO; CG                      |
| <i>amlodipine-olmesartan</i>                                                                                                               | \$0 (Tier 1)         | MO; CG                      |
| <i>amlodipine-valsartan</i>                                                                                                                | \$0 (Tier 1)         | MO; CG                      |
| <i>amlodipine-valsartan-hcthiacid</i>                                                                                                      | \$0 (Tier 1)         | MO                          |
| <i>atenolol</i>                                                                                                                            | \$0 (Tier 1)         | MO; CG                      |
| <i>atenolol-chlorthalidone</i>                                                                                                             | \$0 (Tier 1)         | MO; CG                      |
| <i>benazepril</i>                                                                                                                          | \$0 (Tier 1)         | MO; CG                      |
| <i>benazepril-hydrochlorothiazide</i>                                                                                                      | \$0 (Tier 1)         | MO; CG                      |
| <i>betaxolol oral</i>                                                                                                                      | \$0 (Tier 1)         | MO                          |
| <i>bisoprolol fumarate</i>                                                                                                                 | \$0 (Tier 1)         | MO                          |
| <i>bisoprolol-hydrochlorothiazide</i>                                                                                                      | \$0 (Tier 1)         | MO; CG                      |
| <i>bumetanide injection</i>                                                                                                                | \$0 (Tier 1)         | MO                          |
| <i>bumetanide oral</i>                                                                                                                     | \$0 (Tier 1)         | MO                          |
| <i>candesartan</i>                                                                                                                         | \$0 (Tier 1)         | MO; CG                      |
| <i>candesartan-hydrochlorothiazid</i>                                                                                                      | \$0 (Tier 1)         | MO                          |
| <i>captopril oral tablet 100 mg, 50 mg</i>                                                                                                 | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                               | Nivel De Medicamento | Requisitos/Límites      |
|----------------------------------------------------------------------|----------------------|-------------------------|
| <i>captopril oral tablet 12.5 mg, 25 mg</i>                          | \$0 (Tier 1)         | MO; CG                  |
| <i>captopril-hydrochlorothiazide</i>                                 | \$0 (Tier 1)         |                         |
| <i>cartia xt</i>                                                     | \$0 (Tier 1)         | MO                      |
| <i>carvedilol</i>                                                    | \$0 (Tier 1)         | MO; CG                  |
| <i>chlorothiazide sodium</i>                                         | \$0 (Tier 1)         | MO                      |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                       | \$0 (Tier 1)         | MO                      |
| <i>clonidine transdermal patch</i>                                   | \$0 (Tier 1)         | MO; QL (4 per 28 days)  |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> | \$0 (Tier 1)         |                         |
| <i>clonidine hcl oral tablet</i>                                     | \$0 (Tier 1)         | MO; CG                  |
| <i>diltiazem hcl intravenous</i>                                     | \$0 (Tier 1)         |                         |
| <i>diltiazem hcl oral</i>                                            | \$0 (Tier 1)         | MO                      |
| <i>dilt-xr</i>                                                       | \$0 (Tier 1)         | MO                      |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                        | \$0 (Tier 1)         | MO; QL (30 per 30 days) |
| <i>doxazosin oral tablet 8 mg</i>                                    | \$0 (Tier 1)         | MO; QL (60 per 30 days) |
| EDARBI                                                               | \$0 (Tier 1)         | MO                      |
| EDARBYCLOR                                                           | \$0 (Tier 1)         | MO                      |
| <i>enalapril maleate oral tablet</i>                                 | \$0 (Tier 1)         | MO; CG                  |
| <i>enalaprilat intravenous solution</i>                              | \$0 (Tier 1)         |                         |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>            | \$0 (Tier 1)         | CG                      |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>           | \$0 (Tier 1)         | MO; CG                  |
| <i>eplerenone</i>                                                    | \$0 (Tier 1)         | MO                      |
| <i>esmolol intravenous solution</i>                                  | \$0 (Tier 1)         |                         |
| <i>ethacrynate sodium</i>                                            | \$0 (Tier 1)         |                         |
| <i>felodipine</i>                                                    | \$0 (Tier 1)         | MO                      |
| <i>fosinopril</i>                                                    | \$0 (Tier 1)         | MO; CG                  |
| <i>fosinopril-hydrochlorothiazide</i>                                | \$0 (Tier 1)         | MO; CG                  |
| <i>furosemide injection solution</i>                                 | \$0 (Tier 1)         | MO                      |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>       | \$0 (Tier 1)         | MO                      |
| <i>furosemide oral tablet</i>                                        | \$0 (Tier 1)         | MO; CG                  |
| <i>hydralazine</i>                                                   | \$0 (Tier 1)         | MO                      |
| <i>hydrochlorothiazide</i>                                           | \$0 (Tier 1)         | MO; CG                  |

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| Nombre Del Medicamento                                    | Nivel De Medicamento | Requisitos/Límites       |
|-----------------------------------------------------------|----------------------|--------------------------|
| <i>indapamide</i>                                         | \$0 (Tier 1)         | MO; CG                   |
| <i>irbesartan</i>                                         | \$0 (Tier 1)         | MO; CG                   |
| <i>irbesartan-hydrochlorothiazide</i>                     | \$0 (Tier 1)         | MO; CG                   |
| <i>isosorbide-hydralazine</i>                             | \$0 (Tier 1)         | MO; QL (180 per 30 days) |
| <i>isradipine</i>                                         | \$0 (Tier 1)         | MO                       |
| <b>KERENDIA</b>                                           | \$0 (Tier 1)         | PA; QL (30 per 30 days)  |
| <i>labetalol intravenous solution</i>                     | \$0 (Tier 1)         |                          |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i> | \$0 (Tier 1)         |                          |
| <i>labetalol oral</i>                                     | \$0 (Tier 1)         | MO                       |
| <i>lisinopril</i>                                         | \$0 (Tier 1)         | MO; CG                   |
| <i>lisinopril-hydrochlorothiazide</i>                     | \$0 (Tier 1)         | MO; CG                   |
| <i>losartan</i>                                           | \$0 (Tier 1)         | MO; CG                   |
| <i>losartan-hydrochlorothiazide</i>                       | \$0 (Tier 1)         | MO; CG                   |
| <i>mannitol 20 %</i>                                      | \$0 (Tier 1)         |                          |
| <i>mannitol 25 % intravenous solution</i>                 | \$0 (Tier 1)         | MO                       |
| <i>matzim la</i>                                          | \$0 (Tier 1)         | MO                       |
| <i>metolazone</i>                                         | \$0 (Tier 1)         | MO                       |
| <i>metoprolol succinate</i>                               | \$0 (Tier 1)         | MO; CG                   |
| <i>metoprolol ta-hydrochlorothiaz</i>                     | \$0 (Tier 1)         | MO                       |
| <i>metoprolol tartrate intravenous</i>                    | \$0 (Tier 1)         |                          |
| <i>metoprolol tartrate oral</i>                           | \$0 (Tier 1)         | MO; CG                   |
| <i>metyrosine</i>                                         | \$0 (Tier 1)         | PA; MO                   |
| <i>minoxidil oral</i>                                     | \$0 (Tier 1)         | MO                       |
| <i>moexipril</i>                                          | \$0 (Tier 1)         | MO; CG                   |
| <i>nadolol</i>                                            | \$0 (Tier 1)         | MO                       |
| <i>nebivolol</i>                                          | \$0 (Tier 1)         | MO                       |
| <i>nicardipine intravenous solution</i>                   | \$0 (Tier 1)         |                          |
| <i>nicardipine oral</i>                                   | \$0 (Tier 1)         | MO                       |
| <i>nifedipine oral tablet extended release</i>            | \$0 (Tier 1)         | MO                       |
| <i>nifedipine oral tablet extended release 24hr</i>       | \$0 (Tier 1)         | MO                       |
| <i>nimodipine</i>                                         | \$0 (Tier 1)         | MO                       |
| <i>nisoldipine</i>                                        | \$0 (Tier 1)         | MO                       |
| <i>olmesartan</i>                                         | \$0 (Tier 1)         | MO; CG                   |
| <i>olmesartan-amlodipin-hcthiazid</i>                     | \$0 (Tier 1)         | MO                       |

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| Nombre Del Medicamento                                 | Nivel De Medicamento | Requisitos/Límites          |
|--------------------------------------------------------|----------------------|-----------------------------|
| <i>olmesartan-hydrochlorothiazide</i>                  | \$0 (Tier 1)         | MO; CG                      |
| <i>osmitrol 20 %</i>                                   | \$0 (Tier 1)         |                             |
| <i>perindopril erbumine</i>                            | \$0 (Tier 1)         | MO; CG                      |
| <i>phentolamine</i>                                    | \$0 (Tier 1)         |                             |
| <i>pindolol</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>prazosin</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>propranolol intravenous</i>                         | \$0 (Tier 1)         |                             |
| <i>propranolol oral capsule,extended release 24 hr</i> | \$0 (Tier 1)         | MO                          |
| <i>propranolol oral solution</i>                       | \$0 (Tier 1)         | MO                          |
| <i>propranolol oral tablet</i>                         | \$0 (Tier 1)         | MO; CG                      |
| <i>quinapril</i>                                       | \$0 (Tier 1)         | CG                          |
| <i>quinapril-hydrochlorothiazide</i>                   | \$0 (Tier 1)         | CG                          |
| <i>ramipril</i>                                        | \$0 (Tier 1)         | MO; CG                      |
| <i>spironolactone oral tablet</i>                      | \$0 (Tier 1)         | MO; CG                      |
| <i>spironolacton-hydrochlorothiaz</i>                  | \$0 (Tier 1)         | MO                          |
| <i>taztia xt</i>                                       | \$0 (Tier 1)         | MO                          |
| <i>telmisartan</i>                                     | \$0 (Tier 1)         | MO; CG                      |
| <i>telmisartan-amlodipine</i>                          | \$0 (Tier 1)         | MO                          |
| <i>telmisartan-hydrochlorothiazid</i>                  | \$0 (Tier 1)         | MO                          |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>         | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>terazosin oral capsule 10 mg</i>                    | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days) |
| <i>tiadylt er</i>                                      | \$0 (Tier 1)         | MO                          |
| <i>timolol maleate oral</i>                            | \$0 (Tier 1)         | MO                          |
| <i>torse mide oral</i>                                 | \$0 (Tier 1)         | MO                          |
| <i>trandolapril</i>                                    | \$0 (Tier 1)         | MO; CG                      |
| <i>trandolapril-verapamil</i>                          | \$0 (Tier 1)         | MO                          |
| <i>treprostinil sodium</i>                             | \$0 (Tier 1)         | PA; MO; LA                  |
| <i>triamterene-hydrochlorothiazid</i>                  | \$0 (Tier 1)         | MO; CG                      |
| UPTRAVI ORAL                                           | \$0 (Tier 1)         | PA; MO; LA                  |
| <i>valsartan oral tablet</i>                           | \$0 (Tier 1)         | MO; CG                      |
| <i>valsartan-hydrochlorothiazide</i>                   | \$0 (Tier 1)         | MO; CG                      |
| <i>veletri</i>                                         | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>verapamil intravenous</i>                           | \$0 (Tier 1)         |                             |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>      | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                                            | Nivel De Medicamento | Requisitos/Límites          |
|-----------------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i>                              | \$0 (Tier 1)         | MO                          |
| <i>verapamil oral tablet</i>                                                      | \$0 (Tier 1)         | MO; CG                      |
| <i>verapamil oral tablet extended release</i>                                     | \$0 (Tier 1)         | MO                          |
| <b>TRATAMIENTO DE COAGULACIÓN</b>                                                 |                      |                             |
| <i>aminocaproic acid intravenous</i>                                              | \$0 (Tier 1)         | MO                          |
| <i>aminocaproic acid oral</i>                                                     | \$0 (Tier 1)         | MO                          |
| <i>aspirin-dipyridamole</i>                                                       | \$0 (Tier 1)         | MO                          |
| BRILINTA                                                                          | \$0 (Tier 1)         | MO                          |
| CABLIVI INJECTION KIT                                                             | \$0 (Tier 1)         | PA; LA                      |
| CEPROTIN (BLUE BAR)                                                               | \$0 (Tier 1)         | PA; MO                      |
| CEPROTIN (GREEN BAR)                                                              | \$0 (Tier 1)         | PA; MO                      |
| <i>cilostazol</i>                                                                 | \$0 (Tier 1)         | MO                          |
| <i>clopidogrel oral tablet 300 mg</i>                                             | \$0 (Tier 1)         | MO                          |
| <i>clopidogrel oral tablet 75 mg</i>                                              | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>dabigatran etexilate oral capsule 110 mg</i>                                   | \$0 (Tier 1)         |                             |
| <i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>                            | \$0 (Tier 1)         | MO                          |
| <i>dipyridamole intravenous</i>                                                   | \$0 (Tier 1)         |                             |
| <i>dipyridamole oral</i>                                                          | \$0 (Tier 1)         | MO                          |
| DOPTLET (10 TAB PACK)                                                             | \$0 (Tier 1)         | PA; MO; LA                  |
| DOPTLET (15 TAB PACK)                                                             | \$0 (Tier 1)         | PA; MO; LA                  |
| DOPTLET (30 TAB PACK)                                                             | \$0 (Tier 1)         | PA; MO; LA                  |
| ELIQUIS                                                                           | \$0 (Tier 1)         | MO                          |
| ELIQUIS DVT-PE TREAT 30D START                                                    | \$0 (Tier 1)         | MO                          |
| <i>enoxaparin subcutaneous solution</i>                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>                       | \$0 (Tier 1)         | MO; QL (28 per 28 days)     |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                | \$0 (Tier 1)         | MO; QL (22.4 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>                 | \$0 (Tier 1)         | MO; QL (16.8 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                               | \$0 (Tier 1)         | MO; QL (11.2 per 28 days)   |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | \$0 (Tier 1)         | MO                          |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>                            | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                                                                                               | Nivel De Medicamento | Requisitos/Límites |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i> | \$0 (Tier 1)         |                    |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>                                  | \$0 (Tier 1)         | MO                 |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>                                              | \$0 (Tier 1)         | MO                 |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>                                            | \$0 (Tier 1)         |                    |
| <i>heparin (porcine) injection cartridge</i>                                                                                         | \$0 (Tier 1)         | MO                 |
| <i>heparin (porcine) injection solution</i>                                                                                          | \$0 (Tier 1)         | MO                 |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                             | \$0 (Tier 1)         | MO                 |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                                                    | \$0 (Tier 1)         |                    |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>                         | \$0 (Tier 1)         | MO                 |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>                                                                        | \$0 (Tier 1)         |                    |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>                                                                    | \$0 (Tier 1)         | MO                 |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                                                     | \$0 (Tier 1)         | MO                 |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML                                                                                | \$0 (Tier 1)         |                    |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS                                                                                                   | \$0 (Tier 1)         | MO                 |
| <i>jantoven</i>                                                                                                                      | \$0 (Tier 1)         | MO; CG             |
| <i>pentoxifylline</i>                                                                                                                | \$0 (Tier 1)         | MO                 |
| <i>prasugrel</i>                                                                                                                     | \$0 (Tier 1)         | MO                 |
| PROMACTA                                                                                                                             | \$0 (Tier 1)         | PA; MO; LA         |
| <i>protamine</i>                                                                                                                     | \$0 (Tier 1)         |                    |
| <i>warfarin</i>                                                                                                                      | \$0 (Tier 1)         | MO; CG             |
| XARELTO                                                                                                                              | \$0 (Tier 1)         | MO                 |
| XARELTO DVT-PE TREAT 30D START                                                                                                       | \$0 (Tier 1)         | MO                 |

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| Nombre Del Medicamento                                   | Nivel De Medicamento | Requisitos/Límites          |
|----------------------------------------------------------|----------------------|-----------------------------|
| <b>GASTROENTEROLOGÍA</b>                                 |                      |                             |
| <b>AGENTES GASTROINTESTINALES VARIOS</b>                 |                      |                             |
| <i>alosetron oral tablet 0.5 mg</i>                      | \$0 (Tier 1)         | PA; MO                      |
| <i>alosetron oral tablet 1 mg</i>                        | \$0 (Tier 1)         | PA; MO                      |
| <i>aprepitant</i>                                        | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>balsalazide</i>                                       | \$0 (Tier 1)         | MO                          |
| <i>betaine</i>                                           | \$0 (Tier 1)         | MO                          |
| <i>budesonide oral capsule, delayed, extend. release</i> | \$0 (Tier 1)         | MO                          |
| <i>budesonide oral tablet, delayed and ext. release</i>  | \$0 (Tier 1)         | MO                          |
| CHENODAL                                                 | \$0 (Tier 1)         | PA; LA                      |
| CHOLBAM ORAL CAPSULE 250 MG                              | \$0 (Tier 1)         | PA                          |
| CHOLBAM ORAL CAPSULE 50 MG                               | \$0 (Tier 1)         | PA; QL (120 per 30 days)    |
| CIMZIA                                                   | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)  |
| CIMZIA POWDER FOR RECONST                                | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)  |
| CIMZIA STARTER KIT                                       | \$0 (Tier 1)         | PA; MO; QL (3 per 180 days) |
| CINVANTI                                                 | \$0 (Tier 1)         | MO                          |
| <i>compro</i>                                            | \$0 (Tier 1)         | MO                          |
| <i>constulose</i>                                        | \$0 (Tier 1)         | MO                          |
| CORTIFOAM                                                | \$0 (Tier 1)         | MO                          |
| CREON                                                    | \$0 (Tier 1)         | MO                          |
| <i>cromolyn oral</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>dimenhydrinate injection solution</i>                 | \$0 (Tier 1)         | MO                          |
| <i>dronabinol oral capsule 10 mg</i>                     | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>              | \$0 (Tier 1)         | B/D PA                      |
| <i>droperidol injection solution</i>                     | \$0 (Tier 1)         | MO                          |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION                 | \$0 (Tier 1)         | B/D PA                      |
| ENTYVIO                                                  | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)  |
| <i>enulose</i>                                           | \$0 (Tier 1)         | MO                          |
| <i>fosaprepitant</i>                                     | \$0 (Tier 1)         | MO                          |
| GATTEX 30-VIAL                                           | \$0 (Tier 1)         | PA; MO                      |
| GATTEX ONE-VIAL                                          | \$0 (Tier 1)         | PA; MO                      |
| <i>gavilyte-c</i>                                        | \$0 (Tier 1)         | MO                          |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                              | Nivel De Medicamento | Requisitos/Límites              |
|---------------------------------------------------------------------|----------------------|---------------------------------|
| <i>gavilyte-g</i>                                                   | \$0 (Tier 1)         | MO                              |
| <i>generlac</i>                                                     | \$0 (Tier 1)         |                                 |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>         | \$0 (Tier 1)         | MO                              |
| <i>granisetron hcl intravenous solution 1 mg/ml</i>                 | \$0 (Tier 1)         | MO                              |
| <i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>          | \$0 (Tier 1)         |                                 |
| <i>granisetron hcl oral</i>                                         | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>hydrocortisone rectal</i>                                        | \$0 (Tier 1)         | MO                              |
| <i>hydrocortisone topical cream with perineal applicator</i>        | \$0 (Tier 1)         | MO                              |
| <i>lactulose oral solution 10 gram/15 ml</i>                        | \$0 (Tier 1)         | MO                              |
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i> | \$0 (Tier 1)         |                                 |
| <b>LINZESS</b>                                                      | \$0 (Tier 1)         | MO; QL (30 per 30 days)         |
| <i>lubiprostone</i>                                                 | \$0 (Tier 1)         | MO; QL (60 per 30 days)         |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                         | \$0 (Tier 1)         | MO                              |
| <i>mesalamine oral capsule (with del rel tablets)</i>               | \$0 (Tier 1)         | MO                              |
| <i>mesalamine oral capsule, extended release</i>                    | \$0 (Tier 1)         |                                 |
| <i>mesalamine oral capsule, extended release 24hr</i>               | \$0 (Tier 1)         | MO                              |
| <i>mesalamine oral tablet, delayed release (drlec)</i>              | \$0 (Tier 1)         | MO                              |
| <i>mesalamine rectal</i>                                            | \$0 (Tier 1)         | MO                              |
| <i>mesalamine with cleansing wipe</i>                               | \$0 (Tier 1)         | MO                              |
| <i>metoclopramide hcl injection solution</i>                        | \$0 (Tier 1)         | MO                              |
| <i>metoclopramide hcl oral solution</i>                             | \$0 (Tier 1)         | MO                              |
| <i>metoclopramide hcl oral tablet</i>                               | \$0 (Tier 1)         | MO; CG                          |
| <b>MOVANTIK</b>                                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)         |
| <b>OCALIVA</b>                                                      | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days) |
| <i>ondansetron</i>                                                  | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>ondansetron hcl (pf) injection solution</i>                      | \$0 (Tier 1)         | MO                              |
| <i>ondansetron hcl (pf) injection syringe</i>                       | \$0 (Tier 1)         |                                 |
| <i>ondansetron hcl intravenous</i>                                  | \$0 (Tier 1)         | MO                              |
| <i>ondansetron hcl oral solution</i>                                | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                       | \$0 (Tier 1)         | B/D PA; MO                      |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites           |
|----------------------------------------------------------------------------------------|----------------------|------------------------------|
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i>                                  | \$0 (Tier 1)         | MO                           |
| <i>palonosetron intravenous syringe</i>                                                | \$0 (Tier 1)         |                              |
| <i>peg 3350-electrolytes</i>                                                           | \$0 (Tier 1)         |                              |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                                                  | \$0 (Tier 1)         | MO                           |
| <i>peg-electrolyte</i>                                                                 | \$0 (Tier 1)         | MO                           |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                          | \$0 (Tier 1)         | MO                           |
| <i>prochlorperazine</i>                                                                | \$0 (Tier 1)         | MO                           |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>              | \$0 (Tier 1)         | MO                           |
| <i>prochlorperazine maleate oral</i>                                                   | \$0 (Tier 1)         | MO                           |
| <i>procto-med hc</i>                                                                   | \$0 (Tier 1)         | MO                           |
| <i>proctosol hc topical</i>                                                            | \$0 (Tier 1)         | MO                           |
| <i>proctozone-hc</i>                                                                   | \$0 (Tier 1)         |                              |
| RECTIV                                                                                 | \$0 (Tier 1)         | MO                           |
| RELISTOR SUBCUTANEOUS SOLUTION                                                         | \$0 (Tier 1)         | MO; QL (18 per 30 days)      |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                                             | \$0 (Tier 1)         | MO; QL (18 per 30 days)      |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                                              | \$0 (Tier 1)         | MO; QL (12 per 30 days)      |
| REMICADE                                                                               | \$0 (Tier 1)         | PA; MO; QL (20 per 28 days)  |
| SANCUSO                                                                                | \$0 (Tier 1)         | MO                           |
| <i>scopolamine base</i>                                                                | \$0 (Tier 1)         | MO                           |
| SKYRIZI INTRAVENOUS                                                                    | \$0 (Tier 1)         | PA; MO; QL (30 per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)                       | \$0 (Tier 1)         | PA; MO; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)                       | \$0 (Tier 1)         | PA; MO; QL (2.4 per 56 days) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>                | \$0 (Tier 1)         | MO                           |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | \$0 (Tier 1)         |                              |
| SUCRAID                                                                                | \$0 (Tier 1)         | PA                           |
| <i>sulfasalazine</i>                                                                   | \$0 (Tier 1)         | MO                           |
| TRULANCE                                                                               | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>ursodiol oral capsule 300 mg</i>                                                    | \$0 (Tier 1)         | MO                           |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                                                                                                                                                                         | Nivel De Medicamento | Requisitos/Límites      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| <i>ursodiol oral tablet</i>                                                                                                                                                                                                                    | \$0 (Tier 1)         | MO                      |
| VARUBI                                                                                                                                                                                                                                         | \$0 (Tier 1)         | B/D PA                  |
| VIBERZI                                                                                                                                                                                                                                        | \$0 (Tier 1)         | MO; QL (60 per 30 days) |
| VIOKACE                                                                                                                                                                                                                                        | \$0 (Tier 1)         | MO                      |
| 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 | \$0 (Tier 1)         | MO                      |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT                                                                                                                                                                        | \$0 (Tier 1)         | MO                      |
| <b>ANTIDIARREICOS/ANTIESPASMÓDICOS</b>                                                                                                                                                                                                         |                      |                         |
| <i>atropine injection solution 0.4 mg/ml</i>                                                                                                                                                                                                   | \$0 (Tier 1)         |                         |
| <i>atropine injection syringe 0.1 mg/ml</i>                                                                                                                                                                                                    | \$0 (Tier 1)         |                         |
| <i>atropine intravenous solution 0.4 mg/ml</i>                                                                                                                                                                                                 | \$0 (Tier 1)         |                         |
| <i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>                                                                                                                                                                                  | \$0 (Tier 1)         |                         |
| <i>dicyclomine intramuscular</i>                                                                                                                                                                                                               | \$0 (Tier 1)         | MO                      |
| <i>dicyclomine oral capsule</i>                                                                                                                                                                                                                | \$0 (Tier 1)         | MO                      |
| <i>dicyclomine oral solution</i>                                                                                                                                                                                                               | \$0 (Tier 1)         | MO                      |
| <i>dicyclomine oral tablet</i>                                                                                                                                                                                                                 | \$0 (Tier 1)         | MO                      |
| <i>diphenoxylate-atropine oral liquid</i>                                                                                                                                                                                                      | \$0 (Tier 1)         | MO                      |
| <i>diphenoxylate-atropine oral tablet</i>                                                                                                                                                                                                      | \$0 (Tier 1)         | MO                      |
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>                                                                                                                                                                | \$0 (Tier 1)         | MO                      |
| <i>glycopyrrolate injection</i>                                                                                                                                                                                                                | \$0 (Tier 1)         | MO                      |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                                                                                                                                                                                   | \$0 (Tier 1)         | MO                      |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                                                                                                                                                                                       | \$0 (Tier 1)         |                         |
| <i>loperamide oral capsule</i>                                                                                                                                                                                                                 | \$0 (Tier 1)         | MO                      |
| <i>opium tincture</i>                                                                                                                                                                                                                          | \$0 (Tier 1)         | MO                      |
| <b>TRATAMIENTO DE ÚLCERAS</b>                                                                                                                                                                                                                  |                      |                         |
| <i>cimetidine</i>                                                                                                                                                                                                                              | \$0 (Tier 1)         | MO                      |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                   | Nivel De Medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i> | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i> | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i>                  | \$0 (Tier 1)         | MO                          |
| <i>famotidine (pf)</i>                                                   | \$0 (Tier 1)         | MO                          |
| <i>famotidine (pf)-nacl (iso-os)</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>famotidine intravenous</i>                                            | \$0 (Tier 1)         | MO                          |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                               | \$0 (Tier 1)         | MO; CG                      |
| <i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i>           | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>           | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>misoprostol</i>                                                       | \$0 (Tier 1)         | MO                          |
| <i>nizatidine oral capsule</i>                                           | \$0 (Tier 1)         | MO                          |
| <i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg</i>      | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>             | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days) |
| <i>pantoprazole intravenous</i>                                          | \$0 (Tier 1)         | MO                          |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>           | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>           | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days) |
| <i>sucralfate oral suspension</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>sucralfate oral tablet</i>                                            | \$0 (Tier 1)         | MO                          |

## IMMUNOLOGÍA, VACUNAS/BIOTECNOLOGÍA

### MEDICAMENTOS BIOTECNOLÓGICOS

|                                       |              |                            |
|---------------------------------------|--------------|----------------------------|
| ACTIMMUNE                             | \$0 (Tier 1) | B/D PA; MO                 |
| ARCALYST                              | \$0 (Tier 1) | PA                         |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | \$0 (Tier 1) | PA; MO; QL (1 per 28 days) |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                                                    | Nivel De Medicamento | Requisitos/Límites             |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|
| AVONEX INTRAMUSCULAR SYRINGE KIT                                                                                          | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)     |
| BESREMI                                                                                                                   | \$0 (Tier 1)         | PA; LA                         |
| BETASERON SUBCUTANEOUS KIT                                                                                                | \$0 (Tier 1)         | PA; MO; QL (14 per 28 days)    |
| ILARIS (PF)                                                                                                               | \$0 (Tier 1)         | PA; MO; LA; QL (2 per 28 days) |
| LEUKINE INJECTION RECON SOLN                                                                                              | \$0 (Tier 1)         | PA; MO                         |
| MOZOBIL                                                                                                                   | \$0 (Tier 1)         | B/D PA; MO                     |
| NIVESTYM                                                                                                                  | \$0 (Tier 1)         | PA; MO                         |
| NYVEPRIA                                                                                                                  | \$0 (Tier 1)         | PA; MO                         |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)                                                                 | \$0 (Tier 1)         | PA; MO                         |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)                                                                  | \$0 (Tier 1)         | PA                             |
| OMNITROPE SUBCUTANEOUS RECON SOLN                                                                                         | \$0 (Tier 1)         | PA; MO                         |
| PEGASYS SUBCUTANEOUS SOLUTION                                                                                             | \$0 (Tier 1)         | MO; QL (4 per 28 days)         |
| PEGASYS SUBCUTANEOUS SYRINGE                                                                                              | \$0 (Tier 1)         | MO; QL (2 per 28 days)         |
| PLEGRIDY INTRAMUSCULAR                                                                                                    | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)     |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML                                                                         | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)     |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML                                                           | \$0 (Tier 1)         | PA; MO; QL (1 per 180 days)    |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                                                                              | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)     |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML                                                                | \$0 (Tier 1)         | PA; MO; QL (1 per 180 days)    |
| <i>plerixafor</i>                                                                                                         | \$0 (Tier 1)         | B/D PA; MO                     |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML                  | \$0 (Tier 1)         | PA; MO                         |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML                                                                 | \$0 (Tier 1)         | PA; MO                         |
| RETACRIT 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 | \$0 (Tier 1)         | PA; MO                         |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                  | Nivel De Medicamento | Requisitos/Límites |
|---------------------------------------------------------|----------------------|--------------------|
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML              | \$0 (Tier 1)         | PA; MO             |
| ZARXIO                                                  | \$0 (Tier 1)         | PA; MO             |
| ZIEXTENZO                                               | \$0 (Tier 1)         | PA; MO             |
| <b>VACUNAS/AGENTES INMUNOLÓGICOS VARIOS</b>             |                      |                    |
| ABRYSVO                                                 | \$0 (Tier 1)         | CG; V              |
| ACTHIB (PF)                                             | \$0 (Tier 1)         |                    |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                          | \$0 (Tier 1)         | CG; V              |
| AREXVY (PF)                                             | \$0 (Tier 1)         | CG; V              |
| BCG VACCINE, LIVE (PF)                                  | \$0 (Tier 1)         | CG; V              |
| BEXSERO                                                 | \$0 (Tier 1)         | CG; V              |
| BOOSTRIX TDAP                                           | \$0 (Tier 1)         | CG; V              |
| DAPTACEL (DTAP PEDIATRIC) (PF)                          | \$0 (Tier 1)         |                    |
| DENGVAXIA (PF)                                          | \$0 (Tier 1)         |                    |
| ENGERIX-B (PF)                                          | \$0 (Tier 1)         | B/D PA; CG; V      |
| ENGERIX-B PEDIATRIC (PF)                                | \$0 (Tier 1)         | B/D PA; CG; V      |
| <i>fomepizole</i>                                       | \$0 (Tier 1)         |                    |
| GAMASTAN                                                | \$0 (Tier 1)         | MO                 |
| GAMASTAN S/D                                            | \$0 (Tier 1)         |                    |
| GARDASIL 9 (PF)                                         | \$0 (Tier 1)         | CG; V              |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML   | \$0 (Tier 1)         | CG; V              |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | \$0 (Tier 1)         |                    |
| HEPLISAV-B (PF)                                         | \$0 (Tier 1)         | B/D PA; CG; V      |
| HIBERIX (PF)                                            | \$0 (Tier 1)         |                    |
| HIZENTRA                                                | \$0 (Tier 1)         | B/D PA; MO         |
| HYPERHEP B INTRAMUSCULAR SOLUTION                       | \$0 (Tier 1)         |                    |
| HYPERHEP B NEONATAL                                     | \$0 (Tier 1)         |                    |
| IMOVAX RABIES VACCINE (PF)                              | \$0 (Tier 1)         | CG; V              |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE              | \$0 (Tier 1)         |                    |
| IPOL                                                    | \$0 (Tier 1)         | CG; V              |

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| Nombre Del Medicamento                                        | Nivel De Medicamento | Requisitos/Límites         |
|---------------------------------------------------------------|----------------------|----------------------------|
| IXIARO (PF)                                                   | \$0 (Tier 1)         | CG; V                      |
| JYNNEOS (PF)                                                  | \$0 (Tier 1)         | B/D PA; CG; V              |
| KINRIX (PF) INTRAMUSCULAR SYRINGE                             | \$0 (Tier 1)         |                            |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION                          | \$0 (Tier 1)         | CG; V                      |
| MENQUADFI (PF)                                                | \$0 (Tier 1)         | CG; V                      |
| MENVEO A-C-Y-W-135-DIP (PF)                                   | \$0 (Tier 1)         | CG; V                      |
| M-M-R II (PF)                                                 | \$0 (Tier 1)         | CG; V                      |
| PEDIARIX (PF)                                                 | \$0 (Tier 1)         |                            |
| PEDVAX HIB (PF)                                               | \$0 (Tier 1)         |                            |
| PENBRAYA (PF)                                                 | \$0 (Tier 1)         | CG; V                      |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | \$0 (Tier 1)         |                            |
| PREHEVBRIO (PF)                                               | \$0 (Tier 1)         | B/D PA; CG; V              |
| PRIORIX (PF)                                                  | \$0 (Tier 1)         | CG; V                      |
| PRIVIGEN                                                      | \$0 (Tier 1)         | PA; MO                     |
| PROQUAD (PF)                                                  | \$0 (Tier 1)         |                            |
| QUADRACEL (PF)                                                | \$0 (Tier 1)         |                            |
| RABAVERT (PF)                                                 | \$0 (Tier 1)         | CG; V                      |
| RECOMBIVAX HB (PF)                                            | \$0 (Tier 1)         | B/D PA; CG; V              |
| ROTARIX                                                       | \$0 (Tier 1)         |                            |
| ROTATEQ VACCINE                                               | \$0 (Tier 1)         |                            |
| SHINGRIX (PF)                                                 | \$0 (Tier 1)         | CG; V; QL (2 per 720 days) |
| TDVAX                                                         | \$0 (Tier 1)         | CG; V                      |
| TENIVAC (PF)                                                  | \$0 (Tier 1)         | CG; V                      |
| TETANUS,DIPHThERIA TOX PED(PF)                                | \$0 (Tier 1)         |                            |
| TICE BCG                                                      | \$0 (Tier 1)         | B/D PA                     |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML                 | \$0 (Tier 1)         |                            |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML                  | \$0 (Tier 1)         | V                          |
| TRUMENBA                                                      | \$0 (Tier 1)         | CG; V                      |
| TWINRIX (PF)                                                  | \$0 (Tier 1)         | CG; V                      |
| TYPHIM VI                                                     | \$0 (Tier 1)         | CG; V                      |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                             | Nivel De Medicamento | Requisitos/Límites |
|----------------------------------------------------|----------------------|--------------------|
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | \$0 (Tier 1)         |                    |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML     | \$0 (Tier 1)         | CG; V              |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML    | \$0 (Tier 1)         |                    |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML        | \$0 (Tier 1)         | CG; V              |
| VARIVAX (PF)                                       | \$0 (Tier 1)         | CG; V              |
| VARIZIG                                            | \$0 (Tier 1)         |                    |
| YF-VAX (PF)                                        | \$0 (Tier 1)         | CG; V              |

## MEDICAMENTOS ANTINEOPLÁSICOS/INMUNODE PRESORES

### AGENTES COADYUVANTES

|                                                      |              |            |
|------------------------------------------------------|--------------|------------|
| <i>dexrazoxane hcl</i>                               | \$0 (Tier 1) | B/D PA; MO |
| ELITEK                                               | \$0 (Tier 1) | MO         |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG             | \$0 (Tier 1) |            |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG               | \$0 (Tier 1) | B/D PA     |
| <i>leucovorin calcium oral</i>                       | \$0 (Tier 1) | MO         |
| <i>levoleucovorin calcium intravenous recon soln</i> | \$0 (Tier 1) | B/D PA; MO |
| <i>levoleucovorin calcium intravenous solution</i>   | \$0 (Tier 1) | B/D PA     |
| <i>mesna</i>                                         | \$0 (Tier 1) | B/D PA; MO |
| MESNEX ORAL                                          | \$0 (Tier 1) | MO         |
| VISTOGARD                                            | \$0 (Tier 1) | PA         |
| XGEVA                                                | \$0 (Tier 1) | B/D PA; MO |

## MEDICAMENTOS ANTINEOPLÁSICOS/INMUNODEPRES ORES

|                                       |              |                              |
|---------------------------------------|--------------|------------------------------|
| <i>abiraterone oral tablet 250 mg</i> | \$0 (Tier 1) | PA; MO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> | \$0 (Tier 1) | PA; MO; QL (60 per 30 days)  |
| ABRAXANE                              | \$0 (Tier 1) | B/D PA; MO                   |
| ADCETRIS                              | \$0 (Tier 1) | B/D PA; MO                   |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                               | Nivel De Medicamento | Requisitos/Límites           |
|------------------------------------------------------|----------------------|------------------------------|
| ADSTILADRIN                                          | \$0 (Tier 1)         | PA                           |
| AKEEGA                                               | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)  |
| ALECENSA                                             | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days) |
| ALIQOPA                                              | \$0 (Tier 1)         | B/D PA; LA                   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                   | \$0 (Tier 1)         | PA; QL (30 per 30 days)      |
| ALUNBRIG ORAL TABLET 30 MG                           | \$0 (Tier 1)         | PA; QL (60 per 30 days)      |
| ALUNBRIG ORAL TABLETS,DOSE PACK                      | \$0 (Tier 1)         | PA; QL (30 per 180 days)     |
| <i>anastrozole</i>                                   | \$0 (Tier 1)         | MO                           |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | \$0 (Tier 1)         | B/D PA                       |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> | \$0 (Tier 1)         | B/D PA; MO                   |
| ASPARLAS                                             | \$0 (Tier 1)         | PA                           |
| AUGTYRO                                              | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days) |
| AYVAKIT                                              | \$0 (Tier 1)         | PA; LA; QL (30 per 30 days)  |
| <i>azacitidine</i>                                   | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>azathioprine oral tablet 50 mg</i>                | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>azathioprine sodium</i>                           | \$0 (Tier 1)         | B/D PA; MO                   |
| BALVERSA                                             | \$0 (Tier 1)         | PA; LA                       |
| BAVENCIO                                             | \$0 (Tier 1)         | B/D PA; LA                   |
| BELEODAQ                                             | \$0 (Tier 1)         | B/D PA                       |
| <i>bendamustine intravenous recon soln</i>           | \$0 (Tier 1)         | B/D PA; MO                   |
| BENDEKA                                              | \$0 (Tier 1)         | B/D PA; MO                   |
| BESPONSA                                             | \$0 (Tier 1)         | B/D PA; MO; LA               |
| <i>bexarotene</i>                                    | \$0 (Tier 1)         | PA; MO                       |
| <i>bicalutamide</i>                                  | \$0 (Tier 1)         | MO                           |
| <i>bleomycin</i>                                     | \$0 (Tier 1)         | B/D PA                       |
| BLINCYTO INTRAVENOUS KIT                             | \$0 (Tier 1)         | B/D PA                       |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG         | \$0 (Tier 1)         | B/D PA                       |
| <i>bortezomib injection recon soln 3.5 mg</i>        | \$0 (Tier 1)         | B/D PA; MO                   |
| BOSULIF ORAL CAPSULE 100 MG                          | \$0 (Tier 1)         | PA; QL (90 per 30 days)      |
| BOSULIF ORAL CAPSULE 50 MG                           | \$0 (Tier 1)         | PA; QL (30 per 30 days)      |
| BOSULIF ORAL TABLET 100 MG                           | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                   | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |

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| Nombre Del Medicamento                              | Nivel De Medicamento | Requisitos/Límites               |
|-----------------------------------------------------|----------------------|----------------------------------|
| BRAFTOVI                                            | \$0 (Tier 1)         | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA                                            | \$0 (Tier 1)         | PA; LA; QL (120 per 30 days)     |
| <i>busulfan</i>                                     | \$0 (Tier 1)         | B/D PA                           |
| CABOMETYX                                           | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days)  |
| CALQUENCE                                           | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)      |
| CALQUENCE (ACALABRUTINIB MAL)                       | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 100 MG                         | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 300 MG                         | \$0 (Tier 1)         | PA; LA; QL (30 per 30 days)      |
| <i>carboplatin intravenous solution</i>             | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>carmustine intravenous recon soln 100 mg</i>     | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>cisplatin intravenous solution</i>               | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>cladribine</i>                                   | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>clofarabine</i>                                  | \$0 (Tier 1)         | B/D PA                           |
| COLUMVI                                             | \$0 (Tier 1)         | PA; MO                           |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)      |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | \$0 (Tier 1)         | PA; MO; QL (112 per 28 days)     |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)     | \$0 (Tier 1)         | PA; MO; QL (84 per 28 days)      |
| COPIKTRA                                            | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)      |
| COSMEGEN                                            | \$0 (Tier 1)         | B/D PA; MO                       |
| COTELLIC                                            | \$0 (Tier 1)         | PA; MO; LA; QL (63 per 28 days)  |
| <i>cyclophosphamide intravenous recon soln</i>      | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>cyclophosphamide oral capsule</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| CYCLOPHOSPHAMIDE ORAL TABLET 25 MG                  | \$0 (Tier 1)         | B/D PA                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                  | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>cyclosporine intravenous</i>                     | \$0 (Tier 1)         | B/D PA                           |
| <i>cyclosporine modified oral capsule</i>           | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>cyclosporine modified oral solution</i>          | \$0 (Tier 1)         | B/D PA                           |
| <i>cyclosporine oral capsule</i>                    | \$0 (Tier 1)         | B/D PA; MO                       |

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| Nombre Del Medicamento                                                                                                      | Nivel De Medicamento | Requisitos/Límites          |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| CYRAMZA                                                                                                                     | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>cytarabine</i>                                                                                                           | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>                                  | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>cytarabine (pf) injection solution 20 mg/ml</i>                                                                          | \$0 (Tier 1)         | B/D PA                      |
| <i>dacarbazine</i>                                                                                                          | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>dactinomycin</i>                                                                                                         | \$0 (Tier 1)         | B/D PA; MO                  |
| DANYELZA                                                                                                                    | \$0 (Tier 1)         | PA                          |
| DARZALEX                                                                                                                    | \$0 (Tier 1)         | B/D PA; MO; LA              |
| <i>daunorubicin</i>                                                                                                         | \$0 (Tier 1)         | B/D PA                      |
| DAURISMO ORAL TABLET 100 MG                                                                                                 | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG                                                                                                  | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days) |
| <i>decitabine</i>                                                                                                           | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>                                        | \$0 (Tier 1)         | B/D PA                      |
| <i>docetaxel intravenous solution 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)</i> | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>doxorubicin intravenous recon soln 10 mg</i>                                                                             | \$0 (Tier 1)         | B/D PA                      |
| <i>doxorubicin intravenous recon soln 50 mg</i>                                                                             | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>                                                | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>doxorubicin intravenous solution 2 mg/ml</i>                                                                             | \$0 (Tier 1)         | B/D PA                      |
| <i>doxorubicin, peg-liposomal</i>                                                                                           | \$0 (Tier 1)         | B/D PA; MO                  |
| DROXIA                                                                                                                      | \$0 (Tier 1)         | MO                          |
| ELIGARD                                                                                                                     | \$0 (Tier 1)         | PA; MO                      |
| ELIGARD (3 MONTH)                                                                                                           | \$0 (Tier 1)         | PA; MO                      |
| ELIGARD (4 MONTH)                                                                                                           | \$0 (Tier 1)         | PA; MO                      |
| ELIGARD (6 MONTH)                                                                                                           | \$0 (Tier 1)         | PA; MO                      |
| ELREXFIO                                                                                                                    | \$0 (Tier 1)         | PA                          |
| ELZONRIS                                                                                                                    | \$0 (Tier 1)         | PA; LA                      |
| EMCYT                                                                                                                       | \$0 (Tier 1)         | MO                          |
| EMPLICITI                                                                                                                   | \$0 (Tier 1)         | B/D PA; MO                  |
| ENVARUSUS XR                                                                                                                | \$0 (Tier 1)         | B/D PA; MO                  |
| <i>epirubicin intravenous solution 200 mg/100 ml</i>                                                                        | \$0 (Tier 1)         | B/D PA                      |

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| Nombre Del Medicamento                                                  | Nivel De Medicamento | Requisitos/Límites           |
|-------------------------------------------------------------------------|----------------------|------------------------------|
| EPKINLY                                                                 | \$0 (Tier 1)         | PA                           |
| ERBITUX                                                                 | \$0 (Tier 1)         | B/D PA; MO                   |
| ERIVEDGE                                                                | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 240 MG                                              | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG                                               | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                             | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <i>erlotinib oral tablet 25 mg</i>                                      | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| ERWINASE                                                                | \$0 (Tier 1)         | B/D PA                       |
| ETOPOPHOS                                                               | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>etoposide intravenous</i>                                            | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>everolimus (antineoplastic) oral tablet</i>                          | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>      | \$0 (Tier 1)         | PA; MO; QL (330 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>      | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>      | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days) |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>               | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>exemestane</i>                                                       | \$0 (Tier 1)         | MO                           |
| EXKIVITY                                                                | \$0 (Tier 1)         | PA; LA; QL (120 per 30 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG           | \$0 (Tier 1)         | PA; MO                       |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG            | \$0 (Tier 1)         | PA; MO                       |
| <i>floxuridine</i>                                                      | \$0 (Tier 1)         | B/D PA                       |
| <i>fludarabine intravenous recon soln</i>                               | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>fludarabine intravenous solution</i>                                 | \$0 (Tier 1)         | B/D PA                       |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>     | \$0 (Tier 1)         | B/D PA; MO                   |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>  | \$0 (Tier 1)         | B/D PA                       |
| FOLOTYN                                                                 | \$0 (Tier 1)         | B/D PA; MO                   |
| FOTIVDA                                                                 | \$0 (Tier 1)         | PA; LA; QL (21 per 28 days)  |

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| Nombre Del Medicamento                                                                                                  | Nivel De Medicamento | Requisitos/Límites               |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|
| FRUZAQLA ORAL CAPSULE 1 MG                                                                                              | \$0 (Tier 1)         | PA; QL (84 per 28 days)          |
| FRUZAQLA ORAL CAPSULE 5 MG                                                                                              | \$0 (Tier 1)         | PA; QL (21 per 28 days)          |
| <i>fulvestrant</i>                                                                                                      | \$0 (Tier 1)         | B/D PA; MO                       |
| FYARRO                                                                                                                  | \$0 (Tier 1)         | PA                               |
| GAVRETO                                                                                                                 | \$0 (Tier 1)         | PA; MO; LA; QL (120 per 30 days) |
| GAZYVA                                                                                                                  | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>gefitinib</i>                                                                                                        | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>                                                                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>gemcitabine intravenous recon soln 2 gram</i>                                                                        | \$0 (Tier 1)         | B/D PA                           |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | \$0 (Tier 1)         | B/D PA; MO                       |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML                                                                              | \$0 (Tier 1)         | B/D PA                           |
| <i>gengraf</i>                                                                                                          | \$0 (Tier 1)         | B/D PA; MO                       |
| GILOTRIF                                                                                                                | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| GLEOSTINE                                                                                                               | \$0 (Tier 1)         | MO                               |
| HALAVEN                                                                                                                 | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>hydroxyurea</i>                                                                                                      | \$0 (Tier 1)         | MO                               |
| IBRANCE                                                                                                                 | \$0 (Tier 1)         | PA; MO; QL (21 per 28 days)      |
| ICLUSIG                                                                                                                 | \$0 (Tier 1)         | PA; QL (30 per 30 days)          |
| <i>idarubicin</i>                                                                                                       | \$0 (Tier 1)         | B/D PA; MO                       |
| IDHIFA                                                                                                                  | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln</i>                                                                                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>ifosfamide intravenous solution 1 gram/20 ml</i>                                                                     | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>ifosfamide intravenous solution 3 gram/60 ml</i>                                                                     | \$0 (Tier 1)         | B/D PA                           |
| <i>imatinib oral tablet 100 mg</i>                                                                                      | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days)     |
| <i>imatinib oral tablet 400 mg</i>                                                                                      | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)      |
| IMBRUVICA ORAL CAPSULE 140 MG                                                                                           | \$0 (Tier 1)         | PA; QL (120 per 30 days)         |
| IMBRUVICA ORAL CAPSULE 70 MG                                                                                            | \$0 (Tier 1)         | PA; QL (30 per 30 days)          |
| IMBRUVICA ORAL SUSPENSION                                                                                               | \$0 (Tier 1)         | PA; QL (324 per 30 days)         |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                            | \$0 (Tier 1)         | PA; QL (30 per 30 days)          |

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|-------------------------------------------------------------------|----------------------|----------------------------------|
| IMFINZI                                                           | \$0 (Tier 1)         | B/D PA; MO; LA                   |
| IMJUDO                                                            | \$0 (Tier 1)         | PA; MO                           |
| INLYTA ORAL TABLET 1 MG                                           | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days)     |
| INLYTA ORAL TABLET 5 MG                                           | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)     |
| INQOVI                                                            | \$0 (Tier 1)         | PA; MO; QL (5 per 28 days)       |
| INREBIC                                                           | \$0 (Tier 1)         | PA; MO; LA; QL (120 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | \$0 (Tier 1)         | B/D PA                           |
| <i>irinotecan intravenous solution 40 mg/2 ml</i>                 | \$0 (Tier 1)         | B/D PA; MO                       |
| ISTODAX                                                           | \$0 (Tier 1)         | B/D PA; MO                       |
| IWILFIN                                                           | \$0 (Tier 1)         | PA; LA; QL (240 per 30 days)     |
| IXEMPRA                                                           | \$0 (Tier 1)         | B/D PA; MO                       |
| JAKAFI                                                            | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)      |
| JAYPIRCA ORAL TABLET 100 MG                                       | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)      |
| JAYPIRCA ORAL TABLET 50 MG                                        | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| JEMPERLI                                                          | \$0 (Tier 1)         | PA; MO                           |
| JEVTANA                                                           | \$0 (Tier 1)         | B/D PA; MO                       |
| KADCYLA                                                           | \$0 (Tier 1)         | PA; MO                           |
| <i>kemoplat</i>                                                   | \$0 (Tier 1)         | B/D PA                           |
| KEYTRUDA                                                          | \$0 (Tier 1)         | PA                               |
| KIMMTRAK                                                          | \$0 (Tier 1)         | PA                               |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG  | \$0 (Tier 1)         | PA; MO; QL (49 per 28 days)      |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG  | \$0 (Tier 1)         | PA; MO; QL (70 per 28 days)      |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG  | \$0 (Tier 1)         | PA; MO; QL (91 per 28 days)      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                       | \$0 (Tier 1)         | PA; MO; QL (21 per 28 days)      |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                       | \$0 (Tier 1)         | PA; MO; QL (42 per 28 days)      |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                       | \$0 (Tier 1)         | PA; MO; QL (63 per 28 days)      |
| KOSELUGO                                                          | \$0 (Tier 1)         | PA                               |

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| Nombre Del Medicamento                                                                                  | Nivel De Medicamento | Requisitos/Límites           |
|---------------------------------------------------------------------------------------------------------|----------------------|------------------------------|
| KRAZATI                                                                                                 | \$0 (Tier 1)         | PA; QL (180 per 30 days)     |
| KYPROLIS                                                                                                | \$0 (Tier 1)         | B/D PA                       |
| <i>lapatinib</i>                                                                                        | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>                                              | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days)  |
| <i>lenalidomide oral capsule 2.5 mg, 20 mg</i>                                                          | \$0 (Tier 1)         | PA; QL (28 per 28 days)      |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG                                                        | \$0 (Tier 1)         | PA; MO; QL (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) | \$0 (Tier 1)         | PA; MO; QL (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)          | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| <i>letrozole</i>                                                                                        | \$0 (Tier 1)         | MO                           |
| LEUKERAN                                                                                                | \$0 (Tier 1)         | MO                           |
| <i>leuprolide subcutaneous kit</i>                                                                      | \$0 (Tier 1)         | PA; MO                       |
| LIBTAYO                                                                                                 | \$0 (Tier 1)         | PA; LA                       |
| LONSURF                                                                                                 | \$0 (Tier 1)         | PA; MO                       |
| LOQTORZI                                                                                                | \$0 (Tier 1)         | PA                           |
| LORBRENA ORAL TABLET 100 MG                                                                             | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG                                                                              | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)  |
| LUMAKRAS                                                                                                | \$0 (Tier 1)         | PA; MO                       |
| LUNSUMIO                                                                                                | \$0 (Tier 1)         | PA; MO                       |
| LUPRON DEPOT                                                                                            | \$0 (Tier 1)         | PA; MO                       |
| LYNPARZA                                                                                                | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| LYSODREN                                                                                                | \$0 (Tier 1)         |                              |
| LYTGOBI                                                                                                 | \$0 (Tier 1)         | PA; LA                       |
| MARGENZA                                                                                                | \$0 (Tier 1)         | PA                           |
| MATULANE                                                                                                | \$0 (Tier 1)         |                              |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>                                                   | \$0 (Tier 1)         | PA                           |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>                                                | \$0 (Tier 1)         | PA; MO                       |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                                                | \$0 (Tier 1)         | PA; MO                       |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                         | Nivel De Medicamento | Requisitos/Límites               |
|--------------------------------------------------------------------------------|----------------------|----------------------------------|
| <i>megestrol oral tablet</i>                                                   | \$0 (Tier 1)         | PA; MO                           |
| MEKINIST ORAL RECON SOLN                                                       | \$0 (Tier 1)         | PA; MO; QL (1200 per 30 days)    |
| MEKINIST ORAL TABLET 0.5 MG                                                    | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)      |
| MEKINIST ORAL TABLET 2 MG                                                      | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| MEKTOVI                                                                        | \$0 (Tier 1)         | PA; MO; LA; QL (180 per 30 days) |
| <i>melphalan</i>                                                               | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>melphalan hcl</i>                                                           | \$0 (Tier 1)         | B/D PA                           |
| <i>mercaptopurine</i>                                                          | \$0 (Tier 1)         | MO                               |
| <i>methotrexate sodium</i>                                                     | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>methotrexate sodium (pf) injection recon soln</i>                           | \$0 (Tier 1)         | B/D PA                           |
| <i>methotrexate sodium (pf) injection solution</i>                             | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mitomycin intravenous recon soln 20 mg, 5 mg</i>                            | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mitomycin intravenous recon soln 40 mg</i>                                  | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mitoxantrone</i>                                                            | \$0 (Tier 1)         | B/D PA; MO                       |
| MONJUVI                                                                        | \$0 (Tier 1)         | PA; LA                           |
| <i>mycophenolate mofetil (hcl)</i>                                             | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral capsule</i>                                      | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral tablet</i>                                       | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>mycophenolate sodium</i>                                                    | \$0 (Tier 1)         | B/D PA; MO                       |
| MYLOTARG                                                                       | \$0 (Tier 1)         | B/D PA; MO; LA                   |
| <i>nelarabine</i>                                                              | \$0 (Tier 1)         | B/D PA; MO                       |
| NERLYNX                                                                        | \$0 (Tier 1)         | PA; MO; LA                       |
| <i>nilutamide</i>                                                              | \$0 (Tier 1)         | PA; MO                           |
| NINLARO                                                                        | \$0 (Tier 1)         | PA; MO; QL (3 per 28 days)       |
| NUBEQA                                                                         | \$0 (Tier 1)         | PA; MO; LA; QL (120 per 30 days) |
| NULOJIX                                                                        | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>          | \$0 (Tier 1)         | PA; MO                           |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | \$0 (Tier 1)         | PA; MO                           |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>                  | \$0 (Tier 1)         | PA; MO                           |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                      | Nivel De Medicamento | Requisitos/Límites              |
|-----------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>                | \$0 (Tier 1)         | PA                              |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>               | \$0 (Tier 1)         | PA; MO                          |
| ODOMZO                                                                      | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days) |
| OJJAARA                                                                     | \$0 (Tier 1)         | PA; QL (30 per 30 days)         |
| ONCASPAR                                                                    | \$0 (Tier 1)         | B/D PA                          |
| ONIVYDE                                                                     | \$0 (Tier 1)         | B/D PA                          |
| ONUREG                                                                      | \$0 (Tier 1)         | PA; MO; QL (14 per 28 days)     |
| OPDIVO                                                                      | \$0 (Tier 1)         | PA; MO                          |
| OPDUALAG                                                                    | \$0 (Tier 1)         | PA; MO                          |
| ORGOVYX                                                                     | \$0 (Tier 1)         | PA; LA; QL (30 per 28 days)     |
| ORSERDU ORAL TABLET 345 MG                                                  | \$0 (Tier 1)         | PA; QL (30 per 30 days)         |
| ORSERDU ORAL TABLET 86 MG                                                   | \$0 (Tier 1)         | PA; QL (90 per 30 days)         |
| <i>oxaliplatin intravenous recon soln</i>                                   | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>oxaliplatin intravenous solution 200 mg/40 ml</i>                        | \$0 (Tier 1)         | B/D PA                          |
| <i>paclitaxel</i>                                                           | \$0 (Tier 1)         | B/D PA; MO                      |
| PADCEV                                                                      | \$0 (Tier 1)         | PA; MO                          |
| <i>paraplatin</i>                                                           | \$0 (Tier 1)         | B/D PA                          |
| <i>pazopanib</i>                                                            | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| PEMAZYRE                                                                    | \$0 (Tier 1)         | PA; LA; QL (28 per 28 days)     |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>          | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>pemetrexed disodium intravenous recon soln 100 mg</i>                    | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>pemetrexed disodium intravenous recon soln 750 mg</i>                    | \$0 (Tier 1)         | B/D PA                          |
| PERJETA                                                                     | \$0 (Tier 1)         | B/D PA; MO                      |
| PIQRAY                                                                      | \$0 (Tier 1)         | PA; MO                          |
| POLIVY                                                                      | \$0 (Tier 1)         | PA; MO                          |
| POMALYST                                                                    | \$0 (Tier 1)         | PA; MO; LA                      |
| PORTRAZZA                                                                   | \$0 (Tier 1)         | B/D PA; MO                      |
| POTELIGEO                                                                   | \$0 (Tier 1)         | PA                              |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                  | Nivel De Medicamento | Requisitos/Límites               |
|-------------------------------------------------------------------------|----------------------|----------------------------------|
| PROGRAF INTRAVENOUS                                                     | \$0 (Tier 1)         | B/D PA; MO                       |
| PROGRAF ORAL GRANULES IN PACKET                                         | \$0 (Tier 1)         | B/D PA; MO                       |
| PURIXAN                                                                 | \$0 (Tier 1)         |                                  |
| QINLOCK                                                                 | \$0 (Tier 1)         | PA; LA; QL (90 per 30 days)      |
| RETEVMO ORAL CAPSULE 40 MG                                              | \$0 (Tier 1)         | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG                                              | \$0 (Tier 1)         | PA; MO; LA; QL (120 per 30 days) |
| REZLIDHIA                                                               | \$0 (Tier 1)         | PA; QL (60 per 30 days)          |
| REZUROCK                                                                | \$0 (Tier 1)         | PA; LA; QL (30 per 30 days)      |
| <i>romidepsin intravenous recon soln</i>                                | \$0 (Tier 1)         | B/D PA                           |
| ROZLYTREK ORAL CAPSULE 100 MG                                           | \$0 (Tier 1)         | PA; MO; QL (150 per 30 days)     |
| ROZLYTREK ORAL CAPSULE 200 MG                                           | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)      |
| ROZLYTREK ORAL PELLETS IN PACKET                                        | \$0 (Tier 1)         | PA; QL (336 per 28 days)         |
| RUBRACA                                                                 | \$0 (Tier 1)         | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE                                                                | \$0 (Tier 1)         | PA; MO                           |
| RYBREVA NT                                                              | \$0 (Tier 1)         | PA; MO                           |
| RYDAPT                                                                  | \$0 (Tier 1)         | PA; MO; QL (224 per 28 days)     |
| RYLAZE                                                                  | \$0 (Tier 1)         | PA                               |
| SANDIMMUNE ORAL SOLUTION                                                | \$0 (Tier 1)         | B/D PA                           |
| SANDOSTATIN LAR DEPOT<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL RECON | \$0 (Tier 1)         | PA; MO                           |
| SARCLISA                                                                | \$0 (Tier 1)         | PA; LA                           |
| SCEMBLIX ORAL TABLET 20 MG                                              | \$0 (Tier 1)         | PA; MO; QL (600 per 30 days)     |
| SCEMBLIX ORAL TABLET 40 MG                                              | \$0 (Tier 1)         | PA; MO; QL (300 per 30 days)     |
| SIGNIFOR                                                                | \$0 (Tier 1)         | PA                               |
| SIMULECT                                                                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>sirolimus oral solution</i>                                          | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>sirolimus oral tablet</i>                                            | \$0 (Tier 1)         | B/D PA; MO                       |
| SOLTAMOX                                                                | \$0 (Tier 1)         | MO                               |
| SOMATULINE DEPOT                                                        | \$0 (Tier 1)         | PA; MO                           |
| <i>sorafenib</i>                                                        | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)     |
| SPRYCEL ORAL TABLET 100 MG, 140 MG,<br>50 MG, 80 MG                     | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                               | Nivel De Medicamento | Requisitos/Límites              |
|------------------------------------------------------|----------------------|---------------------------------|
| SPRYCEL ORAL TABLET 20 MG, 70 MG                     | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)     |
| STIVARGA                                             | \$0 (Tier 1)         | PA; MO; QL (84 per 28 days)     |
| <i>sunitinib malate</i>                              | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)     |
| TABLOID                                              | \$0 (Tier 1)         | MO                              |
| TABRECTA                                             | \$0 (Tier 1)         | PA; MO                          |
| <i>tacrolimus oral</i>                               | \$0 (Tier 1)         | B/D PA; MO                      |
| TAFINLAR ORAL CAPSULE                                | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION                  | \$0 (Tier 1)         | PA; MO; QL (840 per 28 days)    |
| TAGRISO                                              | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days) |
| TALVEY                                               | \$0 (Tier 1)         | PA                              |
| TALZENNA                                             | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)     |
| <i>tamoxifen</i>                                     | \$0 (Tier 1)         | MO                              |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                  | \$0 (Tier 1)         | PA; MO; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG                           | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| TAZVERIK                                             | \$0 (Tier 1)         | PA; LA                          |
| TECENTRIQ                                            | \$0 (Tier 1)         | B/D PA; MO; LA                  |
| TECVAYLI                                             | \$0 (Tier 1)         | PA                              |
| TEMODAR INTRAVENOUS                                  | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>temsirolimus</i>                                  | \$0 (Tier 1)         | B/D PA; MO                      |
| TEPMETKO                                             | \$0 (Tier 1)         | PA; LA                          |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                  | \$0 (Tier 1)         | PA; MO; QL (28 per 28 days)     |
| THALOMID ORAL CAPSULE 150 MG, 200 MG                 | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)     |
| <i>thiotepa injection recon soln 100 mg</i>          | \$0 (Tier 1)         | B/D PA                          |
| <i>thiotepa injection recon soln 15 mg</i>           | \$0 (Tier 1)         | B/D PA; MO                      |
| TIBSOVO                                              | \$0 (Tier 1)         | PA                              |
| TIVDAK                                               | \$0 (Tier 1)         | PA; MO                          |
| <i>topotecan</i>                                     | \$0 (Tier 1)         | B/D PA; MO                      |
| <i>toremifene</i>                                    | \$0 (Tier 1)         | MO                              |
| TRAZIMERA                                            | \$0 (Tier 1)         | B/D PA; MO                      |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | \$0 (Tier 1)         | PA; MO                          |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.



| Nombre Del Medicamento            | Nivel De Medicamento | Requisitos/Límites               |
|-----------------------------------|----------------------|----------------------------------|
| <i>tretinoin (antineoplastic)</i> | \$0 (Tier 1)         | MO                               |
| TRODELVY                          | \$0 (Tier 1)         | PA; LA                           |
| TRUQAP                            | \$0 (Tier 1)         | PA; QL (64 per 28 days)          |
| TUKYSA ORAL TABLET 150 MG         | \$0 (Tier 1)         | PA; LA; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG          | \$0 (Tier 1)         | PA; LA; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG       | \$0 (Tier 1)         | PA; LA; QL (120 per 30 days)     |
| UNITUXIN                          | \$0 (Tier 1)         | B/D PA                           |
| <i>valrubicin</i>                 | \$0 (Tier 1)         | B/D PA; MO                       |
| VANFLYTA                          | \$0 (Tier 1)         | PA; QL (56 per 28 days)          |
| VECTIBIX                          | \$0 (Tier 1)         | B/D PA; MO                       |
| VENCLEXTA ORAL TABLET 10 MG       | \$0 (Tier 1)         | PA; LA; QL (60 per 30 days)      |
| VENCLEXTA ORAL TABLET 100 MG      | \$0 (Tier 1)         | PA; LA; QL (120 per 30 days)     |
| VENCLEXTA ORAL TABLET 50 MG       | \$0 (Tier 1)         | PA; LA; QL (30 per 30 days)      |
| VENCLEXTA STARTING PACK           | \$0 (Tier 1)         | PA; LA; QL (42 per 180 days)     |
| VERZENIO                          | \$0 (Tier 1)         | PA; MO; LA; QL (60 per 30 days)  |
| <i>vinblastine</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>vincristine</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>vinorelbine</i>                | \$0 (Tier 1)         | B/D PA; MO                       |
| VITRAKVI ORAL CAPSULE 100 MG      | \$0 (Tier 1)         | PA; MO; LA; QL (60 per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG       | \$0 (Tier 1)         | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION            | \$0 (Tier 1)         | PA; MO; LA; QL (300 per 30 days) |
| VIZIMPRO                          | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| VONJO                             | \$0 (Tier 1)         | PA; QL (120 per 30 days)         |
| VOTRIENT                          | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)     |
| VYXEOS                            | \$0 (Tier 1)         | B/D PA                           |
| WELIREG                           | \$0 (Tier 1)         | PA; LA                           |
| XALKORI ORAL CAPSULE              | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)      |
| XALKORI ORAL PELLET 150 MG        | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days)     |
| XALKORI ORAL PELLET 20 MG, 50 MG  | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)     |
| XATMEP                            | \$0 (Tier 1)         | B/D PA; MO                       |
| XERMELO                           | \$0 (Tier 1)         | PA; LA; QL (84 per 28 days)      |

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| Nombre Del Medicamento                                                                                                                                                                                        | Nivel De Medicamento | Requisitos/Límites              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| XOSPATA                                                                                                                                                                                                       | \$0 (Tier 1)         | PA; LA; QL (90 per 30 days)     |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | \$0 (Tier 1)         | PA; LA                          |
| XTANDI ORAL CAPSULE                                                                                                                                                                                           | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 40 MG                                                                                                                                                                                      | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 80 MG                                                                                                                                                                                      | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)     |
| YERVOY                                                                                                                                                                                                        | \$0 (Tier 1)         | B/D PA; MO                      |
| YONDELIS                                                                                                                                                                                                      | \$0 (Tier 1)         | B/D PA                          |
| ZALTRAP                                                                                                                                                                                                       | \$0 (Tier 1)         | B/D PA; MO                      |
| ZANOSAR                                                                                                                                                                                                       | \$0 (Tier 1)         | B/D PA; MO                      |
| ZEJULA ORAL CAPSULE                                                                                                                                                                                           | \$0 (Tier 1)         | PA; MO; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG                                                                                                                                                                                     | \$0 (Tier 1)         | PA; MO; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG                                                                                                                                                                             | \$0 (Tier 1)         | PA; MO; LA; QL (30 per 30 days) |
| ZELBORAF                                                                                                                                                                                                      | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days)    |
| ZEPZELCA                                                                                                                                                                                                      | \$0 (Tier 1)         | PA                              |
| ZIRABEV                                                                                                                                                                                                       | \$0 (Tier 1)         | B/D PA; MO                      |
| ZOLADEX                                                                                                                                                                                                       | \$0 (Tier 1)         | PA; MO                          |
| ZOLINZA                                                                                                                                                                                                       | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)    |
| ZYDELIG                                                                                                                                                                                                       | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)     |
| ZYKADIA                                                                                                                                                                                                       | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)     |
| ZYNLONTA                                                                                                                                                                                                      | \$0 (Tier 1)         | PA; LA                          |
| ZYNYZ                                                                                                                                                                                                         | \$0 (Tier 1)         | PA                              |

## MEDICAMENTOS PARA EL SISTEMA NERVIOSO AUTÓNOMO/CENTRAL, NEUROLOGÍA/PSIC.

### AGENTES ANTIPARKINSONIANOS

|        |              |                                 |
|--------|--------------|---------------------------------|
| APOKYN | \$0 (Tier 1) | PA; MO; LA; QL (90 per 30 days) |
|--------|--------------|---------------------------------|

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                             | Nivel De Medicamento | Requisitos/Límites           |
|----------------------------------------------------------------------------------------------------|----------------------|------------------------------|
| <i>apomorphine</i>                                                                                 | \$0 (Tier 1)         | PA; QL (90 per 30 days)      |
| <i>benztropine injection</i>                                                                       | \$0 (Tier 1)         | MO                           |
| <i>benztropine oral</i>                                                                            | \$0 (Tier 1)         | PA; MO                       |
| <i>bromocriptine</i>                                                                               | \$0 (Tier 1)         | MO                           |
| <i>carbidopa</i>                                                                                   | \$0 (Tier 1)         | MO                           |
| <i>carbidopa-levodopa oral tablet</i>                                                              | \$0 (Tier 1)         | MO                           |
| <i>carbidopa-levodopa oral tablet extended release</i>                                             | \$0 (Tier 1)         | MO                           |
| <i>carbidopa-levodopa oral tablet, disintegrating</i>                                              | \$0 (Tier 1)         |                              |
| <i>carbidopa-levodopa-entacapone</i>                                                               | \$0 (Tier 1)         | MO                           |
| <i>entacapone</i>                                                                                  | \$0 (Tier 1)         | MO                           |
| NEUPRO                                                                                             | \$0 (Tier 1)         | MO                           |
| <i>pramipexole oral tablet</i>                                                                     | \$0 (Tier 1)         | MO                           |
| <i>rasagiline</i>                                                                                  | \$0 (Tier 1)         | MO                           |
| <i>ropinirole oral tablet</i>                                                                      | \$0 (Tier 1)         | MO                           |
| <i>ropinirole oral tablet extended release 24 hr</i>                                               | \$0 (Tier 1)         | MO                           |
| <i>selegiline hcl</i>                                                                              | \$0 (Tier 1)         | MO                           |
| <b>ANALGÉSICOS NARCÓTICOS</b>                                                                      |                      |                              |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                          | \$0 (Tier 1)         | MO; QL (4500 per 30 days)    |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                      | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                 | \$0 (Tier 1)         | MO; QL (180 per 30 days)     |
| BELBUCA                                                                                            | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| <i>buprenorphine hcl injection syringe</i>                                                         | \$0 (Tier 1)         |                              |
| <i>buprenorphine hcl sublingual</i>                                                                | \$0 (Tier 1)         | MO                           |
| <i>buprenorphine transdermal patch</i>                                                             | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)   |
| <i>endocet</i>                                                                                     | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>fentanyl citrate (pf) injection solution</i>                                                    | \$0 (Tier 1)         |                              |
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>                          | \$0 (Tier 1)         |                              |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>                                         | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                           | Nivel De Medicamento | Requisitos/Límites            |
|--------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | \$0 (Tier 1)         | PA; MO; QL (10 per 30 days)   |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                  | \$0 (Tier 1)         | MO; QL (5550 per 30 days)     |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                     | \$0 (Tier 1)         | MO; QL (390 per 30 days)      |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                     | \$0 (Tier 1)         | MO; QL (360 per 30 days)      |
| <i>hydrocodone-ibuprofen</i>                                                                     | \$0 (Tier 1)         | MO; QL (50 per 30 days)       |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>                | \$0 (Tier 1)         |                               |
| <i>hydromorphone injection solution 1 mg/ml</i>                                                  | \$0 (Tier 1)         |                               |
| <i>hydromorphone injection solution 2 mg/ml</i>                                                  | \$0 (Tier 1)         | MO                            |
| <i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>                                          | \$0 (Tier 1)         | MO                            |
| <i>hydromorphone injection syringe 2 mg/ml</i>                                                   | \$0 (Tier 1)         |                               |
| <i>hydromorphone oral liquid</i>                                                                 | \$0 (Tier 1)         | MO; QL (2400 per 30 days)     |
| <i>hydromorphone oral tablet</i>                                                                 | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| <i>hydromorphone oral tablet extended release 24 hr</i>                                          | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)   |
| <i>methadone injection solution</i>                                                              | \$0 (Tier 1)         |                               |
| <i>methadone intensol</i>                                                                        | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)   |
| <i>methadone oral concentrate</i>                                                                | \$0 (Tier 1)         | PA; QL (90 per 30 days)       |
| <i>methadone oral solution 10 mg/5 ml</i>                                                        | \$0 (Tier 1)         | PA; MO; QL (600 per 30 days)  |
| <i>methadone oral solution 5 mg/5 ml</i>                                                         | \$0 (Tier 1)         | PA; MO; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i>                                                               | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)  |
| <i>methadone oral tablet 5 mg</i>                                                                | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days)  |
| <i>methadose oral concentrate</i>                                                                | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)   |
| <i>morphine (pf) injection solution 0.5 mg/ml</i>                                                | \$0 (Tier 1)         |                               |
| <i>morphine (pf) injection solution 1 mg/ml</i>                                                  | \$0 (Tier 1)         | MO                            |
| <i>morphine concentrate oral solution</i>                                                        | \$0 (Tier 1)         | MO; QL (900 per 30 days)      |
| <i>morphine injection syringe 4 mg/ml</i>                                                        | \$0 (Tier 1)         | MO                            |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>                                           | \$0 (Tier 1)         | MO                            |
| <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>                                   | \$0 (Tier 1)         |                               |
| <i>morphine oral solution</i>                                                                    | \$0 (Tier 1)         | MO; QL (900 per 30 days)      |
| <i>morphine oral tablet</i>                                                                      | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites           |
|----------------------------------------------------------------------------------------|----------------------|------------------------------|
| <i>morphine oral tablet extended release</i>                                           | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| <i>oxycodone oral capsule</i>                                                          | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>oxycodone oral concentrate</i>                                                      | \$0 (Tier 1)         | MO; QL (180 per 30 days)     |
| <i>oxycodone oral solution</i>                                                         | \$0 (Tier 1)         | MO; QL (1200 per 30 days)    |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>                                | \$0 (Tier 1)         | MO; QL (180 per 30 days)     |
| <i>oxycodone oral tablet 5 mg</i>                                                      | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG           | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)  |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG                                              | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| <b>ANALGÉSICOS NO NARCÓTICOS</b>                                                       |                      |                              |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                                  | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>                                 | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>                           | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>                               | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                                 | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>butorphanol injection</i>                                                           | \$0 (Tier 1)         | MO                           |
| <i>butorphanol nasal</i>                                                               | \$0 (Tier 1)         | MO; QL (10 per 28 days)      |
| <i>celecoxib</i>                                                                       | \$0 (Tier 1)         | MO                           |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>                                | \$0 (Tier 1)         |                              |
| <i>diclofenac potassium oral tablet 50 mg</i>                                          | \$0 (Tier 1)         | MO                           |
| <i>diclofenac sodium oral</i>                                                          | \$0 (Tier 1)         | MO                           |
| <i>diclofenac sodium topical gel 1 %</i>                                               | \$0 (Tier 1)         | MO; QL (1000 per 28 days)    |
| <i>diclofenac-misoprostol</i>                                                          | \$0 (Tier 1)         | MO                           |
| <i>diflunisal</i>                                                                      | \$0 (Tier 1)         | MO                           |
| <i>ec-naproxen</i>                                                                     | \$0 (Tier 1)         |                              |
| <i>etodolac oral capsule</i>                                                           | \$0 (Tier 1)         | MO                           |
| <i>etodolac oral tablet</i>                                                            | \$0 (Tier 1)         | MO                           |
| <i>etodolac oral tablet extended release 24 hr</i>                                     | \$0 (Tier 1)         | MO                           |
| <i>flurbiprofen oral tablet 100 mg</i>                                                 | \$0 (Tier 1)         | MO                           |

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| Nombre Del Medicamento                                                                   | Nivel De Medicamento | Requisitos/Límites          |
|------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>ibu</i>                                                                               | \$0 (Tier 1)         | MO; CG                      |
| <i>ibuprofen oral suspension</i>                                                         | \$0 (Tier 1)         | MO                          |
| <i>ibuprofen oral tablet 400 mg, 800 mg</i>                                              | \$0 (Tier 1)         | MO; CG                      |
| <i>ibuprofen oral tablet 600 mg</i>                                                      | \$0 (Tier 1)         | CG                          |
| <i>meloxicam oral tablet</i>                                                             | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days) |
| <i>nabumetone</i>                                                                        | \$0 (Tier 1)         | MO                          |
| <i>nalbuphine</i>                                                                        | \$0 (Tier 1)         |                             |
| <i>naloxone injection solution</i>                                                       | \$0 (Tier 1)         | MO                          |
| <i>naloxone injection syringe</i>                                                        | \$0 (Tier 1)         | MO                          |
| <i>naloxone nasal</i>                                                                    | \$0 (Tier 1)         | MO                          |
| <i>naltrexone</i>                                                                        | \$0 (Tier 1)         | MO                          |
| <i>naproxen oral tablet</i>                                                              | \$0 (Tier 1)         | MO; CG                      |
| <i>naproxen oral tablet, delayed release (drlec)</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>oxaprozin oral tablet</i>                                                             | \$0 (Tier 1)         | MO                          |
| <i>piroxicam</i>                                                                         | \$0 (Tier 1)         | MO                          |
| <i>salsalate</i>                                                                         | \$0 (Tier 1)         | MO; CG                      |
| <i>sulindac</i>                                                                          | \$0 (Tier 1)         | MO                          |
| <i>tramadol oral tablet 50 mg</i>                                                        | \$0 (Tier 1)         | MO; QL (240 per 30 days)    |
| <i>tramadol-acetaminophen</i>                                                            | \$0 (Tier 1)         | MO; QL (240 per 30 days)    |
| VIVITROL                                                                                 | \$0 (Tier 1)         | MO                          |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG                                                     | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <b>ANTICONVULSIVANTES</b>                                                                |                      |                             |
| APTOM ORAL TABLET 200 MG                                                                 | \$0 (Tier 1)         | MO; QL (180 per 30 days)    |
| APTOM ORAL TABLET 400 MG                                                                 | \$0 (Tier 1)         | MO; QL (90 per 30 days)     |
| APTOM ORAL TABLET 600 MG, 800 MG                                                         | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| BRIVIACT INTRAVENOUS                                                                     | \$0 (Tier 1)         | MO; QL (600 per 30 days)    |
| BRIVIACT ORAL SOLUTION                                                                   | \$0 (Tier 1)         | MO; QL (600 per 30 days)    |
| BRIVIACT ORAL TABLET                                                                     | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>                                   | \$0 (Tier 1)         | MO                          |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                                         | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                                        | Nivel De Medicamento | Requisitos/Límites           |
|-------------------------------------------------------------------------------|----------------------|------------------------------|
| <i>carbamazepine oral tablet</i>                                              | \$0 (Tier 1)         | MO                           |
| <i>carbamazepine oral tablet extended release 12 hr</i>                       | \$0 (Tier 1)         | MO                           |
| <i>carbamazepine oral tablet, chewable</i>                                    | \$0 (Tier 1)         | MO                           |
| <i>clobazam oral suspension</i>                                               | \$0 (Tier 1)         | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i>                                                   | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                    | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet 2 mg</i>                                            | \$0 (Tier 1)         | MO; QL (300 per 30 days)     |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                            | \$0 (Tier 1)         | MO; QL (300 per 30 days)     |
| DIACOMIT                                                                      | \$0 (Tier 1)         | PA; LA                       |
| <i>diazepam rectal</i>                                                        | \$0 (Tier 1)         | MO                           |
| DILANTIN 30 MG                                                                | \$0 (Tier 1)         | MO                           |
| <i>divalproex</i>                                                             | \$0 (Tier 1)         | MO                           |
| EPIDIOLEX                                                                     | \$0 (Tier 1)         | PA; MO; LA                   |
| <i>epitol</i>                                                                 | \$0 (Tier 1)         | MO                           |
| EPRONTIA                                                                      | \$0 (Tier 1)         | PA; MO                       |
| <i>ethosuximide</i>                                                           | \$0 (Tier 1)         | MO                           |
| <i>felbamate oral suspension</i>                                              | \$0 (Tier 1)         | MO                           |
| <i>felbamate oral tablet</i>                                                  | \$0 (Tier 1)         | MO                           |
| FINTEPLA                                                                      | \$0 (Tier 1)         | PA; LA; QL (360 per 30 days) |
| <i>fosphenytoin</i>                                                           | \$0 (Tier 1)         | MO                           |
| FYCOMPA ORAL SUSPENSION                                                       | \$0 (Tier 1)         | MO; QL (720 per 30 days)     |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                                        | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| FYCOMPA ORAL TABLET 2 MG                                                      | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| FYCOMPA ORAL TABLET 4 MG, 6 MG                                                | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>                                 | \$0 (Tier 1)         | MO; QL (270 per 30 days)     |
| <i>gabapentin oral capsule 300 mg</i>                                         | \$0 (Tier 1)         | MO; QL (360 per 30 days)     |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                   | \$0 (Tier 1)         | MO; QL (2160 per 30 days)    |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>        | \$0 (Tier 1)         | QL (2160 per 30 days)        |
| <i>gabapentin oral tablet 600 mg</i>                                          | \$0 (Tier 1)         | MO; QL (180 per 30 days)     |
| <i>gabapentin oral tablet 800 mg</i>                                          | \$0 (Tier 1)         | MO; QL (120 per 30 days)     |

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| Nombre Del Medicamento                                                                     | Nivel De Medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>gabapentin oral tablet extended release 24 hr 300 mg</i>                                | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| <i>gabapentin oral tablet extended release 24 hr 600 mg</i>                                | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG                                          | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG                          | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG                                          | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days) |
| <i>lacosamide intravenous</i>                                                              | \$0 (Tier 1)         | MO; QL (1200 per 30 days)   |
| <i>lacosamide oral solution</i>                                                            | \$0 (Tier 1)         | QL (1200 per 30 days)       |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>                                       | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>lacosamide oral tablet 50 mg</i>                                                        | \$0 (Tier 1)         | MO; QL (120 per 30 days)    |
| <i>lamotrigine oral tablet</i>                                                             | \$0 (Tier 1)         | MO; CG                      |
| <i>lamotrigine oral tablet disintegrating, dose pk</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>lamotrigine oral tablet, chewable dispersible</i>                                       | \$0 (Tier 1)         | MO                          |
| <i>lamotrigine oral tablet, disintegrating</i>                                             | \$0 (Tier 1)         | MO                          |
| <i>lamotrigine oral tablets, dose pack</i>                                                 | \$0 (Tier 1)         | MO                          |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i> | \$0 (Tier 1)         | MO                          |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>                | \$0 (Tier 1)         |                             |
| <i>levetiracetam intravenous</i>                                                           | \$0 (Tier 1)         | MO                          |
| <i>levetiracetam oral solution 100 mg/ml</i>                                               | \$0 (Tier 1)         | MO                          |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>                                      | \$0 (Tier 1)         |                             |
| <i>levetiracetam oral tablet</i>                                                           | \$0 (Tier 1)         | MO                          |
| <i>levetiracetam oral tablet extended release 24 hr</i>                                    | \$0 (Tier 1)         | MO                          |
| <i>methsuximide</i>                                                                        | \$0 (Tier 1)         | MO                          |
| NAYZILAM                                                                                   | \$0 (Tier 1)         | PA; MO; QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension</i>                                                       | \$0 (Tier 1)         | MO                          |
| <i>oxcarbazepine oral tablet</i>                                                           | \$0 (Tier 1)         | MO                          |
| <i>phenobarbital oral elixir</i>                                                           | \$0 (Tier 1)         | PA; MO                      |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>                               | \$0 (Tier 1)         | PA                          |

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| Nombre Del Medicamento                                                     | Nivel De Medicamento | Requisitos/Límites          |
|----------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>        | \$0 (Tier 1)         | PA; MO                      |
| <i>phenobarbital sodium injection solution 130 mg/ml</i>                   | \$0 (Tier 1)         | MO                          |
| <i>phenobarbital sodium injection solution 65 mg/ml</i>                    | \$0 (Tier 1)         |                             |
| <i>phenytoin oral suspension 100 mg/4 ml</i>                               | \$0 (Tier 1)         |                             |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                               | \$0 (Tier 1)         | MO                          |
| <i>phenytoin oral tablet, chewable</i>                                     | \$0 (Tier 1)         | MO                          |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                       | \$0 (Tier 1)         | MO                          |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>               | \$0 (Tier 1)         |                             |
| <i>phenytoin sodium intravenous solution</i>                               | \$0 (Tier 1)         |                             |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1)         | MO; QL (90 per 30 days)     |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                              | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>pregabalin oral solution</i>                                            | \$0 (Tier 1)         | MO; QL (900 per 30 days)    |
| <b>PRIMIDONE ORAL TABLET 125 MG</b>                                        | \$0 (Tier 1)         | MO                          |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                 | \$0 (Tier 1)         | MO                          |
| <i>roweepra oral tablet 500 mg</i>                                         | \$0 (Tier 1)         | MO                          |
| <i>rufinamide oral suspension</i>                                          | \$0 (Tier 1)         | PA; MO                      |
| <i>rufinamide oral tablet 200 mg</i>                                       | \$0 (Tier 1)         | PA; MO                      |
| <i>rufinamide oral tablet 400 mg</i>                                       | \$0 (Tier 1)         | PA; MO                      |
| <b>SPRITAM</b>                                                             | \$0 (Tier 1)         | MO                          |
| <i>subvenite</i>                                                           | \$0 (Tier 1)         | MO; CG                      |
| <i>subvenite starter (blue) kit</i>                                        | \$0 (Tier 1)         | MO                          |
| <i>subvenite starter (green) kit</i>                                       | \$0 (Tier 1)         | MO                          |
| <i>subvenite starter (orange) kit</i>                                      | \$0 (Tier 1)         | MO                          |
| <b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>                                     | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days) |
| <b>SYMPAZAN ORAL FILM 5 MG</b>                                             | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days) |
| <i>tiagabine</i>                                                           | \$0 (Tier 1)         | MO                          |
| <i>topiramate oral capsule, sprinkle</i>                                   | \$0 (Tier 1)         | PA; MO                      |
| <i>topiramate oral tablet</i>                                              | \$0 (Tier 1)         | PA; MO                      |
| <i>valproate sodium</i>                                                    | \$0 (Tier 1)         | MO                          |
| <i>valproic acid</i>                                                       | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                                                             | Nivel De Medicamento | Requisitos/Límites            |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                    | \$0 (Tier 1)         | MO                            |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>       | \$0 (Tier 1)         |                               |
| VALTOCO                                                                                            | \$0 (Tier 1)         | PA; MO; QL (10 per 30 days)   |
| <i>vigabatrin</i>                                                                                  | \$0 (Tier 1)         | PA; MO; LA                    |
| <i>vigadrone</i>                                                                                   | \$0 (Tier 1)         | PA; LA                        |
| <i>vigpoder</i>                                                                                    | \$0 (Tier 1)         | PA; LA                        |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | \$0 (Tier 1)         | MO; QL (56 per 28 days)       |
| XCOPRI ORAL TABLET 100 MG                                                                          | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| XCOPRI ORAL TABLET 150 MG, 200 MG                                                                  | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| XCOPRI ORAL TABLET 50 MG                                                                           | \$0 (Tier 1)         | MO; QL (240 per 30 days)      |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)                              | \$0 (Tier 1)         | MO; QL (28 per 180 days)      |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)     | \$0 (Tier 1)         | MO; QL (28 per 180 days)      |
| ZONISADE                                                                                           | \$0 (Tier 1)         | PA; MO                        |
| <i>zonisamide</i>                                                                                  | \$0 (Tier 1)         | PA; MO                        |
| ZTALMY                                                                                             | \$0 (Tier 1)         | PA; LA; QL (1080 per 30 days) |
| <b>MEDICAMENTOS PSICOTERAPÉUTICOS</b>                                                              |                      |                               |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML                       | \$0 (Tier 1)         | MO; QL (2.4 per 56 days)      |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML                       | \$0 (Tier 1)         | MO; QL (3.2 per 56 days)      |
| ABILIFY MAINTENA                                                                                   | \$0 (Tier 1)         | MO; QL (1 per 28 days)        |
| <i>amitriptyline</i>                                                                               | \$0 (Tier 1)         | MO                            |
| <i>amoxapine</i>                                                                                   | \$0 (Tier 1)         | MO                            |
| <i>aripiprazole oral solution</i>                                                                  | \$0 (Tier 1)         | MO                            |
| <i>aripiprazole oral tablet</i>                                                                    | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>aripiprazole oral tablet,disintegrating</i>                                                     | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                      | Nivel De Medicamento | Requisitos/Límites           |
|-----------------------------------------------------------------------------|----------------------|------------------------------|
| ARISTADA INITIO                                                             | \$0 (Tier 1)         | MO; QL (4.8 per 365 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>1,064 MG/3.9 ML | \$0 (Tier 1)         | MO; QL (3.9 per 56 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>441 MG/1.6 ML   | \$0 (Tier 1)         | MO; QL (1.6 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>662 MG/2.4 ML   | \$0 (Tier 1)         | MO; QL (2.4 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>882 MG/3.2 ML   | \$0 (Tier 1)         | MO; QL (3.2 per 28 days)     |
| <i>armodafinil</i>                                                          | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <i>asenapine maleate</i>                                                    | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg,<br/>40 mg</i>              | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                        | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| AUVELITY                                                                    | \$0 (Tier 1)         | ST; MO; QL (60 per 30 days)  |
| <i>bupropion hcl oral tablet</i>                                            | \$0 (Tier 1)         | MO                           |
| <i>bupropion hcl oral tablet extended release 24 hr<br/>150 mg</i>          | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>bupropion hcl oral tablet extended release 24 hr<br/>300 mg</i>          | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>                    | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>bupirone</i>                                                             | \$0 (Tier 1)         | MO                           |
| CAPLYTA                                                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>chlorpromazine injection</i>                                             | \$0 (Tier 1)         | MO                           |
| <i>chlorpromazine oral</i>                                                  | \$0 (Tier 1)         | MO                           |
| <i>citalopram oral solution</i>                                             | \$0 (Tier 1)         | MO                           |
| <i>citalopram oral tablet</i>                                               | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)  |
| <i>clomipramine</i>                                                         | \$0 (Tier 1)         | MO                           |
| <i>clonidine hcl oral tablet extended release 12 hr</i>                     | \$0 (Tier 1)         | MO                           |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                            | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                          | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)  |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>                           | \$0 (Tier 1)         | PA; MO; QL (360 per 30 days) |
| <i>clozapine oral tablet</i>                                                | \$0 (Tier 1)         |                              |

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|---------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>clozapine oral tablet,disintegrating</i>                               | \$0 (Tier 1)         |                               |
| <i>desipramine</i>                                                        | \$0 (Tier 1)         | MO                            |
| <i>desvenlafaxine succinate</i>                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>   | \$0 (Tier 1)         | MO                            |
| <i>dextroamphetamine-amphetamine oral tablet</i>                          | \$0 (Tier 1)         | MO                            |
| <i>diazepam injection</i>                                                 | \$0 (Tier 1)         | PA                            |
| <i>diazepam intensol</i>                                                  | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days)  |
| <i>diazepam oral concentrate</i>                                          | \$0 (Tier 1)         | PA; QL (240 per 30 days)      |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                         | \$0 (Tier 1)         | PA; MO; QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>                   | \$0 (Tier 1)         | PA; QL (1200 per 30 days)     |
| <i>diazepam oral tablet</i>                                               | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)  |
| <i>doxepin oral capsule</i>                                               | \$0 (Tier 1)         | MO                            |
| <i>doxepin oral concentrate</i>                                           | \$0 (Tier 1)         | MO                            |
| <i>doxepin oral tablet</i>                                                | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG           | \$0 (Tier 1)         | QL (60 per 30 days)           |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG                         | \$0 (Tier 1)         | QL (90 per 30 days)           |
| <i>duloxetine oral capsule,delayed release(drlec) 20 mg, 30 mg, 60 mg</i> | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| EMSAM                                                                     | \$0 (Tier 1)         | MO                            |
| <i>escitalopram oxalate oral solution</i>                                 | \$0 (Tier 1)         | MO                            |
| <i>escitalopram oxalate oral tablet</i>                                   | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)   |
| <i>eszopiclone</i>                                                        | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| FANAPT ORAL TABLET                                                        | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| FANAPT ORAL TABLETS,DOSE PACK                                             | \$0 (Tier 1)         | MO; QL (8 per 180 days)       |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK                               | \$0 (Tier 1)         | QL (28 per 180 days)          |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR                               | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>flumazenil</i>                                                         | \$0 (Tier 1)         |                               |
| <i>fluoxetine (padded) oral tablet 10 mg</i>                              | \$0 (Tier 1)         | QL (240 per 30 days)          |
| <i>fluoxetine (padded) oral tablet 20 mg</i>                              | \$0 (Tier 1)         | QL (120 per 30 days)          |
| <i>fluoxetine oral capsule 10 mg</i>                                      | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)   |

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| Nombre Del Medicamento                                                               | Nivel De Medicamento | Requisitos/Límites          |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|
| <i>fluoxetine oral capsule 20 mg</i>                                                 | \$0 (Tier 1)         | MO; CG; QL (90 per 30 days) |
| <i>fluoxetine oral capsule 40 mg</i>                                                 | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days) |
| <i>fluoxetine oral capsule, delayed release (drlec)</i>                              | \$0 (Tier 1)         | MO; QL (4 per 28 days)      |
| <i>fluoxetine oral solution</i>                                                      | \$0 (Tier 1)         | MO                          |
| <i>fluoxetine oral tablet 10 mg</i>                                                  | \$0 (Tier 1)         | MO; QL (240 per 30 days)    |
| <i>fluoxetine oral tablet 20 mg</i>                                                  | \$0 (Tier 1)         | MO; QL (120 per 30 days)    |
| <i>fluphenazine decanoate</i>                                                        | \$0 (Tier 1)         | MO                          |
| <i>fluphenazine hcl</i>                                                              | \$0 (Tier 1)         | MO                          |
| <i>fluvoxamine oral capsule, extended release 24hr</i>                               | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>fluvoxamine oral tablet 100 mg</i>                                                | \$0 (Tier 1)         | MO; QL (90 per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>                                                 | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>fluvoxamine oral tablet 50 mg</i>                                                 | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>haloperidol</i>                                                                   | \$0 (Tier 1)         | MO                          |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml (1ml)</i> | \$0 (Tier 1)         |                             |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>              | \$0 (Tier 1)         | MO                          |
| <i>haloperidol lactate injection</i>                                                 | \$0 (Tier 1)         | MO                          |
| <i>haloperidol lactate intramuscular</i>                                             | \$0 (Tier 1)         |                             |
| <i>haloperidol lactate oral</i>                                                      | \$0 (Tier 1)         | MO                          |
| <i>imipramine hcl</i>                                                                | \$0 (Tier 1)         | MO                          |
| <i>imipramine pamoate</i>                                                            | \$0 (Tier 1)         | MO                          |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML                                 | \$0 (Tier 1)         | MO; QL (3.5 per 180 days)   |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML                                   | \$0 (Tier 1)         | MO; QL (5 per 180 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                 | \$0 (Tier 1)         | MO; QL (0.75 per 28 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                                      | \$0 (Tier 1)         | MO; QL (1 per 28 days)      |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                                  | \$0 (Tier 1)         | MO; QL (1.5 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                                  | \$0 (Tier 1)         | MO; QL (0.25 per 28 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                                   | \$0 (Tier 1)         | MO; QL (0.5 per 28 days)    |

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| Nombre Del Medicamento                                    | Nivel De Medicamento | Requisitos/Límites           |
|-----------------------------------------------------------|----------------------|------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML        | \$0 (Tier 1)         | MO; QL (0.88 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML        | \$0 (Tier 1)         | MO; QL (1.32 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML        | \$0 (Tier 1)         | MO; QL (1.75 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML        | \$0 (Tier 1)         | MO; QL (2.63 per 90 days)    |
| <i>lithium carbonate</i>                                  | \$0 (Tier 1)         | MO; CG                       |
| <i>lithium citrate</i>                                    | \$0 (Tier 1)         |                              |
| <i>lorazepam injection solution</i>                       | \$0 (Tier 1)         | PA; MO                       |
| <i>lorazepam injection syringe 2 mg/ml</i>                | \$0 (Tier 1)         | PA; MO                       |
| <i>lorazepam intensol</i>                                 | \$0 (Tier 1)         | PA; QL (150 per 30 days)     |
| <i>lorazepam oral concentrate</i>                         | \$0 (Tier 1)         | PA; MO; QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                 | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)  |
| <i>lorazepam oral tablet 2 mg</i>                         | \$0 (Tier 1)         | PA; MO; QL (150 per 30 days) |
| <i>loxapine succinate</i>                                 | \$0 (Tier 1)         | MO                           |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>lurasidone oral tablet 80 mg</i>                       | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| MARPLAN                                                   | \$0 (Tier 1)         | MO                           |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | \$0 (Tier 1)         | MO                           |
| <i>methylphenidate hcl oral solution</i>                  | \$0 (Tier 1)         | MO                           |
| <i>methylphenidate hcl oral tablet</i>                    | \$0 (Tier 1)         | MO                           |
| <i>methylphenidate hcl oral tablet extended release</i>   | \$0 (Tier 1)         | MO                           |
| <i>methylphenidate hcl oral tablet,chewable</i>           | \$0 (Tier 1)         | MO                           |
| <i>mirtazapine oral tablet</i>                            | \$0 (Tier 1)         | MO                           |
| <i>mirtazapine oral tablet,disintegrating</i>             | \$0 (Tier 1)         | MO                           |
| <i>modafinil oral tablet 100 mg</i>                       | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <i>modafinil oral tablet 200 mg</i>                       | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| <i>molindone oral tablet 10 mg, 25 mg</i>                 | \$0 (Tier 1)         |                              |
| <i>molindone oral tablet 5 mg</i>                         | \$0 (Tier 1)         | MO                           |
| <i>nefazodone</i>                                         | \$0 (Tier 1)         | MO                           |
| <i>nortriptyline oral capsule</i>                         | \$0 (Tier 1)         | MO                           |
| <i>nortriptyline oral solution</i>                        | \$0 (Tier 1)         | MO                           |

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|-------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| NUPLAZID                                                                                              | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| <i>olanzapine intramuscular</i>                                                                       | \$0 (Tier 1)         | MO                          |
| <i>olanzapine oral tablet</i>                                                                         | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>olanzapine oral tablet, disintegrating</i>                                                         | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>olanzapine-fluoxetine</i>                                                                          | \$0 (Tier 1)         | MO                          |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>                              | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                                            | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>paroxetine hcl oral suspension</i>                                                                 | \$0 (Tier 1)         | MO                          |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                                 | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>paroxetine hcl oral tablet 30 mg</i>                                                               | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>paroxetine hcl oral tablet extended release 24 hr</i>                                              | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>perphenazine</i>                                                                                   | \$0 (Tier 1)         | MO                          |
| PERSERIS                                                                                              | \$0 (Tier 1)         | MO; QL (1 per 30 days)      |
| <i>phenelzine</i>                                                                                     | \$0 (Tier 1)         | MO                          |
| <i>pimozide</i>                                                                                       | \$0 (Tier 1)         | MO                          |
| <i>protriptyline</i>                                                                                  | \$0 (Tier 1)         | MO                          |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                            | \$0 (Tier 1)         | MO; QL (90 per 30 days)     |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                                                          | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>                                   | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>                            | \$0 (Tier 1)         | MO; QL (60 per 30 days)     |
| <i>ramelteon</i>                                                                                      | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| REXULTI ORAL TABLET                                                                                   | \$0 (Tier 1)         | MO; QL (30 per 30 days)     |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML                | \$0 (Tier 1)         | MO; QL (2 per 28 days)      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML                | \$0 (Tier 1)         | MO; QL (2 per 28 days)      |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | \$0 (Tier 1)         | MO; QL (2 per 28 days)      |

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|------------------------------------------------------------------------------------------------------|----------------------|------------------------------|
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | \$0 (Tier 1)         | MO; QL (2 per 28 days)       |
| <i>risperidone oral solution</i>                                                                     | \$0 (Tier 1)         | MO                           |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                                     | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days)  |
| <i>risperidone oral tablet 4 mg</i>                                                                  | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                      | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>risperidone oral tablet,disintegrating 4 mg</i>                                                   | \$0 (Tier 1)         | MO; QL (120 per 30 days)     |
| SECUADO                                                                                              | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>sertraline oral concentrate</i>                                                                   | \$0 (Tier 1)         | MO                           |
| <i>sertraline oral tablet 100 mg, 50 mg</i>                                                          | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days)  |
| <i>sertraline oral tablet 25 mg</i>                                                                  | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)  |
| SODIUM OXYBATE                                                                                       | \$0 (Tier 1)         | PA; LA; QL (540 per 30 days) |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                               | \$0 (Tier 1)         | PA; MO                       |
| <i>thioridazine</i>                                                                                  | \$0 (Tier 1)         | MO                           |
| <i>thiothixene</i>                                                                                   | \$0 (Tier 1)         | MO                           |
| <i>tranlycypromine</i>                                                                               | \$0 (Tier 1)         | MO                           |
| <i>trazodone</i>                                                                                     | \$0 (Tier 1)         | MO; CG                       |
| <i>trifluoperazine</i>                                                                               | \$0 (Tier 1)         | MO                           |
| <i>trimipramine</i>                                                                                  | \$0 (Tier 1)         | MO                           |
| TRINTELLIX                                                                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML                                     | \$0 (Tier 1)         | MO; QL (0.28 per 28 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML                                     | \$0 (Tier 1)         | MO; QL (0.35 per 28 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML                                     | \$0 (Tier 1)         | MO; QL (0.42 per 56 days)    |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML                                     | \$0 (Tier 1)         | MO; QL (0.56 per 56 days)    |

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| Nombre Del Medicamento                                                | Nivel De Medicamento | Requisitos/Límites        |
|-----------------------------------------------------------------------|----------------------|---------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML       | \$0 (Tier 1)         | MO; QL (0.7 per 56 days)  |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML       | \$0 (Tier 1)         | MO; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML       | \$0 (Tier 1)         | MO; QL (0.21 per 28 days) |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i> | \$0 (Tier 1)         | MO; QL (30 per 30 days)   |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>           | \$0 (Tier 1)         | MO; QL (90 per 30 days)   |
| <i>venlafaxine oral tablet</i>                                        | \$0 (Tier 1)         | MO; QL (90 per 30 days)   |
| VERSACLOZ                                                             | \$0 (Tier 1)         |                           |
| <i>vilazodone</i>                                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)   |
| VRAYLAR ORAL CAPSULE                                                  | \$0 (Tier 1)         | MO; QL (30 per 30 days)   |
| VRAYLAR ORAL CAPSULE,DOSE PACK                                        | \$0 (Tier 1)         | QL (7 per 180 days)       |
| <i>zaleplon oral capsule 10 mg</i>                                    | \$0 (Tier 1)         | MO; QL (60 per 30 days)   |
| <i>zaleplon oral capsule 5 mg</i>                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)   |
| <i>ziprasidone hcl</i>                                                | \$0 (Tier 1)         | MO; QL (60 per 30 days)   |
| <i>ziprasidone mesylate</i>                                           | \$0 (Tier 1)         | MO                        |
| <i>zolpidem oral tablet</i>                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)   |
| ZURZUVAE                                                              | \$0 (Tier 1)         | PA; MO                    |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG   | \$0 (Tier 1)         | MO; QL (2 per 28 days)    |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG   | \$0 (Tier 1)         | QL (2 per 28 days)        |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG   | \$0 (Tier 1)         | MO; QL (1 per 28 days)    |
| <b>RELAJANTES MUSCULARES/TERAPIA ANTIESPASMÓDICA</b>                  |                      |                           |
| <i>baclofen oral tablet</i>                                           | \$0 (Tier 1)         | MO                        |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                          | Nivel De Medicamento | Requisitos/Límites          |
|-----------------------------------------------------------------|----------------------|-----------------------------|
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                  | \$0 (Tier 1)         | PA; MO                      |
| <i>dantrolene intravenous</i>                                   | \$0 (Tier 1)         |                             |
| <i>dantrolene oral</i>                                          | \$0 (Tier 1)         | MO                          |
| LIORESAL INTRATHECAL SOLUTION<br>2,000 MCG/ML, 500 MCG/ML       | \$0 (Tier 1)         | B/D PA; MO                  |
| LIORESAL INTRATHECAL SOLUTION 50<br>MCG/ML                      | \$0 (Tier 1)         | B/D PA                      |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                 | \$0 (Tier 1)         | MO                          |
| <i>pyridostigmine bromide oral tablet extended<br/>release</i>  | \$0 (Tier 1)         | MO                          |
| <i>revonto</i>                                                  | \$0 (Tier 1)         |                             |
| <i>tizanidine oral tablet</i>                                   | \$0 (Tier 1)         | MO                          |
| <b>TRATAMIENTO DE LA MIGRAÑA/CEFALEA EN RACIMOS</b>             |                      |                             |
| AIMOVIG AUTOINJECTOR                                            | \$0 (Tier 1)         | PA; MO; QL (1 per 30 days)  |
| <i>dihydroergotamine injection</i>                              | \$0 (Tier 1)         |                             |
| <i>dihydroergotamine nasal</i>                                  | \$0 (Tier 1)         | QL (8 per 28 days)          |
| <i>eletriptan</i>                                               | \$0 (Tier 1)         | MO; QL (18 per 28 days)     |
| EMGALITY PEN                                                    | \$0 (Tier 1)         | PA; MO; QL (2 per 30 days)  |
| EMGALITY SUBCUTANEOUS SYRINGE<br>120 MG/ML                      | \$0 (Tier 1)         | PA; MO; QL (2 per 30 days)  |
| <i>ergotamine-caffeine</i>                                      | \$0 (Tier 1)         | MO                          |
| <i>naratriptan</i>                                              | \$0 (Tier 1)         | MO; QL (18 per 28 days)     |
| NURTEC ODT                                                      | \$0 (Tier 1)         | PA; QL (16 per 30 days)     |
| QULIPTA                                                         | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| <i>rizatriptan oral tablet</i>                                  | \$0 (Tier 1)         | MO; QL (36 per 28 days)     |
| <i>rizatriptan oral tablet, disintegrating</i>                  | \$0 (Tier 1)         | MO; QL (36 per 28 days)     |
| <i>sumatriptan nasal spray, non-aerosol 20<br/>mg/actuation</i> | \$0 (Tier 1)         | MO; QL (18 per 28 days)     |
| <i>sumatriptan nasal spray, non-aerosol 5<br/>mg/actuation</i>  | \$0 (Tier 1)         | MO; QL (36 per 28 days)     |
| <i>sumatriptan succinate oral</i>                               | \$0 (Tier 1)         | MO; QL (18 per 28 days)     |
| <i>sumatriptan succinate subcutaneous cartridge</i>             | \$0 (Tier 1)         | MO; QL (8 per 28 days)      |
| <i>sumatriptan succinate subcutaneous pen injector</i>          | \$0 (Tier 1)         | MO; QL (8 per 28 days)      |
| <i>sumatriptan succinate subcutaneous solution</i>              | \$0 (Tier 1)         | MO; QL (8 per 28 days)      |
| UBRELVY                                                         | \$0 (Tier 1)         | PA; QL (20 per 30 days)     |

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| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites            |
|----------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>zolmitriptan oral</i>                                                               | \$0 (Tier 1)         | MO; QL (18 per 28 days)       |
| <b>TRATAMIENTO NEUROLÓGICO DIVERSOS</b>                                                |                      |                               |
| <b>BRIUMVI</b>                                                                         | \$0 (Tier 1)         | PA; MO; QL (24 per 180 days)  |
| <i>dalfampridine</i>                                                                   | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)   |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>                   | \$0 (Tier 1)         | PA; MO; QL (14 per 30 days)   |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> | \$0 (Tier 1)         | PA; MO; QL (120 per 180 days) |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>                   | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)   |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                               | \$0 (Tier 1)         | MO; CG                        |
| <i>donepezil oral tablet 23 mg</i>                                                     | \$0 (Tier 1)         | MO                            |
| <i>donepezil oral tablet, disintegrating</i>                                           | \$0 (Tier 1)         | MO; CG                        |
| <i>fingolimod</i>                                                                      | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)   |
| <b>FIRDAPSE</b>                                                                        | \$0 (Tier 1)         | PA; LA                        |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i>                                | \$0 (Tier 1)         | MO                            |
| <i>galantamine oral solution</i>                                                       | \$0 (Tier 1)         |                               |
| <i>galantamine oral tablet</i>                                                         | \$0 (Tier 1)         | MO                            |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                                        | \$0 (Tier 1)         | PA; QL (30 per 30 days)       |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                                        | \$0 (Tier 1)         | PA; QL (12 per 28 days)       |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                           | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)   |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                           | \$0 (Tier 1)         | PA; MO; QL (12 per 28 days)   |
| <b>INGREZZA</b>                                                                        | \$0 (Tier 1)         | PA; LA; QL (30 per 30 days)   |
| <b>INGREZZA INITIATION PACK</b>                                                        | \$0 (Tier 1)         | PA; LA; QL (28 per 180 days)  |
| <b>KESIMPTA PEN</b>                                                                    | \$0 (Tier 1)         | PA; MO; QL (1.6 per 28 days)  |
| <i>memantine oral capsule, sprinkle, er 24hr</i>                                       | \$0 (Tier 1)         | PA; MO                        |
| <i>memantine oral solution</i>                                                         | \$0 (Tier 1)         | PA; MO                        |
| <i>memantine oral tablet</i>                                                           | \$0 (Tier 1)         | PA; MO                        |
| <b>NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK</b>                                  | \$0 (Tier 1)         | PA                            |
| <b>NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR</b>                                        | \$0 (Tier 1)         | PA; MO                        |
| <b>NUEDEXTA</b>                                                                        | \$0 (Tier 1)         | PA; MO                        |
| <b>RADICAVA ORS</b>                                                                    | \$0 (Tier 1)         | PA; MO                        |

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| Nombre Del Medicamento                   | Nivel De Medicamento | Requisitos/Límites           |
|------------------------------------------|----------------------|------------------------------|
| RADICAVA ORS STARTER KIT SUSP            | \$0 (Tier 1)         | PA; MO                       |
| <i>rivastigmine</i>                      | \$0 (Tier 1)         | MO                           |
| <i>rivastigmine tartrate</i>             | \$0 (Tier 1)         | MO                           |
| <i>teriflunomide</i>                     | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg</i> | \$0 (Tier 1)         | PA; MO; QL (240 per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i>   | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| VUMERITY                                 | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days) |
| ZEPOSIA                                  | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| ZEPOSIA STARTER KIT (28-DAY)             | \$0 (Tier 1)         | PA; MO; QL (28 per 180 days) |
| ZEPOSIA STARTER PACK (7-DAY)             | \$0 (Tier 1)         | PA; MO; QL (7 per 180 days)  |

## MEDICAMENTOS PARA NARIZ, GARGANTA Y OÍDO

### AGENTES VARIOS

|                                                |              |                         |
|------------------------------------------------|--------------|-------------------------|
| <i>azelastine nasal aerosol,spray</i>          | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>azelastine nasal spray,non-aerosol</i>      | \$0 (Tier 1) | QL (60 per 30 days)     |
| <i>chlorhexidine gluconate mucous membrane</i> | \$0 (Tier 1) | MO; CG                  |
| <i>denta 5000 plus</i>                         | \$0 (Tier 1) | MO                      |
| <i>dentagel</i>                                | \$0 (Tier 1) | MO                      |
| <i>fluoride (sodium) dental cream</i>          | \$0 (Tier 1) |                         |
| <i>fluoride (sodium) dental gel</i>            | \$0 (Tier 1) |                         |
| <i>fluoride (sodium) dental paste</i>          | \$0 (Tier 1) | MO                      |
| <i>ipratropium bromide nasal</i>               | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>kourzeq</i>                                 | \$0 (Tier 1) |                         |
| <i>oralone</i>                                 | \$0 (Tier 1) |                         |
| <i>periogard</i>                               | \$0 (Tier 1) | MO; CG                  |
| PREVIDENT 5000 BOOSTER PLUS                    | \$0 (Tier 1) | MO                      |
| PREVIDENT 5000 DRY MOUTH                       | \$0 (Tier 1) | MO                      |
| <i>sf</i>                                      | \$0 (Tier 1) | MO                      |
| <i>sf 5000 plus</i>                            | \$0 (Tier 1) | MO                      |
| <i>sodium fluoride 5000 dry mouth</i>          | \$0 (Tier 1) | MO                      |
| <i>sodium fluoride 5000 plus</i>               | \$0 (Tier 1) |                         |
| <i>sodium fluoride-pot nitrate</i>             | \$0 (Tier 1) | MO                      |
| <i>triamcinolone acetonide dental</i>          | \$0 (Tier 1) | MO                      |

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| Nombre Del Medicamento                                                      | Nivel De Medicamento | Requisitos/Límites      |
|-----------------------------------------------------------------------------|----------------------|-------------------------|
| <b>ESTEROIDES/ANTIBIÓTICOS ÓTICOS</b>                                       |                      |                         |
| <i>ciprofloxacin-dexamethasone</i>                                          | \$0 (Tier 1)         | MO; QL (7.5 per 7 days) |
| <i>neomycin-polymyxin-hc otic (ear)</i>                                     | \$0 (Tier 1)         | MO                      |
| <b>PREPARACIONES ÓTICAS VARIAS</b>                                          |                      |                         |
| <i>acetic acid otic (ear)</i>                                               | \$0 (Tier 1)         | MO                      |
| <i>ciprofloxacin hcl otic (ear)</i>                                         | \$0 (Tier 1)         | MO                      |
| <i>flac otic oil</i>                                                        | \$0 (Tier 1)         |                         |
| <i>fluocinolone acetonide oil</i>                                           | \$0 (Tier 1)         | MO                      |
| <i>hydrocortisone-acetic acid</i>                                           | \$0 (Tier 1)         | MO                      |
| <i>ofloxacin otic (ear)</i>                                                 | \$0 (Tier 1)         | MO                      |
| <b>OBSTETRICIA/GINECOLOGÍA</b>                                              |                      |                         |
| <b>ANTICONCEPTIVOS ORALES/AGENTES RELACIONADOS</b>                          |                      |                         |
| <i>altavera (28)</i>                                                        | \$0 (Tier 1)         | MO                      |
| <i>alyacen 1/35 (28)</i>                                                    | \$0 (Tier 1)         | MO                      |
| <i>alyacen 7/7/7 (28)</i>                                                   | \$0 (Tier 1)         | MO                      |
| <i>amethyst (28)</i>                                                        | \$0 (Tier 1)         | MO                      |
| <i>apri</i>                                                                 | \$0 (Tier 1)         | MO                      |
| <i>aranelle (28)</i>                                                        | \$0 (Tier 1)         | MO                      |
| <i>aubra eq</i>                                                             | \$0 (Tier 1)         | MO                      |
| <i>aviane</i>                                                               | \$0 (Tier 1)         | MO                      |
| <i>azurette (28)</i>                                                        | \$0 (Tier 1)         | MO                      |
| <i>camrese</i>                                                              | \$0 (Tier 1)         | MO                      |
| <i>cryselle (28)</i>                                                        | \$0 (Tier 1)         | MO                      |
| <i>cyred eq</i>                                                             | \$0 (Tier 1)         | MO                      |
| <i>dasetta 1/35 (28)</i>                                                    | \$0 (Tier 1)         | MO                      |
| <i>dasetta 7/7/7 (28)</i>                                                   | \$0 (Tier 1)         | MO                      |
| <i>daysee</i>                                                               | \$0 (Tier 1)         | MO                      |
| <i>desog-e.estradiolle.estradiol</i>                                        | \$0 (Tier 1)         |                         |
| <i>desogestrel-ethinyl estradiol</i>                                        | \$0 (Tier 1)         |                         |
| <i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.03-0.451 mg (21) (7)</i> | \$0 (Tier 1)         | MO                      |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                 | \$0 (Tier 1)         | MO                      |

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| Nombre Del Medicamento                                                                                                                | Nivel De Medicamento | Requisitos/Límites |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                                                                           | \$0 (Tier 1)         |                    |
| <i>elinest</i>                                                                                                                        | \$0 (Tier 1)         | MO                 |
| <i>enpresse</i>                                                                                                                       | \$0 (Tier 1)         | MO                 |
| <i>enskyce</i>                                                                                                                        | \$0 (Tier 1)         | MO                 |
| <i>estarylla</i>                                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>ethynodiol diac-eth estradiol</i>                                                                                                  | \$0 (Tier 1)         |                    |
| <i>falmina (28)</i>                                                                                                                   | \$0 (Tier 1)         | MO                 |
| <i>introvale</i>                                                                                                                      | \$0 (Tier 1)         |                    |
| <i>isibloom</i>                                                                                                                       | \$0 (Tier 1)         | MO                 |
| <i>jasmiel (28)</i>                                                                                                                   | \$0 (Tier 1)         | MO                 |
| <i>jolessa</i>                                                                                                                        | \$0 (Tier 1)         | MO                 |
| <i>juleber</i>                                                                                                                        | \$0 (Tier 1)         | MO                 |
| <i>kalliga</i>                                                                                                                        | \$0 (Tier 1)         |                    |
| <i>kariva (28)</i>                                                                                                                    | \$0 (Tier 1)         | MO                 |
| <i>kelnor 1/35 (28)</i>                                                                                                               | \$0 (Tier 1)         | MO                 |
| <i>kelnor 1-50 (28)</i>                                                                                                               | \$0 (Tier 1)         | MO                 |
| <i>kurvelo (28)</i>                                                                                                                   | \$0 (Tier 1)         | MO                 |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | \$0 (Tier 1)         |                    |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>                                | \$0 (Tier 1)         | MO                 |
| <i>larin 1.5/30 (21)</i>                                                                                                              | \$0 (Tier 1)         | MO                 |
| <i>larin 1/20 (21)</i>                                                                                                                | \$0 (Tier 1)         | MO                 |
| <i>larin 24 fe</i>                                                                                                                    | \$0 (Tier 1)         | MO                 |
| <i>larin fe 1.5/30 (28)</i>                                                                                                           | \$0 (Tier 1)         | MO                 |
| <i>larin fe 1/20 (28)</i>                                                                                                             | \$0 (Tier 1)         | MO                 |
| <i>lessina</i>                                                                                                                        | \$0 (Tier 1)         | MO                 |
| <i>levonest (28)</i>                                                                                                                  | \$0 (Tier 1)         | MO                 |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>                                                                     | \$0 (Tier 1)         | MO                 |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>                                                      | \$0 (Tier 1)         |                    |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>                                                                | \$0 (Tier 1)         | MO                 |

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|---------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>levonorg-eth estrad triphasic</i>                                                        | \$0 (Tier 1)         |                    |
| <i>levora-28</i>                                                                            | \$0 (Tier 1)         | MO                 |
| <i>loryna (28)</i>                                                                          | \$0 (Tier 1)         | MO                 |
| <i>low-ogestrel (28)</i>                                                                    | \$0 (Tier 1)         | MO                 |
| <i>lo-zumandimine (28)</i>                                                                  | \$0 (Tier 1)         | MO                 |
| <i>lutra (28)</i>                                                                           | \$0 (Tier 1)         | MO                 |
| <i>marlissa (28)</i>                                                                        | \$0 (Tier 1)         | MO                 |
| <i>microgestin 1.5/30 (21)</i>                                                              | \$0 (Tier 1)         | MO                 |
| <i>microgestin 1/20 (21)</i>                                                                | \$0 (Tier 1)         | MO                 |
| <i>microgestin fe 1.5/30 (28)</i>                                                           | \$0 (Tier 1)         | MO                 |
| <i>microgestin fe 1/20 (28)</i>                                                             | \$0 (Tier 1)         | MO                 |
| <i>mili</i>                                                                                 | \$0 (Tier 1)         | MO                 |
| <i>mono-linyah</i>                                                                          | \$0 (Tier 1)         | MO                 |
| <i>nikki (28)</i>                                                                           | \$0 (Tier 1)         | MO                 |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                | \$0 (Tier 1)         | MO                 |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                | \$0 (Tier 1)         |                    |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> | \$0 (Tier 1)         |                    |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>            | \$0 (Tier 1)         | MO                 |
| <i>nortrel 0.5/35 (28)</i>                                                                  | \$0 (Tier 1)         | MO                 |
| <i>nortrel 1/35 (21)</i>                                                                    | \$0 (Tier 1)         | MO                 |
| <i>nortrel 1/35 (28)</i>                                                                    | \$0 (Tier 1)         | MO                 |
| <i>nortrel 7/7/7 (28)</i>                                                                   | \$0 (Tier 1)         | MO                 |
| <i>philith</i>                                                                              | \$0 (Tier 1)         | MO                 |
| <i>pimtrea (28)</i>                                                                         | \$0 (Tier 1)         | MO                 |
| <i>portia 28</i>                                                                            | \$0 (Tier 1)         | MO                 |
| <i>reclipsen (28)</i>                                                                       | \$0 (Tier 1)         | MO                 |
| <i>setlakin</i>                                                                             | \$0 (Tier 1)         | MO                 |
| <i>sprintec (28)</i>                                                                        | \$0 (Tier 1)         | MO                 |
| <i>sronyx</i>                                                                               | \$0 (Tier 1)         | MO                 |
| <i>syeda</i>                                                                                | \$0 (Tier 1)         | MO                 |
| <i>tarina 24 fe</i>                                                                         | \$0 (Tier 1)         | MO                 |

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| Nombre Del Medicamento                                                                                               | Nivel De Medicamento | Requisitos/Límites         |
|----------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|
| <i>tarina fe 1-20 eq (28)</i>                                                                                        | \$0 (Tier 1)         | MO                         |
| <i>tilia fe</i>                                                                                                      | \$0 (Tier 1)         | MO                         |
| <i>tri-estarylla</i>                                                                                                 | \$0 (Tier 1)         | MO                         |
| <i>tri-legest fe</i>                                                                                                 | \$0 (Tier 1)         | MO                         |
| <i>tri-linyah</i>                                                                                                    | \$0 (Tier 1)         | MO                         |
| <i>tri-lo-estarylla</i>                                                                                              | \$0 (Tier 1)         | MO                         |
| <i>tri-lo-marzia</i>                                                                                                 | \$0 (Tier 1)         | MO                         |
| <i>tri-lo-sprintec</i>                                                                                               | \$0 (Tier 1)         |                            |
| <i>tri-sprintec (28)</i>                                                                                             | \$0 (Tier 1)         | MO                         |
| <i>trivora (28)</i>                                                                                                  | \$0 (Tier 1)         | MO                         |
| <i>turqoz (28)</i>                                                                                                   | \$0 (Tier 1)         | MO                         |
| <i>velivet triphasic regimen (28)</i>                                                                                | \$0 (Tier 1)         | MO                         |
| <i>vestura (28)</i>                                                                                                  | \$0 (Tier 1)         | MO                         |
| <i>vienva</i>                                                                                                        | \$0 (Tier 1)         | MO                         |
| <i>vioarele (28)</i>                                                                                                 | \$0 (Tier 1)         | MO                         |
| <i>wera (28)</i>                                                                                                     | \$0 (Tier 1)         | MO                         |
| <i>zovia 1-35 (28)</i>                                                                                               | \$0 (Tier 1)         | MO                         |
| <i>zumandimine (28)</i>                                                                                              | \$0 (Tier 1)         | MO                         |
| <b>ESTRÓGENOS/PROGESTINAS</b>                                                                                        |                      |                            |
| <i>amabelz</i>                                                                                                       | \$0 (Tier 1)         | PA                         |
| <i>camila</i>                                                                                                        | \$0 (Tier 1)         | MO                         |
| <i>deblitane</i>                                                                                                     | \$0 (Tier 1)         | MO                         |
| DEPO-SUBQ PROVERA 104                                                                                                | \$0 (Tier 1)         | MO                         |
| <i>dotti</i>                                                                                                         | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days) |
| DUAVEE                                                                                                               | \$0 (Tier 1)         | MO                         |
| <i>errin</i>                                                                                                         | \$0 (Tier 1)         | MO                         |
| <i>estradiol oral</i>                                                                                                | \$0 (Tier 1)         | PA; MO                     |
| <i>estradiol transdermal patch semiweekly</i>                                                                        | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | \$0 (Tier 1)         | PA; QL (4 per 28 days)     |
| <i>estradiol transdermal patch weekly 0.0375 mg/24 hr</i>                                                            | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days) |
| <i>estradiol vaginal</i>                                                                                             | \$0 (Tier 1)         | MO                         |
| <i>estradiol valerate</i>                                                                                            | \$0 (Tier 1)         | MO                         |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                       | Nivel De Medicamento | Requisitos/Límites         |
|------------------------------------------------------------------------------|----------------------|----------------------------|
| <i>estradiol-norethindrone acet</i>                                          | \$0 (Tier 1)         | PA; MO                     |
| <i>fyavolv</i>                                                               | \$0 (Tier 1)         | PA; MO                     |
| <i>heather</i>                                                               | \$0 (Tier 1)         | MO                         |
| <i>hydroxyprogesterone caproate</i>                                          | \$0 (Tier 1)         |                            |
| IMVEXXY MAINTENANCE PACK                                                     | \$0 (Tier 1)         | MO                         |
| IMVEXXY STARTER PACK                                                         | \$0 (Tier 1)         | MO                         |
| <i>incassia</i>                                                              | \$0 (Tier 1)         | MO                         |
| <i>jencycla</i>                                                              | \$0 (Tier 1)         | MO                         |
| <i>jinteli</i>                                                               | \$0 (Tier 1)         | PA; MO                     |
| <i>lyleq</i>                                                                 | \$0 (Tier 1)         | MO                         |
| <i>lyllana</i>                                                               | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days) |
| <i>lyza</i>                                                                  | \$0 (Tier 1)         |                            |
| <i>medroxyprogesterone</i>                                                   | \$0 (Tier 1)         | MO                         |
| MENEST                                                                       | \$0 (Tier 1)         | PA; MO                     |
| <i>mimvey</i>                                                                | \$0 (Tier 1)         | PA; MO                     |
| <i>nora-be</i>                                                               | \$0 (Tier 1)         | MO                         |
| <i>norethindrone (contraceptive)</i>                                         | \$0 (Tier 1)         |                            |
| <i>norethindrone acetate</i>                                                 | \$0 (Tier 1)         | MO                         |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | \$0 (Tier 1)         | PA; MO                     |
| PREMARIN ORAL                                                                | \$0 (Tier 1)         | MO                         |
| PREMARIN VAGINAL                                                             | \$0 (Tier 1)         | MO                         |
| PREMPHASE                                                                    | \$0 (Tier 1)         | MO                         |
| PREMPRO                                                                      | \$0 (Tier 1)         | MO                         |
| <i>progesterone</i>                                                          | \$0 (Tier 1)         | MO                         |
| <i>progesterone micronized</i>                                               | \$0 (Tier 1)         | MO                         |
| <i>sharobel</i>                                                              | \$0 (Tier 1)         | MO                         |
| <i>yuvaferm</i>                                                              | \$0 (Tier 1)         | MO                         |
| <b>OXITÓCICOS</b>                                                            |                      |                            |
| <i>methylergonovine oral</i>                                                 | \$0 (Tier 1)         | PA                         |
| <b>PRODUCTOS OBSTÉTRICOS/GINECOLÓGICOS VARIOS</b>                            |                      |                            |
| <i>clindamycin phosphate vaginal</i>                                         | \$0 (Tier 1)         | MO                         |

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| Nombre Del Medicamento                 | Nivel De Medicamento | Requisitos/Límites |
|----------------------------------------|----------------------|--------------------|
| <i>eluryng</i>                         | \$0 (Tier 1)         | MO                 |
| <i>etonogestrel-ethinyl estradiol</i>  | \$0 (Tier 1)         |                    |
| <i>metronidazole vaginal</i>           | \$0 (Tier 1)         | MO                 |
| <i>mifepristone oral tablet 200 mg</i> | \$0 (Tier 1)         | LA                 |
| MYFEMBREE                              | \$0 (Tier 1)         | PA; MO             |
| NEXPLANON                              | \$0 (Tier 1)         |                    |
| <i>terconazole</i>                     | \$0 (Tier 1)         | MO                 |
| <i>tranexamic acid oral</i>            | \$0 (Tier 1)         | MO                 |
| <i>vandazole</i>                       | \$0 (Tier 1)         | MO                 |
| <i>xulane</i>                          | \$0 (Tier 1)         | MO                 |
| <i>zafemy</i>                          | \$0 (Tier 1)         | MO                 |

## OFTALMOLOGÍA

### AGENTES ANTIINFLAMATORIOS NO ESTEROIDEOS

|                                           |              |    |
|-------------------------------------------|--------------|----|
| <i>bromfenac</i>                          | \$0 (Tier 1) | MO |
| BROMSITE                                  | \$0 (Tier 1) | MO |
| <i>diclofenac sodium ophthalmic (eye)</i> | \$0 (Tier 1) | MO |
| <i>flurbiprofen sodium</i>                | \$0 (Tier 1) | MO |
| <i>ketorolac ophthalmic (eye)</i>         | \$0 (Tier 1) | MO |
| PROLENSA                                  | \$0 (Tier 1) | MO |

### AGENTES SIMPATICOMIMÉTICOS

|                                                         |              |    |
|---------------------------------------------------------|--------------|----|
| <i>apraclonidine</i>                                    | \$0 (Tier 1) | MO |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> | \$0 (Tier 1) | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>         | \$0 (Tier 1) | MO |

### ANTIBIÓTICOS

|                                           |              |                          |
|-------------------------------------------|--------------|--------------------------|
| AZASITE                                   | \$0 (Tier 1) | MO                       |
| <i>bacitracin ophthalmic (eye)</i>        | \$0 (Tier 1) | MO                       |
| <i>bacitracin-polymyxin b</i>             | \$0 (Tier 1) | MO                       |
| BESIVANCE                                 | \$0 (Tier 1) | MO                       |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | \$0 (Tier 1) | MO                       |
| <i>erythromycin ophthalmic (eye)</i>      | \$0 (Tier 1) | MO; QL (3.5 per 14 days) |
| <i>gatifloxacin</i>                       | \$0 (Tier 1) | MO                       |
| <i>gentamicin ophthalmic (eye) drops</i>  | \$0 (Tier 1) | MO; QL (70 per 30 days)  |

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| Nombre Del Medicamento                                       | Nivel De Medicamento | Requisitos/Límites       |
|--------------------------------------------------------------|----------------------|--------------------------|
| <i>levofloxacin ophthalmic (eye)</i>                         | \$0 (Tier 1)         |                          |
| <i>moxifloxacin ophthalmic (eye) drops</i>                   | \$0 (Tier 1)         | MO                       |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i>          | \$0 (Tier 1)         |                          |
| NATACYN                                                      | \$0 (Tier 1)         |                          |
| <i>neomycin-bacitracin-polymyxin</i>                         | \$0 (Tier 1)         | MO                       |
| <i>neomycin-polymyxin-gramicidin</i>                         | \$0 (Tier 1)         | MO                       |
| <i>neo-polycin</i>                                           | \$0 (Tier 1)         |                          |
| <i>ofloxacin ophthalmic (eye)</i>                            | \$0 (Tier 1)         | MO                       |
| <i>polycin</i>                                               | \$0 (Tier 1)         |                          |
| <i>polymyxin b sulf-trimethoprim</i>                         | \$0 (Tier 1)         | MO                       |
| <i>tobramycin ophthalmic (eye)</i>                           | \$0 (Tier 1)         | MO; QL (10 per 14 days)  |
| <b>ANTIVÍRICOS</b>                                           |                      |                          |
| <i>trifluridine</i>                                          | \$0 (Tier 1)         | MO                       |
| ZIRGAN                                                       | \$0 (Tier 1)         | MO                       |
| <b>BETABLOQUEANTES</b>                                       |                      |                          |
| <i>betaxolol ophthalmic (eye)</i>                            | \$0 (Tier 1)         | MO                       |
| <i>carteolol</i>                                             | \$0 (Tier 1)         | MO                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>              | \$0 (Tier 1)         | MO                       |
| <i>timolol maleate ophthalmic (eye) drops</i>                | \$0 (Tier 1)         | MO; CG                   |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | \$0 (Tier 1)         | MO                       |
| <b>COMBINACIONES DE ESTEROIDES-ANTIBIÓTICOS</b>              |                      |                          |
| <i>neomycin-bacitracin-poly-hc</i>                           | \$0 (Tier 1)         | MO                       |
| <i>neomycin-polymyxin b-dexameth</i>                         | \$0 (Tier 1)         | MO                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                | \$0 (Tier 1)         | MO                       |
| <i>neo-polycin hc</i>                                        | \$0 (Tier 1)         |                          |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT                           | \$0 (Tier 1)         | MO; QL (3.5 per 14 days) |
| <i>tobramycin-dexamethasone</i>                              | \$0 (Tier 1)         | MO; QL (10 per 14 days)  |
| <b>ESTEROIDES</b>                                            |                      |                          |
| ALREX                                                        | \$0 (Tier 1)         | MO                       |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>       | \$0 (Tier 1)         | MO                       |

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| Nombre Del Medicamento                                | Nivel De Medicamento | Requisitos/Límites |
|-------------------------------------------------------|----------------------|--------------------|
| <i>fluorometholone</i>                                | \$0 (Tier 1)         | MO                 |
| INVELTYS                                              | \$0 (Tier 1)         | MO                 |
| <i>loteprednol etabonate</i>                          | \$0 (Tier 1)         | MO                 |
| OZURDEX                                               | \$0 (Tier 1)         | MO                 |
| <i>prednisolone acetate</i>                           | \$0 (Tier 1)         | MO                 |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | \$0 (Tier 1)         | MO                 |
| <b>MEDICAMENTOS ORALES PARA EL GLAUCOMA</b>           |                      |                    |
| <i>acetazolamide</i>                                  | \$0 (Tier 1)         | MO                 |
| <i>acetazolamide sodium</i>                           | \$0 (Tier 1)         | MO                 |
| <i>methazolamide</i>                                  | \$0 (Tier 1)         | MO                 |
| <b>OTROS MEDICAMENTOS PARA EL GLAUCOMA</b>            |                      |                    |
| <i>brimonidine-timolol</i>                            | \$0 (Tier 1)         | MO                 |
| <i>dorzolamide</i>                                    | \$0 (Tier 1)         | MO                 |
| <i>dorzolamide-timolol</i>                            | \$0 (Tier 1)         | MO                 |
| <i>latanoprost</i>                                    | \$0 (Tier 1)         | MO; CG             |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                 | \$0 (Tier 1)         | MO                 |
| <i>miostat</i>                                        | \$0 (Tier 1)         |                    |
| RHOPRESSA                                             | \$0 (Tier 1)         | MO                 |
| ROCKLATAN                                             | \$0 (Tier 1)         | MO                 |
| SIMBRINZA                                             | \$0 (Tier 1)         | MO                 |
| <i>tafluprost (pf)</i>                                | \$0 (Tier 1)         | MO                 |
| <i>travoprost</i>                                     | \$0 (Tier 1)         | MO                 |
| <b>PRODUCTOS OFTALMOLÓGICOS VARIOS</b>                |                      |                    |
| <i>atropine ophthalmic (eye) drops 1 %</i>            | \$0 (Tier 1)         | MO                 |
| <i>azelastine ophthalmic (eye)</i>                    | \$0 (Tier 1)         | MO                 |
| <i>balanced salt</i>                                  | \$0 (Tier 1)         |                    |
| <i>bepotastine besilate</i>                           | \$0 (Tier 1)         | MO                 |
| <i>bss</i>                                            | \$0 (Tier 1)         |                    |
| CIMERLI                                               | \$0 (Tier 1)         | PA; MO             |
| <i>cromolyn ophthalmic (eye)</i>                      | \$0 (Tier 1)         | MO                 |

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| Nombre Del Medicamento                                      | Nivel De Medicamento | Requisitos/Límites      |
|-------------------------------------------------------------|----------------------|-------------------------|
| <i>cyclosporine ophthalmic (eye)</i>                        | \$0 (Tier 1)         | MO; QL (60 per 30 days) |
| CYSTARAN                                                    | \$0 (Tier 1)         | PA                      |
| <i>epinastine</i>                                           | \$0 (Tier 1)         | MO                      |
| EYLEA                                                       | \$0 (Tier 1)         | PA; MO                  |
| <i>olopatadine ophthalmic (eye)</i>                         | \$0 (Tier 1)         | MO                      |
| OXERVATE                                                    | \$0 (Tier 1)         | PA; MO                  |
| PHOSPHOLINE IODIDE                                          | \$0 (Tier 1)         |                         |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | \$0 (Tier 1)         | MO                      |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>          | \$0 (Tier 1)         | MO                      |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i>       | \$0 (Tier 1)         |                         |
| <i>sulfacetamide-prednisolone</i>                           | \$0 (Tier 1)         |                         |
| XDEMVY                                                      | \$0 (Tier 1)         | PA; QL (10 per 42 days) |
| XIIDRA                                                      | \$0 (Tier 1)         | MO; QL (60 per 30 days) |

## PRODUCTOS DE DIAGNÓSTICO/AGENTES VARIOS

### AGENTES PARA DEJAR DE FUMAR

|                                      |              |    |
|--------------------------------------|--------------|----|
| <i>bupropion hcl (smoking deter)</i> | \$0 (Tier 1) |    |
| NICOTROL                             | \$0 (Tier 1) |    |
| NICOTROL NS                          | \$0 (Tier 1) | MO |
| <i>varenicline</i>                   | \$0 (Tier 1) | MO |

### AGENTES VARIOS

|                                      |              |        |
|--------------------------------------|--------------|--------|
| <i>acamprosate</i>                   | \$0 (Tier 1) | MO     |
| <i>acetic acid irrigation</i>        | \$0 (Tier 1) | MO     |
| <i>anagrelide</i>                    | \$0 (Tier 1) | MO     |
| <i>caffeine citrate intravenous</i>  | \$0 (Tier 1) |        |
| <i>caffeine citrate oral</i>         | \$0 (Tier 1) | MO     |
| <i>carglumic acid</i>                | \$0 (Tier 1) | PA     |
| <i>cevimeline</i>                    | \$0 (Tier 1) | MO     |
| CHEMET                               | \$0 (Tier 1) | PA     |
| CLINIMIX 4.25%/D5W SULFIT FREE       | \$0 (Tier 1) | B/D PA |
| <i>d10 %-0.45 % sodium chloride</i>  | \$0 (Tier 1) |        |
| <i>d2.5 %-0.45 % sodium chloride</i> | \$0 (Tier 1) |        |

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| Nombre Del Medicamento                                     | Nivel De Medicamento | Requisitos/Límites  |
|------------------------------------------------------------|----------------------|---------------------|
| <i>d5 % and 0.9 % sodium chloride</i>                      | \$0 (Tier 1)         | MO                  |
| <i>d5 %-0.45 % sodium chloride</i>                         | \$0 (Tier 1)         | MO                  |
| <i>deferasirox oral granules in packet</i>                 | \$0 (Tier 1)         | PA; MO              |
| <i>deferasirox oral tablet 180 mg, 360 mg</i>              | \$0 (Tier 1)         | PA; MO              |
| <i>deferasirox oral tablet 90 mg</i>                       | \$0 (Tier 1)         | PA; MO              |
| <i>deferasirox oral tablet, dispersible 125 mg</i>         | \$0 (Tier 1)         | PA; MO              |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> | \$0 (Tier 1)         | PA; MO              |
| <i>deferiprone</i>                                         | \$0 (Tier 1)         | PA; MO              |
| <i>deferoxamine</i>                                        | \$0 (Tier 1)         | B/D PA; MO          |
| <i>dextrose 10 % and 0.2 % nacl</i>                        | \$0 (Tier 1)         |                     |
| <i>dextrose 10 % in water (d10w)</i>                       | \$0 (Tier 1)         |                     |
| <i>dextrose 25 % in water (d25w)</i>                       | \$0 (Tier 1)         |                     |
| <i>dextrose 5 % in water (d5w)</i>                         | \$0 (Tier 1)         | MO                  |
| <i>dextrose 5 %-lactated ringers</i>                       | \$0 (Tier 1)         | MO                  |
| <i>dextrose 5%-0.2 % sod chloride</i>                      | \$0 (Tier 1)         |                     |
| <i>dextrose 5%-0.3 % sod.chloride</i>                      | \$0 (Tier 1)         |                     |
| <i>dextrose 50 % in water (d50w)</i>                       | \$0 (Tier 1)         |                     |
| <i>dextrose 70 % in water (d70w)</i>                       | \$0 (Tier 1)         |                     |
| <i>disulfiram oral tablet 250 mg</i>                       | \$0 (Tier 1)         | MO                  |
| <i>disulfiram oral tablet 500 mg</i>                       | \$0 (Tier 1)         |                     |
| <i>droxidopa</i>                                           | \$0 (Tier 1)         | PA; MO              |
| ENDARI                                                     | \$0 (Tier 1)         | PA; MO              |
| INCRELEX                                                   | \$0 (Tier 1)         | MO; LA              |
| <i>levocarnitine ( with sugar )</i>                        | \$0 (Tier 1)         | MO                  |
| <i>levocarnitine oral solution 100 mg/ml</i>               | \$0 (Tier 1)         | MO                  |
| <i>levocarnitine oral tablet</i>                           | \$0 (Tier 1)         | MO                  |
| LOKELMA                                                    | \$0 (Tier 1)         | MO                  |
| <i>midodrine</i>                                           | \$0 (Tier 1)         | MO                  |
| <i>nitisinone</i>                                          | \$0 (Tier 1)         | PA; MO              |
| <i>pilocarpine hcl oral</i>                                | \$0 (Tier 1)         | MO                  |
| PROLASTIN-C                                                | \$0 (Tier 1)         | PA; LA              |
| REVCovi                                                    | \$0 (Tier 1)         | PA; LA              |
| <i>riluzole</i>                                            | \$0 (Tier 1)         | PA; MO              |
| <i>risedronate oral tablet 30 mg</i>                       | \$0 (Tier 1)         | QL (30 per 30 days) |

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| Nombre Del Medicamento                                                  | Nivel De Medicamento | Requisitos/Límites       |
|-------------------------------------------------------------------------|----------------------|--------------------------|
| <i>sevelamer carbonate oral tablet</i>                                  | \$0 (Tier 1)         | MO; QL (270 per 30 days) |
| <i>sodium benzoate-sod phenylacet</i>                                   | \$0 (Tier 1)         |                          |
| <i>sodium chloride 0.9 % intravenous</i>                                | \$0 (Tier 1)         | MO                       |
| <i>sodium chloride irrigation</i>                                       | \$0 (Tier 1)         | MO                       |
| <i>sodium phenylbutyrate oral powder</i>                                | \$0 (Tier 1)         | PA; MO                   |
| <i>sodium phenylbutyrate oral tablet</i>                                | \$0 (Tier 1)         | PA                       |
| <i>sodium polystyrene sulfonate oral powder</i>                         | \$0 (Tier 1)         | MO                       |
| <i>sps (with sorbitol) oral</i>                                         | \$0 (Tier 1)         | MO                       |
| <i>sps (with sorbitol) rectal</i>                                       | \$0 (Tier 1)         |                          |
| <i>trientine oral capsule 250 mg</i>                                    | \$0 (Tier 1)         | PA; MO                   |
| VELPHORO                                                                | \$0 (Tier 1)         | MO; QL (180 per 30 days) |
| VELTASSA                                                                | \$0 (Tier 1)         | MO                       |
| <i>water for irrigation, sterile</i>                                    | \$0 (Tier 1)         | MO                       |
| XIAFLEX                                                                 | \$0 (Tier 1)         | PA                       |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | \$0 (Tier 1)         | PA; MO                   |
| <b>ANTÍDOTOS</b>                                                        |                      |                          |
| <i>acetylcysteine intravenous</i>                                       | \$0 (Tier 1)         |                          |
| <b>SOLUCIONES DE IRRIGACIÓN</b>                                         |                      |                          |
| <i>lactated ringers irrigation</i>                                      | \$0 (Tier 1)         |                          |
| <i>neomycin-polymyxin b gu</i>                                          | \$0 (Tier 1)         |                          |
| <i>ringer's irrigation</i>                                              | \$0 (Tier 1)         |                          |
| <b>PRODUCTOS DERMATOLÓGICOS/TRATAMIENTO TÓPICO</b>                      |                      |                          |
| <b>ANTIBACTERIANOS TÓPICOS</b>                                          |                      |                          |
| <i>gentamicin topical</i>                                               | \$0 (Tier 1)         | MO; QL (60 per 30 days)  |
| <i>mupirocin</i>                                                        | \$0 (Tier 1)         | MO; QL (44 per 30 days)  |
| <i>sulfacetamide sodium (acne)</i>                                      | \$0 (Tier 1)         | MO                       |
| <b>ANTIMICÓTICOS TÓPICOS</b>                                            |                      |                          |
| <i>ciclodan topical solution</i>                                        | \$0 (Tier 1)         | MO; QL (6.6 per 28 days) |
| <i>ciclopirox topical cream</i>                                         | \$0 (Tier 1)         | MO; QL (90 per 28 days)  |
| <i>ciclopirox topical gel</i>                                           | \$0 (Tier 1)         | MO; QL (100 per 28 days) |

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| Nombre Del Medicamento                           | Nivel De Medicamento | Requisitos/Límites            |
|--------------------------------------------------|----------------------|-------------------------------|
| <i>ciclopirox topical shampoo</i>                | \$0 (Tier 1)         | MO; QL (120 per 28 days)      |
| <i>ciclopirox topical solution</i>               | \$0 (Tier 1)         | MO; QL (6.6 per 28 days)      |
| <i>ciclopirox topical suspension</i>             | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>clotrimazole topical cream</i>                | \$0 (Tier 1)         | MO; QL (45 per 28 days)       |
| <i>clotrimazole topical solution</i>             | \$0 (Tier 1)         | MO; QL (30 per 28 days)       |
| <i>clotrimazole-betamethasone topical cream</i>  | \$0 (Tier 1)         | MO; QL (45 per 28 days)       |
| <i>clotrimazole-betamethasone topical lotion</i> | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>econazole</i>                                 | \$0 (Tier 1)         | MO; QL (85 per 28 days)       |
| <i>ketoconazole topical cream</i>                | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>ketoconazole topical shampoo</i>              | \$0 (Tier 1)         | MO; QL (120 per 28 days)      |
| <i>klayesta</i>                                  | \$0 (Tier 1)         | QL (180 per 30 days)          |
| <i>naftifine topical cream</i>                   | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>naftifine topical gel 2 %</i>                 | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>nyamyc</i>                                    | \$0 (Tier 1)         | QL (180 per 30 days)          |
| <i>nystatin topical cream</i>                    | \$0 (Tier 1)         | MO; QL (30 per 28 days)       |
| <i>nystatin topical ointment</i>                 | \$0 (Tier 1)         | MO; QL (30 per 28 days)       |
| <i>nystatin topical powder</i>                   | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| <i>nystatin-triamcinolone</i>                    | \$0 (Tier 1)         | MO; QL (60 per 28 days)       |
| <i>nystop</i>                                    | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| <b>ANTIPSORIÁSICOS/ANTISEBORREICOS</b>           |                      |                               |
| <i>acitretin</i>                                 | \$0 (Tier 1)         | MO                            |
| <i>calcipotriene scalp</i>                       | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>calcipotriene topical cream</i>               | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>calcipotriene topical ointment</i>            | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>calcitriol topical</i>                        | \$0 (Tier 1)         |                               |
| <i>selenium sulfide topical lotion</i>           | \$0 (Tier 1)         | MO                            |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)    |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML           | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)    |
| STELARA INTRAVENOUS                              | \$0 (Tier 1)         | PA; MO; QL (104 per 180 days) |
| STELARA SUBCUTANEOUS SOLUTION                    | \$0 (Tier 1)         | PA; MO; QL (0.5 per 28 days)  |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML        | \$0 (Tier 1)         | PA; MO; QL (0.5 per 28 days)  |

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| Nombre Del Medicamento                         | Nivel De Medicamento | Requisitos/Límites          |
|------------------------------------------------|----------------------|-----------------------------|
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML          | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)  |
| TALTZ AUTOINJECTOR                             | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)  |
| TALTZ AUTOINJECTOR (2 PACK)                    | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| TALTZ AUTOINJECTOR (3 PACK)                    | \$0 (Tier 1)         | PA; MO; QL (3 per 180 days) |
| TALTZ SYRINGE                                  | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)  |
| <b>ANTIVIRALES TÓPICOS</b>                     |                      |                             |
| <i>acyclovir topical ointment</i>              | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days) |
| <i>penciclovir</i>                             | \$0 (Tier 1)         | MO; QL (5 per 30 days)      |
| <b>CORTICOESTEROIDES TÓPICOS</b>               |                      |                             |
| <i>ala-cort topical cream 1 %</i>              | \$0 (Tier 1)         | MO                          |
| <i>ala-cort topical cream 2.5 %</i>            | \$0 (Tier 1)         |                             |
| <i>alclometasone</i>                           | \$0 (Tier 1)         | MO                          |
| <i>betamethasone dipropionate</i>              | \$0 (Tier 1)         | MO                          |
| <i>betamethasone valerate topical cream</i>    | \$0 (Tier 1)         | MO                          |
| <i>betamethasone valerate topical lotion</i>   | \$0 (Tier 1)         | MO                          |
| <i>betamethasone valerate topical ointment</i> | \$0 (Tier 1)         | MO                          |
| <i>betamethasone, augmented</i>                | \$0 (Tier 1)         | MO                          |
| <i>clobetasol scalp</i>                        | \$0 (Tier 1)         | MO; QL (100 per 28 days)    |
| <i>clobetasol topical cream</i>                | \$0 (Tier 1)         | MO; QL (120 per 28 days)    |
| <i>clobetasol topical foam</i>                 | \$0 (Tier 1)         | MO; QL (100 per 28 days)    |
| <i>clobetasol topical gel</i>                  | \$0 (Tier 1)         | MO; QL (120 per 28 days)    |
| <i>clobetasol topical lotion</i>               | \$0 (Tier 1)         | MO; QL (118 per 28 days)    |
| <i>clobetasol topical ointment</i>             | \$0 (Tier 1)         | MO; QL (120 per 28 days)    |
| <i>clobetasol topical shampoo</i>              | \$0 (Tier 1)         | MO; QL (236 per 28 days)    |
| <i>clobetasol-emollient topical cream</i>      | \$0 (Tier 1)         | MO; QL (120 per 28 days)    |
| <i>clodan</i>                                  | \$0 (Tier 1)         | MO; QL (236 per 28 days)    |
| <i>desonide</i>                                | \$0 (Tier 1)         | MO                          |
| <i>fluocinolone and shower cap</i>             | \$0 (Tier 1)         | MO                          |
| <i>fluocinolone topical cream 0.01 %</i>       | \$0 (Tier 1)         | MO                          |
| <i>fluocinolone topical cream 0.025 %</i>      | \$0 (Tier 1)         |                             |
| <i>fluocinolone topical oil</i>                | \$0 (Tier 1)         | MO                          |
| <i>fluocinolone topical ointment</i>           | \$0 (Tier 1)         | MO                          |
| <i>fluocinolone topical solution</i>           | \$0 (Tier 1)         | MO                          |

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| Nombre Del Medicamento                                                | Nivel De Medicamento | Requisitos/Límites            |
|-----------------------------------------------------------------------|----------------------|-------------------------------|
| <i>fluocinonide topical cream 0.05 %</i>                              | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>fluocinonide topical gel</i>                                       | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>fluocinonide topical ointment</i>                                  | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>fluocinonide topical solution</i>                                  | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>fluocinonide-emollient</i>                                         | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| <i>halobetasol propionate topical cream</i>                           | \$0 (Tier 1)         | MO                            |
| <i>halobetasol propionate topical ointment</i>                        | \$0 (Tier 1)         | MO                            |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                        | \$0 (Tier 1)         | MO                            |
| <i>hydrocortisone topical lotion 2.5 %</i>                            | \$0 (Tier 1)         | MO                            |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                     | \$0 (Tier 1)         | MO                            |
| <i>mometasone topical</i>                                             | \$0 (Tier 1)         | MO                            |
| <i>prednicarbate topical ointment</i>                                 | \$0 (Tier 1)         |                               |
| <i>triamcinolone acetonide topical cream</i>                          | \$0 (Tier 1)         | MO                            |
| <i>triamcinolone acetonide topical lotion</i>                         | \$0 (Tier 1)         | MO                            |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | \$0 (Tier 1)         | MO                            |
| <i>triderm topical cream</i>                                          | \$0 (Tier 1)         |                               |
| <b>ESCABICIDAS/PEDICULICIDAS TÓPICOS</b>                              |                      |                               |
| <i>crotan</i>                                                         | \$0 (Tier 1)         |                               |
| <i>malathion</i>                                                      | \$0 (Tier 1)         | MO                            |
| <i>permethrin</i>                                                     | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| <b>PRODUCTOS DERMATOLÓGICOS VARIOS</b>                                |                      |                               |
| ADBRY                                                                 | \$0 (Tier 1)         | PA; MO; QL (6 per 28 days)    |
| <i>ammonium lactate</i>                                               | \$0 (Tier 1)         | MO                            |
| <i>chloroprocaine (pf)</i>                                            | \$0 (Tier 1)         |                               |
| CIBINQO                                                               | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)   |
| <i>dermacinrx lidocan</i>                                             | \$0 (Tier 1)         | PA; QL (90 per 30 days)       |
| <i>diclofenac sodium topical gel 3 %</i>                              | \$0 (Tier 1)         | PA; MO; QL (100 per 28 days)  |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML                     | \$0 (Tier 1)         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML                        | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)    |

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| Nombre Del Medicamento                                                              | Nivel De Medicamento | Requisitos/Límites            |
|-------------------------------------------------------------------------------------|----------------------|-------------------------------|
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML                                | \$0 (Tier 1)         | PA; QL (1.34 per 28 days)     |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML                                        | \$0 (Tier 1)         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML                                           | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)    |
| <i>fluorouracil topical cream 5 %</i>                                               | \$0 (Tier 1)         | MO                            |
| <i>fluorouracil topical solution</i>                                                | \$0 (Tier 1)         | MO                            |
| <i>glydo</i>                                                                        | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| <i>imiquimod topical cream in packet 5 %</i>                                        | \$0 (Tier 1)         | MO                            |
| <i>lidocaine (pf) injection solution</i>                                            | \$0 (Tier 1)         |                               |
| <i>lidocaine hcl injection solution</i>                                             | \$0 (Tier 1)         |                               |
| <i>lidocaine hcl laryngotracheal</i>                                                | \$0 (Tier 1)         | MO                            |
| <i>lidocaine hcl mucous membrane jelly in applicator</i>                            | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| <i>lidocaine hcl mucous membrane solution 2 %</i>                                   | \$0 (Tier 1)         | MO                            |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                        | \$0 (Tier 1)         | MO                            |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>                               | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)   |
| <i>lidocaine topical ointment</i>                                                   | \$0 (Tier 1)         | MO; QL (36 per 30 days)       |
| <i>lidocaine viscous</i>                                                            | \$0 (Tier 1)         |                               |
| <i>lidocaine-epinephrine</i>                                                        | \$0 (Tier 1)         |                               |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i> | \$0 (Tier 1)         |                               |
| <i>lidocaine-prilocaine topical cream</i>                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>lidocan iii</i>                                                                  | \$0 (Tier 1)         | PA; QL (90 per 30 days)       |
| <i>methoxsalen</i>                                                                  | \$0 (Tier 1)         | MO                            |
| PANRETIN                                                                            | \$0 (Tier 1)         | PA; MO                        |
| <i>pimecrolimus</i>                                                                 | \$0 (Tier 1)         | PA; MO; QL (100 per 30 days)  |
| <i>podofilox topical solution</i>                                                   | \$0 (Tier 1)         | MO                            |
| <i>polocaine injection solution 1 % (10 mg/ml)</i>                                  | \$0 (Tier 1)         |                               |
| <i>polocaine-mpf</i>                                                                | \$0 (Tier 1)         |                               |
| REGRANEX                                                                            | \$0 (Tier 1)         | QL (15 per 30 days)           |
| SANTYL                                                                              | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| <i>silver sulfadiazine</i>                                                          | \$0 (Tier 1)         | MO                            |
| <i>ssd</i>                                                                          | \$0 (Tier 1)         | MO                            |

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| Nombre Del Medicamento                                | Nivel De Medicamento | Requisitos/Límites           |
|-------------------------------------------------------|----------------------|------------------------------|
| <i>tacrolimus topical</i>                             | \$0 (Tier 1)         | PA; MO; QL (100 per 30 days) |
| VALCHLOR                                              | \$0 (Tier 1)         | PA; MO                       |
| <b>TRATAMIENTO DEL ACNÉ</b>                           |                      |                              |
| <i>accutane</i>                                       | \$0 (Tier 1)         |                              |
| <i>amnesteem</i>                                      | \$0 (Tier 1)         |                              |
| <i>azelaic acid</i>                                   | \$0 (Tier 1)         | MO                           |
| <i>claravis</i>                                       | \$0 (Tier 1)         |                              |
| <i>clindamycin phosphate topical gel</i>              | \$0 (Tier 1)         | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical gel, once daily</i>  | \$0 (Tier 1)         | MO; QL (150 per 30 days)     |
| <i>clindamycin phosphate topical lotion</i>           | \$0 (Tier 1)         | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical solution</i>         | \$0 (Tier 1)         | MO; QL (120 per 30 days)     |
| <i>ery pads</i>                                       | \$0 (Tier 1)         | MO                           |
| <i>erythromycin with ethanol topical solution</i>     | \$0 (Tier 1)         | MO                           |
| <i>isotretinoin</i>                                   | \$0 (Tier 1)         |                              |
| <i>ivermectin topical cream</i>                       | \$0 (Tier 1)         | MO; QL (90 per 30 days)      |
| <i>metronidazole topical</i>                          | \$0 (Tier 1)         | MO                           |
| <i>tazarotene topical cream</i>                       | \$0 (Tier 1)         | PA; MO                       |
| <i>tazarotene topical gel</i>                         | \$0 (Tier 1)         | PA; MO                       |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | \$0 (Tier 1)         | PA; MO                       |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>  | \$0 (Tier 1)         | PA; MO                       |
| <i>zenatane</i>                                       | \$0 (Tier 1)         |                              |

## SISTEMA ENDOCRINO/DIABETES

### AGENTES ANTITIROIDEOS

|                                            |              |        |
|--------------------------------------------|--------------|--------|
| <i>methimazole oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO; CG |
| <i>propylthiouracil</i>                    | \$0 (Tier 1) | MO     |

### HORMONAS SUPRARRENALES

|                                                                   |              |    |
|-------------------------------------------------------------------|--------------|----|
| <i>cortisone</i>                                                  | \$0 (Tier 1) |    |
| <i>dexamethasone intensol</i>                                     | \$0 (Tier 1) | MO |
| <i>dexamethasone oral elixir</i>                                  | \$0 (Tier 1) | MO |
| <i>dexamethasone oral solution</i>                                | \$0 (Tier 1) | MO |
| <i>dexamethasone oral tablet</i>                                  | \$0 (Tier 1) | MO |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | \$0 (Tier 1) | MO |

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| Nombre Del Medicamento                                                                                                      | Nivel De Medicamento | Requisitos/Límites |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>dexamethasone sodium phosphate injection</i>                                                                             | \$0 (Tier 1)         | MO                 |
| <i>fludrocortisone</i>                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>hydrocortisone oral</i>                                                                                                  | \$0 (Tier 1)         | MO                 |
| <i>methylprednisolone acetate</i>                                                                                           | \$0 (Tier 1)         | MO                 |
| <i>methylprednisolone oral tablet</i>                                                                                       | \$0 (Tier 1)         | B/D PA; MO         |
| <i>methylprednisolone oral tablets,dose pack</i>                                                                            | \$0 (Tier 1)         | MO                 |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                                                    | \$0 (Tier 1)         | MO                 |
| <i>methylprednisolone sodium succ intravenous</i>                                                                           | \$0 (Tier 1)         | MO                 |
| <i>prednisolone oral solution</i>                                                                                           | \$0 (Tier 1)         | MO                 |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | \$0 (Tier 1)         | MO                 |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>                                                        | \$0 (Tier 1)         |                    |
| <i>prednisone intensol</i>                                                                                                  | \$0 (Tier 1)         | MO                 |
| <i>prednisone oral solution</i>                                                                                             | \$0 (Tier 1)         | MO                 |
| <i>prednisone oral tablet</i>                                                                                               | \$0 (Tier 1)         | MO; CG             |
| <i>prednisone oral tablets,dose pack</i>                                                                                    | \$0 (Tier 1)         | MO; CG             |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>                                                                | \$0 (Tier 1)         | MO                 |
| <b>HORMONAS TIROIDEAS</b>                                                                                                   |                      |                    |
| <i>euthyrox</i>                                                                                                             | \$0 (Tier 1)         | MO; CG             |
| <i>levo-t</i>                                                                                                               | \$0 (Tier 1)         | CG                 |
| <i>levothyroxine intravenous recon soln</i>                                                                                 | \$0 (Tier 1)         |                    |
| <i>levothyroxine oral tablet</i>                                                                                            | \$0 (Tier 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>    | \$0 (Tier 1)         | MO; CG             |
| <i>liothyronine</i>                                                                                                         | \$0 (Tier 1)         | MO                 |
| <i>unithroid</i>                                                                                                            | \$0 (Tier 1)         | MO; CG             |
| <b>HORMONAS VARIAS</b>                                                                                                      |                      |                    |
| <b>ALDURAZYME</b>                                                                                                           | \$0 (Tier 1)         | PA; MO             |
| <i>cabergoline</i>                                                                                                          | \$0 (Tier 1)         | MO                 |
| <i>calcitonin (salmon) injection</i>                                                                                        | \$0 (Tier 1)         | MO                 |

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|----------------------------------------------------------------------|----------------------|--------------------|
| <i>calcitonin (salmon) nasal</i>                                     | \$0 (Tier 1)         | MO                 |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                      | \$0 (Tier 1)         |                    |
| <i>calcitriol oral capsule</i>                                       | \$0 (Tier 1)         | MO                 |
| <i>calcitriol oral solution</i>                                      | \$0 (Tier 1)         |                    |
| <i>cinacalcet</i>                                                    | \$0 (Tier 1)         | PA; MO             |
| <i>clomid</i>                                                        | \$0 (Tier 1)         | PA; MO             |
| <i>clomiphene citrate</i>                                            | \$0 (Tier 1)         | PA                 |
| CRYSVITA                                                             | \$0 (Tier 1)         | PA; MO; LA         |
| <i>danazol</i>                                                       | \$0 (Tier 1)         | MO                 |
| <i>desmopressin injection</i>                                        | \$0 (Tier 1)         | MO                 |
| <i>desmopressin nasal spray with pump</i>                            | \$0 (Tier 1)         | MO                 |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>    | \$0 (Tier 1)         |                    |
| <i>desmopressin oral</i>                                             | \$0 (Tier 1)         | MO                 |
| <i>doxercalciferol intravenous</i>                                   | \$0 (Tier 1)         |                    |
| <i>doxercalciferol oral</i>                                          | \$0 (Tier 1)         | MO                 |
| ELAPRASE                                                             | \$0 (Tier 1)         | PA; MO             |
| FABRAZYME                                                            | \$0 (Tier 1)         | PA; MO             |
| KANUMA                                                               | \$0 (Tier 1)         | PA; MO             |
| KORLYM                                                               | \$0 (Tier 1)         | PA                 |
| LUMIZYME                                                             | \$0 (Tier 1)         | PA; MO             |
| MEPSEVII                                                             | \$0 (Tier 1)         | PA; MO             |
| <i>mifepristone oral tablet 300 mg</i>                               | \$0 (Tier 1)         | PA                 |
| MYALEPT                                                              | \$0 (Tier 1)         | PA; MO; LA         |
| NAGLAZYME                                                            | \$0 (Tier 1)         | PA; MO; LA         |
| NATPARA                                                              | \$0 (Tier 1)         | PA; LA             |
| <i>pamidronate intravenous solution</i>                              | \$0 (Tier 1)         | MO                 |
| <i>paricalcitol intravenous</i>                                      | \$0 (Tier 1)         |                    |
| <i>paricalcitol oral</i>                                             | \$0 (Tier 1)         | MO                 |
| <i>sapropterin</i>                                                   | \$0 (Tier 1)         | PA; MO             |
| SOMAVERT                                                             | \$0 (Tier 1)         | PA; MO             |
| STRENSIQ                                                             | \$0 (Tier 1)         | PA; LA             |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | \$0 (Tier 1)         | PA; MO             |

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|---------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>                      | \$0 (Tier 1)         | PA                            |
| <i>testosterone enanthate</i>                                                         | \$0 (Tier 1)         | PA; MO                        |
| <i>testosterone transdermal gel</i>                                                   | \$0 (Tier 1)         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>    | \$0 (Tier 1)         | PA; MO; QL (120 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>      | \$0 (Tier 1)         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>  | \$0 (Tier 1)         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> | \$0 (Tier 1)         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>             | \$0 (Tier 1)         | PA; MO; QL (37.5 per 30 days) |
| <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>               | \$0 (Tier 1)         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal solution in metered pump w/lapp</i>                       | \$0 (Tier 1)         | PA; MO; QL (180 per 30 days)  |
| <i>tolvaptan</i>                                                                      | \$0 (Tier 1)         | PA; MO                        |
| <b>VIMIZIM</b>                                                                        | \$0 (Tier 1)         | PA; MO; LA                    |
| <i>zoledronic acid intravenous solution</i>                                           | \$0 (Tier 1)         | B/D PA; MO                    |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>               | \$0 (Tier 1)         | B/D PA; MO                    |
| <b>TRATAMIENTO DE LA DIABETES</b>                                                     |                      |                               |
| <i>acarbose oral tablet 100 mg</i>                                                    | \$0 (Tier 1)         | MO; QL (90 per 30 days)       |
| <i>acarbose oral tablet 25 mg</i>                                                     | \$0 (Tier 1)         | MO; QL (360 per 30 days)      |
| <i>acarbose oral tablet 50 mg</i>                                                     | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| <i>alcohol pads</i>                                                                   | \$0 (Tier 1)         | MO                            |
| <b>BAQSIMI</b>                                                                        | \$0 (Tier 1)         | MO                            |
| <b>BYDUREON BCISE</b>                                                                 | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)    |
| <b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>                | \$0 (Tier 1)         | PA; MO; QL (2.4 per 30 days)  |
| <b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>                | \$0 (Tier 1)         | PA; MO; QL (1.2 per 30 days)  |
| <i>diazoxide</i>                                                                      | \$0 (Tier 1)         | MO                            |

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| Nombre Del Medicamento                                             | Nivel De Medicamento | Requisitos/Límites           |
|--------------------------------------------------------------------|----------------------|------------------------------|
| DROPSAFE ALCOHOL PREP PADS                                         | \$0 (Tier 1)         |                              |
| FARXIGA ORAL TABLET 10 MG                                          | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| FARXIGA ORAL TABLET 5 MG                                           | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| <i>glimepiride oral tablet 1 mg</i>                                | \$0 (Tier 1)         | MO; CG; QL (240 per 30 days) |
| <i>glimepiride oral tablet 2 mg</i>                                | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i>                                | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days)  |
| <i>glipizide oral tablet 10 mg</i>                                 | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| <i>glipizide oral tablet 5 mg</i>                                  | \$0 (Tier 1)         | MO; CG; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>           | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days)  |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i>          | \$0 (Tier 1)         | MO; CG; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 5 mg</i>            | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                  | \$0 (Tier 1)         | MO; CG; QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>        | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| GLYXAMBI                                                           | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| GVOKE                                                              | \$0 (Tier 1)         | MO                           |
| GVOKE HYOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 0.5<br>MG/0.1 ML | \$0 (Tier 1)         |                              |
| GVOKE HYOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML   | \$0 (Tier 1)         | MO                           |
| GVOKE HYOPEN 2-PACK                                                | \$0 (Tier 1)         | MO                           |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML       | \$0 (Tier 1)         | MO                           |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML       | \$0 (Tier 1)         | MO                           |
| HUMALOG JUNIOR KWIKPEN U-100                                       | \$0 (Tier 1)         | MO                           |
| HUMALOG KWIKPEN INSULIN                                            | \$0 (Tier 1)         | MO                           |
| HUMALOG MIX 50-50 INSULN U-100                                     | \$0 (Tier 1)         |                              |
| HUMALOG MIX 50-50 KWIKPEN                                          | \$0 (Tier 1)         | MO                           |
| HUMALOG MIX 75-25 KWIKPEN                                          | \$0 (Tier 1)         | MO                           |
| HUMALOG MIX 75-25(U-100)INSULN                                     | \$0 (Tier 1)         | MO                           |
| HUMALOG U-100 INSULIN                                              | \$0 (Tier 1)         | MO                           |
| HUMULIN 70/30 U-100 INSULIN                                        | \$0 (Tier 1)         | MO                           |
| HUMULIN 70/30 U-100 KWIKPEN                                        | \$0 (Tier 1)         | MO                           |

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|--------------------------------------------------------------------|----------------------|------------------------------|
| HUMULIN N NPH INSULIN KWIKPEN                                      | \$0 (Tier 1)         | MO                           |
| HUMULIN N NPH U-100 INSULIN                                        | \$0 (Tier 1)         | MO                           |
| HUMULIN R REGULAR U-100 INSULN                                     | \$0 (Tier 1)         | MO                           |
| HUMULIN R U-500 (CONC) INSULIN                                     | \$0 (Tier 1)         | MO                           |
| HUMULIN R U-500 (CONC) KWIKPEN                                     | \$0 (Tier 1)         | MO                           |
| INPEFA ORAL TABLET 200 MG                                          | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| INPEFA ORAL TABLET 400 MG                                          | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| INSULIN GLARGINE                                                   | \$0 (Tier 1)         |                              |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION                               | \$0 (Tier 1)         | MO                           |
| JANUMET                                                            | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG           | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| JANUVIA                                                            | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| JARDIANCE                                                          | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| JENTADUETO                                                         | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG     | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG       | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| LANTUS SOLOSTAR U-100 INSULIN                                      | \$0 (Tier 1)         | MO                           |
| LANTUS U-100 INSULIN                                               | \$0 (Tier 1)         | MO                           |
| LYUMJEV KWIKPEN U-100 INSULIN                                      | \$0 (Tier 1)         | MO                           |
| LYUMJEV KWIKPEN U-200 INSULIN                                      | \$0 (Tier 1)         | MO                           |
| LYUMJEV U-100 INSULIN                                              | \$0 (Tier 1)         | MO                           |
| <i>metformin oral tablet 1,000 mg</i>                              | \$0 (Tier 1)         | MO; CG; QL (75 per 30 days)  |
| <i>metformin oral tablet 500 mg</i>                                | \$0 (Tier 1)         | MO; CG; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i>                                | \$0 (Tier 1)         | MO; CG; QL (90 per 30 days)  |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>         | \$0 (Tier 1)         | MO; CG; QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>         | \$0 (Tier 1)         | MO; CG; QL (60 per 30 days)  |
| MOUNJARO                                                           | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)   |

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| Nombre Del Medicamento                                                                                        | Nivel De Medicamento | Requisitos/Límites            |
|---------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <i>nateglinide oral tablet 120 mg</i>                                                                         | \$0 (Tier 1)         | MO; QL (90 per 30 days)       |
| <i>nateglinide oral tablet 60 mg</i>                                                                          | \$0 (Tier 1)         | MO; QL (180 per 30 days)      |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | \$0 (Tier 1)         | PA; MO; QL (3 per 28 days)    |
| <i>pioglitazone</i>                                                                                           | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)   |
| QTERN                                                                                                         | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>repaglinide oral tablet 0.5 mg</i>                                                                         | \$0 (Tier 1)         | MO; QL (960 per 30 days)      |
| <i>repaglinide oral tablet 1 mg</i>                                                                           | \$0 (Tier 1)         | MO; QL (480 per 30 days)      |
| <i>repaglinide oral tablet 2 mg</i>                                                                           | \$0 (Tier 1)         | MO; QL (240 per 30 days)      |
| RYBELSUS                                                                                                      | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)   |
| <i>saxagliptin</i>                                                                                            | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>                                    | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>                            | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG                                                 | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| SEGLUROMET ORAL TABLET 2.5-500 MG                                                                             | \$0 (Tier 1)         | MO; QL (120 per 30 days)      |
| SOLIQUA 100/33                                                                                                | \$0 (Tier 1)         | MO; QL (90 per 30 days)       |
| STEGLATRO                                                                                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| SYMLINPEN 120                                                                                                 | \$0 (Tier 1)         | PA; MO; QL (10.8 per 30 days) |
| SYMLINPEN 60                                                                                                  | \$0 (Tier 1)         | PA; MO; QL (6 per 30 days)    |
| SYNJARDY                                                                                                      | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                                      | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                                     | \$0 (Tier 1)         | MO; QL (60 per 30 days)       |
| TOUJEO MAX U-300 SOLOSTAR                                                                                     | \$0 (Tier 1)         | MO                            |
| TOUJEO SOLOSTAR U-300 INSULIN                                                                                 | \$0 (Tier 1)         | MO                            |
| TRADJENTA                                                                                                     | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                                  | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |

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| Nombre Del Medicamento                                                            | Nivel De Medicamento | Requisitos/Límites         |
|-----------------------------------------------------------------------------------|----------------------|----------------------------|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | \$0 (Tier 1)         | MO; QL (60 per 30 days)    |
| TRULICITY                                                                         | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG              | \$0 (Tier 1)         | MO; QL (30 per 30 days)    |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG  | \$0 (Tier 1)         | MO; QL (60 per 30 days)    |
| ZEGALOGUE AUTOINJECTOR                                                            | \$0 (Tier 1)         | MO                         |
| ZEGALOGUE SYRINGE                                                                 | \$0 (Tier 1)         | MO                         |

## SISTEMA LOCOMOTOR/REUMATOLOGÍA

### OTROS AGENTES REUMATOLÓGICOS

|                                                                     |              |                              |
|---------------------------------------------------------------------|--------------|------------------------------|
| ACTEMRA ACTPEN                                                      | \$0 (Tier 1) | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA INTRAVENOUS                                                 | \$0 (Tier 1) | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS                                                | \$0 (Tier 1) | PA; MO; QL (3.6 per 28 days) |
| ADALIMUMAB-ADAZ                                                     | \$0 (Tier 1) | PA; MO; QL (1.6 per 28 days) |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT                       | \$0 (Tier 1) | PA; MO; QL (4 per 28 days)   |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | \$0 (Tier 1) | PA; MO; QL (2 per 28 days)   |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML               | \$0 (Tier 1) | PA; MO; QL (4 per 28 days)   |
| ADALIMUMAB-ADBM(CF) PEN CROHNS                                      | \$0 (Tier 1) | PA; QL (6 per 180 days)      |
| ADALIMUMAB-ADBM(CF) PEN PS-UV                                       | \$0 (Tier 1) | PA; QL (4 per 180 days)      |
| BENLYSTA                                                            | \$0 (Tier 1) | PA; MO                       |
| CYLTEZO(CF) PEN                                                     | \$0 (Tier 1) | PA; MO; QL (4 per 28 days)   |
| CYLTEZO(CF) PEN CROHN'S-UC-HS                                       | \$0 (Tier 1) | PA; QL (6 per 180 days)      |
| CYLTEZO(CF) PEN PSORIASIS-UV                                        | \$0 (Tier 1) | PA; QL (4 per 180 days)      |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML     | \$0 (Tier 1) | PA; MO; QL (2 per 28 days)   |

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| Nombre Del Medicamento                                                                                            | Nivel De Medicamento | Requisitos/Límites          |
|-------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                                                 | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| ENBREL MINI                                                                                                       | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)  |
| ENBREL SUBCUTANEOUS SOLUTION                                                                                      | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)  |
| ENBREL SUBCUTANEOUS SYRINGE                                                                                       | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)  |
| ENBREL SURECLICK                                                                                                  | \$0 (Tier 1)         | PA; MO; QL (8 per 28 days)  |
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                      | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074)                                                                        | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| HUMIRA PEN CROHNS-UC-HS START (ONLY NDCS STARTING WITH 00074)                                                     | \$0 (Tier 1)         | PA; QL (6 per 180 days)     |
| HUMIRA PEN PSOR-UEVITS-ADOL HS (ONLY NDCS STARTING WITH 00074)                                                    | \$0 (Tier 1)         | PA; QL (4 per 180 days)     |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML                    | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)  |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML                                  | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML              | \$0 (Tier 1)         | PA; QL (3 per 180 days)     |
| HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | \$0 (Tier 1)         | PA; QL (2 per 180 days)     |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                         | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)  |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                         | \$0 (Tier 1)         | PA; MO; QL (2 per 28 days)  |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)                                                       | \$0 (Tier 1)         | PA; MO; QL (3 per 180 days) |

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| Nombre Del Medicamento                                                                                  | Nivel De Medicamento | Requisitos/Límites            |
|---------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)                                             | \$0 (Tier 1)         | PA; MO; QL (4 per 180 days)   |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)                                          | \$0 (Tier 1)         | PA; MO; QL (3 per 180 days)   |
| HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)<br>SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | \$0 (Tier 1)         | PA; MO; QL (1.6 per 28 days)  |
| HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)<br>SUBCUTANEOUS SYRINGE 10 MG/0.1 ML                    | \$0 (Tier 1)         | PA; MO; QL (0.2 per 28 days)  |
| HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)<br>SUBCUTANEOUS SYRINGE 20 MG/0.2 ML                    | \$0 (Tier 1)         | PA; MO; QL (0.4 per 28 days)  |
| HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)<br>SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                    | \$0 (Tier 1)         | PA; MO; QL (1.6 per 28 days)  |
| HYRIMOZ PEN CROHN'S-UC STARTER                                                                          | \$0 (Tier 1)         | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ PEN PSORIASIS STARTER                                                                           | \$0 (Tier 1)         | PA; MO; QL (1.6 per 180 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER<br>SUBCUTANEOUS SYRINGE 80 MG/0.8 ML                                     | \$0 (Tier 1)         | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER<br>SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML                       | \$0 (Tier 1)         | PA; MO; QL (1.2 per 180 days) |
| <i>leflunomide</i>                                                                                      | \$0 (Tier 1)         | MO; QL (30 per 30 days)       |
| ORENCIA (WITH MALTOSE)                                                                                  | \$0 (Tier 1)         | PA; MO; QL (12 per 28 days)   |
| ORENCIA CLICKJECT                                                                                       | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)    |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                                                                  | \$0 (Tier 1)         | PA; MO; QL (4 per 28 days)    |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML                                                               | \$0 (Tier 1)         | PA; MO; QL (1.6 per 28 days)  |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML                                                             | \$0 (Tier 1)         | PA; MO; QL (2.8 per 28 days)  |
| OTEZLA                                                                                                  | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)   |
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)                                 | \$0 (Tier 1)         | PA; MO; QL (55 per 180 days)  |
| <i>penicillamine oral tablet</i>                                                                        | \$0 (Tier 1)         | PA; MO                        |

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|-----------------------------------------------------------------------|----------------------|------------------------------|
| RIDAURA                                                               | \$0 (Tier 1)         | MO                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                       | \$0 (Tier 1)         | PA; MO; QL (84 per 180 days) |
| SAVELLA ORAL TABLET                                                   | \$0 (Tier 1)         | MO; QL (60 per 30 days)      |
| SAVELLA ORAL TABLETS,DOSE PACK                                        | \$0 (Tier 1)         | MO; QL (55 per 180 days)     |
| XELJANZ ORAL SOLUTION                                                 | \$0 (Tier 1)         | PA; MO; QL (300 per 30 days) |
| XELJANZ ORAL TABLET                                                   | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)  |
| XELJANZ XR                                                            | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)  |
| <b>TRATAMIENTO DE LA GOTA</b>                                         |                      |                              |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                         | \$0 (Tier 1)         | MO; CG                       |
| <i>allopurinol sodium</i>                                             | \$0 (Tier 1)         |                              |
| <i>aloprim</i>                                                        | \$0 (Tier 1)         |                              |
| <i>colchicine oral tablet</i>                                         | \$0 (Tier 1)         | MO                           |
| <i>febuxostat</i>                                                     | \$0 (Tier 1)         | MO                           |
| <i>probenecid</i>                                                     | \$0 (Tier 1)         | MO                           |
| <i>probenecid-colchicine</i>                                          | \$0 (Tier 1)         | MO                           |
| <b>TRATAMIENTO DE LA OSTEOPOROSIS</b>                                 |                      |                              |
| <i>alendronate oral solution</i>                                      | \$0 (Tier 1)         | MO; QL (300 per 28 days)     |
| <i>alendronate oral tablet 10 mg</i>                                  | \$0 (Tier 1)         | MO; CG; QL (30 per 30 days)  |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                           | \$0 (Tier 1)         | MO; CG; QL (4 per 28 days)   |
| FOSAMAX PLUS D                                                        | \$0 (Tier 1)         | ST; MO; QL (4 per 28 days)   |
| <i>ibandronate intravenous solution</i>                               | \$0 (Tier 1)         | PA                           |
| <i>ibandronate intravenous syringe</i>                                | \$0 (Tier 1)         | PA; MO                       |
| <i>ibandronate oral</i>                                               | \$0 (Tier 1)         | MO; QL (1 per 30 days)       |
| PROLIA                                                                | \$0 (Tier 1)         | PA; MO; QL (1 per 180 days)  |
| <i>raloxifene</i>                                                     | \$0 (Tier 1)         | MO                           |
| <i>risedronate oral tablet 150 mg</i>                                 | \$0 (Tier 1)         | MO; QL (1 per 30 days)       |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | \$0 (Tier 1)         | MO; QL (4 per 28 days)       |
| <i>risedronate oral tablet 5 mg</i>                                   | \$0 (Tier 1)         | MO; QL (30 per 30 days)      |
| <i>risedronate oral tablet, delayed release (dr/ec)</i>               | \$0 (Tier 1)         | MO; QL (4 per 28 days)       |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                             | Nivel De Medicamento | Requisitos/Límites        |
|--------------------------------------------------------------------|----------------------|---------------------------|
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | \$0 (Tier 1)         | PA; QL (2.48 per 28 days) |

## SISTEMA RESPIRATORIO Y ALERGIA

### AGENTES ANTIHISTAMÍNICOS/ANTIALÉRGICOS

|                                                                                                            |              |                         |
|------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| <i>adrenalin injection solution 1 mg/ml</i>                                                                | \$0 (Tier 1) |                         |
| <i>adrenalin injection solution 1 mg/ml (1 ml)</i>                                                         | \$0 (Tier 1) | MO                      |
| <i>cetirizine oral solution 1 mg/ml</i>                                                                    | \$0 (Tier 1) | MO                      |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                                                     | \$0 (Tier 1) | MO                      |
| <i>diphenhydramine hcl injection syringe</i>                                                               | \$0 (Tier 1) | MO                      |
| <i>diphenhydramine hcl oral elixir</i>                                                                     | \$0 (Tier 1) | PA                      |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i> | \$0 (Tier 1) | MO; QL (2 per 30 days)  |
| <i>epinephrine injection solution 1 mg/ml</i>                                                              | \$0 (Tier 1) |                         |
| <i>hydroxyzine hcl oral tablet</i>                                                                         | \$0 (Tier 1) | PA; MO                  |
| <i>levocetirizine oral solution</i>                                                                        | \$0 (Tier 1) | MO                      |
| <i>levocetirizine oral tablet</i>                                                                          | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>promethazine injection solution</i>                                                                     | \$0 (Tier 1) | MO                      |
| <i>promethazine oral</i>                                                                                   | \$0 (Tier 1) | PA; MO                  |

### AGENTES PULMONARES

|                                                                                                                                |              |                         |
|--------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| <i>acetylcysteine</i>                                                                                                          | \$0 (Tier 1) | B/D PA; MO              |
| ADEMPAS                                                                                                                        | \$0 (Tier 1) | PA; MO; LA              |
| ADVAIR HFA                                                                                                                     | \$0 (Tier 1) | MO; QL (12 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>                                                       | \$0 (Tier 1) | MO; QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation package size 6.7 gm</i>                                   | \$0 (Tier 1) | QL (13.4 per 30 days)   |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i> | \$0 (Tier 1) | B/D PA; MO              |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>                                                          | \$0 (Tier 1) | B/D PA                  |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

| Nombre Del Medicamento                                                                                        | Nivel De Medicamento | Requisitos/Límites               |
|---------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|
| <i>albuterol sulfate oral syrup</i>                                                                           | \$0 (Tier 1)         | MO                               |
| <i>albuterol sulfate oral tablet</i>                                                                          | \$0 (Tier 1)         | MO                               |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION                                                      | \$0 (Tier 1)         | MO; QL (12.2 per 30 days)        |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION                                                       | \$0 (Tier 1)         | MO; QL (6.1 per 30 days)         |
| <i>alyq</i>                                                                                                   | \$0 (Tier 1)         | PA; QL (60 per 30 days)          |
| <i>ambrisentan</i>                                                                                            | \$0 (Tier 1)         | PA; MO; LA                       |
| <i>arformoterol</i>                                                                                           | \$0 (Tier 1)         | B/D PA; MO; QL (120 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 50 MCG/ACTUATION                                | \$0 (Tier 1)         | QL (13 per 30 days)              |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION                                                  | \$0 (Tier 1)         | MO; QL (13 per 30 days)          |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)                          | \$0 (Tier 1)         | QL (1 per 30 days)               |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)                         | \$0 (Tier 1)         | MO; QL (2 per 30 days)           |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)                          | \$0 (Tier 1)         | QL (2 per 28 days)               |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | \$0 (Tier 1)         | MO; QL (1 per 30 days)           |
| ATROVENT HFA                                                                                                  | \$0 (Tier 1)         | MO; QL (25.8 per 30 days)        |
| BEVESPI AEROSPHERE                                                                                            | \$0 (Tier 1)         | MO; QL (10.7 per 30 days)        |
| <i>bosentan</i>                                                                                               | \$0 (Tier 1)         | PA; MO; LA                       |
| BREO ELLIPTA                                                                                                  | \$0 (Tier 1)         | MO; QL (60 per 30 days)          |
| <i>breynd</i>                                                                                                 | \$0 (Tier 1)         | MO; QL (10.3 per 30 days)        |
| BREZTRI AEROSPHERE                                                                                            | \$0 (Tier 1)         | MO; QL (10.7 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>                            | \$0 (Tier 1)         | B/D PA; MO; QL (120 per 30 days) |

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| Nombre Del Medicamento                                                                                | Nivel De Medicamento | Requisitos/Límites               |
|-------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                                    | \$0 (Tier 1)         | B/D PA; MO; QL (60 per 30 days)  |
| <i>budesonide-formoterol</i>                                                                          | \$0 (Tier 1)         | QL (10.2 per 30 days)            |
| CINRYZE                                                                                               | \$0 (Tier 1)         | PA; MO                           |
| COMBIVENT RESPIMAT                                                                                    | \$0 (Tier 1)         | MO; QL (8 per 30 days)           |
| <i>cromolyn inhalation</i>                                                                            | \$0 (Tier 1)         | B/D PA; MO                       |
| DULERA                                                                                                | \$0 (Tier 1)         | MO; QL (13 per 30 days)          |
| ELIXOPHYLLIN                                                                                          | \$0 (Tier 1)         |                                  |
| FASENRA                                                                                               | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)       |
| FASENRA PEN                                                                                           | \$0 (Tier 1)         | PA; MO; QL (1 per 28 days)       |
| <i>flunisolide</i>                                                                                    | \$0 (Tier 1)         | MO; QL (50 per 30 days)          |
| <i>fluticasone propionate nasal</i>                                                                   | \$0 (Tier 1)         | MO; QL (16 per 30 days)          |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>                                  | \$0 (Tier 1)         | MO; QL (60 per 30 days)          |
| <i>formoterol fumarate</i>                                                                            | \$0 (Tier 1)         | B/D PA; MO; QL (120 per 30 days) |
| <i>icatibant</i>                                                                                      | \$0 (Tier 1)         | PA; MO                           |
| <i>ipratropium bromide inhalation</i>                                                                 | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>ipratropium-albuterol</i>                                                                          | \$0 (Tier 1)         | B/D PA; MO                       |
| KALYDECO                                                                                              | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)      |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> | \$0 (Tier 1)         | B/D PA; MO                       |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>                           | \$0 (Tier 1)         | B/D PA                           |
| <i>mometasone nasal</i>                                                                               | \$0 (Tier 1)         | MO; QL (34 per 30 days)          |
| <i>montelukast oral granules in packet</i>                                                            | \$0 (Tier 1)         | MO                               |
| <i>montelukast oral tablet</i>                                                                        | \$0 (Tier 1)         | MO; CG                           |
| <i>montelukast oral tablet, chewable</i>                                                              | \$0 (Tier 1)         | MO                               |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                                                                     | \$0 (Tier 1)         | PA; MO; LA; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS RECON SOLN                                                                        | \$0 (Tier 1)         | PA; MO; LA; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                                                 | \$0 (Tier 1)         | PA; MO; LA; QL (3 per 28 days)   |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.



| Nombre Del Medicamento                                                                 | Nivel De Medicamento | Requisitos/Límites               |
|----------------------------------------------------------------------------------------|----------------------|----------------------------------|
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                               | \$0 (Tier 1)         | PA; MO; LA; QL (0.4 per 28 days) |
| OFEV                                                                                   | \$0 (Tier 1)         | PA; MO; QL (60 per 30 days)      |
| OPSUMIT                                                                                | \$0 (Tier 1)         | PA; MO; LA                       |
| ORKAMBI ORAL GRANULES IN PACKET                                                        | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)      |
| ORKAMBI ORAL TABLET                                                                    | \$0 (Tier 1)         | PA; MO; QL (112 per 28 days)     |
| <i>pirfenidone oral capsule</i>                                                        | \$0 (Tier 1)         | PA; MO; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 267 mg</i>                                                  | \$0 (Tier 1)         | PA; MO; QL (270 per 30 days)     |
| <i>pirfenidone oral tablet 801 mg</i>                                                  | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)      |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION        | \$0 (Tier 1)         | MO; QL (2 per 30 days)           |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION         | \$0 (Tier 1)         | MO; QL (1 per 30 days)           |
| PULMOZYME                                                                              | \$0 (Tier 1)         | B/D PA; MO                       |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION                | \$0 (Tier 1)         | MO; QL (10.6 per 30 days)        |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION                | \$0 (Tier 1)         | MO; QL (21.2 per 30 days)        |
| <i>roflumilast</i>                                                                     | \$0 (Tier 1)         | PA; MO; QL (30 per 30 days)      |
| <i>sajazir</i>                                                                         | \$0 (Tier 1)         | PA; MO                           |
| <i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i> | \$0 (Tier 1)         | PA                               |
| <i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>                  | \$0 (Tier 1)         | PA; MO; QL (90 per 30 days)      |
| SPIRIVA RESPIMAT                                                                       | \$0 (Tier 1)         | MO; QL (4 per 30 days)           |
| STIOLTO RESPIMAT                                                                       | \$0 (Tier 1)         | MO; QL (4 per 30 days)           |
| STRIVERDI RESPIMAT                                                                     | \$0 (Tier 1)         | MO; QL (4 per 30 days)           |
| SYMDEKO                                                                                | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)      |
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>                   | \$0 (Tier 1)         | PA; QL (60 per 30 days)          |
| <i>terbutaline oral</i>                                                                | \$0 (Tier 1)         | MO                               |
| <i>terbutaline subcutaneous</i>                                                        | \$0 (Tier 1)         | MO                               |
| THEO-24                                                                                | \$0 (Tier 1)         | MO                               |

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| Nombre Del Medicamento                                                | Nivel De Medicamento | Requisitos/Límites             |
|-----------------------------------------------------------------------|----------------------|--------------------------------|
| <i>theophylline oral elixir</i>                                       | \$0 (Tier 1)         | MO                             |
| <i>theophylline oral solution</i>                                     | \$0 (Tier 1)         |                                |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i> | \$0 (Tier 1)         |                                |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | \$0 (Tier 1)         | MO                             |
| <i>theophylline oral tablet extended release 24 hr</i>                | \$0 (Tier 1)         | MO                             |
| <i>tiotropium bromide</i>                                             | \$0 (Tier 1)         | QL (90 per 90 days)            |
| TRELEGY ELLIPTA                                                       | \$0 (Tier 1)         | MO; QL (60 per 30 days)        |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL                          | \$0 (Tier 1)         | PA; MO; QL (56 per 28 days)    |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL                                     | \$0 (Tier 1)         | PA; MO; QL (84 per 28 days)    |
| TYVASO                                                                | \$0 (Tier 1)         | B/D PA; MO                     |
| TYVASO INSTITUTIONAL START KIT                                        | \$0 (Tier 1)         | B/D PA                         |
| TYVASO REFILL KIT                                                     | \$0 (Tier 1)         | B/D PA; MO                     |
| TYVASO STARTER KIT                                                    | \$0 (Tier 1)         | B/D PA; MO                     |
| <i>wixela inhub</i>                                                   | \$0 (Tier 1)         | QL (60 per 30 days)            |
| XOLAIR SUBCUTANEOUS RECON SOLN                                        | \$0 (Tier 1)         | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML                                 | \$0 (Tier 1)         | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML                               | \$0 (Tier 1)         | PA; LA; QL (8 per 28 days)     |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                              | \$0 (Tier 1)         | PA; MO; LA; QL (1 per 28 days) |
| <i>zafirlukast</i>                                                    | \$0 (Tier 1)         | MO                             |

## SUMINISTROS DIVERSOS

### SUMINISTROS DIVERSOS

|                                                                                                                                                                           |              |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | \$0 (Tier 1) | MO |
| BD PEN NEEDLE                                                                                                                                                             | \$0 (Tier 1) | MO |
| BD PEN NEEDLE                                                                                                                                                             | \$0 (Tier 1) |    |
| CEQR SIMPLICITY INSERTER                                                                                                                                                  | \$0 (Tier 1) | MO |

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| Nombre Del Medicamento                                                                            | Nivel De Medicamento | Requisitos/Límites      |
|---------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| GAUZE PADS 2 X 2                                                                                  | \$0 (Tier 1)         | MO                      |
| INSULIN SYRINGE-NEEDLE U-100<br>SYRINGE 0.3 ML 29 GAUGE, 1 ML 29<br>GAUGE X 1/2", 1/2 ML 28 GAUGE | \$0 (Tier 1)         | MO                      |
| INSULIN SYRINGES (NON-PREFERRED<br>BRANDS) SYRINGE 1 ML 29 GAUGE X<br>1/2"                        | \$0 (Tier 1)         | MO                      |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                                                                    | \$0 (Tier 1)         | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6 PODS (GEN 5)                                                                         | \$0 (Tier 1)         | MO                      |
| OMNIPOD CLASSIC PODS (GEN 3)                                                                      | \$0 (Tier 1)         | MO                      |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                                    | \$0 (Tier 1)         | QL (1 per 720 days)     |
| OMNIPOD DASH PODS (GEN 4)                                                                         | \$0 (Tier 1)         | MO                      |
| PEN NEEDLES (NON-PREFERRED<br>BRANDS) NEEDLE 29 GAUGE X 1/2"                                      | \$0 (Tier 1)         | MO                      |
| V-GO 20                                                                                           | \$0 (Tier 1)         | MO                      |
| V-GO 30                                                                                           | \$0 (Tier 1)         | MO                      |
| V-GO 40                                                                                           | \$0 (Tier 1)         | MO                      |
| <b>UROLÓGICOS</b>                                                                                 |                      |                         |
| <b>AGENTES UROLÓGICOS VARIOS</b>                                                                  |                      |                         |
| <i>bethanechol chloride</i>                                                                       | \$0 (Tier 1)         | MO                      |
| CYSTAGON                                                                                          | \$0 (Tier 1)         | PA; LA                  |
| ELMIRON                                                                                           | \$0 (Tier 1)         | MO                      |
| <i>glycine urologic</i>                                                                           | \$0 (Tier 1)         |                         |
| <i>glycine urologic solution</i>                                                                  | \$0 (Tier 1)         |                         |
| K-PHOS NO 2                                                                                       | \$0 (Tier 1)         | MO                      |
| K-PHOS ORIGINAL                                                                                   | \$0 (Tier 1)         | MO                      |
| <i>potassium citrate oral tablet extended release</i>                                             | \$0 (Tier 1)         | MO                      |
| RENACIDIN                                                                                         | \$0 (Tier 1)         | MO                      |
| <b>ANTICOLINÉRGICOS/ANTIESPASMÓ<br/>DICOS</b>                                                     |                      |                         |
| <i>fesoterodine</i>                                                                               | \$0 (Tier 1)         | MO                      |
| <i>flavoxate</i>                                                                                  | \$0 (Tier 1)         | MO                      |
| MYRBETRIQ ORAL<br>SUSPENSION,EXTENDED REL RECON                                                   | \$0 (Tier 1)         |                         |

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| Nombre Del Medicamento                                        | Nivel De Medicamento | Requisitos/Límites       |
|---------------------------------------------------------------|----------------------|--------------------------|
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR                  | \$0 (Tier 1)         | MO                       |
| <i>oxybutynin chloride oral syrup</i>                         | \$0 (Tier 1)         | MO                       |
| <i>oxybutynin chloride oral tablet 5 mg</i>                   | \$0 (Tier 1)         | MO                       |
| <i>oxybutynin chloride oral tablet extended release 24hr</i>  | \$0 (Tier 1)         | MO                       |
| <i>solifenacin</i>                                            | \$0 (Tier 1)         | MO                       |
| <i>tolterodine</i>                                            | \$0 (Tier 1)         | MO                       |
| <i>tropium oral tablet</i>                                    | \$0 (Tier 1)         | MO                       |
| <b>TRATAMIENTO DE LA HIPERPLASIA PROSTÁTICA BENIGNA (BPH)</b> |                      |                          |
| <i>alfuzosin</i>                                              | \$0 (Tier 1)         | MO                       |
| <i>dutasteride</i>                                            | \$0 (Tier 1)         | MO                       |
| <i>dutasteride-tamsulosin</i>                                 | \$0 (Tier 1)         | MO                       |
| <i>finasteride oral tablet 5 mg</i>                           | \$0 (Tier 1)         | MO; CG                   |
| <i>silodosin</i>                                              | \$0 (Tier 1)         | MO                       |
| <i>tamsulosin</i>                                             | \$0 (Tier 1)         | MO; CG                   |
| <b>VITAMINAS, HEMATÍNICOS/ELECTROLITOS</b>                    |                      |                          |
| <b>DERIVADOS DE SANGRE</b>                                    |                      |                          |
| <i>albumin, human 25 %</i>                                    | \$0 (Tier 1)         |                          |
| <i>alburx (human) 25 %</i>                                    | \$0 (Tier 1)         |                          |
| <i>alburx (human) 5 %</i>                                     | \$0 (Tier 1)         |                          |
| <i>albutein 25 %</i>                                          | \$0 (Tier 1)         |                          |
| <i>albutein 5 %</i>                                           | \$0 (Tier 1)         |                          |
| <i>plasbumin 25 %</i>                                         | \$0 (Tier 1)         |                          |
| <i>plasbumin 5 %</i>                                          | \$0 (Tier 1)         |                          |
| <b>ELECTROLITOS</b>                                           |                      |                          |
| <i>calcium acetate(phosphat bind)</i>                         | \$0 (Tier 1)         | MO; QL (360 per 30 days) |
| <i>calcium chloride</i>                                       | \$0 (Tier 1)         |                          |
| <i>calcium gluconate intravenous</i>                          | \$0 (Tier 1)         |                          |
| <i>effer-k oral tablet, effervescent 25 meq</i>               | \$0 (Tier 1)         | MO                       |
| <i>klor-con 10</i>                                            | \$0 (Tier 1)         | MO                       |
| <i>klor-con 8</i>                                             | \$0 (Tier 1)         | MO                       |

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| Nombre Del Medicamento                                                                                                                   | Nivel De Medicamento | Requisitos/Límites |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <i>klor-con m10</i>                                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>klor-con m15</i>                                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>klor-con m20</i>                                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>klor-con oral packet 20</i>                                                                                                           | \$0 (Tier 1)         | MO                 |
| <i>klor-conlef</i>                                                                                                                       | \$0 (Tier 1)         | MO                 |
| <i>lactated ringers intravenous</i>                                                                                                      | \$0 (Tier 1)         | MO                 |
| <i>magnesium chloride injection</i>                                                                                                      | \$0 (Tier 1)         |                    |
| MAGNESIUM SULFATE IN D5W<br>INTRAVENOUS PIGGYBACK 1<br>GRAM/100 ML                                                                       | \$0 (Tier 1)         |                    |
| <i>magnesium sulfate in water</i>                                                                                                        | \$0 (Tier 1)         |                    |
| <i>magnesium sulfate injection solution</i>                                                                                              | \$0 (Tier 1)         | MO                 |
| <i>magnesium sulfate injection syringe</i>                                                                                               | \$0 (Tier 1)         |                    |
| <i>potassium acetate</i>                                                                                                                 | \$0 (Tier 1)         |                    |
| <i>potassium chlorid-d5-0.45%nacl</i>                                                                                                    | \$0 (Tier 1)         |                    |
| <i>potassium chloride in 0.9%nacl intravenous<br/>parenteral solution 20 meq/l, 40 meq/l</i>                                             | \$0 (Tier 1)         |                    |
| <i>potassium chloride in 5 % dex intravenous<br/>parenteral solution 10 meq/l, 20 meq/l</i>                                              | \$0 (Tier 1)         |                    |
| <i>potassium chloride in lr-d5 intravenous parenteral<br/>solution 20 meq/l</i>                                                          | \$0 (Tier 1)         |                    |
| <i>potassium chloride in water intravenous<br/>piggyback 10 meq/100 ml, 10 meq/50 ml, 20<br/>meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i> | \$0 (Tier 1)         |                    |
| <i>potassium chloride intravenous</i>                                                                                                    | \$0 (Tier 1)         |                    |
| <i>potassium chloride oral capsule, extended release</i>                                                                                 | \$0 (Tier 1)         | MO                 |
| <i>potassium chloride oral liquid</i>                                                                                                    | \$0 (Tier 1)         | MO                 |
| <i>potassium chloride oral packet</i>                                                                                                    | \$0 (Tier 1)         |                    |
| <i>potassium chloride oral tablet extended release<br/>10 meq, 8 meq</i>                                                                 | \$0 (Tier 1)         | MO                 |
| <i>potassium chloride oral tablet extended release<br/>20 meq</i>                                                                        | \$0 (Tier 1)         |                    |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 10 meq</i>                                                                   | \$0 (Tier 1)         | MO                 |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 15 meq, 20 meq</i>                                                           | \$0 (Tier 1)         |                    |
| <i>potassium chloride-0.45 % nacl</i>                                                                                                    | \$0 (Tier 1)         |                    |

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| Nombre Del Medicamento                                                         | Nivel De Medicamento | Requisitos/Límites |
|--------------------------------------------------------------------------------|----------------------|--------------------|
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | \$0 (Tier 1)         |                    |
| <i>potassium chloride-d5-0.9%nacl</i>                                          | \$0 (Tier 1)         |                    |
| <i>potassium phosphate m-l-d-basic intravenous solution 3 mmol/ml</i>          | \$0 (Tier 1)         |                    |
| <i>ringer's intravenous</i>                                                    | \$0 (Tier 1)         |                    |
| <i>sodium acetate</i>                                                          | \$0 (Tier 1)         |                    |
| <i>sodium bicarbonate intravenous</i>                                          | \$0 (Tier 1)         |                    |
| <i>sodium chloride 0.45 % intravenous</i>                                      | \$0 (Tier 1)         | MO                 |
| <i>sodium chloride 3 % hypertonic</i>                                          | \$0 (Tier 1)         |                    |
| <i>sodium chloride 5 % hypertonic</i>                                          | \$0 (Tier 1)         | MO                 |
| <i>sodium chloride intravenous</i>                                             | \$0 (Tier 1)         |                    |
| <i>sodium phosphate</i>                                                        | \$0 (Tier 1)         | MO                 |
| <b>PRODUCTOS NUTRICIONALES VARIOS</b>                                          |                      |                    |
| CLINIMIX 5%/D15W SULFITE FREE                                                  | \$0 (Tier 1)         | B/D PA             |
| CLINIMIX 4.25%/D10W SULF FREE                                                  | \$0 (Tier 1)         | B/D PA             |
| CLINIMIX 5%-D20W(SULFITE-FREE)                                                 | \$0 (Tier 1)         | B/D PA             |
| CLINIMIX 6%-D5W (SULFITE-FREE)                                                 | \$0 (Tier 1)         | B/D PA             |
| CLINIMIX 8%-D10W(SULFITE-FREE)                                                 | \$0 (Tier 1)         | B/D PA             |
| CLINIMIX 8%-D14W(SULFITE-FREE)                                                 | \$0 (Tier 1)         | B/D PA             |
| <i>electrolyte-148</i>                                                         | \$0 (Tier 1)         |                    |
| <i>electrolyte-48 in d5w</i>                                                   | \$0 (Tier 1)         |                    |
| <i>electrolyte-a</i>                                                           | \$0 (Tier 1)         |                    |
| <i>intralipid intravenous emulsion 20 %</i>                                    | \$0 (Tier 1)         | B/D PA             |
| ISOLYTE S PH 7.4                                                               | \$0 (Tier 1)         |                    |
| ISOLYTE-P IN 5 % DEXTROSE                                                      | \$0 (Tier 1)         |                    |
| ISOLYTE-S                                                                      | \$0 (Tier 1)         |                    |
| PLASMA-LYTE A                                                                  | \$0 (Tier 1)         |                    |
| <i>plasmanate</i>                                                              | \$0 (Tier 1)         |                    |
| PLENAMINE                                                                      | \$0 (Tier 1)         | B/D PA             |
| <i>premasol 10 %</i>                                                           | \$0 (Tier 1)         | B/D PA             |
| <i>travasol 10 %</i>                                                           | \$0 (Tier 1)         | B/D PA             |
| TROPHAMINE 10 %                                                                | \$0 (Tier 1)         | B/D PA             |

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|--------------------------------------|----------------------|--------------------|
| <b>VITAMINAS/HEMATÍNICOS</b>         |                      |                    |
| <i>fluoride (sodium) oral tablet</i> | \$0 (Tier 1)         | MO                 |
| <i>prenatal vitamin oral tablet</i>  | \$0 (Tier 1)         | MO                 |
| <i>wescap-pn dha</i>                 | \$0 (Tier 1)         | MO                 |

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# Índice

|                                    |        |                                      |        |                                          |        |
|------------------------------------|--------|--------------------------------------|--------|------------------------------------------|--------|
| <i>abacavir</i> .....              | 6      | <i>albumin, human 25 %</i> .....     | 95     | <i>amoxicillin</i> .....                 | 11, 12 |
| <i>abacavir-lamivudine</i> .....   | 6      | <i>alburx (human) 25 %</i> .....     | 95     | <i>amoxicillin-pot clavulanate</i> ..... | 12     |
| ABELCET.....                       | 3      | <i>alburx (human) 5 %</i> .....      | 95     | <i>amphotericin b</i> .....              | 3      |
| ABILIFY ASIMTUFII.....             | 52     | <i>albutein 25 %</i> .....           | 95     | <i>ampicillin</i> .....                  | 12     |
| ABILIFY MAINTENA.....              | 52     | <i>albutein 5 %</i> .....            | 95     | <i>ampicillin sodium</i> .....           | 12     |
| <i>abiraterone</i> .....           | 31     | <i>albuterol sulfate</i> .....       | 89, 90 | <i>ampicillin-sulbactam</i> .....        | 12     |
| ABRAXANE.....                      | 31     | <i>alclometasone</i> .....           | 75     | <i>anagrelide</i> .....                  | 71     |
| ABRYSVO.....                       | 29     | <i>alcohol pads</i> .....            | 81     | <i>anastrozole</i> .....                 | 32     |
| <i>acamprosate</i> .....           | 71     | ALDURAZYME.....                      | 79     | APOKYN.....                              | 44     |
| <i>acarbose</i> .....              | 81     | ALECENSA.....                        | 32     | <i>apomorphine</i> .....                 | 45     |
| <i>accutane</i> .....              | 78     | <i>alendronate</i> .....             | 88     | <i>apraclonidine</i> .....               | 68     |
| <i>acebutolol</i> .....            | 17     | <i>alfuzosin</i> .....               | 95     | <i>aprepitant</i> .....                  | 23     |
| <i>acetaminophen-codeine</i> ..... | 45     | ALIQOPA.....                         | 32     | APRETUDE.....                            | 6      |
| <i>acetazolamide</i> .....         | 70     | <i>aliskiren</i> .....               | 17     | <i>apri</i> .....                        | 63     |
| <i>acetazolamide sodium</i> .....  | 70     | <i>allopurinol</i> .....             | 88     | APTOM.....                               | 48     |
| <i>acetic acid</i> .....           | 63, 71 | <i>allopurinol sodium</i> .....      | 88     | APTIVUS.....                             | 6      |
| <i>acetylcysteine</i> .....        | 73, 89 | <i>aloprim</i> .....                 | 88     | <i>aranelle (28)</i> .....               | 63     |
| <i>acitretin</i> .....             | 74     | <i>aloseptron</i> .....              | 23     | ARCALYST.....                            | 27     |
| ACTEMRA.....                       | 85     | ALREX.....                           | 69     | AREXVY (PF).....                         | 29     |
| ACTEMRA ACTPEN.....                | 85     | <i>altavera (28)</i> .....           | 63     | <i>arformoterol</i> .....                | 90     |
| ACTHIB (PF).....                   | 29     | ALUNBRIG.....                        | 32     | ARIKAYCE.....                            | 4      |
| ACTIMMUNE.....                     | 27     | ALVESCO.....                         | 90     | <i>aripiprazole</i> .....                | 52     |
| <i>acyclovir</i> .....             | 6, 75  | <i>alyacen 1/35 (28)</i> .....       | 63     | ARISTADA.....                            | 53     |
| <i>acyclovir sodium</i> .....      | 6      | <i>alyacen 7/17 (28)</i> .....       | 63     | ARISTADA INITIO.....                     | 53     |
| ADACEL(TDAP                        |        | <i>alyq</i> .....                    | 90     | <i>armodafinil</i> .....                 | 53     |
| ADOLESN/ADULT)(PF)....             | 29     | <i>amabelz</i> .....                 | 66     | <i>arsenic trioxide</i> .....            | 32     |
| ADALIMUMAB-ADAZ.....               | 85     | <i>amantadine hcl</i> .....          | 6      | <i>asenapine maleate</i> .....           | 53     |
| ADALIMUMAB-ADBM.....               | 85     | <i>ambrisentan</i> .....             | 90     | ASMANEX HFA.....                         | 90     |
| ADALIMUMAB-                        |        | <i>amethyst (28)</i> .....           | 63     | ASMANEX                                  |        |
| ADBM(CF) PEN CROHNS.               | 85     | <i>amikacin</i> .....                | 4      | TWISTHALER.....                          | 90     |
| ADALIMUMAB-                        |        | <i>amiloride</i> .....               | 17     | ASPARLAS.....                            | 32     |
| ADBM(CF) PEN PS-UV.....            | 85     | <i>amiloride-hydrochlorothiazide</i> | 17     | <i>aspirin-dipyridamole</i> .....        | 21     |
| ADBRY.....                         | 76     | <i>aminocaproic acid</i> .....       | 21     | <i>atazanavir</i> .....                  | 7      |
| ADCETRIS.....                      | 31     | <i>amiodarone</i> .....              | 14     | <i>atenolol</i> .....                    | 17     |
| <i>adefovir</i> .....              | 6      | <i>amitriptyline</i> .....           | 52     | <i>atenolol-chlorthalidone</i> .....     | 17     |
| ADEMPAS.....                       | 89     | <i>amlodipine</i> .....              | 17     | <i>atomoxetine</i> .....                 | 53     |
| <i>adenosine</i> .....             | 14     | <i>amlodipine-atorvastatin</i> ....  | 15, 16 | <i>atorvastatin</i> .....                | 16     |
| <i>adrenalin</i> .....             | 89     | <i>amlodipine-benazepril</i> .....   | 17     | <i>atovaquone</i> .....                  | 4      |
| ADSTILADRIN.....                   | 32     | <i>amlodipine-olmesartan</i> .....   | 17     | <i>atovaquone-proguanil</i> .....        | 4      |
| ADVAIR HFA.....                    | 89     | <i>amlodipine-valsartan</i> .....    | 17     | <i>atropine</i> .....                    | 26, 70 |
| AIMOVIG                            |        | <i>amlodipine-valsartan-</i>         |        | ATROVENT HFA.....                        | 90     |
| AUTOINJECTOR.....                  | 60     | <i>hctiazid</i> .....                | 17     | <i>aubra eq</i> .....                    | 63     |
| AKEEGA.....                        | 32     | <i>ammonium lactate</i> .....        | 76     | AUGMENTIN.....                           | 12     |
| <i>ala-cort</i> .....              | 75     | <i>amnestem</i> .....                | 78     | AUGTYRO.....                             | 32     |
| <i>albendazole</i> .....           | 4      | <i>amoxapine</i> .....               | 52     | AUVELITY.....                            | 53     |

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|                                        |        |                                     |            |                                          |        |
|----------------------------------------|--------|-------------------------------------|------------|------------------------------------------|--------|
| <i>aviane</i> .....                    | 63     | BEXSERO.....                        | 29         | CABLIVI.....                             | 21     |
| AVONEX.....                            | 27, 28 | <i>bicalutamide</i> .....           | 32         | CABOMETYX.....                           | 33     |
| AYVAKIT.....                           | 32     | BICILLIN C-R.....                   | 12         | <i>caffeine citrate</i> .....            | 71     |
| <i>azacitidine</i> .....               | 32     | BICILLIN L-A.....                   | 12         | <i>calcipotriene</i> .....               | 74     |
| AZASITE.....                           | 68     | BIKTARVY.....                       | 7          | <i>calcitonin (salmon)</i> .....         | 79, 80 |
| <i>azathioprine</i> .....              | 32     | <i>bisoprolol fumarate</i> .....    | 17         | <i>calcitriol</i> .....                  | 74, 80 |
| <i>azathioprine sodium</i> .....       | 32     | <i>bisoprolol-</i>                  |            | <i>calcium acetate (phosphat</i>         |        |
| <i>azelaic acid</i> .....              | 78     | <i>hydrochlorothiazide</i> .....    | 17         | <i>bind)</i> .....                       | 95     |
| <i>azelastine</i> .....                | 62, 70 | <i>bleomycin</i> .....              | 32         | <i>calcium chloride</i> .....            | 95     |
| <i>azithromycin</i> .....              | 11     | BLINCYTO.....                       | 32         | <i>calcium gluconate</i> .....           | 95     |
| <i>aztreonam</i> .....                 | 4      | BOOSTRIX TDAP.....                  | 29         | CALQUENCE.....                           | 33     |
| <i>azurette (28)</i> .....             | 63     | BORTEZOMIB.....                     | 32         | CALQUENCE                                |        |
| <i>bacitracin</i> .....                | 4, 68  | <i>bortezomib</i> .....             | 32         | (ACALABRUTINIB MAL). 33                  |        |
| <i>bacitracin-polymyxin b</i> .....    | 68     | <i>bosentan</i> .....               | 90         | <i>camila</i> .....                      | 66     |
| <i>baclofen</i> .....                  | 59     | BOSULIF.....                        | 32         | <i>camrese</i> .....                     | 63     |
| <i>balanced salt</i> .....             | 70     | BRAFTOVI.....                       | 33         | <i>candesartan</i> .....                 | 17     |
| <i>balsalazide</i> .....               | 23     | BREO ELLIPTA.....                   | 90         | <i>candesartan-</i>                      |        |
| BALVERSA.....                          | 32     | <i>breyana</i> .....                | 90         | <i>hydrochlorothiazid</i> .....          | 17     |
| BAQSIMI.....                           | 81     | BREZTRI AEROSPHERE..                | 90         | CAPLYTA.....                             | 53     |
| BARACLUDE.....                         | 7      | BRILINTA.....                       | 21         | CAPRELSA.....                            | 33     |
| BAVENCIO.....                          | 32     | <i>brimonidine</i> .....            | 68         | <i>captopril</i> .....                   | 17, 18 |
| BCG VACCINE, LIVE (PF).29              |        | <i>brimonidine-timolol</i> .....    | 70         | <i>captopril-hydrochlorothiazide</i> ..  | 18     |
| BD INSULIN SYRINGE....                 | 93     | BRIUMVI.....                        | 61         | <i>carbamazepine</i> .....               | 48, 49 |
| BD PEN NEEDLE.....                     | 93     | BRIVIACT.....                       | 48         | <i>carbidopa</i> .....                   | 45     |
| BELBUCA.....                           | 45     | <i>bromfenac</i> .....              | 68         | <i>carbidopa-levodopa</i> .....          | 45     |
| BELEODAQ.....                          | 32     | <i>bromocriptine</i> .....          | 45         | <i>carbidopa-levodopa-</i>               |        |
| <i>benazepril</i> .....                | 17     | BROMSITE.....                       | 68         | <i>entacapone</i> .....                  | 45     |
| <i>benazepril-</i>                     |        | BRUKINSA.....                       | 33         | <i>carboplatin</i> .....                 | 33     |
| <i>hydrochlorothiazide</i> .....       | 17     | <i>bss</i> .....                    | 70         | <i>carglumic acid</i> .....              | 71     |
| <i>bendamustine</i> .....              | 32     | <i>budesonide</i> .....             | 23, 90, 91 | <i>carmustine</i> .....                  | 33     |
| BENDEKA.....                           | 32     | <i>budesonide-formoterol</i> .....  | 91         | <i>carteolol</i> .....                   | 69     |
| BENLYSTA.....                          | 85     | <i>bumetanide</i> .....             | 17         | <i>cartia xt</i> .....                   | 18     |
| <i>benztropine</i> .....               | 45     | <i>buprenorphine hcl</i> .....      | 45         | <i>carvedilol</i> .....                  | 18     |
| <i>bepotastine besilate</i> .....      | 70     | <i>buprenorphine transdermal</i>    |            | <i>casprofungin</i> .....                | 3      |
| BESIVANCE.....                         | 68     | <i>patch</i> .....                  | 45         | CAYSTON.....                             | 4      |
| BESPONSA.....                          | 32     | <i>buprenorphine-naloxone</i> ..... | 47         | <i>cefactor</i> .....                    | 10     |
| BESREMI.....                           | 28     | <i>bupropion hcl</i> .....          | 53         | <i>cefadroxil</i> .....                  | 10     |
| <i>betaine</i> .....                   | 23     | <i>bupropion hcl (smoking</i>       |            | <i>cefazolin</i> .....                   | 10     |
| <i>betamethasone dipropionate</i> .... | 75     | <i>deter)</i> .....                 | 71         | <i>cefazolin in dextrose (iso-os)</i> .. | 10     |
| <i>betamethasone valerate</i> .....    | 75     | <i>buspirone</i> .....              | 53         | <i>cefdinir</i> .....                    | 10     |
| <i>betamethasone, augmented</i> ....   | 75     | <i>busulfan</i> .....               | 33         | <i>cefepime</i> .....                    | 10     |
| BETASERON.....                         | 28     | <i>butorphanol</i> .....            | 47         | <i>cefepime in dextrose, iso-osm</i> ... | 10     |
| <i>betaxolol</i> .....                 | 17, 69 | BYDUREON BCISE.....                 | 81         | <i>cefixime</i> .....                    | 10     |
| <i>bethanechol chloride</i> .....      | 94     | BYETTA.....                         | 81         | <i>cefoxitin</i> .....                   | 10     |
| BEVESPI AEROSPHERE...90                |        | CABENUVA.....                       | 7          | <i>cefoxitin in dextrose, iso-osm</i> .. | 10     |
| <i>bexarotene</i> .....                | 32     | <i>cabergoline</i> .....            | 79         | <i>cefpodoxime</i> .....                 | 10     |

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|                                           |            |                                           |           |                                       |            |
|-------------------------------------------|------------|-------------------------------------------|-----------|---------------------------------------|------------|
| <i>cefprozil</i> .....                    | 10         | <i>citalopram</i> .....                   | 53        | COMPLERA.....                         | 7          |
| <i>ceftazidime</i> .....                  | 10         | <i>cladribine</i> .....                   | 33        | <i>compro</i> .....                   | 23         |
| <i>ceftriaxone</i> .....                  | 10, 11     | <i>claravis</i> .....                     | 78        | <i>constulose</i> .....               | 23         |
| <i>ceftriaxone in dextrose, iso-os</i> .. | 10         | <i>clarithromycin</i> .....               | 11        | COPIKTRA.....                         | 33         |
| <i>cefuroxime axetil</i> .....            | 11         | <i>clindamycin hcl</i> .....              | 4         | CORLANOR.....                         | 15         |
| <i>cefuroxime sodium</i> .....            | 11         | <i>clindamycin in 5 % dextrose</i> ....   | 4         | CORTIFOAM.....                        | 23         |
| <i>celecoxib</i> .....                    | 47         | <i>clindamycin phosphate</i> ..           | 4, 67, 78 | <i>cortisone</i> .....                | 78         |
| <i>cephalexin</i> .....                   | 11         | CLINIMIX 5%/D15W                          |           | COSMEGEN.....                         | 33         |
| CEPROTIN (BLUE BAR)....                   | 21         | SULFITE FREE.....                         | 97        | COTELLIC.....                         | 33         |
| CEPROTIN (GREEN BAR)                      | 21         | CLINIMIX 4.25%/D10W                       |           | CREON.....                            | 23         |
| CEQUR SIMPLICITY                          |            | SULF FREE.....                            | 97        | CRESEMBA.....                         | 3          |
| INSERTER.....                             | 93         | CLINIMIX 4.25%/D5W                        |           | <i>cromolyn</i> .....                 | 23, 70, 91 |
| <i>cetirizine</i> .....                   | 89         | SULFIT FREE.....                          | 71        | <i>crotan</i> .....                   | 76         |
| <i>cevimeline</i> .....                   | 71         | CLINIMIX 5%-                              |           | <i>cryselle (28)</i> .....            | 63         |
| CHEMET.....                               | 71         | D20W(SULFITE-FREE).....                   | 97        | CRYSVITA.....                         | 80         |
| CHENODAL.....                             | 23         | CLINIMIX 6%-D5W                           |           | <i>cyclobenzaprine</i> .....          | 60         |
| <i>chloramphenicol sod succinate</i> ..   | 4          | (SULFITE-FREE).....                       | 97        | <i>cyclophosphamide</i> .....         | 33         |
| <i>chlorhexidine gluconate</i> .....      | 62         | CLINIMIX 8%-                              |           | CYCLOPHOSPHAMIDE....                  | 33         |
| <i>chloroprocaine (pf)</i> .....          | 76         | D10W(SULFITE-FREE).....                   | 97        | <i>cyclosporine</i> .....             | 33, 71     |
| <i>chloroquine phosphate</i> .....        | 4          | CLINIMIX 8%-                              |           | <i>cyclosporine modified</i> .....    | 33         |
| <i>chlorothiazide sodium</i> .....        | 18         | D14W(SULFITE-FREE).....                   | 97        | CYLTEZO(CF).....                      | 85, 86     |
| <i>chlorpromazine</i> .....               | 53         | <i>clobazam</i> .....                     | 49        | CYLTEZO(CF) PEN.....                  | 85         |
| <i>chlorthalidone</i> .....               | 18         | <i>clobetasol</i> .....                   | 75        | CYLTEZO(CF) PEN                       |            |
| CHOLBAM.....                              | 23         | <i>clobetasol-emollient</i> .....         | 75        | CROHN'S-UC-HS.....                    | 85         |
| <i>cholestyramine (with sugar)</i> ...16  |            | <i>clodan</i> .....                       | 75        | CYLTEZO(CF) PEN                       |            |
| <i>cholestyramine light</i> .....         | 16         | <i>clofarabine</i> .....                  | 33        | PSORIASIS-UV.....                     | 85         |
| CIBINQO.....                              | 76         | <i>clomid</i> .....                       | 80        | CYRAMZA.....                          | 34         |
| <i>ciclodan</i> .....                     | 73         | <i>clomiphene citrate</i> .....           | 80        | <i>cyred eq</i> .....                 | 63         |
| <i>ciclopirox</i> .....                   | 73, 74     | <i>clomipramine</i> .....                 | 53        | CYSTAGON.....                         | 94         |
| <i>cidofovir</i> .....                    | 7          | <i>clonazepam</i> .....                   | 49        | CYSTARAN.....                         | 71         |
| <i>cilostazol</i> .....                   | 21         | <i>clonidine (pf)</i> .....               | 18, 47    | <i>cytarabine</i> .....               | 34         |
| CIMDUO.....                               | 7          | <i>clonidine hcl</i> .....                | 18, 53    | <i>cytarabine (pf)</i> .....          | 34         |
| CIMERLI.....                              | 70         | <i>clonidine transdermal patch</i> ....   | 18        | <i>d10 %-0.45 % sodium chloride</i>   | 71         |
| <i>cimetidine</i> .....                   | 26         | <i>clopidogrel</i> .....                  | 21        | <i>d2.5 %-0.45 % sodium</i>           |            |
| CIMZIA.....                               | 23         | <i>clorazepate dipotassium</i> .....      | 53        | <i>chloride</i> .....                 | 71         |
| CIMZIA POWDER FOR                         |            | <i>clotrimazole</i> .....                 | 3, 74     | <i>d5 % and 0.9 % sodium</i>          |            |
| RECONST.....                              | 23         | <i>clotrimazole-betamethasone</i> ....    | 74        | <i>chloride</i> .....                 | 72         |
| CIMZIA STARTER KIT....                    | 23         | <i>clozapine</i> .....                    | 53, 54    | <i>d5 %-0.45 % sodium chloride</i> .. | 72         |
| <i>cinacalcet</i> .....                   | 80         | COARTEM.....                              | 4         | <i>dabigatran etexilate</i> .....     | 21         |
| CINRYZE.....                              | 91         | <i>colchicine</i> .....                   | 88        | <i>dacarbazine</i> .....              | 34         |
| CINVANTI.....                             | 23         | <i>colesevelam</i> .....                  | 16        | <i>dactinomycin</i> .....             | 34         |
| <i>ciprofloxacin</i> .....                | 13         | <i>colestipol</i> .....                   | 16        | <i>dalfampridine</i> .....            | 61         |
| <i>ciprofloxacin hcl</i> .....            | 13, 63, 68 | <i>colistin (colistimethate na)</i> ..... | 4         | <i>danazol</i> .....                  | 80         |
| <i>ciprofloxacin in 5 % dextrose</i> ..   | 13         | COLUMVI.....                              | 33        | <i>dantrolene</i> .....               | 60         |
| <i>ciprofloxacin-dexamethasone</i> ..     | 63         | COMBIVENT RESPIMAT..                      | 91        | DANYELZA.....                         | 34         |
| <i>cisplatin</i> .....                    | 33         | COMETRIQ.....                             | 33        | <i>dapsone</i> .....                  | 4          |

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|                                     |        |                                     |            |                                     |        |
|-------------------------------------|--------|-------------------------------------|------------|-------------------------------------|--------|
| DAPTACEL (DTAP PEDIATRIC) (PF)..... | 29     | dextrose 5 %-lactated ringers..     | 72         | dorzolamide-timolol.....            | 70     |
| DAPTOMYCIN.....                     | 4      | dextrose 5%-0.2 % sod chloride..... | 72         | dotti.....                          | 66     |
| daptomycin.....                     | 4      | dextrose 5%-0.3 % sod.chloride..... | 72         | DOVATO.....                         | 7      |
| darunavir.....                      | 7      | dextrose 50 % in water (d50w).....  | 72         | doxazosin.....                      | 18     |
| DARZALEX.....                       | 34     | dextrose 70 % in water (d70w).....  | 72         | doxepin.....                        | 54     |
| dasetta 1/35 (28).....              | 63     | DIACOMIT.....                       | 49         | doxercalciferol.....                | 80     |
| dasetta 7/7/7 (28).....             | 63     | diazepam.....                       | 49, 54     | doxorubicin.....                    | 34     |
| daunorubicin.....                   | 34     | diazepam intensol.....              | 54         | doxorubicin, peg-liposomal.....     | 34     |
| DAURISMO.....                       | 34     | diazoxide.....                      | 81         | doxy-100.....                       | 13     |
| daysee.....                         | 63     | diclofenac potassium.....           | 47         | doxycycline hyclate.....            | 13     |
| deblitane.....                      | 66     | diclofenac sodium.....              | 47, 68, 76 | doxycycline monohydrate.....        | 14     |
| decitabine.....                     | 34     | diclofenac-misoprostol.....         | 47         | DRIZALMA SPRINKLE....               | 54     |
| deferasirox.....                    | 72     | dicloxacillin.....                  | 12         | dronabinol.....                     | 23     |
| deferiprone.....                    | 72     | dicyclomine.....                    | 26         | droperidol.....                     | 23     |
| deferoxamine.....                   | 72     | DIFICID.....                        | 11         | DROPSAFE ALCOHOL PREP PADS.....     | 82     |
| DELSTRIGO.....                      | 7      | diflunisal.....                     | 47         | drospirenone-e.estradiol-lm.fa.     | 63     |
| demeclocycline.....                 | 13     | digoxin.....                        | 15         | drospirenone-ethinyl estradiol..... | 63, 64 |
| DENG VAXIA (PF).....                | 29     | dihydroergotamine.....              | 60         | DROXIA.....                         | 34     |
| denta 5000 plus.....                | 62     | DILANTIN 30 MG.....                 | 49         | droxidopa.....                      | 72     |
| dentagel.....                       | 62     | diltiazem hcl.....                  | 18         | DUAVEE.....                         | 66     |
| DEPO-SUBQ PROVERA 104.....          | 66     | dilt-xr.....                        | 18         | DULERA.....                         | 91     |
| dermacinrx lidocan.....             | 76     | dimenhydrinate.....                 | 23         | duloxetine.....                     | 54     |
| DESCOVY.....                        | 7      | dimethyl fumarate.....              | 61         | DUPIXENT PEN.....                   | 76     |
| desipramine.....                    | 54     | diphenhydramine hcl.....            | 89         | DUPIXENT SYRINGE.....               | 77     |
| desmopressin.....                   | 80     | diphenoxylate-atropine.....         | 26         | dutasteride.....                    | 95     |
| desog-e.estradiolle.estradiol....   | 63     | dipyridamole.....                   | 21         | dutasteride-tamsulosin.....         | 95     |
| desogestrel-ethinyl estradiol....   | 63     | disulfiram.....                     | 72         | e.e.s. 400.....                     | 11     |
| desonide.....                       | 75     | divalproex.....                     | 49         | ec-naproxen.....                    | 47     |
| desvenlafaxine succinate.....       | 54     | dobutamine.....                     | 15         | econazole.....                      | 74     |
| dexamethasone.....                  | 78     | dobutamine in d5w.....              | 15         | EDARBI.....                         | 18     |
| dexamethasone intensol.....         | 78     | docetaxel.....                      | 34         | EDARBYCLOR.....                     | 18     |
| dexamethasone sodium phos (pf)..... | 78     | dofetilide.....                     | 14         | EDURANT.....                        | 7      |
| dexamethasone sodium phosphate..... | 69, 79 | donepezil.....                      | 61         | efavirenz.....                      | 7      |
| dextrazoxane hcl.....               | 31     | dopamine.....                       | 15         | efavirenz-emtricitabin-tenofov..    | 7      |
| dextroamphetamine-amphetamine.....  | 54     | dopamine in 5 % dextrose.....       | 15         | efavirenz-lamivu-tenofov.....       | 7      |
| dextrose 10 % and 0.2 % nacl. ....  | 72     | DOPTELET (10 TAB PACK).....         | 21         | disop.....                          | 7      |
| dextrose 10 % in water (d10w).....  | 72     | DOPTELET (15 TAB PACK).....         | 21         | effer-k.....                        | 95     |
| dextrose 25 % in water (d25w).....  | 72     | DOPTELET (30 TAB PACK).....         | 21         | ELAPRASE.....                       | 80     |
| dextrose 5 % in water (d5w)....     | 72     | dorzolamide.....                    | 70         | electrolyte-148.....                | 97     |

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|                                           |    |                                          |        |                                            |    |
|-------------------------------------------|----|------------------------------------------|--------|--------------------------------------------|----|
| ELIGARD (4 MONTH).....                    | 34 | <i>epirubicin</i> .....                  | 34     | <i>ezetimibe-simvastatin</i> .....         | 16 |
| ELIGARD (6 MONTH).....                    | 34 | <i>epitol</i> .....                      | 49     | FABRAZYME.....                             | 80 |
| <i>elimest</i> .....                      | 64 | EPKINLY.....                             | 35     | <i>falmina (28)</i> .....                  | 64 |
| ELIQUIS.....                              | 21 | <i>eplerenone</i> .....                  | 18     | <i>famciclovir</i> .....                   | 7  |
| ELIQUIS DVT-PE TREAT                      |    | EPRONTIA.....                            | 49     | <i>famotidine</i> .....                    | 27 |
| 30D START.....                            | 21 | ERBITUX.....                             | 35     | <i>famotidine (pf)</i> .....               | 27 |
| ELITEK.....                               | 31 | <i>ergotamine-caffeine</i> .....         | 60     | <i>famotidine (pf)-nacl (iso-os)</i> ..... | 27 |
| ELIXOPHYLLIN.....                         | 91 | ERIVEDGE.....                            | 35     | FANAPT.....                                | 54 |
| ELMIRON.....                              | 94 | ERLEADA.....                             | 35     | FARXIGA.....                               | 82 |
| ELREXFIO.....                             | 34 | <i>erlotinib</i> .....                   | 35     | FASENRA.....                               | 91 |
| <i>eluryng</i> .....                      | 68 | <i>errin</i> .....                       | 66     | FASENRA PEN.....                           | 91 |
| ELZONRIS.....                             | 34 | <i>ertapenem</i> .....                   | 4      | <i>febuxostat</i> .....                    | 88 |
| EMCYT.....                                | 34 | ERWINASE.....                            | 35     | <i>felbamate</i> .....                     | 49 |
| EMEND.....                                | 23 | <i>ery pads</i> .....                    | 78     | <i>felodipine</i> .....                    | 18 |
| EMGALITY PEN.....                         | 60 | <i>ery-tab</i> .....                     | 11     | <i>fenofibrate</i> .....                   | 16 |
| EMGALITY SYRINGE.....                     | 60 | <i>erythrocin (as stearate)</i> .....    | 11     | <i>fenofibrate micronized</i> .....        | 16 |
| EMPLICITI.....                            | 34 | <i>erythromycin</i> .....                | 11, 68 | <i>fenofibrate nanocrystallized</i> ....   | 16 |
| EMSAM.....                                | 54 | <i>erythromycin ethylsuccinate</i> ...   | 11     | <i>fenofibric acid</i> .....               | 16 |
| <i>emtricitabine</i> .....                | 7  | <i>erythromycin with ethanol</i> .....   | 78     | <i>fenofibric acid (choline)</i> .....     | 16 |
| <i>emtricitabine-tenofovir (tdf)</i> .... | 7  | <i>escitalopram oxalate</i> .....        | 54     | <i>fentanyl</i> .....                      | 46 |
| EMTRIVA.....                              | 7  | <i>esmolol</i> .....                     | 18     | <i>fentanyl citrate</i> .....              | 45 |
| EMVERM.....                               | 4  | <i>esomeprazole magnesium</i> .....      | 27     | <i>fentanyl citrate (pf)</i> .....         | 45 |
| <i>enalapril maleate</i> .....            | 18 | <i>esomeprazole sodium</i> .....         | 27     | <i>fesoterodine</i> .....                  | 94 |
| <i>enalaprilat</i> .....                  | 18 | <i>estarylla</i> .....                   | 64     | FETZIMA.....                               | 54 |
| <i>enalapril-hydrochlorothiazide</i> ..   | 18 | <i>estradiol</i> .....                   | 66     | <i>finasteride</i> .....                   | 95 |
| ENBREL.....                               | 86 | <i>estradiol valerate</i> .....          | 66     | <i>ingolimod</i> .....                     | 61 |
| ENBREL MINI.....                          | 86 | <i>estradiol-norethindrone acet</i> ...  | 67     | FINTEPLA.....                              | 49 |
| ENBREL SURECLICK.....                     | 86 | <i>eszopiclone</i> .....                 | 54     | FIRDAPSE.....                              | 61 |
| ENDARI.....                               | 72 | <i>ethacrynate sodium</i> .....          | 18     | FIRMAGON KIT W                             |    |
| <i>endocet</i> .....                      | 45 | <i>ethambutol</i> .....                  | 4      | DILUENT SYRINGE.....                       | 35 |
| ENERGIX-B (PF).....                       | 29 | <i>ethosuximide</i> .....                | 49     | <i>flac otic oil</i> .....                 | 63 |
| ENERGIX-B PEDIATRIC                       |    | <i>ethynodiol diac-eth estradiol</i> ... | 64     | <i>flavoxate</i> .....                     | 94 |
| (PF).....                                 | 29 | <i>etodolac</i> .....                    | 47     | <i>flecainide</i> .....                    | 14 |
| <i>enoxaparin</i> .....                   | 21 | <i>etonogestrel-ethinyl estradiol</i> .. | 68     | <i>floxuridine</i> .....                   | 35 |
| <i>enpresse</i> .....                     | 64 | ETOPOPHOS.....                           | 35     | <i>fluconazole</i> .....                   | 3  |
| <i>enskyce</i> .....                      | 64 | <i>etoposide</i> .....                   | 35     | <i>fluconazole in nacl (iso-osm)</i> ....  | 3  |
| <i>entacapone</i> .....                   | 45 | <i>etravirine</i> .....                  | 7      | <i>flucytosine</i> .....                   | 3  |
| <i>entecavir</i> .....                    | 7  | <i>euthyrox</i> .....                    | 79     | <i>fludarabine</i> .....                   | 35 |
| ENTRESTO.....                             | 15 | <i>everolimus (antineoplastic)</i> ....  | 35     | <i>fludrocortisone</i> .....               | 79 |
| ENTYVIO.....                              | 23 | <i>everolimus</i>                        |        | <i>flumazenil</i> .....                    | 54 |
| <i>enulose</i> .....                      | 23 | ( <i>immunosuppressive</i> ).....        | 35     | <i>flunisolide</i> .....                   | 91 |
| ENVARUS XR.....                           | 34 | EVOTAZ.....                              | 7      | <i>fluocinolone</i> .....                  | 75 |
| EPCLUSA.....                              | 7  | <i>exemestane</i> .....                  | 35     | <i>fluocinolone acetone oil</i> .....      | 63 |
| EPIDIOLEX.....                            | 49 | EXKIVITY.....                            | 35     | <i>fluocinolone and shower cap</i> ....    | 75 |
| <i>epinastine</i> .....                   | 71 | EYLEA.....                               | 71     | <i>fluocinonide</i> .....                  | 76 |
| <i>epinephrine</i> .....                  | 89 | <i>ezetimibe</i> .....                   | 16     | <i>fluocinonide-emollient</i> .....        | 76 |

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|                                       |        |                                           |           |                                       |    |
|---------------------------------------|--------|-------------------------------------------|-----------|---------------------------------------|----|
| <i>fluoride (sodium)</i> .....        | 62, 98 | <i>gemcitabine</i> .....                  | 36        | <i>heparin (porcine) in nacl (pf)</i> | 22 |
| <i>fluorometholone</i> .....          | 70     | <b>GEMCITABINE</b> .....                  | 36        | <b>HEPARIN(PORCINE) IN</b>            |    |
| <i>fluorouracil</i> .....             | 35, 77 | <i>gemfibrozil</i> .....                  | 16        | <b>0.45% NACL</b> .....               | 22 |
| <i>fluoxetine</i> .....               | 54, 55 | <i>generlac</i> .....                     | 24        | <i>heparin(porcine) in 0.45%</i>      |    |
| <i>fluoxetine (pmdd)</i> .....        | 54     | <i>gengraf</i> .....                      | 36        | <i>nacl</i> .....                     | 22 |
| <i>fluphenazine decanoate</i> .....   | 55     | <i>gentamicin</i> .....                   | 4, 68, 73 | <i>heparin, porcine (pf)</i> .....    | 22 |
| <i>fluphenazine hcl</i> .....         | 55     | <i>gentamicin in nacl (iso-osm)</i> ....  | 4         | <b>HEPARIN, PORCINE (PF)</b> ..       | 22 |
| <i>flurbiprofen</i> .....             | 47     | <i>gentamicin sulfate (ped) (pf)</i> ...4 |           | <b>HEPLISAV-B (PF)</b> .....          | 29 |
| <i>flurbiprofen sodium</i> .....      | 68     | <b>GENVOYA</b> .....                      | 7         | <b>HIBERIX (PF)</b> .....             | 29 |
| <i>fluticasone propionate</i> .....   | 91     | <b>GILOTRIF</b> .....                     | 36        | <b>HIZENTRA</b> .....                 | 29 |
| <i>fluticasone propion-salmeterol</i> | 91     | <i>glatiramer</i> .....                   | 61        | <b>HUMALOG JUNIOR</b>                 |    |
| <i>fluvastatin</i> .....              | 16     | <i>glatopa</i> .....                      | 61        | <b>KWIKPEN U-100</b> .....            | 82 |
| <i>fluvoxamine</i> .....              | 55     | <b>GLEOSTINE</b> .....                    | 36        | <b>HUMALOG KWIKPEN</b>                |    |
| <b>FOLOTYN</b> .....                  | 35     | <i>glimepiride</i> .....                  | 82        | <b>INSULIN</b> .....                  | 82 |
| <i>fomepizole</i> .....               | 29     | <i>glipizide</i> .....                    | 82        | <b>HUMALOG MIX 50-50</b>              |    |
| <i>fondaparinux</i> .....             | 21     | <i>glipizide-metformin</i> .....          | 82        | <b>INSULN U-100</b> .....             | 82 |
| <i>formoterol fumarate</i> .....      | 91     | <i>glycine urologic</i> .....             | 94        | <b>HUMALOG MIX 50-50</b>              |    |
| <b>FOSAMAX PLUS D</b> .....           | 88     | <i>glycine urologic solution</i> .....    | 94        | <b>KWIKPEN</b> .....                  | 82 |
| <i>fosamprenavir</i> .....            | 7      | <i>glycopyrrolate</i> .....               | 26        | <b>HUMALOG MIX 75-25</b>              |    |
| <i>fosaprepitant</i> .....            | 23     | <i>glycopyrrolate (pf) in water</i> ...26 |           | <b>KWIKPEN</b> .....                  | 82 |
| <i>fosinopril</i> .....               | 18     | <i>glydo</i> .....                        | 77        | <b>HUMALOG MIX 75-25(U-</b>           |    |
| <i>fosinopril-hydrochlorothiazide</i> | 18     | <b>GLYXAMBI</b> .....                     | 82        | <b>100)INSULN</b> .....               | 82 |
| <i>fosphenytoin</i> .....             | 49     | <b>GRALISE</b> .....                      | 50        | <b>HUMALOG U-100</b>                  |    |
| <b>FOTIVDA</b> .....                  | 35     | <i>granisetron (pf)</i> .....             | 24        | <b>INSULIN</b> .....                  | 82 |
| <b>FRUZAQLA</b> .....                 | 36     | <i>granisetron hcl</i> .....              | 24        | <b>HUMIRA (ONLY NDCS</b>              |    |
| <i>fulvestrant</i> .....              | 36     | <i>griseofulvin microsize</i> .....       | 3         | <b>STARTING WITH 00074)</b> ... 86    |    |
| <i>furosemide</i> .....               | 18     | <i>griseofulvin ultramicrosize</i> .....3 |           | <b>HUMIRA PEN (ONLY</b>               |    |
| <b>FUZEON</b> .....                   | 7      | <b>GVOKE</b> .....                        | 82        | <b>NDCS STARTING WITH</b>             |    |
| <b>FYARRO</b> .....                   | 36     | <b>GVOKE HYPOPEN 1-</b>                   |           | <b>00074)</b> .....                   | 86 |
| <i>fyavolv</i> .....                  | 67     | <b>PACK</b> .....                         | 82        | <b>HUMIRA PEN CROHNS-</b>             |    |
| <b>FYCOMPA</b> .....                  | 49     | <b>GVOKE HYPOPEN 2-</b>                   |           | <b>UC-HS START (ONLY</b>              |    |
| <i>gabapentin</i> .....               | 49, 50 | <b>PACK</b> .....                         | 82        | <b>NDCS STARTING WITH</b>             |    |
| <i>galantamine</i> .....              | 61     | <b>GVOKE PFS 1-PACK</b>                   |           | <b>00074)</b> .....                   | 86 |
| <b>GAMASTAN</b> .....                 | 29     | <b>SYRINGE</b> .....                      | 82        | <b>HUMIRA PEN PSOR-</b>               |    |
| <b>GAMASTAN S/D</b> .....             | 29     | <b>GVOKE PFS 2-PACK</b>                   |           | <b>UVEITS-ADOL HS (ONLY</b>           |    |
| <i>ganciclovir sodium</i> .....       | 7      | <b>SYRINGE</b> .....                      | 82        | <b>NDCS STARTING WITH</b>             |    |
| <b>GARDASIL 9 (PF)</b> .....          | 29     | <b>HALAVEN</b> .....                      | 36        | <b>00074)</b> .....                   | 86 |
| <i>gatifloxacin</i> .....             | 68     | <i>halobetasol propionate</i> .....       | 76        | <b>HUMIRA(CF) (ONLY</b>               |    |
| <b>GATTEX 30-VIAL</b> .....           | 23     | <i>haloperidol</i> .....                  | 55        | <b>NDCS STARTING WITH</b>             |    |
| <b>GATTEX ONE-VIAL</b> .....          | 23     | <i>haloperidol decanoate</i> .....        | 55        | <b>00074)</b> .....                   | 86 |
| <b>GAUZE PAD</b> .....                | 94     | <i>haloperidol lactate</i> .....          | 55        | <b>HUMIRA(CF) PEDI</b>                |    |
| <i>gavilyte-c</i> .....               | 23     | <b>HARVONI</b> .....                      | 7, 8      | <b>CROHNS STARTER</b>                 |    |
| <i>gavilyte-g</i> .....               | 24     | <b>HAVRIX (PF)</b> .....                  | 29        | <b>(ONLY NDCS STARTING</b>            |    |
| <b>GAVRETO</b> .....                  | 36     | <i>heather</i> .....                      | 67        | <b>WITH 00074)</b> .....              | 86 |
| <b>GAZYVA</b> .....                   | 36     | <i>heparin (porcine)</i> .....            | 22        |                                       |    |
| <i>gefitinib</i> .....                | 36     | <i>heparin (porcine) in 5 % dex.</i> ..   | 22        |                                       |    |

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|                                                                               |            |                                                          |    |                                                        |        |
|-------------------------------------------------------------------------------|------------|----------------------------------------------------------|----|--------------------------------------------------------|--------|
| HUMIRA(CF) PEN<br>(ONLY NDCS STARTING<br>WITH 00074).....                     | 86         | HYRIMOZ CF<br>(PREFERRED NDCS<br>STARTING WITH 61314)... | 87 | INSULIN GLARGINE.....                                  | 83     |
| HUMIRA(CF) PEN<br>CROHNS-UC-HS (ONLY<br>NDCS STARTING WITH<br>00074).....     | 86         | HYRIMOZ PEN<br>CROHN'S-UC STARTER...                     | 87 | INSULIN LISPRO.....                                    | 83     |
| HUMIRA(CF) PEN<br>PEDIATRIC UC (ONLY<br>NDCS STARTING WITH<br>00074).....     | 87         | PSORIASIS STARTER.....                                   | 87 | INSULIN SYRINGE-<br>NEEDLE U-100.....                  | 94     |
| HUMIRA(CF) PEN PSOR-<br>UV-ADOL HS (ONLY<br>NDCS STARTING WITH<br>00074)..... | 87         | HYRIMOZ(CF) PEDI<br>CROHN STARTER.....                   | 87 | INSULIN SYRINGES<br>(NON-PREFERRED<br>BRANDS).....     | 94     |
| HUMULIN 70/30 U-100                                                           |            | <i>ibandronate</i> .....                                 | 88 | INTELENCE.....                                         | 8      |
| INSULIN.....                                                                  | 82         | IBRANCE.....                                             | 36 | <i>intralipid</i> .....                                | 97     |
| HUMULIN 70/30 U-100                                                           |            | <i>ibu</i> .....                                         | 48 | <i>introvale</i> .....                                 | 64     |
| KWIKPEN.....                                                                  | 82         | <i>ibuprofen</i> .....                                   | 48 | INVEGA HAFYERA.....                                    | 55     |
| HUMULIN N NPH                                                                 |            | <i>ibutilide fumarate</i> .....                          | 14 | INVEGA SUSTENNA.....                                   | 55     |
| INSULIN KWIKPEN.....                                                          | 83         | <i>icatibant</i> .....                                   | 91 | INVEGA TRINZA.....                                     | 56     |
| HUMULIN N NPH U-100                                                           |            | ICLUSIG.....                                             | 36 | INVELTYS.....                                          | 70     |
| INSULIN.....                                                                  | 83         | <i>icosapent ethyl</i> .....                             | 16 | IPOL.....                                              | 29     |
| HUMULIN R REGULAR                                                             |            | <i>idarubicin</i> .....                                  | 36 | <i>ipratropium bromide</i> .....                       | 62, 91 |
| U-100 INSULN.....                                                             | 83         | IDHIFA.....                                              | 36 | <i>ipratropium-albuterol</i> .....                     | 91     |
| HUMULIN R U-500                                                               |            | <i>ifosfamide</i> .....                                  | 36 | <i>irbesartan</i> .....                                | 19     |
| (CONC) INSULIN.....                                                           | 83         | ILARIS (PF).....                                         | 28 | <i>irbesartan-</i><br><i>hydrochlorothiazide</i> ..... | 19     |
| HUMULIN R U-500                                                               |            | <i>imatinib</i> .....                                    | 36 | <i>irinotecan</i> .....                                | 37     |
| (CONC) KWIKPEN.....                                                           | 83         | IMBRUVICA.....                                           | 36 | ISENTRESS.....                                         | 8      |
| <i>hydralazine</i> .....                                                      | 18         | IMFINZI.....                                             | 37 | ISENTRESS HD.....                                      | 8      |
| <i>hydrochlorothiazide</i> .....                                              | 18         | <i>imipenem-cilastatin</i> .....                         | 4  | <i>isibloom</i> .....                                  | 64     |
| <i>hydrocodone-acetaminophen</i> ...                                          | 46         | <i>imipramine hcl</i> .....                              | 55 | ISOLYTE S PH 7.4.....                                  | 97     |
| <i>hydrocodone-ibuprofen</i> .....                                            | 46         | <i>imipramine pamoate</i> .....                          | 55 | ISOLYTE-P IN 5 %                                       |        |
| <i>hydrocortisone</i> .....                                                   | 24, 76, 79 | <i>imiquimod</i> .....                                   | 77 | DEXTROSE.....                                          | 97     |
| <i>hydrocortisone-acetic acid</i> .....                                       | 63         | IMJUDO.....                                              | 37 | ISOLYTE-S.....                                         | 97     |
| <i>hydromorphone</i> .....                                                    | 46         | IMOVAX RABIES                                            |    | <i>isoniazid</i> .....                                 | 5      |
| <i>hydromorphone (pf)</i> .....                                               | 46         | VACCINE (PF).....                                        | 29 | <i>isosorbide dinitrate</i> .....                      | 17     |
| <i>hydroxychloroquine</i> .....                                               | 4          | IMVEXXY                                                  |    | <i>isosorbide mononitrate</i> .....                    | 17     |
| <i>hydroxyprogesterone</i><br><i>caproate</i> .....                           | 67         | MAINTENANCE PACK....                                     | 67 | <i>isosorbide-hydralazine</i> .....                    | 19     |
| <i>hydroxyurea</i> .....                                                      | 36         | IMVEXXY STARTER                                          |    | <i>isotretinoin</i> .....                              | 78     |
| <i>hydroxyzine hcl</i> .....                                                  | 89         | PACK.....                                                | 67 | <i>isradipine</i> .....                                | 19     |
| HYPERHEP B.....                                                               | 29         | <i>incassia</i> .....                                    | 67 | ISTODAX.....                                           | 37     |
| HYPERHEP B                                                                    |            | INCRELEX.....                                            | 72 | <i>itraconazole</i> .....                              | 3      |
| NEONATAL.....                                                                 | 29         | <i>indapamide</i> .....                                  | 19 | <i>ivermectin</i> .....                                | 5, 78  |
|                                                                               |            | INFANRIX (DTAP) (PF)....                                 | 29 | IWILFIN.....                                           | 37     |
|                                                                               |            | INGREZZA.....                                            | 61 | IXEMPRA.....                                           | 37     |
|                                                                               |            | INGREZZA INITIATION                                      |    | IXIARO (PF).....                                       | 30     |
|                                                                               |            | PACK.....                                                | 61 | JAKAFI.....                                            | 37     |
|                                                                               |            | INLYTA.....                                              | 37 | <i>jantoven</i> .....                                  | 22     |
|                                                                               |            | INPEFA.....                                              | 83 | JANUMET.....                                           | 83     |
|                                                                               |            | INQOVI.....                                              | 37 | JANUMET XR.....                                        | 83     |
|                                                                               |            | INREBIC.....                                             | 37 | JANUVIA.....                                           | 83     |
|                                                                               |            |                                                          |    | JARDIANCE.....                                         | 83     |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

|                                      |       |                                              |        |                                          |        |
|--------------------------------------|-------|----------------------------------------------|--------|------------------------------------------|--------|
| <i>jasmiel</i> (28).....             | 64    | KRAZATI.....                                 | 38     | <i>levo-t</i> .....                      | 79     |
| JAYPIRCA.....                        | 37    | <i>kurvelo</i> (28).....                     | 64     | <i>levothyroxine</i> .....               | 79     |
| JEMPERLI.....                        | 37    | KYPROLIS.....                                | 38     | <i>levoxyl</i> .....                     | 79     |
| <i>jencycla</i> .....                | 67    | <i>l norgestle.estradiol-e.estrad</i> ... 64 |        | LEXIVA.....                              | 8      |
| JENTADUETO.....                      | 83    | <i>labetalol</i> .....                       | 19     | LIBTAYO.....                             | 38     |
| JENTADUETO XR.....                   | 83    | <i>lacosamide</i> .....                      | 50     | <i>lidocaine</i> .....                   | 77     |
| JEVTANA.....                         | 37    | <i>lactated ringers</i> .....                | 73, 96 | <i>lidocaine (pf)</i> .....              | 14, 77 |
| <i>jinteli</i> .....                 | 67    | <i>lactulose</i> .....                       | 24     | <i>lidocaine hcl</i> .....               | 77     |
| <i>jolessa</i> .....                 | 64    | LAGEVRIO (EUA).....                          | 8      | <i>lidocaine in 5 % dextrose (pf)</i> .. | 14     |
| <i>juleber</i> .....                 | 64    | <i>lamivudine</i> .....                      | 8      | <i>lidocaine viscous</i> .....           | 77     |
| JULUCA.....                          | 8     | <i>lamivudine-zidovudine</i> .....           | 8      | <i>lidocaine-epinephrine</i> .....       | 77     |
| JUXTAPID.....                        | 16    | <i>lamotrigine</i> .....                     | 50     | <i>lidocaine-epinephrine (pf)</i> .....  | 77     |
| JYNNEOS (PF).....                    | 30    | <i>lansoprazole</i> .....                    | 27     | <i>lidocaine-prilocaine</i> .....        | 77     |
| KADCYLA.....                         | 37    | LANTUS SOLOSTAR U-                           |        | <i>lidocan iii</i> .....                 | 77     |
| <i>kalliga</i> .....                 | 64    | 100 INSULIN.....                             | 83     | <i>lincomycin</i> .....                  | 5      |
| KALYDECO.....                        | 91    | LANTUS U-100 INSULIN..                       | 83     | <i>linezolid</i> .....                   | 5      |
| KANUMA.....                          | 80    | <i>lapatinib</i> .....                       | 38     | <i>linezolid in dextrose 5%</i> .....    | 5      |
| <i>kariva</i> (28).....              | 64    | <i>larin 1.5/30</i> (21).....                | 64     | <i>linezolid-0.9% sodium</i>             |        |
| <i>kelnor 1/35</i> (28).....         | 64    | <i>larin 1/20</i> (21).....                  | 64     | <i>chloride</i> .....                    | 5      |
| <i>kelnor 1-50</i> (28).....         | 64    | <i>larin 24 fe</i> .....                     | 64     | LINZESS.....                             | 24     |
| <i>kemoplat</i> .....                | 37    | <i>larin fe 1.5/30</i> (28).....             | 64     | LIORESAL.....                            | 60     |
| KEPIVANCE.....                       | 31    | <i>larin fe 1/20</i> (28).....               | 64     | <i>liothyronine</i> .....                | 79     |
| KERENDIA.....                        | 19    | <i>latanoprost</i> .....                     | 70     | <i>lisinopril</i> .....                  | 19     |
| KESIMPTA PEN.....                    | 61    | <i>leflunomide</i> .....                     | 87     | <i>lisinopril-hydrochlorothiazide</i> .. | 19     |
| <i>ketoconazole</i> .....            | 3, 74 | <i>lenalidomide</i> .....                    | 38     | <i>lithium carbonate</i> .....           | 56     |
| <i>ketorolac</i> .....               | 68    | LENVIMA.....                                 | 38     | <i>lithium citrate</i> .....             | 56     |
| KEYTRUDA.....                        | 37    | <i>lessina</i> .....                         | 64     | LOKELMA.....                             | 72     |
| KHAPZORY.....                        | 31    | <i>letrozole</i> .....                       | 38     | LONSURF.....                             | 38     |
| KIMMTRAK.....                        | 37    | <i>leucovorin calcium</i> .....              | 31     | <i>loperamide</i> .....                  | 26     |
| KINRIX (PF).....                     | 30    | LEUKERAN.....                                | 38     | <i>lopinavir-ritonavir</i> .....         | 8      |
| KISQALI.....                         | 37    | LEUKINE.....                                 | 28     | LOQTORZI.....                            | 38     |
| KISQALI FEMARA CO-                   |       | <i>leuprolide</i> .....                      | 38     | <i>lorazepam</i> .....                   | 56     |
| PACK.....                            | 37    | <i>levalbuterol hcl</i> .....                | 91     | <i>lorazepam intensol</i> .....          | 56     |
| <i>klayesta</i> .....                | 74    | <i>levetiracetam</i> .....                   | 50     | LORBRENA.....                            | 38     |
| <i>klor-con 10</i> .....             | 95    | <i>levetiracetam in nacl (iso-os)</i> ..     | 50     | <i>loryna</i> (28).....                  | 65     |
| <i>klor-con 8</i> .....              | 95    | <i>levobunolol</i> .....                     | 69     | <i>losartan</i> .....                    | 19     |
| <i>klor-con m10</i> .....            | 96    | <i>levocarnitine</i> .....                   | 72     | <i>losartan-hydrochlorothiazide</i> ..   | 19     |
| <i>klor-con m15</i> .....            | 96    | <i>levocarnitine (with sugar)</i> .....      | 72     | <i>loteprednol etabonate</i> .....       | 70     |
| <i>klor-con m20</i> .....            | 96    | <i>levocetirizine</i> .....                  | 89     | <i>lovastatin</i> .....                  | 16     |
| <i>klor-con oral packet 20</i> ..... | 96    | <i>levofloxacin</i> .....                    | 13, 69 | <i>low-ogestrel</i> (28).....            | 65     |
| <i>klor-conlef</i> .....             | 96    | <i>levofloxacin in d5w</i> .....             | 13     | <i>loxapine succinate</i> .....          | 56     |
| KORLYM.....                          | 80    | <i>levoleucovorin calcium</i> .....          | 31     | <i>lo-zumandimine</i> (28).....          | 65     |
| KOSELUGO.....                        | 37    | <i>levonest</i> (28).....                    | 64     | <i>lubiprostone</i> .....                | 24     |
| <i>kourzeq</i> .....                 | 62    | <i>levonorgestrel-ethinyl estrad</i> ... 64  |        | LUMAKRAS.....                            | 38     |
| K-PHOS NO 2.....                     | 94    | <i>levonorg-eth estrad triphasic</i> ... 65  |        | LUMIGAN.....                             | 70     |
| K-PHOS ORIGINAL.....                 | 94    | <i>levora-28</i> .....                       | 65     | LUMIZYME.....                            | 80     |

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Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

|                                 |        |                                   |           |                                   |        |
|---------------------------------|--------|-----------------------------------|-----------|-----------------------------------|--------|
| LUNSUMIO.....                   | 38     | mercaptapurine.....               | 39        | mimvey.....                       | 67     |
| LUPRON DEPOT.....               | 38     | meropenem.....                    | 5         | minocycline.....                  | 14     |
| lurasidone.....                 | 56     | mesalamine.....                   | 24        | minoxidil.....                    | 19     |
| lutera (28).....                | 65     | mesalamine with cleansing         |           | miostat.....                      | 70     |
| lyleq.....                      | 67     | wipe.....                         | 24        | mirtazapine.....                  | 56     |
| lyllana.....                    | 67     | mesna.....                        | 31        | misoprostol.....                  | 27     |
| LYNPARZA.....                   | 38     | MESNEX.....                       | 31        | mitomycin.....                    | 39     |
| LYSODREN.....                   | 38     | metformin.....                    | 83        | mitoxantrone.....                 | 39     |
| LYTGOBI.....                    | 38     | methadone.....                    | 46        | M-M-R II (PF).....                | 30     |
| LYUMJEV KWIKPEN U-              |        | methadone intensol.....           | 46        | modafinil.....                    | 56     |
| 100 INSULIN.....                | 83     | methadose.....                    | 46        | moexipril.....                    | 19     |
| LYUMJEV KWIKPEN U-              |        | methazolamide.....                | 70        | molindone.....                    | 56     |
| 200 INSULIN.....                | 83     | methenamine hippurate.....        | 3         | mometasone.....                   | 76, 91 |
| LYUMJEV U-100                   |        | methenamine mandelate.....        | 3         | mondoxyne nl.....                 | 14     |
| INSULIN.....                    | 83     | methimazole.....                  | 78        | MONJUVI.....                      | 39     |
| lyza.....                       | 67     | methotrexate sodium.....          | 39        | mono-lynyah.....                  | 65     |
| magnesium chloride.....         | 96     | methotrexate sodium (pf).....     | 39        | montelukast.....                  | 91     |
| magnesium sulfate.....          | 96     | methoxsalen.....                  | 77        | morphine.....                     | 46, 47 |
| MAGNESIUM SULFATE               |        | methsuximide.....                 | 50        | morphine (pf).....                | 46     |
| IN D5W.....                     | 96     | methylergonovine.....             | 67        | morphine concentrate.....         | 46     |
| magnesium sulfate in water..... | 96     | methylphenidate hcl.....          | 56        | MOUNJARO.....                     | 83     |
| malathion.....                  | 76     | methylprednisolone.....           | 79        | MOVANTIK.....                     | 24     |
| mannitol 20 %.....              | 19     | methylprednisolone acetate.....   | 79        | moxifloxacin.....                 | 13, 69 |
| mannitol 25 %.....              | 19     | methylprednisolone sodium         |           | moxifloxacin-                     |        |
| maraviroc.....                  | 8      | succ.....                         | 79        | sod.chloride( iso).....           | 13     |
| MARGENZA.....                   | 38     | metoclopramide hcl.....           | 24        | MOZOBIL.....                      | 28     |
| marlissa (28).....              | 65     | metolazone.....                   | 19        | mupirocin.....                    | 73     |
| MARPLAN.....                    | 56     | metoprolol succinate.....         | 19        | MYALEPT.....                      | 80     |
| MATULANE.....                   | 38     | metoprolol ta-                    |           | mycophenolate mofetil.....        | 39     |
| matzim la.....                  | 19     | hydrochlorothiaz.....             | 19        | mycophenolate mofetil (hcl) ...   | 39     |
| meclizine.....                  | 24     | metoprolol tartrate.....          | 19        | mycophenolate sodium.....         | 39     |
| medroxyprogesterone.....        | 67     | metro i.v.....                    | 5         | MYFEMBREE.....                    | 68     |
| mefloquine.....                 | 5      | metronidazole.....                | 5, 68, 78 | MYLOTARG.....                     | 39     |
| megestrol.....                  | 38, 39 | metronidazole in nacl (iso-os) .. | 5         | MYRBETRIQ.....                    | 94, 95 |
| MEKINIST.....                   | 39     | metyrosine.....                   | 19        | nabumetone.....                   | 48     |
| MEKTOVI.....                    | 39     | mexiletine.....                   | 14        | nadolol.....                      | 19     |
| meloxicam.....                  | 48     | micafungin.....                   | 3         | nafcillin.....                    | 12     |
| melphalan.....                  | 39     | microgestin 1.5/30 (21).....      | 65        | nafcillin in dextrose iso-osm.... | 12     |
| melphalan hcl.....              | 39     | microgestin 1/20 (21).....        | 65        | naftifine.....                    | 74     |
| memantine.....                  | 61     | microgestin fe 1.5/30 (28).....   | 65        | NAGLAZYME.....                    | 80     |
| MENACTRA (PF).....              | 30     | microgestin fe 1/20 (28).....     | 65        | nalbuphine.....                   | 48     |
| MENEST.....                     | 67     | midodrine.....                    | 72        | naloxone.....                     | 48     |
| MENQUADFI (PF).....             | 30     | mifepristone.....                 | 68, 80    | naltrexone.....                   | 48     |
| MENVEO A-C-Y-W-135-             |        | mili.....                         | 65        | NAMZARIC.....                     | 61     |
| DIP (PF).....                   | 30     | milrinone.....                    | 15        | naproxen.....                     | 48     |
| MEPSEVII.....                   | 80     | milrinone in 5 % dextrose.....    | 15        | naproxen sodium.....              | 48     |

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|                                          |        |                                             |        |                                              |    |
|------------------------------------------|--------|---------------------------------------------|--------|----------------------------------------------|----|
| <i>naratriptan</i> .....                 | 60     | <i>nora-be</i> .....                        | 67     | OMNIPOD CLASSIC                              |    |
| NATACYN.....                             | 69     | <i>norepinephrine bitartrate</i> .....      | 15     | PODS (GEN 3).....                            | 94 |
| <i>nateglinide</i> .....                 | 84     | <i>norethindrone (contraceptive)</i> .....  | 67     | OMNIPOD DASH INTRO                           |    |
| NATPARA.....                             | 80     | <i>norethindrone acetate</i> .....          | 67     | KIT (GEN 4).....                             | 94 |
| NAYZILAM.....                            | 50     | <i>norethindrone ac-eth estradiol</i>       |        | OMNIPOD DASH PODS                            |    |
| <i>neбиволol</i> .....                   | 19     | .....                                       | 65, 67 | (GEN 4).....                                 | 94 |
| <i>nefazodone</i> .....                  | 56     | <i>norethindrone-e.estradiol-iron</i> ..... | 65     | OMNITROPE.....                               | 28 |
| <i>nelarabine</i> .....                  | 39     | <i>norgestimate-ethinyl estradiol</i> ..... | 65     | ONCASPAS.....                                | 40 |
| <i>neomycin</i> .....                    | 5      | <i>nortrel 0.5/35 (28)</i> .....            | 65     | <i>ondansetron</i> .....                     | 24 |
| <i>neomycin-bacitracin-poly-hc</i> ...   | 69     | <i>nortrel 1/35 (21)</i> .....              | 65     | <i>ondansetron hcl</i> .....                 | 24 |
| <i>neomycin-bacitracin-</i>              |        | <i>nortrel 1/35 (28)</i> .....              | 65     | <i>ondansetron hcl (pf)</i> .....            | 24 |
| <i>polymyxin</i> .....                   | 69     | <i>nortrel 7/7/7 (28)</i> .....             | 65     | ONIVYDE.....                                 | 40 |
| <i>neomycin-polymyxin b gu</i> .....     | 73     | <i>nortriptyline</i> .....                  | 56     | ONUREG.....                                  | 40 |
| <i>neomycin-polymyxin b-</i>             |        | NORVIR.....                                 | 8      | OPDIVO.....                                  | 40 |
| <i>dexameth</i> .....                    | 69     | NUBEQA.....                                 | 39     | OPDUALAG.....                                | 40 |
| <i>neomycin-polymyxin-</i>               |        | NUCALA.....                                 | 91, 92 | <i>opium tincture</i> .....                  | 26 |
| <i>gramicidin</i> .....                  | 69     | NUEDEXTA.....                               | 61     | OPSUMIT.....                                 | 92 |
| <i>neomycin-polymyxin-hc</i> ....        | 63, 69 | NULOJIX.....                                | 39     | <i>oralone</i> .....                         | 62 |
| <i>neo-polycin</i> .....                 | 69     | NUPLAZID.....                               | 57     | ORENCIA.....                                 | 87 |
| <i>neo-polycin hc</i> .....              | 69     | NURTEC ODT.....                             | 60     | ORENCIA (WITH                                |    |
| NERLYNX.....                             | 39     | <i>nyamyc</i> .....                         | 74     | MALTOSE).....                                | 87 |
| NEUPRO.....                              | 45     | <i>nystatin</i> .....                       | 3, 74  | ORENCIA CLICKJECT.....                       | 87 |
| <i>nevirapine</i> .....                  | 8      | <i>nystatin-triamcinolone</i> .....         | 74     | ORGOVYX.....                                 | 40 |
| NEXLETOL.....                            | 16     | <i>nystop</i> .....                         | 74     | ORKAMBI.....                                 | 92 |
| NEXLIZET.....                            | 16     | NYVEPRIA.....                               | 28     | ORSERDU.....                                 | 40 |
| NEXPLANON.....                           | 68     | OALIVA.....                                 | 24     | <i>oseltamivir</i> .....                     | 8  |
| <i>niacin</i> .....                      | 16     | <i>octreotide acetate</i> .....             | 39, 40 | <i>osmitrol 20 %</i> .....                   | 20 |
| <i>nicardipine</i> .....                 | 19     | ODEFSEY.....                                | 8      | OTEZLA.....                                  | 87 |
| NICOTROL.....                            | 71     | ODOMZO.....                                 | 40     | OTEZLA STARTER.....                          | 87 |
| NICOTROL NS.....                         | 71     | OFEV.....                                   | 92     | <i>oxacillin</i> .....                       | 12 |
| <i>nifedipine</i> .....                  | 19     | <i>ofloxacin</i> .....                      | 63, 69 | <i>oxacillin in dextrose (iso-osm)</i> ..... | 12 |
| <i>nikki (28)</i> .....                  | 65     | OJJAARA.....                                | 40     | <i>oxaliplatin</i> .....                     | 40 |
| <i>nilutamide</i> .....                  | 39     | <i>olanzapine</i> .....                     | 57     | <i>oxaprozin</i> .....                       | 48 |
| <i>nimodipine</i> .....                  | 19     | <i>olanzapine-fluoxetine</i> .....          | 57     | <i>oxcarbazepine</i> .....                   | 50 |
| NINLARO.....                             | 39     | <i>olmesartan</i> .....                     | 19     | OXERVATE.....                                | 71 |
| <i>nisoldipine</i> .....                 | 19     | <i>olmesartan-amlodipin-</i>                |        | <i>oxybutynin chloride</i> .....             | 95 |
| <i>nitazoxanide</i> .....                | 5      | <i>hcthiacid</i> .....                      | 19     | <i>oxycodone</i> .....                       | 47 |
| <i>nitisinone</i> .....                  | 72     | <i>olmesartan-</i>                          |        | <i>oxycodone-acetaminophen</i> .....         | 47 |
| <i>nitro-bid</i> .....                   | 17     | <i>hydrochlorothiazide</i> .....            | 20     | OXYCONTIN.....                               | 47 |
| <i>nitrofurantoin macrocrystal</i> ..... | 3      | <i>olopatadine</i> .....                    | 71     | OZEMPIC.....                                 | 84 |
| <i>nitrofurantoin monohydlm-</i>         |        | <i>omega-3 acid ethyl esters</i> .....      | 16     | OZURDEX.....                                 | 70 |
| <i>cryst</i> .....                       | 3      | <i>omeprazole</i> .....                     | 27     | <i>pacerone</i> .....                        | 14 |
| <i>nitroglycerin</i> .....               | 17     | OMNIPOD 5 G6 INTRO                          |        | <i>paclitaxel</i> .....                      | 40 |
| <i>nitroglycerin in 5 % dextrose</i> ..  | 17     | KIT (GEN 5).....                            | 94     | PADCEV.....                                  | 40 |
| NIVESTYM.....                            | 28     | OMNIPOD 5 G6 PODS                           |        | <i>paliperidone</i> .....                    | 57 |
| <i>nizatidine</i> .....                  | 27     | (GEN 5).....                                | 94     | <i>palonosetron</i> .....                    | 25 |

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|                                       |        |                                          |        |                                          |        |
|---------------------------------------|--------|------------------------------------------|--------|------------------------------------------|--------|
| <i>pamidronate</i> .....              | 80     | <i>philith</i> .....                     | 65     | <i>potassium chloride-d5-</i>            |        |
| <b>PANRETIN</b> .....                 | 77     | <b>PHOSPHOLINE IODIDE</b> ....           | 71     | <i>0.9%nacl</i> .....                    | 97     |
| <i>pantoprazole</i> .....             | 27     | <b>PIFELTRO</b> .....                    | 8      | <i>potassium citrate</i> .....           | 94     |
| <i>paraplatin</i> .....               | 40     | <i>pilocarpine hcl</i> .....             | 71, 72 | <i>potassium phosphate m-lid-</i>        |        |
| <i>paricalcitol</i> .....             | 80     | <i>pimecrolimus</i> .....                | 77     | <i>basic</i> .....                       | 97     |
| <i>paromomycin</i> .....              | 5      | <i>pimozide</i> .....                    | 57     | <b>POTELIGEO</b> .....                   | 40     |
| <i>paroxetine hcl</i> .....           | 57     | <i>pimtrea (28)</i> .....                | 65     | <i>pramipexole</i> .....                 | 45     |
| <b>PAXLOVID</b> .....                 | 8      | <i>pindolol</i> .....                    | 20     | <i>prasugrel</i> .....                   | 22     |
| <i>pazopanib</i> .....                | 40     | <i>pioglitazone</i> .....                | 84     | <i>pravastatin</i> .....                 | 16     |
| <b>PEDIARIX (PF)</b> .....            | 30     | <i>piperacillin-tazobactam</i> .....     | 13     | <i>praziquantel</i> .....                | 5      |
| <b>PEDVAX HIB (PF)</b> .....          | 30     | <b>PIQRAY</b> .....                      | 40     | <i>prazosin</i> .....                    | 20     |
| <i>peg 3350-electrolytes</i> .....    | 25     | <i>pirfenidone</i> .....                 | 92     | <i>prednicarbate</i> .....               | 76     |
| <i>peg3350-sod sul-nacl-kcl-asb-</i>  |        | <i>piroxicam</i> .....                   | 48     | <i>prednisolone</i> .....                | 79     |
| <i>c</i> .....                        | 25     | <i>pitavastatin calcium</i> .....        | 16     | <i>prednisolone acetate</i> .....        | 70     |
| <b>PEGASYS</b> .....                  | 28     | <i>plasbumin 25 %</i> .....              | 95     | <i>prednisolone sodium</i>               |        |
| <i>peg-electrolyte</i> .....          | 25     | <i>plasbumin 5 %</i> .....               | 95     | <i>phosphate</i> .....                   | 70, 79 |
| <b>PEMAZYRE</b> .....                 | 40     | <b>PLASMA-LYTE A</b> .....               | 97     | <i>prednisone</i> .....                  | 79     |
| <i>pemetrexed disodium</i> .....      | 40     | <i>plasmanate</i> .....                  | 97     | <i>prednisone intensol</i> .....         | 79     |
| <b>PEN NEEDLES (NON-</b>              |        | <b>PLEGRIDY</b> .....                    | 28     | <i>pregabalin</i> .....                  | 51     |
| <b>PREFERRED BRANDS)</b> ....         | 94     | <b>PLENAMINE</b> .....                   | 97     | <b>PREHEVBRIO (PF)</b> .....             | 30     |
| <b>PENBRAYA (PF)</b> .....            | 30     | <i>plerixafor</i> .....                  | 28     | <b>PREMARIN</b> .....                    | 67     |
| <i>penciclovir</i> .....              | 75     | <i>podofilox</i> .....                   | 77     | <i>premasol 10 %</i> .....               | 97     |
| <i>penicillamine</i> .....            | 87     | <b>POLIVY</b> .....                      | 40     | <b>PREMPHASE</b> .....                   | 67     |
| <b>PENICILLIN G POT IN</b>            |        | <i>polocaine</i> .....                   | 77     | <b>PREMPRO</b> .....                     | 67     |
| <b>DEXTROSE</b> .....                 | 12     | <i>polocaine-mpf</i> .....               | 77     | <i>prenatal vitamin oral tablet</i> .... | 98     |
| <i>penicillin g potassium</i> .....   | 12     | <i>polycin</i> .....                     | 69     | <i>prevalite</i> .....                   | 16     |
| <i>penicillin g sodium</i> .....      | 12     | <i>polymyxin b sulf-</i>                 |        | <b>PREVIDENT 5000</b>                    |        |
| <i>penicillin v potassium</i> .....   | 12     | <i>trimethoprim</i> .....                | 69     | <b>BOOSTER PLUS</b> .....                | 62     |
| <b>PENTACEL (PF)</b> .....            | 30     | <b>POMALYST</b> .....                    | 40     | <b>PREVIDENT 5000 DRY</b>                |        |
| <i>pentamidine</i> .....              | 5      | <i>portia 28</i> .....                   | 65     | <b>MOUTH</b> .....                       | 62     |
| <b>PENTASA</b> .....                  | 25     | <b>PORTRAZZA</b> .....                   | 40     | <b>PREVYMIS</b> .....                    | 8      |
| <i>pentoxifylline</i> .....           | 22     | <i>posaconazole</i> .....                | 3      | <b>PREZCOBIX</b> .....                   | 8      |
| <i>perindopril erbumine</i> .....     | 20     | <i>potassium acetate</i> .....           | 96     | <b>PREZISTA</b> .....                    | 8, 9   |
| <i>periogard</i> .....                | 62     | <i>potassium chlorid-d5-</i>             |        | <b>PRIFTIN</b> .....                     | 5      |
| <b>PERJETA</b> .....                  | 40     | <i>0.45%nacl</i> .....                   | 96     | <b>PRIMAQUINE</b> .....                  | 5      |
| <i>permethrin</i> .....               | 76     | <i>potassium chloride</i> .....          | 96     | <b>PRIMIDONE</b> .....                   | 51     |
| <i>perphenazine</i> .....             | 57     | <i>potassium chloride in</i>             |        | <i>primidone</i> .....                   | 51     |
| <b>PERSERIS</b> .....                 | 57     | <i>0.9%nacl</i> .....                    | 96     | <b>PRIORIX (PF)</b> .....                | 30     |
| <i>pfizerpen-g</i> .....              | 13     | <i>potassium chloride in 5 % dex</i> ..  | 96     | <b>PRIVIGEN</b> .....                    | 30     |
| <i>phenelzine</i> .....               | 57     | <i>potassium chloride in lr-d5</i> ..... | 96     | <i>probenecid</i> .....                  | 88     |
| <i>phenobarbital</i> .....            | 50, 51 | <i>potassium chloride in water</i> ....  | 96     | <i>probenecid-colchicine</i> .....       | 88     |
| <i>phenobarbital sodium</i> .....     | 51     | <i>potassium chloride-0.45 %</i>         |        | <i>procainamide</i> .....                | 14     |
| <i>phentolamine</i> .....             | 20     | <i>nacl</i> .....                        | 96     | <i>prochlorperazine</i> .....            | 25     |
| <i>phenytoin</i> .....                | 51     | <i>potassium chloride-d5-</i>            |        | <i>prochlorperazine edisylate</i> .....  | 25     |
| <i>phenytoin sodium</i> .....         | 51     | <i>0.2%nacl</i> .....                    | 97     | <i>prochlorperazine maleate oral</i> ..  | 25     |
| <i>phenytoin sodium extended</i> .... | 51     |                                          |        | <b>PROCRIT</b> .....                     | 28     |

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|                                            |    |                                     |        |                                       |        |
|--------------------------------------------|----|-------------------------------------|--------|---------------------------------------|--------|
| <i>procto-med hc</i> .....                 | 25 | REGRANEX.....                       | 77     | <i>rufinamide</i> .....               | 51     |
| <i>proctosol hc</i> .....                  | 25 | RELENZA DISKHALER.....              | 9      | RUKOBIA.....                          | 9      |
| <i>proctozone-hc</i> .....                 | 25 | RELISTOR.....                       | 25     | RUXIENCE.....                         | 41     |
| <i>progesterone</i> .....                  | 67 | REMICADE.....                       | 25     | RYBELSUS.....                         | 84     |
| <i>progesterone micronized</i> .....       | 67 | RENACIDIN.....                      | 94     | RYBREVANT.....                        | 41     |
| PROGRAF.....                               | 41 | <i>repaglinide</i> .....            | 84     | RYDAPT.....                           | 41     |
| PROLASTIN-C.....                           | 72 | REPATHA.....                        | 16     | RYLAZE.....                           | 41     |
| PROLENSA.....                              | 68 | REPATHA.....                        |        | <i>sajazir</i> .....                  | 92     |
| PROLIA.....                                | 88 | PUSHTRONEX.....                     | 16     | <i>salsalate</i> .....                | 48     |
| PROMACTA.....                              | 22 | REPATHA SURECLICK....               | 16     | SANCUSO.....                          | 25     |
| <i>promethazine</i> .....                  | 89 | RETACRIT.....                       | 28, 29 | SANDIMMUNE.....                       | 41     |
| <i>propafenone</i> .....                   | 14 | RETEVMO.....                        | 41     | SANDOSTATIN LAR                       |        |
| <i>propranolol</i> .....                   | 20 | RETROVIR.....                       | 9      | DEPOT.....                            | 41     |
| <i>propylthiouracil</i> .....              | 78 | REVCovi.....                        | 72     | SANTYL.....                           | 77     |
| PROQUAD (PF).....                          | 30 | <i>revonto</i> .....                | 60     | <i>sapropterin</i> .....              | 80     |
| <i>protamine</i> .....                     | 22 | REXULTI.....                        | 57     | SARCLISA.....                         | 41     |
| <i>protriptyline</i> .....                 | 57 | REYATAZ.....                        | 9      | SAVELLA.....                          | 88     |
| PULMICORT.....                             |    | REZLIDHIA.....                      | 41     | <i>saxagliptin</i> .....              | 84     |
| FLEXHALER.....                             | 92 | REZUROCK.....                       | 41     | <i>saxagliptin-metformin</i> .....    | 84     |
| PULMOZYME.....                             | 92 | RHOPRESSA.....                      | 70     | SCSEMBLIX.....                        | 41     |
| PURIXAN.....                               | 41 | <i>ribavirin</i> .....              | 9      | <i>scopolamine base</i> .....         | 25     |
| <i>pyrazinamide</i> .....                  | 5  | RIDAURA.....                        | 88     | SECUADO.....                          | 58     |
| <i>pyridostigmine bromide</i> .....        | 60 | <i>rifabutin</i> .....              | 5      | SEGLUROMET.....                       | 84     |
| <i>pyrimethamine</i> .....                 | 5  | <i>rifampin</i> .....               | 5      | <i>selegiline hcl</i> .....           | 45     |
| QINLOCK.....                               | 41 | <i>riluzole</i> .....               | 72     | <i>selenium sulfide</i> .....         | 74     |
| QTERN.....                                 | 84 | <i>rimantadine</i> .....            | 9      | SELZENTRY.....                        | 9      |
| QUADRACEL (PF).....                        | 30 | <i>ringer's</i> .....               | 73, 97 | <i>sertraline</i> .....               | 58     |
| <i>quetiapine</i> .....                    | 57 | RINVOQ.....                         | 88     | <i>setlakin</i> .....                 | 65     |
| <i>quinapril</i> .....                     | 20 | <i>risedronate</i> .....            | 72, 88 | <i>sevelamer carbonate</i> .....      | 73     |
| <i>quinapril-hydrochlorothiazide</i> ..... | 20 | RISPERDAL CONSTA.....               | 57     | <i>sf</i> .....                       | 62     |
| <i>quinidine sulfate</i> .....             | 14 | <i>risperidone</i> .....            | 58     | <i>sf 5000 plus</i> .....             | 62     |
| <i>quinine sulfate</i> .....               | 5  | <i>risperidone microspheres</i> ... | 57, 58 | <i>sharobel</i> .....                 | 67     |
| QULIPTA.....                               | 60 | <i>ritonavir</i> .....              | 9      | SHINGRIX (PF).....                    | 30     |
| QVAR REDHALER.....                         | 92 | <i>rivastigmine</i> .....           | 62     | SIGNIFOR.....                         | 41     |
| RABAVERT (PF).....                         | 30 | <i>rivastigmine tartrate</i> .....  | 62     | <i>sildenafil (pulmonary arterial</i> |        |
| RADICAVA ORS.....                          | 61 | <i>rizatriptan</i> .....            | 60     | <i>hypertension)</i> .....            | 92     |
| RADICAVA ORS.....                          |    | ROCKLATAN.....                      | 70     | <i>silodosin</i> .....                | 95     |
| STARTER KIT SUSP.....                      | 62 | <i>roflumilast</i> .....            | 92     | <i>silver sulfadiazine</i> .....      | 77     |
| <i>raloxifene</i> .....                    | 88 | <i>romidepsin</i> .....             | 41     | SIMBRINZA.....                        | 70     |
| <i>ramelteon</i> .....                     | 57 | <i>ropinirole</i> .....             | 45     | SIMULECT.....                         | 41     |
| <i>ramipril</i> .....                      | 20 | <i>rosuvastatin</i> .....           | 16     | <i>simvastatin</i> .....              | 17     |
| <i>ranolazine</i> .....                    | 15 | ROTARIX.....                        | 30     | <i>sirolimus</i> .....                | 41     |
| <i>rasagiline</i> .....                    | 45 | ROTATEQ VACCINE.....                | 30     | SIRTURO.....                          | 5      |
| <i>reclipsen (28)</i> .....                | 65 | <i>roweepra</i> .....               | 51     | SKYRIZI.....                          | 25, 74 |
| RECOMBIVAX HB (PF).....                    | 30 | ROZLYTREK.....                      | 41     | <i>sodium acetate</i> .....           | 97     |
| RECTIV.....                                | 25 | RUBRACA.....                        | 41     |                                       |        |

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|                                          |                                          |        |                                           |        |
|------------------------------------------|------------------------------------------|--------|-------------------------------------------|--------|
| <i>sodium benzoate-sod</i>               | STREPTOMYCIN.....                        | 5      | TALZENNA.....                             | 42     |
| <i>phenylacet</i> .....                  | STRIBILD.....                            | 9      | <i>tamoxifen</i> .....                    | 42     |
| <i>sodium bicarbonate</i> .....          | STRIVERDI RESPIMAT ...                   | 92     | <i>tamsulosin</i> .....                   | 95     |
| <i>sodium chloride</i> .....             | <i>subvenite</i> .....                   | 51     | <i>tarina 24 fe</i> .....                 | 65     |
| <i>sodium chloride 0.45 %</i> .....      | <i>subvenite starter (blue) kit</i> .... | 51     | <i>tarina fe 1-20 eq (28)</i> .....       | 66     |
| <i>sodium chloride 0.9 %</i> .....       | <i>subvenite starter (green) kit</i> ... | 51     | TASIGNA.....                              | 42     |
| <i>sodium chloride 3 %</i>               | <i>subvenite starter (orange) kit</i> .. | 51     | <i>tazarotene</i> .....                   | 78     |
| <i>hypertonic</i> .....                  | SUCRAID.....                             | 25     | <i>tazicef</i> .....                      | 11     |
| <i>sodium chloride 5 %</i>               | <i>sucralfate</i> .....                  | 27     | <i>taztia xt</i> .....                    | 20     |
| <i>hypertonic</i> .....                  | <i>sulfacetamide sodium</i> .....        | 71     | TAZVERIK.....                             | 42     |
| <i>sodium fluoride 5000 dry</i>          | <i>sulfacetamide sodium (acne)</i> ..    | 73     | TDVAX.....                                | 30     |
| <i>mouth</i> .....                       | <i>sulfacetamide-prednisolone</i> .....  | 71     | TECENTRIQ.....                            | 42     |
| <i>sodium fluoride 5000 plus</i> .....   | <i>sulfadiazine</i> .....                | 13     | TECVAYLI.....                             | 42     |
| <i>sodium fluoride-pot nitrate</i> ..... | <i>sulfamethoxazole-</i>                 |        | TEFLARO.....                              | 11     |
| <i>sodium nitroprusside</i> .....        | <i>trimethoprim</i> .....                | 13     | <i>telmisartan</i> .....                  | 20     |
| SODIUM OXYBATE.....                      | <i>sulfasalazine</i> .....               | 25     | <i>telmisartan-amlodipine</i> .....       | 20     |
| <i>sodium phenylbutyrate</i> .....       | <i>sulindac</i> .....                    | 48     | <i>telmisartan-</i>                       |        |
| <i>sodium phosphate</i> .....            | <i>sumatriptan</i> .....                 | 60     | <i>hydrochlorothiazid</i> .....           | 20     |
| <i>sodium polystyrene sulfonate</i> ..   | <i>sumatriptan succinate</i> .....       | 60     | TEMODAR.....                              | 42     |
| <i>sodium,potassium,mag</i>              | <i>sunitinib malate</i> .....            | 42     | <i>temsirolimus</i> .....                 | 42     |
| <i>sulfates</i> .....                    | SUNLENCA.....                            | 9      | TENIVAC (PF).....                         | 30     |
| <i>solifenacin</i> .....                 | <i>syeda</i> .....                       | 65     | <i>tenofovir disoproxil fumarate</i> .... | 9      |
| SOLQUA 100/33.....                       | SYMDEKO.....                             | 92     | TEPMETKO.....                             | 42     |
| SOLTAMOX.....                            | SYMLINPEN 120.....                       | 84     | <i>terazosin</i> .....                    | 20     |
| SOMATULINE DEPOT.....                    | SYMLINPEN 60.....                        | 84     | <i>terbinafine hcl</i> .....              | 3      |
| SOMAVERT.....                            | SYMPAZAN.....                            | 51     | <i>terbutaline</i> .....                  | 92     |
| <i>sorafenib</i> .....                   | SYMTUZA.....                             | 9      | <i>terconazole</i> .....                  | 68     |
| <i>sorine</i> .....                      | SYNAGIS.....                             | 9      | <i>teriflunomide</i> .....                | 62     |
| <i>sotalol</i> .....                     | SYNJARDY.....                            | 84     | TERIPARATIDE.....                         | 89     |
| <i>sotalol af</i> .....                  | SYNJARDY XR.....                         | 84     | <i>testosterone</i> .....                 | 81     |
| SPIRIVA RESPIMAT.....                    | TABLOID.....                             | 42     | <i>testosterone cypionate</i> .....       | 80, 81 |
| <i>spironolactone</i> .....              | TABRECTA.....                            | 42     | <i>testosterone enanthate</i> .....       | 81     |
| <i>spironolacton-</i>                    | <i>tacrolimus</i> .....                  | 42, 78 | TETANUS,DIPHThERIA                        |        |
| <i>hydrochlorothiaz</i> .....            | <i>tadalafil (pulmonary arterial</i>     |        | TOX PED(PF).....                          | 30     |
| SPRAVATO.....                            | <i>hypertension) oral tablet 20</i>      |        | <i>tetrabenazine</i> .....                | 62     |
| <i>sprintec (28)</i> .....               | <i>mg</i> .....                          | 92     | <i>tetracycline</i> .....                 | 14     |
| SPRITAM.....                             | TAFINLAR.....                            | 42     | THALOMID.....                             | 42     |
| SPRYCEL.....                             | <i>tafluprost (pf)</i> .....             | 70     | THEO-24.....                              | 92     |
| <i>sps (with sorbitol)</i> .....         | TAGRISSO.....                            | 42     | <i>theophylline</i> .....                 | 93     |
| <i>sronyx</i> .....                      | TALTZ AUTOINJECTOR..                     | 75     | <i>thioridazine</i> .....                 | 58     |
| <i>ssd</i> .....                         | TALTZ AUTOINJECTOR                       |        | <i>thiotepa</i> .....                     | 42     |
| STEGLATRO.....                           | (2 PACK).....                            | 75     | <i>thiothixene</i> .....                  | 58     |
| STELARA.....                             | TALTZ AUTOINJECTOR                       |        | <i>tiadylt er</i> .....                   | 20     |
| STIOLTO RESPIMAT.....                    | (3 PACK).....                            | 75     | <i>tiagabine</i> .....                    | 51     |
| STIVARGA.....                            | TALTZ SYRINGE.....                       | 75     | TIBSOVO.....                              | 42     |
| STRENSIQ.....                            | TALVEY.....                              | 42     | TICE BCG.....                             | 30     |

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|                                 |            |                         |                                     |        |
|---------------------------------|------------|-------------------------|-------------------------------------|--------|
| TICOVAC.....                    | 30         | triamterene-            | UZEDY.....                          | 58, 59 |
| tigecycline.....                | 5          | hydrochlorothiazid..... | valacyclovir.....                   | 9      |
| tilia fe.....                   | 66         | triderm.....            | VALCHLOR.....                       | 78     |
| timolol maleate.....            | 20, 69     | trientine.....          | valganciclovir.....                 | 9      |
| tinidazole.....                 | 5          | tri-estarylla.....      | valproate sodium.....               | 51     |
| tiotropium bromide.....         | 93         | trifluoperazine.....    | valproic acid.....                  | 51     |
| TIVDAK.....                     | 42         | trifluridine.....       | valproic acid (as sodium salt)..... | 52     |
| TIVICAY.....                    | 9          | TRIJARDY XR.....        | valrubicin.....                     | 43     |
| TIVICAY PD.....                 | 9          | TRIKAFTA.....           | valsartan.....                      | 20     |
| tizanidine.....                 | 60         | tri-legest fe.....      | valsartan-hydrochlorothiazide.....  | 20     |
| TOBI PODHALER.....              | 5          | tri-linyah.....         | VALTOCO.....                        | 52     |
| TOBRADEX.....                   | 69         | tri-lo-estarylla.....   | VANCOMYCIN.....                     | 6      |
| tobramycin.....                 | 6, 69      | tri-lo-marzia.....      | vancomycin.....                     | 6      |
| tobramycin in 0.225 % nacl..... | 5          | tri-lo-sprintec.....    | VANCOMYCIN IN 0.9 %                 |        |
| tobramycin sulfate.....         | 6          | trimethoprim.....       | SODIUM CHL.....                     | 6      |
| tobramycin-dexamethasone....    | 69         | trimipramine.....       | vandazole.....                      | 68     |
| tolterodine.....                | 95         | TRINTELLIX.....         | VANFLYTA.....                       | 43     |
| tolvaptan.....                  | 81         | tri-sprintec (28).....  | VAQTA (PF).....                     | 31     |
| topiramate.....                 | 51         | TRIUMEQ.....            | varenicline.....                    | 71     |
| topotecan.....                  | 42         | TRIUMEQ PD.....         | VARIVAX (PF).....                   | 31     |
| toremifene.....                 | 42         | trivora (28).....       | VARIZIG.....                        | 31     |
| toremide.....                   | 20         | TRIZIVIR.....           | VARUBI.....                         | 26     |
| TOUJEO MAX U-300                |            | TRODELVY.....           | VECAMEYL.....                       | 15     |
| SOLOSTAR.....                   | 84         | TROGARZO.....           | VECTIBIX.....                       | 43     |
| TOUJEO SOLOSTAR U-              |            | TROPHAMINE 10 %.....    | VEKLURY.....                        | 9      |
| 300 INSULIN.....                | 84         | trosipium.....          | veletri.....                        | 20     |
| TRADJENTA.....                  | 84         | TRULANCE.....           | velivet triphasic regimen (28)..... | 66     |
| tramadol.....                   | 48         | TRULICITY.....          | VELPHORO.....                       | 73     |
| tramadol-acetaminophen.....     | 48         | TRUMENBA.....           | VELTASSA.....                       | 73     |
| trandolapril.....               | 20         | TRUQAP.....             | VEMLIDY.....                        | 9      |
| trandolapril-verapamil.....     | 20         | TUKYSA.....             | VENCLEXTA.....                      | 43     |
| tranexamic acid.....            | 68         | TURALIO.....            | VENCLEXTA STARTING                  |        |
| tranlycypromine.....            | 58         | turqoz (28).....        | PACK.....                           | 43     |
| travasol 10 %.....              | 97         | TWINRIX (PF).....       | venlafaxine.....                    | 59     |
| travoprost.....                 | 70         | TYPHIM VI.....          | verapamil.....                      | 20, 21 |
| TRAZIMERA.....                  | 42         | TYVASO.....             | VERQUVO.....                        | 15     |
| trazodone.....                  | 58         | TYVASO                  | VERSACLOZ.....                      | 59     |
| TRECTOR.....                    | 6          | INSTITUTIONAL START     | VERZENIO.....                       | 43     |
| TRELEGY ELLIPTA.....            | 93         | KIT.....                | vestura (28).....                   | 66     |
| TRELSTAR.....                   | 42         | TYVASO REFILL KIT.....  | V-GO 20.....                        | 94     |
| treprostinil sodium.....        | 20         | TYVASO STARTER KIT..... | V-GO 30.....                        | 94     |
| tretinoin (antineoplastic)..... | 43         | UBRELVY.....            | V-GO 40.....                        | 94     |
| tretinoin topical.....          | 78         | unithroid.....          | VIBATIV.....                        | 6      |
| triamcinolone acetanide         |            | UNITUXIN.....           | VIBERZI.....                        | 26     |
| .....                           | 62, 76, 79 | UPTRAVI.....            | vienva.....                         | 66     |
|                                 |            | ursodiol.....           | vigabatrin.....                     | 52     |

Al principio de la tabla encontrará información sobre el significado de los símbolos y abreviaturas que se usan en esta.

Esta lista de medicamentos se actualizó por última vez el 03/19/2024.

|                                            |    |                                   |        |                               |    |
|--------------------------------------------|----|-----------------------------------|--------|-------------------------------|----|
| <i>vigadrone</i> .....                     | 52 | XIGDUO XR.....                    | 85     | <i>zovia 1-35 (28)</i> .....  | 66 |
| <i>vigpoder</i> .....                      | 52 | XIIDRA.....                       | 71     | ZTALMY.....                   | 52 |
| <i>vilazodone</i> .....                    | 59 | XOFLUZA.....                      | 10     | ZUBSOLV.....                  | 48 |
| VIMIZIM.....                               | 81 | XOLAIR.....                       | 93     | <i>zumandimine (28)</i> ..... | 66 |
| <i>vinblastine</i> .....                   | 43 | XOSPATA.....                      | 44     | ZURZUVAE.....                 | 59 |
| <i>vincristine</i> .....                   | 43 | XPOVIO.....                       | 44     | ZYDELIG.....                  | 44 |
| <i>vinorelbine</i> .....                   | 43 | XTANDI.....                       | 44     | ZYKADIA.....                  | 44 |
| VIOKACE.....                               | 26 | <i>xulane</i> .....               | 68     | ZYNLONTA.....                 | 44 |
| <i>viorele (28)</i> .....                  | 66 | YERVOY.....                       | 44     | ZYNYZ.....                    | 44 |
| VIRACEPT.....                              | 9  | YF-VAX (PF).....                  | 31     | ZYPREXA RELPREVV.....         | 59 |
| VIREAD.....                                | 9  | YONDELIS.....                     | 44     |                               |    |
| VISTOGARD.....                             | 31 | <i>yuvafem</i> .....              | 67     |                               |    |
| VITRAKVI.....                              | 43 | <i>zafemy</i> .....               | 68     |                               |    |
| VIVITROL.....                              | 48 | <i>zafirlukast</i> .....          | 93     |                               |    |
| VIZIMPRO.....                              | 43 | <i>zaleplon</i> .....             | 59     |                               |    |
| VONJO.....                                 | 43 | ZALTRAP.....                      | 44     |                               |    |
| <i>voriconazole</i> .....                  | 3  | ZANOSAR.....                      | 44     |                               |    |
| VOSEVI.....                                | 9  | ZARXIO.....                       | 29     |                               |    |
| VOTRIENT.....                              | 43 | ZEGALOGUE                         |        |                               |    |
| VRAYLAR.....                               | 59 | AUTOINJECTOR.....                 | 85     |                               |    |
| VUMERITY.....                              | 62 | ZEGALOGUE SYRINGE...              | 85     |                               |    |
| VYNDAMAX.....                              | 15 | ZEJULA.....                       | 44     |                               |    |
| VYXEOS.....                                | 43 | ZELBORAF.....                     | 44     |                               |    |
| <i>warfarin</i> .....                      | 22 | <i>zenatane</i> .....             | 78     |                               |    |
| <i>water for irrigation, sterile</i> ..... | 73 | ZENPEP.....                       | 26     |                               |    |
| WELIREG.....                               | 43 | ZEPOSIA.....                      | 62     |                               |    |
| <i>wera (28)</i> .....                     | 66 | ZEPOSIA STARTER KIT               |        |                               |    |
| <i>wescap-pn dha</i> .....                 | 98 | (28-DAY).....                     | 62     |                               |    |
| <i>wixela inhub</i> .....                  | 93 | ZEPOSIA STARTER                   |        |                               |    |
| XALKORI.....                               | 43 | PACK (7-DAY).....                 | 62     |                               |    |
| XARELTO.....                               | 22 | ZEPZELCA.....                     | 44     |                               |    |
| XARELTO DVT-PE                             |    | <i>zidovudine</i> .....           | 10     |                               |    |
| TREAT 30D START.....                       | 22 | ZIEXTENZO.....                    | 29     |                               |    |
| XATMEP.....                                | 43 | <i>ziprasidone hcl</i> .....      | 59     |                               |    |
| XCOPRI.....                                | 52 | <i>ziprasidone mesylate</i> ..... | 59     |                               |    |
| XCOPRI MAINTENANCE                         |    | ZIRABEV.....                      | 44     |                               |    |
| PACK.....                                  | 52 | ZIRGAN.....                       | 69     |                               |    |
| XCOPRI TITRATION                           |    | ZOLADEX.....                      | 44     |                               |    |
| PACK.....                                  | 52 | <i>zoledronic acid</i> .....      | 81     |                               |    |
| XDEMVY.....                                | 71 | <i>zoledronic acid-mannitol-</i>  |        |                               |    |
| XELJANZ.....                               | 88 | <i>water</i> .....                | 73, 81 |                               |    |
| XELJANZ XR.....                            | 88 | ZOLINZA.....                      | 44     |                               |    |
| XERMELO.....                               | 43 | <i>zolmitriptan</i> .....         | 61     |                               |    |
| XGEVA.....                                 | 31 | <i>zolpidem</i> .....             | 59     |                               |    |
| XIAFLEX.....                               | 73 | ZONISADE.....                     | 52     |                               |    |
| XIFAXAN.....                               | 6  | <i>zonisamide</i> .....           | 52     |                               |    |

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Este formulario se actualizó en 03/19/2024. Para la información más reciente u otras preguntas, favor de comunicarse con Banner Medicare Advantage Dual al (877) 874-3930 TTY 711, 8 a.m. a 8 p.m., los siete días de la semana, o visite [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).



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