

**Newport-Mesa Unified School District (N-MUSD) (HMO)  
2025 SCAN Health Plan Formulary**

List of Covered Drugs or “Drug List”

**Formulario de SCAN Health Plan**

Lista de medicamentos cubiertos o “Lista de medicamentos”



This formulary was updated on 8/1/2024. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

Este formulario se actualizó el 8/1/2024. Para obtener información más reciente o si tiene pregunta, comuníquese con Servicios para Miembros de SCAN Health Plan al 1-800-559-3500 (los usuarios de TTY deben llamar al 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana, desde el 1 de octubre hasta el 31 de marzo. Desde el 1 de abril hasta el 30 de septiembre, el horario es de 8:00 a. m. a 8:00 p. m., de lunes a viernes (los mensajes recibidos en días festivos y fuera del horario de atención se responderán en el plazo de un día hábil). También puede visitar [www.scanhealthplan.com](http://www.scanhealthplan.com).

# Newport-Mesa Unified School District (N-MUSD) (HMO) 2025 Formulary (List of Covered Drugs or “Drug List”)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

**25409, 14**

This formulary was updated on 8/1/2024. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means SCAN Health Plan. When it refers to “plan” or “our plan,” it means SCAN Retiree Group - N-MUSD (HMO).

This document includes a Drug List (formulary) for our plan which is current as of August 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy<sup>SM</sup> is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users should call 711. You may opt out of automatic deliveries at any time.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

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## What is the SCAN Retiree Group - N-MUSD formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SCAN Retiree Group - N-MUSD in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SCAN Retiree Group - N-MUSD will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SCAN Retiree Group - N-MUSD network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.scanhealthplan.com/newport-mesa>.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand-name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand-name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the SCAN Retiree Group - N-MUSD's Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the SCAN Retiree Group - N-MUSD's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August, 2024. To get updated information about the drugs covered by SCAN Retiree Group - N-MUSD, please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 20. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 20. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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## What are generic drugs?

SCAN Retiree Group - N-MUSD covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand-name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5 Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** SCAN Retiree Group - N-MUSD requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from SCAN Retiree Group - N-MUSD before you fill your prescriptions. If you don't get approval, SCAN Retiree Group - N-MUSD may not cover the drug.
- **Quantity Limits:** For certain drugs, SCAN Retiree Group - N-MUSD limits the amount of the drug that SCAN Retiree Group - N-MUSD will cover. For example, SCAN Retiree Group - N-MUSD provides 30 tablets per prescription for ramelteon. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 20. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SCAN Retiree Group - N-MUSD to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SCAN Retiree Group - N-MUSD's formulary?" on page 6 for information about how to request an exception.

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## What if my drug is not on the Formulary?

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

If you learn that SCAN Retiree Group - N-MUSD does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SCAN Retiree Group - N-MUSD. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by SCAN Retiree Group - N-MUSD.
- You can ask SCAN Retiree Group - N-MUSD to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the SCAN Retiree Group - N-MUSD's Formulary?

You can ask SCAN Retiree Group - N-MUSD to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SCAN Retiree Group - N-MUSD limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, SCAN Retiree Group - N-MUSD will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you

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meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication if you are not in a long-term care facility or a 31-day supply of medication if you are a resident of a long-term care facility. If coverage is not approved, after your first 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary or your ability to get your drugs may be limited. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. While you are talking with your doctor to determine the course of action, you are eligible to receive a 30-day transition supply of the drug if you are moving from a long-term care facility or a hospital stay to home or a 31-day transition supply of the drug if you are moving from home or a hospital stay to a long-term care facility.

## **For more information**

For more detailed information about your SCAN Retiree Group - N-MUSD prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about SCAN Retiree Group - N-MUSD, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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



The chart below lists what you will pay as your share of the costs for covered prescription drugs at our network pharmacies when you are in the Initial Coverage Stage.

Preferred cost-sharing is lower cost-sharing that may be available to you for certain covered Part D drugs at certain network pharmacies. For more information, please visit our online searchable Pharmacy Directory at [www.scanhealthplan.com](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

Please refer to your Evidence of Coverage for information about the costs at Long-Term Care (LTC) pharmacies and out-of-network pharmacies.

If you receive "Extra Help," your share of the cost for covered prescription drugs may vary based on the level of "Extra Help" you receive. For more information about your drug costs, look at the "LIS Rider".

**SCAN Retiree Group - N-MUSD (HMO):**

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$5	\$10	\$10	\$20
2	Generic		\$5	\$10	\$10	\$20
3	Preferred Brand	Insulin	\$20	\$40	\$20	\$40
		Other Drugs	\$20	\$40	\$20	\$40
4	Non-Preferred Drug		\$20	\$40	\$20	\$40
5	Specialty Tier		25%	N/A	25%	N/A
<p>You won't pay more than \$20 for a one-month supply and no more than \$40 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered through a coverage determination, appeal, or transition.</p> <p>Most adult Part D vaccines are covered by our plan at no cost to you.</p>						

## SCAN Retiree Group - N-MUSD's Formulary

The formulary that begins on page 20 provides coverage information about the drugs covered by SCAN Retiree Group - N-MUSD. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if SCAN Retiree Group - N-MUSD has any special requirements for coverage of your drug.

- The symbol [PA] indicates that prior authorization applies.
- The symbol [B vs D] indicates that this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- The symbol [QL] indicates that quantities dispensed are limited. To see the quantity limit amount for the formulary drugs with quantity limits, turn to the page 56.
- The symbol [LD] indicates that limited distribution applies. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).
- The symbol [EDS] indicates that this drug is available for an extended day supply (e.g., greater than a 30-day supply) at mail-order and many retail pharmacies.

# Newport-Mesa Unified School District (N-MUSD) (HMO)

## Formulario de 2025 (Lista de medicamentos cubiertos o “Lista de medicamentos”)

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

**25409, 14**

Este formulario se actualizó el 8/1/2024. Para obtener información más reciente o si tiene preguntas, comuníquese con Servicios para Miembros de SCAN Health Plan, al 1-800-559-3500 (los usuarios de TTY deben llamar al 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana del 1 de octubre al 31 de marzo. Del 1 de abril al 30 de septiembre, el horario es de 8:00 a. m. a 8:00 p. m., de lunes a viernes (los mensajes recibidos en días feriados y fuera del horario de atención se responderán en el plazo de un día hábil). También puede visitar [www.scanhealthplan.com](http://www.scanhealthplan.com).

**Nota para miembros actuales:** Este Formulario ha cambiado desde el año pasado. Revise este documento para asegurarse que todavía se incluyen los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) hace referencia a “nosotros” o “nuestro”, quiere decir SCAN Health Plan. Cuando se hace referencia al “plan” o a “nuestro plan”, quiere decir SCAN Retiree Group - N-MUSD (HMO).

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan que está vigente desde agosto de 2024. Para obtener una Lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

Por lo general, debe acudir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias, o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año. Recibirá un aviso cuando sea necesario.

Puede solicitar que se le envíen los medicamentos con receta a su hogar a través de nuestro programa de entrega de pedido por correo de la red. Express Scripts Pharmacy<sup>SM</sup> es nuestra farmacia de pedido por correo preferida. Si bien puede surtir sus medicamentos con receta en cualquiera de las farmacias de pedido por correo de nuestra red, posiblemente pague menos en la farmacia de pedido por correo preferida. Por lo general, debería recibir sus medicamentos con receta dentro de los 14 días a partir del momento en que la farmacia de pedido por correo Express Scripts reciba la solicitud. Si no recibe su(s) medicamento(s) con receta dentro de ese plazo, comuníquese con Servicios para Miembros de SCAN Health Plan. Para las recetas de pedido por correo, tiene la opción de inscribirse en un programa de resurtido automático comunicándose con Express Scripts Pharmacy al 1-866-553-4125, las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 711. Puede cancelar la inscripción de los envíos automáticos en cualquier momento.

SCAN Health Plan es un plan HMO con un contrato de Medicare. La inscripción en SCAN Health Plan depende de la renovación del contrato.

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Fecha de la última actualización del formulario 8/1/2024

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## ¿Qué es el formulario de SCAN Retiree Group - N-MUSD?

En este documento, usamos los términos Lista de medicamentos y formulario para hacer referencia a lo mismo. Un formulario es una lista de medicamentos cubiertos elegidos por SCAN Retiree Group - N-MUSD en consulta con un equipo de proveedores de atención médica que representa los medicamentos con receta necesarios para los tratamientos como parte de un programa de tratamiento de calidad. SCAN Retiree Group - N-MUSD cubre los medicamentos que aparecen en nuestro formulario cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de SCAN Retiree Group - N-MUSD y se respeten las demás normas del plan. Para obtener más información acerca de cómo surtir las recetas, revise la Evidencia de cobertura.

## ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1 de enero, pero podemos añadir o retirar medicamentos del formulario durante el año, pasarlos a diferentes niveles de gastos compartidos o añadir nuevas restricciones. Debemos seguir las normas de Medicare a la hora de hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: <https://www.scanhealthplan.com/newport-mesa>.

**Los cambios que pueden afectarle este año:** En los siguientes casos, se verá afectado por cambios los de cobertura durante el año:

- **Sustitución inmediata de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una determinada versión nueva de ese medicamento que aparecerá en el mismo nivel de gasto compartido o en uno menor y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero cambiarlo inmediatamente a un nivel de gastos compartidos diferente o agregar nuevas restricciones.

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

Si actualmente toma el medicamento de marca o el producto biológico original, es posible que no le informemos por adelantado antes de hacer un cambio inmediato, pero luego le brindaremos información sobre los cambios específicos que hemos hecho.

Si implementamos dicho cambio, usted u otra persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción para el Formulario de SCAN Retiree Group - N-MUSD?”

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

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- **Medicamentos retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante, o la Administración de Alimentos y Medicamentos (FDA) determina su retiro por motivos de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y luego notificar a los miembros que lo toman.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que toman actualmente un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario al agregar un equivalente genérico o retirar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de gastos compartidos diferente, o ambas opciones. Podemos realizar cambios según nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, o si movemos un medicamento a un nivel de gastos compartidos más alto, debemos notificar a los miembros afectados sobre el cambio, al menos 30 días antes de que el cambio esté vigente. O bien, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

Si implementamos estos cambios, usted u otra persona autorizada a dar recetas pueden solicitarle que hagamos una excepción para usted y que sigamos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionaremos también incluye información sobre cómo solicitar una excepción y, además, puede encontrar información en la sección a continuación, “¿Cómo solicito una excepción para el Formulario de SCAN Retiree Group - N-MUSD?”

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario de 2025 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto en los casos que se describieron anteriormente. Esto significa que estos medicamentos permanecerán disponibles con los mismos gastos compartidos y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No recibirá un aviso directo sobre los cambios que no le afecten este año. Sin embargo, dichos cambios podrían afectarle a partir del 1 de enero del año siguiente, y es importante que revise el formulario del nuevo año de beneficios para ver los cambios en los medicamentos.

El formulario adjunto está vigente desde agosto de 2024. Para obtener información actualizada acerca de los medicamentos cubiertos por SCAN Retiree Group - N-MUSD, póngase en contacto con nosotros. Nuestra información de contacto aparece en las páginas de la cubierta del frente y del dorso.

## ¿Cómo uso el Formulario?

Existen dos maneras de buscar un medicamento dentro del formulario:

### Afección médica

El formulario comienza en la página 20. En este formulario, los medicamentos se dividen en categorías según el tipo de afección médica que tratan. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se indican en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 20. Luego busque el nombre del medicamento debajo del nombre de la

categoría.

## **Orden alfabético**

Si no sabe en qué categoría buscar, debe buscar el medicamento en el Índice que comienza en la página 61. El Índice le proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos figuran en el Índice. Consulte el Índice y busque su medicamento. Al lado de medicamento, verá el número de página en donde puede encontrar la información de cobertura. Vaya a la página que figura en el Índice y busque el nombre del medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

SCAN Retiree Group - N-MUSD cubre tanto medicamentos de marca como genéricos. La Administración de Alimentos y Medicamentos (FDA) aprueba un medicamento genérico cuando considera que contiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca y, en general, cuestan menos. Hay sustitutos genéricos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden sustituir al medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

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

En el formulario, cuando hablamos de medicamentos, podríamos hacer referencia a un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. En general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Sección 3.1 del Capítulo 5, "La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos".

## **¿Existe alguna restricción en mi cobertura?**

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

- **Autorización previa:** SCAN Retiree Group - N-MUSD requiere que usted o la persona autorizada a dar recetas obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de SCAN Retiree Group - N-MUSD antes de surtir sus medicamentos con receta. Si no obtiene la aprobación, es posible que SCAN Retiree Group - N-MUSD no cubra el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, SCAN Retiree Group - N-MUSD limita la cantidad del medicamento que SCAN Retiree Group - N-MUSD cubrirá. Por ejemplo, SCAN Retiree Group - N-MUSD proporciona 30 comprimidos por receta para ramelteon. Esto puede ser un surtido adicional al suministro estándar de un mes o de tres meses.

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional en el formulario que comienza en la página 20. También puede obtener más información sobre las restricciones que se aplican a los medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado un documento donde se explica nuestra restricción de autorización previa. Además, 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 portada y contraportada.

Puede solicitar a SCAN Retiree Group - N-MUSD que realice una excepción para estas restricciones o estos límites o para una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección, “¿Cómo solicito una excepción para el Formulario de SCAN Retiree Group - N-MUSD?” en la página 15 para obtener más información sobre cómo solicitar una excepción.

## **¿Qué sucede si el medicamento que necesito no se incluye en el Formulario?**

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

Si le informan que SCAN Retiree Group - N-MUSD no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por SCAN Retiree Group - N-MUSD. Cuando reciba la lista, muéstresela a su médico/a y pídale que le recete un medicamento similar que esté cubierto por SCAN Retiree Group - N-MUSD.
- Puede solicitar a SCAN Retiree Group - N-MUSD que realice una excepción y cubra su medicamento. Consulte a continuación para obtener más información sobre cómo solicitar una excepción.

## **¿Cómo solicito una excepción para el Formulario de SCAN Retiree Group - N-MUSD?**

Puede solicitar a SCAN Retiree Group - N-MUSD que realice una excepción en nuestras normas de cobertura. Existen diferentes tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no figura en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de compartición de costo predeterminado y no podrá pedirnos que proporcionemos el medicamento a un nivel de gastos compartidos inferior.
- Puede pedirnos que no apliquemos una restricción de cobertura que incluya una autorización previa, un tratamiento escalonado o un límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, SCAN Retiree Group - N-MUSD limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y que cubramos un monto mayor.



- Puede pedirnos que cubramos un medicamento del formulario a un nivel de gastos compartidos más bajo, a menos que el medicamento se encuentre entre los medicamentos de especialidad. Si se aprueba, esto disminuiría el monto que debe pagar por su medicamento.

Por lo general, SCAN Retiree Group - N-MUSD solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con menor gasto compartido o la aplicación de la restricción no resultaran tan eficaces para usted ni provocaran efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción de nivel o formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, la persona autorizada a dar recetas deberá explicarle los motivos médicos por los que necesita la excepción.** Por lo general, debemos tomar una decisión en un plazo de 72 horas después de recibir la declaración de apoyo de su recetador/a. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas por una decisión. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos comunicarle una decisión en un plazo máximo de 24 horas después de recibir la declaración de apoyo de la persona autorizada a dar recetas.

## ¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico/a determinan el curso de acción correcto para usted, podemos cubrir el medicamento en ciertos casos durante los primeros 90 días tras convertirse en miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén en nuestro formulario o que tengan una restricción de cobertura, cubriremos un suministro temporal de 30 días si no se encuentra en un centro de atención médica a largo plazo, o un suministro de 31 días si es residente de un centro de atención médica a largo plazo. Si su receta está escrita por menos días, permitiremos resurtidos para proporcionar un suministro máximo de medicamentos para 30 días si no se encuentra en un centro de atención médica a largo plazo o un suministro de medicamentos para 31 días si es residente de un centro de atención médica a largo plazo. Si no se aprueba la cobertura, después primer suministro para 30 días, si no se encuentra en un centro de atención médica a largo plazo, o un suministro para 31 días si es residente de un centro de atención médica a largo plazo, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada pero pasó los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de ese medicamento para 31 días mientras solicita una excepción del formulario.

Si es un miembro actual que se está cambiando a un nivel de atención diferente, es probable que le

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receten medicamentos que no están en nuestro formulario o que su capacidad para obtener los medicamentos sea limitada. En estos casos, tiene que hablar con su médico/a sobre los tratamientos alternativos adecuados que se encuentran disponibles en nuestro formulario. Si no hay tratamientos alternativos adecuados en nuestro formulario, usted o su médico/a pueden solicitar una excepción y pedirle al plan que cubra el medicamento o quite las restricciones del medicamento. Mientras habla con su médico/a para determinar el curso de acción, es elegible para recibir un suministro del medicamento para 30 días, si está pasando de un centro de atención médica a largo plazo o de una hospitalización a su hogar, o un suministro de transición del medicamento para 31 días, si está pasando de una hospitalización o de su hogar a un centro de atención médica a largo plazo.

## **Para obtener más información**

Para obtener información más detallada sobre su cobertura para medicamentos con receta de SCAN Retiree Group - N-MUSD revise su Evidencia de cobertura y el resto de los materiales del plan.

Si tiene preguntas sobre SCAN Retiree Group - N-MUSD, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y contraportada.

Si tiene preguntas generales sobre su cobertura de Medicare para medicamentos con receta, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana.

Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>. La tabla a continuación enumera lo que pagará como su parte de los costos de los medicamentos con receta cubiertos en las farmacias de nuestra red cuando se encuentre en la Etapa de cobertura inicial.

El gasto compartido preferido es más bajo que el gasto compartido que pueda tener disponible para ciertos medicamentos cubiertos de la Parte D en determinadas farmacias de la red. Para obtener más información, visite nuestro directorio de farmacias en línea donde se pueden realizar búsquedas en [www.scanhealthplan.com](http://www.scanhealthplan.com) o llame a Servicios para Miembros. Nuestra información de contacto aparece en las páginas de la cubierta del frente y del dorso.

Consulte la Evidencia de cobertura para obtener información sobre los costos en farmacias para cuidado a largo plazo (LTC) y farmacias fuera de la red.

Si recibe "Ayuda adicional", su parte del costo para medicamentos con receta cubiertos puede variar según el nivel de "Ayuda adicional" que reciba. Para obtener más información sobre los costos de los medicamentos, consulte la "Cláusula adicional LIS".

**SCAN Retiree Group - N-MUSD (HMO):**

Nivel del medicamento	Nombre del nivel	Minorista y de pedido por correo				
		Preferida		Estándar		
		Suministro para 30 días	Suministro para 100 días	Suministro para 30 días	Suministro para 100 días	
1	Medicamentos genéricos preferidos	\$5	\$10	\$10	\$20	
2	Medicamentos genéricos	\$5	\$10	\$10	\$20	
3	Medicamentos de marca preferidos	Insulina	\$20	\$40	\$20	\$40
		Otros medicamentos	\$20	\$40	\$20	\$40
4	Medicamentos no preferidos	\$20	\$40	\$20	\$40	
5	Medicamentos de especialidad	25%	N/C	25%	N/C	
<p>No pagará más de \$20 por un suministro para un mes, ni más de \$40 por un suministro para tres meses, de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre. No pagará más de \$35 por un suministro para un mes, ni más de \$105 por un suministro para tres meses, de cada producto de insulina cubierto por una determinación de cobertura, apelación o transición.</p> <p>La mayoría de las vacunas para adultos de la Parte D están cubiertas por nuestro plan sin costo alguno para usted.</p>						

## Formulario de SCAN Retiree Group - N-MUSD

El formulario que comienza en la página 20 proporciona información sobre la cobertura de los medicamentos cubiertos por SCAN Retiree Group - N-MUSD. Si no encuentra el medicamento en la lista, vaya al Índice que comienza en la página 61.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están en mayúscula (p. ej., JANUVIA) y los medicamentos genéricos aparecen en minúscula y cursiva (p. ej., *metformina*).

La información en la columna de Requisitos/limitaciones le indica si SCAN Retiree Group - N-MUSD tiene algún requisito especial para la cobertura de su medicamento.

- El símbolo [PA] indica que aplica una autorización previa.
- El símbolo [B vs D] indica que este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare según las circunstancias. Es posible que tenga que enviar información describiendo el uso y entorno del medicamento para realizar la determinación.
- El símbolo [QL] indica que las cantidades suministradas son limitadas. Para ver el límite de cantidad para los medicamentos del formulario con límites de cantidad, vaya a la página 56.
- El símbolo [LD] indica que aplica una distribución limitada. Es posible que este medicamento con receta esté disponible solo en ciertas farmacias. Para obtener más información, consulte con su Directorio de farmacias o llame a Servicios para Miembros al 1-800-559-3500 (los usuarios de TTY deben llamar al 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana, del 1 de octubre al 31 de marzo. Del 1 de abril al 30 de septiembre, el horario es de 8:00 a. m. a 8:00 p. m., de lunes a viernes (los mensajes recibidos en días feriados y fuera del horario de atención se responderán en el plazo de un día hábil). También puede visitar [www.scanhealthplan.com](http://www.scanhealthplan.com).
- El símbolo [EDS] indica que este medicamento está disponible para un suministro extendido (p. ej., un suministro para más de 30 días) con el servicio de pedido por correo y en muchas farmacias minoristas.

**FORMULARY DRUGS ARRANGED BY THERAPEUTIC CLASS  
 MEDICAMENTOS DEL FORMULARIO COORDINADOS POR LA CLASE TERAPÉUTICA**

Formulary ID: 25409 (Version 14)  
 ID de Formulario: 25409 (Versión 14)

Updated: 8/2024  
 Actualizado: 8/2024

Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites
<b>ANALGESICS</b>		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib</i>	2	[EDS]
<i>diclofenac potassium tab 50mg</i>	1	[EDS]
<i>diclofenac sodium dr</i>	1	[EDS]
<i>diclofenac sodium er</i>	1	[EDS]
<i>diclofenac sodium soln 1.5%</i>	4	[QL] [EDS]
<i>diclofenac sodium soln 2%</i>	4	[QL] [EDS]
<i>diflunisal</i>	2	[EDS]
<i>ec-naproxen</i>	1	[EDS]
<i>etodolac</i>	2	[EDS]
<i>etodolac er</i>	2	[EDS]
<i>ibu</i>	1	[EDS]
<i>ibuprofen</i>	1	[EDS]
<i>indomethacin er</i>	2	[EDS]
<i>indomethacin ir caps</i>	2	[EDS]
<i>ketorolac oral tabs</i>	2	[EDS]
LODINE TABS	2	[EDS]
<i>meloxicam tabs</i>	1	[EDS]
<i>nabumetone</i>	2	[EDS]
<i>naproxen tabs 250mg, 375mg &amp; 500mg</i>	1	[EDS]
<i>naproxen sodium ir tabs</i>	1	[EDS]
<i>piroxicam</i>	2	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>sulindac</i>	2	[EDS]
<i>Opioid Analgesics, Long-acting</i>		
<i>fentanyl patches 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr &amp; 100mcg/hr</i>	3	[QL] [EDS]
<i>methadone oral</i>	2	[EDS]
<i>morphine sulfate er tabs</i>	3	[QL] [EDS]
OXYCODONE ER TABS	4	[QL] [EDS]
<i>tramadol er tabs</i>	3	[QL] [EDS]
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen &amp; codeine</i>	2	[QL] [EDS]
<i>butorphanol tartrate nasal</i>	2	[QL] [EDS]
<i>codeine sulfate</i>	2	[EDS]
<i>endocet</i>	3	[QL] [EDS]
<i>fentanyl citrate lozenges 200mcg</i>	4	[PA] [EDS]
<i>fentanyl citrate lozenges 400mcg, 600mcg, 800mcg, 1200mcg &amp; 1600mcg</i>	5	[PA]
<i>hydrocodone &amp; acetaminophen soln 7.5-325mg/15ml</i>	2	[QL] [EDS]

[PA] = Prior Authorization [B vs D] = B versus D [QL] = Quantity Limit  
 [LD] = Limited Distribution [EDS] = Extended Day Supply

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nombre del Medicamento	Nivel	Requisitos/Límites	Nombre del Medicamento	Nivel	Requisitos/Límites
<i>hydrocodone &amp; acetaminophen tabs 5-325mg, 7.5-325mg &amp; 10-325mg</i>	2	[QL] [EDS]	<b>Opioid Dependence</b>		
<i>hydrocodone &amp; ibuprofen tabs 7.5-200mg</i>	2	[QL] [EDS]	<i>buprenorphine sublingual tabs</i>	1	[EDS]
<i>hydromorphone immediate-release oral soln &amp; tabs</i>	2	[EDS]	<i>buprenorphine &amp; naloxone sublingual film</i>	2	[EDS]
<i>morphine sulfate oral</i>	2	[EDS]	<i>buprenorphine &amp; naloxone sublingual tabs</i>	2	[EDS]
<i>oxycodone immediate-release</i>	2	[EDS]	<b>Opioid Reversal Agents</b>		
<i>oxycodone oral soln</i>	2	[EDS]	KLOXXADO	3	[EDS]
<i>oxycodone &amp; acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	3	[QL] [EDS]	<i>naloxone inj</i>	2	[EDS]
<i>tramadol tab 50mg</i>	2	[EDS]	<i>naloxone nasal</i>	2	[EDS]
<i>tramadol ir tab 100mg</i>	2	[QL] [EDS]	OPVEE	4	[EDS]
<i>tramadol &amp; acetaminophen</i>	2	[QL] [EDS]	<b>Smoking Cessation Agents</b>		
<b>ANESTHETICS</b>			<i>bupropion sr 150mg</i>	2	[EDS]
<b>Local Anesthetics</b>			NICOTROL INHALER	4	[EDS]
<i>lidocaine ointment</i>	4	[QL] [EDS]	NICOTROL NASAL	4	[EDS]
<i>lidocaine patch</i>	3	[PA] [EDS]	<i>varenicline starting month box</i>	4	[EDS]
<i>lidocaine topical soln</i>	2	[QL] [EDS]	<i>varenicline tartrate</i>	4	[EDS]
<i>lidocaine &amp; prilocaine cream</i>	3	[QL] [EDS]	<b>ANTIBACTERIALS</b>		
<i>lidocan III</i>	3	[PA] [EDS]	<b>Aminoglycosides</b>		
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>			<i>amikacin inj</i>	2	[EDS]
<b>Alcohol Deterrents/Anti-Craving</b>			ARIKAYCE	5	[PA]
<i>acamprosate calcium dr</i>	2	[EDS]	<i>gentamicin cream 0.1% &amp; oint 0.1%</i>	2	[EDS]
<i>disulfiram</i>	2	[EDS]	<i>gentamicin inj 40mg/ml</i>	2	[EDS]
<i>naltrexone</i>	1	[EDS]	<i>neomycin sulfate oral</i>	2	[EDS]
			<i>streptomycin inj</i>	4	[EDS]
			<i>tobramycin sulfate inj</i>	2	[EDS]
			<b>Antibacterials, Other</b>		
			<i>aztreonam inj</i>	4	[EDS]
			CLEOCIN VAGINAL SUPP	3	[EDS]
			<i>clindamycin oral</i>	2	[EDS]

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Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>clindamycin phosphate inj</i>	2	[EDS]	<i>cefdinir</i>	2	[EDS]
<i>clindamycin phosphate/dextrose inj</i>	2	[EDS]	<i>cefepime inj</i>	2	[EDS]
<i>clindamycin swab</i>	2	[EDS]	<i>cefixime caps</i>	3	[EDS]
<i>clindamycin vaginal cream</i>	2	[EDS]	<i>cefixime susp</i>	4	[EDS]
<i>colistimethate inj</i>	4	[EDS]	<i>cefoxitin sodium</i>	2	[EDS]
<i>daptomycin inj</i>	5		<i>cefpodoxime tabs</i>	2	[EDS]
<i>fosfomicin pack</i>	4	[EDS]	<i>cefprozil</i>	2	[EDS]
<i>linezolid inj</i>	4	[EDS]	<i>ceftazidime inj</i>	2	[EDS]
<i>linezolid oral susp and tabs</i>	4	[EDS]	<i>ceftriaxone inj</i>	2	[EDS]
<i>methenamine hippurate</i>	2	[EDS]	<i>cefuroxime oral</i>	2	[EDS]
<i>metronidazole inj</i>	2	[EDS]	<i>cefuroxime inj</i>	2	[EDS]
<i>metronidazole oral</i>	2	[EDS]	<i>cephalexin caps 250mg &amp; 500mg</i>	1	[EDS]
<i>metronidazole vaginal gel</i>	2	[EDS]	<i>cephalexin oral susp</i>	1	[EDS]
<i>nitrofurantoin caps</i>	2	[EDS]	<i>tazicef inj</i>	2	[EDS]
SIVEXTRO TABS & INJ	5		TEFLARO INJ	5	
<i>tigecycline inj</i>	5		<b>Beta-lactam, Penicillins</b>		
<i>tinidazole tabs</i>	3	[EDS]	<i>amoxicillin</i>	1	[EDS]
<i>trimethoprim</i>	2	[EDS]	<i>amoxicillin &amp; clavulanate potassium</i>	2	[EDS]
<i>vancomycin caps</i>	4	[EDS]	<i>amoxicillin &amp; clavulanate potassium er</i>	2	[EDS]
<i>vancomycin inj 500mg, 750mg, 1gm &amp; 10gm</i>	3	[EDS]	<i>ampicillin inj</i>	2	[EDS]
<i>vancomycin oral soln 250mg/5ml</i>	4	[EDS]	<i>ampicillin oral</i>	2	[EDS]
<i>vandazole</i>	2	[EDS]	<i>ampicillin &amp; sulbactam inj 10-5gm, 2-1gm &amp; 1-0.5gm</i>	2	[EDS]
<b>Beta-lactam, Cephalosporins</b>			BICILLIN L-A INJ	4	[EDS]
<i>cefaclor</i>	2	[EDS]	<i>dicloxacillin sodium</i>	2	[EDS]
<i>cefaclor er</i>	2	[EDS]	<i>nafcillin sodium inj</i>	4	[EDS]
<i>cefadroxil caps &amp; tabs</i>	2	[EDS]	<i>penicillin g inj 5 million units &amp; 20 million units</i>	2	[EDS]
<i>cefazolin inj</i>	2	[EDS]	<i>penicillin v potassium</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>piperacillin/tazobactam inj</i>	3	[EDS]	<i>sulfadiazine tabs</i>	4	[EDS]
ZOSYN INJ	4	[EDS]	<i>sulfamethoxazole &amp; trimethoprim tabs</i>	1	[EDS]
<b>Carbapenems</b>			<i>sulfamethoxazole &amp; trimethoprim ds tabs</i>	1	[EDS]
<i>cilastatin/imipenem inj</i>	2	[EDS]	<i>sulfamethoxazole &amp; trimethoprim oral susp</i>	2	[EDS]
<i>ertapenem inj</i>	4	[EDS]	<b>Tetracyclines</b>		
<i>meropenem inj</i>	3	[EDS]	<i>demeclocycline</i>	4	[EDS]
<b>Macrolides</b>			<i>doxy 100 inj</i>	2	[EDS]
<i>azithromycin tabs &amp; oral susp bottle</i>	2	[EDS]	<i>doxycycline hyclate immediate-release caps 50mg &amp; 100mg</i>	2	[EDS]
<i>azithromycin inj</i>	2	[EDS]	<i>doxycycline hyclate immediate-release tabs 100mg</i>	2	[EDS]
<i>clarithromycin</i>	2	[EDS]	<i>doxycycline monohydrate immediate-release tabs, caps &amp; oral susp</i>	2	[EDS]
<i>clarithromycin er</i>	2	[EDS]	<i>minocycline ir</i>	2	[EDS]
DIFICID	5		<i>tetracycline</i>	3	[EDS]
ERYTHROCIN LACTOBIONATE INJ	4	[EDS]	<b>ANTICONVULSANTS</b>		
<i>erythrocin stearate</i>	4	[EDS]	<b>Anticonvulsants, Other</b>		
<i>erythromycin caps &amp; tabs</i>	4	[EDS]	BRIVIACT ORAL SOLN	4	[PA] [EDS]
<i>erythromycin dr</i>	4	[EDS]	BRIVIACT TABS	5	[PA]
<b>Quinolones</b>			EPIDIOLEX	5	[PA] [LD]
<i>ciprofloxacin in d5w inj</i>	2	[EDS]	<i>felbamate tabs 400mg</i>	2	[EDS]
<i>ciprofloxacin tabs immediate-release 250mg, 500mg &amp; 750mg</i>	1	[EDS]	<i>felbamate tabs 600mg</i>	4	[EDS]
<i>levofloxacin in d5w inj</i>	2	[EDS]	<i>felbamate oral susp 600mg/5ml</i>	5	
<i>levofloxacin oral soln</i>	2	[EDS]	FINTEPLA	5	[PA]
<i>levofloxacin tabs</i>	1	[EDS]	FYCOMPA	4	[PA] [EDS]
<i>moxifloxacin inj</i>	4	[EDS]	<i>levetiracetam er</i>	2	[EDS]
<i>moxifloxacin oral</i>	2	[EDS]			
<i>ofloxacin oral</i>	2	[EDS]			
<b>Sulfonamides</b>					
<i>sulfacetamide sodium topical lotion 10%</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>levetiracetam oral</i>	2	[EDS]	<i>vigpoder</i>	5	[LD]
NAYZILAM	4	[PA] [EDS]	ZTALMY SUSP	5	[LD]
<i>roweepra 500mg</i>	2	[EDS]	<b>Sodium Channel Agents</b>		
SPRITAM	4	[EDS]	APTIOM	5	[PA]
<i>valproic acid oral caps &amp; soln</i>	2	[EDS]	<i>carbamazepine tabs, chewable tabs &amp; oral susp</i>	2	[EDS]
<b>Calcium Channel Modifying Agents</b>			<i>carbamazepine er tabs &amp; caps</i>	3	[EDS]
<i>ethosuximide</i>	2	[EDS]	DILANTIN CAPS	3	[EDS]
<i>methsuximide</i>	4	[EDS]	DILANTIN INFATABS	3	[EDS]
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>			DILANTIN SUSP	3	[EDS]
<i>clobazam</i>	4	[PA] [EDS]	<i>epitol</i>	2	[EDS]
<i>clonazepam</i>	3	[EDS]	<i>lacosamide oral</i>	4	[EDS]
<i>clonazepam odt</i>	4	[EDS]	<i>oxcarbazepine tabs</i>	2	[EDS]
DIACOMIT	5	[PA]	<i>oxcarbazepine susp</i>	4	[EDS]
DIAZEPAM RECTAL GEL	4	[EDS]	<i>phenytek</i>	2	[EDS]
<i>divalproex sodium dr</i>	2	[EDS]	<i>phenytoin oral susp &amp; chewable tabs</i>	2	[EDS]
<i>divalproex sodium er</i>	2	[EDS]	<i>phenytoin er</i>	2	[EDS]
<i>gabapentin caps, ir tabs &amp; oral soln</i>	2	[EDS]	<i>rufinamide</i>	4	[PA] [EDS]
LIBERVANT	4	[PA] [EDS]	TEGRETOL	3	[EDS]
<i>phenobarbital elixir &amp; tabs</i>	2	[EDS]	TEGRETOL XR	3	[EDS]
<i>pregabalin</i>	2	[EDS]	TRILEPTAL	4	[EDS]
<i>primidone tabs 50mg &amp; 250mg</i>	2	[EDS]	XCOPRI TABS	5	[PA]
PRIMIDONE TABS 125MG	3	[EDS]	XCOPRI MAINTENANCE PACK	5	[PA]
SYMPAZAN 5MG	4	[PA] [EDS]	XCOPRI TITRATION PACK 12.5-25MG	4	[PA] [EDS]
SYMPAZAN 10MG & 20MG	5	[PA]	XCOPRI TITRATION PACK 50-100MG, & 150-200MG	5	[PA]
<i>tiagabine</i>	4	[EDS]	ZONISADE	4	[EDS]
VALTOCO	4	[PA] [EDS]	<i>zonisamide</i>	2	[EDS]
<i>vigabatrin</i>	5	[LD]			
<i>vigadrone</i>	5	[LD]			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nombre del Medicamento	Nivel	Requisitos/Límites	Nombre del Medicamento	Nivel	Requisitos/Límites
<b>ANTIDEMENTIA AGENTS</b>			<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin &amp; Norepinephrine Reuptake Inhibitors)</b>		
<i>Antidementia Agents, Other</i>			<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin &amp; Norepinephrine Reuptake Inhibitors)</i>		
<i>ergoloid mesylates</i>	3	[PA] [EDS]	<i>citalopram tabs</i>	1	[EDS]
<b>Cholinesterase Inhibitors</b>			<i>citalopram oral soln</i>	2	[EDS]
<i>donepezil tabs 5mg &amp; 10mg</i>	2	[EDS]	DESVENLAFAXINE ER	4	[EDS]
<i>donepezil odt</i>	2	[EDS]	<i>desvenlafaxine succinate er</i>	3	[EDS]
<i>galantamine tabs</i>	2	[QL] [EDS]	<i>escitalopram</i>	2	[EDS]
<i>galantamine er caps</i>	2	[QL] [EDS]	FETZIMA	4	[EDS]
<i>galantamine soln</i>	4	[QL] [EDS]	FETZIMA TITRATION PACK	4	[EDS]
<i>rivastigmine caps</i>	3	[QL] [EDS]	<i>fluoxetine hcl caps 10mg, 20mg &amp; 40mg</i>	2	[EDS]
<i>rivastigmine patches</i>	4	[QL] [EDS]	<i>fluoxetine hcl tabs 10mg &amp; 20mg</i>	2	[EDS]
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonists</b>			<i>fluoxetine hcl oral soln</i>	2	[EDS]
<i>memantine hcl immediate release</i>	2	[EDS]	<i>fluvoxamine</i>	2	[EDS]
<i>memantine hcl soln</i>	4	[EDS]	<i>nefazodone</i>	2	[EDS]
<i>memantine hcl titration pack</i>	4	[EDS]	<i>paroxetine hcl ir tabs</i>	1	[EDS]
<b>ANTIDEPRESSANTS</b>			<i>paroxetine hcl er</i>	4	[EDS]
<b>Antidepressants, Other</b>			<i>paroxetine hcl susp</i>	4	[EDS]
AUVELITY	5		<i>pmdd fluoxetine hcl tabs 10mg &amp; 20mg</i>	2	[EDS]
<i>bupropion hcl tabs</i>	2	[EDS]	<i>sertraline tabs</i>	1	[EDS]
<i>bupropion sr</i>	2	[EDS]	<i>sertraline oral soln</i>	2	[EDS]
<i>bupropion xl 150mg &amp; 300mg</i>	2	[EDS]	<i>trazodone</i>	1	[EDS]
<i>bupropion xl 450mg</i>	3	[EDS]	TRINTELLIX	4	[EDS]
FORFIVO XL	3	[EDS]	<i>venlafaxine ir tabs</i>	2	[EDS]
<i>mirtazapine</i>	1	[EDS]	<i>venlafaxine hcl er caps</i>	2	[EDS]
<i>mirtazapine odt</i>	1	[EDS]	<i>vilazodone</i>	3	[EDS]
<i>perphenazine &amp; amitriptyline</i>	4	[PA] [EDS]	<b>Tricyclics</b>		
ZURZUVAE	5	[PA]	<i>amitriptyline</i>	4	[PA] [EDS]
<b>Monoamine Oxidase Inhibitors</b>			<i>amoxapine</i>	3	[EDS]
EMSAM	5		<i>clomipramine</i>	4	[PA] [EDS]
MARPLAN	4	[EDS]			
<i>phenelzine</i>	2	[EDS]			
<i>tranylcypromine</i>	4	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>desipramine</i>	4	[PA] [EDS]	<i>amphotericin b inj</i>	2	[PA] [B vs D] [EDS]
<i>doxepin caps</i>	4	[PA] [EDS]	<i>amphotericin b liposome inj</i>	5	[PA] [B vs D]
<i>doxepin oral soln</i>	4	[PA] [EDS]	<i>casprofungin inj</i>	4	[EDS]
<i>imipramine hcl tabs</i>	4	[PA] [EDS]	<i>clotrimazole cream 1%</i>	2	[EDS]
<i>nortriptyline</i>	4	[EDS]	<i>clotrimazole topical soln 1%</i>	2	[EDS]
<i>protriptyline</i>	3	[EDS]	<i>clotrimazole troche</i>	2	[EDS]
<i>trimipramine maleate</i>	2	[EDS]	<i>econazole nitrate</i>	4	[EDS]
<b>ANTIEMETICS</b>			<i>fluconazole in sodium chloride inj</i>	2	[EDS]
<b><i>Antiemetics, Other</i></b>			<i>fluconazole oral</i>	2	[EDS]
<i>compro</i>	4	[EDS]	<i>flucytosine</i>	5	
<i>meclizine</i>	2	[EDS]	<i>griseofulvin microsize</i>	4	[EDS]
<i>prochlorperazine oral</i>	2	[EDS]	<i>itraconazole</i>	4	[EDS]
<i>prochlorperazine supp</i>	4	[EDS]	<i>ketoconazole cream, shampoo &amp; tabs</i>	2	[EDS]
<i>promethazine supp</i>	3	[EDS]	<i>nyamyc</i>	2	[EDS]
<i>promethazine syrup</i>	2	[EDS]	<i>nystatin</i>	2	[EDS]
<i>promethazine tabs</i>	2	[EDS]	<i>nystop</i>	2	[EDS]
<i>promethegan supp</i>	4	[EDS]	<i>posaconazole dr tabs</i>	5	[PA]
<i>scopolamine patch</i>	3	[EDS]	<i>posaconazole suspension</i>	4	[PA] [EDS]
<b><i>Emetogenic Therapy Adjuncts</i></b>			<i>terbinafine</i>	2	[EDS]
<i>aprepitant caps 80mg &amp; 125mg</i>	4	[PA] [EDS]	<i>terconazole</i>	2	[EDS]
<i>aprepitant pack</i>	4	[PA] [EDS]	<i>voriconazole inj</i>	5	[PA]
<i>dronabinol</i>	4	[PA] [EDS]	<i>voriconazole oral suspension</i>	5	
<i>granisetron oral</i>	2	[PA] [B vs D] [EDS]	<i>voriconazole tabs</i>	4	[EDS]
<i>ondansetron odt</i>	2	[PA] [B vs D] [EDS]	<b>ANTIGOUT AGENTS</b>		
<i>ondansetron oral soln</i>	2	[PA] [B vs D] [EDS]	<b><i>Antigout Agents</i></b>		
<i>ondansetron tabs 4mg &amp; 8mg</i>	2	[PA] [B vs D] [EDS]	<i>allopurinol tabs 100mg &amp; 300mg</i>	1	[EDS]
<b>ANTIFUNGALS</b>			<i>colchicine tabs</i>	3	[QL] [EDS]
<b><i>Antifungals</i></b>			<i>febuxostat</i>	3	[EDS]
ABELCET INJ	4	[PA] [B vs D] [EDS]			
AMBISOME INJ	5	[PA] [B vs D]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>probenecid</i>	2	[EDS]	<b>ANTIMYCOBACTERIALS</b>		
<i>probenecid &amp; colchicine</i>	2	[EDS]	<i>Antimycobacterials, Other</i>		
<b>ANTIMIGRAINE AGENTS</b>			<i>dapsone tabs</i>	3	[EDS]
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>			<i>rifabutin</i>	4	[EDS]
AIMOVIG INJ	3	[PA] [EDS]	<i>Antituberculars</i>		
EMGALITY INJ	3	[PA] [EDS]	<i>ethambutol</i>	2	[EDS]
NURTEC ODT	3	[PA] [EDS]	<i>isoniazid</i>	2	[EDS]
UBRELVY	3	[PA] [EDS]	PRIFTIN	4	[EDS]
<i>Ergot Alkaloids</i>			<i>pyrazinamide</i>	4	[EDS]
<i>caffeine-ergotamine</i>	3	[EDS]	<i>rifampin oral and inj</i>	2	[EDS]
<i>dihydroergotamine mesylate nasal</i>	5	[PA] [QL]	SIRTURO	5	
<i>Prophylactic</i>			TRECTOR	4	[EDS]
EPRONTIA	4	[EDS]	<b>ANTINEOPLASTICS</b>		
<i>timolol oral</i>	1	[EDS]	<i>Alkylating Agents</i>		
<i>topiramate immediate-release</i>	2	[EDS]	<i>cyclophosphamide</i>	3	[PA] [B vs D] [EDS]
<i>Serotonin (5-HT) Receptor Agonist</i>			GLEOSTINE	4	[EDS]
<i>naratriptan</i>	2	[QL] [EDS]	LEUKERAN	4	[EDS]
<i>rizatriptan</i>	2	[EDS]	MATULANE	5	
<i>rizatriptan odt</i>	2	[EDS]	VALCHLOR	5	[PA]
<i>sumatriptan nasal</i>	4	[EDS]	<i>Antiandrogens</i>		
<i>sumatriptan succinate inj</i>	4	[EDS]	<i>abiraterone acetate</i>	5	[PA]
<i>sumatriptan succinate tabs</i>	2	[EDS]	<i>bicalutamide</i>	2	[EDS]
<i>zolmitriptan tabs</i>	3	[QL] [EDS]	ERLEADA	5	[PA]
<i>zolmitriptan odt</i>	3	[QL] [EDS]	<i>nilutamide</i>	5	
<b>ANTIMYASTHENIC AGENTS</b>			NUBEQA	5	[PA] [LD]
<i>Parasympathomimetics</i>			XTANDI	5	[PA]
<i>pyridostigmine soln</i>	4	[EDS]	YONSA	5	[PA]
<i>pyridostigmine tabs 60mg</i>	3	[EDS]	<i>Antiangiogenic Agents</i>		
<i>pyridostigmine er tabs 180mg</i>	4	[EDS]	<i>lenalidomide</i>	5	[PA] [LD]
			POMALYST	5	[PA] [LD]
			REVLIMID	5	[PA] [LD]
			THALOMID	5	[PA]
			<i>Antiestrogens/Modifiers</i>		
			ORSERDU TABS	5	[PA]
			SOLTAMOX	5	
			<i>tamoxifen</i>	2	[EDS]
			<i>toremifene citrate</i>	5	

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Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<b>Antimetabolites</b>			<i>everolimus tabs</i> 2.5mg, 5mg, 7.5mg & 10mg	5	[PA]
<i>hydroxyurea</i>	2	[EDS]	<i>everolimus tabs for suspension 2mg, 3mg &amp; 5mg</i>	5	[PA]
<i>mercaptopurine</i>	2	[EDS]	FOTIVDA	5	[PA] [LD]
PURIXAN	5		FRUZAQLA	5	[PA]
TABLOID	4	[EDS]	GAVRETO	5	[PA] [LD]
<b>Antineoplastics, Other</b>			<i>gefitinib</i>	5	[PA]
AKEEGA	5	[PA] [LD]	GILOTRIF	5	[PA]
INREBIC	5	[PA] [LD]	IBRANCE	5	[PA]
IWILFIN	5	[PA] [LD]	ICLUSIG	5	[PA]
LONSURF	5	[PA]	IDHIFA	5	[PA] [LD]
LYSODREN	5		<i>imatinib</i>	5	[PA]
ONUREG	5	[PA]	IMBRUVICA	5	[PA]
VONJO	5	[PA]	INLYTA	5	[PA]
<b>Aromatase Inhibitors, 3rd Generation</b>			INQOVI	5	[PA]
<i>anastrozole</i>	2	[EDS]	JAKAFI	5	[PA]
<i>exemestane</i>	3	[EDS]	JAYPIRCA TABS	5	[PA]
<i>letrozole</i>	2	[EDS]	KISQALI	5	[PA]
<b>Molecular Target Inhibitors</b>			KISQALI FEMARA CO-PACK	5	[PA]
ALECENSA	5	[PA]	KOSELUGO	5	[PA]
ALUNBRIG	5	[PA]	KRAZATI	5	[PA]
ALUNBRIG INITIATION PACK	5	[PA]	<i>lapatinib</i>	5	[PA]
AUGTYRO	5	[PA]	LENVIMA	5	[PA]
AYVAKIT	5	[PA] [LD]	LORBRENA	5	[PA]
BALVERSA	5	[PA]	LUMAKRAS	5	[PA]
BOSULIF	5	[PA]	LYNPARZA	5	[PA]
BRAFTOVI	5	[PA] [LD]	LYTGOBI TABS	5	[PA] [LD]
BRUKINSA	5	[PA] [LD]	MEKINIST	5	[PA]
CABOMETYX	5	[PA]	MEKTOVI	5	[PA] [LD]
CALQUENCE	5	[PA] [LD]	NERLYNX	5	[PA] [LD]
CAPRELSA	5	[PA]	NINLARO	5	[PA]
COMETRIQ	5	[PA]	ODOMZO	5	[PA]
COPIKTRA	5	[PA] [LD]	OJEMDA	5	[PA]
COTELLIC	5	[PA]	OJJAARA	5	[PA]
DAURISMO	5	[PA]	<i>pazopanib</i>	5	[PA]
ERIVEDGE	5	[PA]			
<i>erlotinib</i>	5	[PA]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
PEMAZYRE	5	[PA] [LD]	ZELBORAF	5	[PA]
PIQRAY	5	[PA]	ZOLINZA	5	[PA]
QINLOCK	5	[PA] [LD]	ZYDELIG	5	[PA]
RETEVMO	5	[PA] [LD]	ZYKADIA TABS	5	[PA]
REZLIDHIA CAPS	5	[PA]	<b>Retinoids</b>		
ROZLYTREK	5	[PA]	<i>bexarotene</i>	5	[PA]
RUBRACA	5	[PA] [LD]	PANRETIN	5	
RYDAPT	5	[PA]	<i>tretinoin caps</i>	5	
SCEMBLIX	5	[PA]	<b>Treatment Adjuncts</b>		
<i>sorafenib</i>	5	[PA]	<i>leucovorin oral</i>	2	[EDS]
SPRYCEL	5	[PA]	MESNEX TABS	4	[EDS]
STIVARGA	5	[PA]	<b>ANTIPARASITICS</b>		
<i>sunitinib malate</i>	5	[PA]	<b>Anthelmintics</b>		
TABRECTA	5	[PA]	<i>albendazole</i>	4	[EDS]
TAFINLAR	5	[PA]	<i>ivermectin tabs</i>	2	[EDS]
TAGRISO	5	[PA]	<i>praziquantel tabs</i>	4	[EDS]
TALZENNA	5	[PA]	<b>Antiprotozoals</b>		
TASIGNA	5	[PA]	<i>atovaquone susp</i>	4	[EDS]
TAZVERIK	5	[PA] [LD]	<i>atovaquone/proguan il</i>	2	[EDS]
TEPMETKO	5	[PA] [LD]	<i>chloroquine</i>	2	[EDS]
TIBSOVO	5	[PA]	COARTEM	3	[EDS]
TRUQAP	5	[PA]	<i>hydroxychloroquine tab 200mg</i>	2	[EDS]
TUKYSA	5	[PA] [LD]	<i>mefloquine</i>	2	[EDS]
TURALIO	5	[PA] [LD]	NEBUPENT NEBULIZER	4	[PA] [B vs D] [EDS]
VANFLYTA	5	[PA]	<i>nitazoxanide</i>	5	
VENCLEXTA TABS 10MG & 50MG	3	[PA] [EDS]	<i>pentamidine inhalation soln</i>	3	[PA] [B vs D] [EDS]
VENCLEXTA TABS 100MG	5	[PA]	<i>pentamidine inj</i>	4	[EDS]
VENCLEXTA STARTING PACK	5	[PA]	PRIMAQUINE	3	[EDS]
VERZENIO	5	[PA] [LD]	<i>pyrimethamine</i>	5	[PA]
VITRAKVI	5	[PA] [LD]	<i>quinine sulfate caps</i>	3	[PA] [EDS]
VIZIMPRO	5	[PA]	<b>ANTIPARKINSON AGENTS</b>		
XALKORI	5	[PA]	<b>Anticholinergics</b>		
XOSPATA	5	[PA] [LD]	<i>benztropine tabs</i>	4	[PA] [EDS]
XPOVIO	5	[PA] [LD]			
ZEJULA TABS	5	[PA] [LD]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>trihexyphenidyl elixir &amp; tabs</i>	3	[EDS]	<i>thiothixene</i>	2	[EDS]
<b>Antiparkinson Agents, Other</b>			<i>trifluoperazine</i>	2	[EDS]
<i>carbidopa &amp; levodopa &amp; entacapone</i>	4	[EDS]	<b>2<sup>nd</sup> Generation/Atypical</b>		
<i>entacapone</i>	4	[EDS]	ABILIFY ASIMTUFII INJ	5	
<b>Dopamine Agonists</b>			ABILIFY MAINTENA INJ	5	
<i>apomorphine hydrochloride inj</i>	5	[PA]	<i>aripiprazole odt 10mg</i>	5	[EDS]
<i>bromocriptine</i>	2	[EDS]	<i>aripiprazole odt 15mg</i>	4	[EDS]
NEUPRO PATCH	4	[QL] [EDS]	<i>aripiprazole soln</i>	3	[EDS]
<i>pramipexole ir</i>	2	[EDS]	<i>aripiprazole tabs</i>	3	[EDS]
<i>ropinirole ir</i>	2	[EDS]	ARISTADA INJ	5	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			ARISTADA INITIO INJ	4	[EDS]
<i>carbidopa</i>	4	[EDS]	<i>asenapine maleate sublingual</i>	4	[EDS]
<i>carbidopa &amp; levodopa ir, er, odt</i>	2	[EDS]	CAPLYTA	5	[PA]
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			FANAPT	4	[PA] [EDS]
<i>rasagiline</i>	4	[EDS]	FANAPT TITRATION PACK	4	[PA] [EDS]
<i>selegiline</i>	2	[EDS]	INVEGA HAFYERA INJ	5	
<b>ANTIPSYCHOTICS</b>			INVEGA SUSTENNA INJ 39MG	4	[EDS]
<b>1<sup>st</sup> Generation/Typical</b>			INVEGA SUSTENNA INJ 78MG, 117MG, 156MG & 234MG	5	
<i>chlorpromazine oral</i>	4	[PA] [EDS]	INVEGA TRINZA INJ	5	
<i>fluphenazine oral</i>	4	[EDS]	<i>lurasidone hcl tabs</i>	4	[EDS]
<i>fluphenazine decanoate inj</i>	4	[EDS]	NUPLAZID	5	[PA]
<i>fluphenazine inj</i>	4	[EDS]	<i>olanzapine inj &amp; tabs</i>	2	[EDS]
<i>haloperidol oral</i>	2	[EDS]	<i>olanzapine odt</i>	4	[EDS]
<i>haloperidol decanoate inj</i>	2	[EDS]	<i>paliperidone er tabs</i>	4	[EDS]
<i>haloperidol lactate inj</i>	2	[EDS]	<i>quetiapine fumarate 25mg, 50mg, 100mg, 200mg, 300mg &amp; 400mg tabs</i>	2	[EDS]
<i>loxapine</i>	2	[EDS]	<i>quetiapine er tabs</i>	3	[EDS]
<i>molindone</i>	2	[EDS]			
<i>perphenazine</i>	4	[EDS]			
<i>pimozide</i>	2	[EDS]			
<i>thioridazine</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
REXULTI	5		<b>Anti-hepatitis C (HCV) Agents</b>		
<i>risperidone</i>	2	[EDS]	EPCLUSA	5	[PA]
<i>risperidone er inj 12.5mg &amp; 25mg</i>	4	[EDS]	HARVONI	5	[PA]
<i>risperidone er inj 37.5mg &amp; 50mg</i>	5		LEDIPASVIR/ SOFOSBUVIR	5	[PA]
<i>risperidone odt</i>	2	[EDS]	<i>ribavirin</i>	3	[EDS]
SECUADO	5	[PA]	SOFOSBUVIR/ VELPATASVIR	5	[PA]
UZEDY INJ	5		VOSEVI	5	[PA]
VRAYLAR	4	[EDS]	<b>Antitherpetic Agents</b>		
<i>ziprasidone inj</i>	3	[EDS]	<i>acyclovir caps &amp; tabs</i>	2	[EDS]
<i>ziprasidone oral</i>	2	[EDS]	<i>acyclovir inj</i>	2	[PA] [B vs D] [EDS]
ZYPREXA RELPREVV INJ 210MG	4	[EDS]	<i>acyclovir oral susp</i>	4	[EDS]
<b>Treatment-Resistant</b>			<i>famciclovir</i>	2	[EDS]
<i>clozapine</i>	3	[EDS]	<i>valacyclovir</i>	2	[EDS]
<i>clozapine odt</i>	4	[EDS]	<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
VERSACLOZ	5		BIKTARVY	5	
<b>ANTISPASTICITY AGENTS</b>			DOVATO	5	
<b>Antispasticity Agents</b>			GENVOYA	5	
<i>baclofen tabs</i>	2	[EDS]	ISENTRESS CHEW TABS 25MG	3	[EDS]
<i>tizanidine caps</i>	3	[EDS]	ISENTRESS 100MG CHEW TABS	5	
<i>tizanidine tabs</i>	2	[EDS]	ISENTRESS ORAL POWDER	5	
<b>ANTIVIRALS</b>			ISENTRESS TABS	5	
<b>Anti-cytomegalovirus (CMV) Agents</b>			ISENTRESS HD TABS	5	
LIVTENCITY	5	[PA] [QL] [LD]	JULUCA	5	
PREVYMIS	5	[PA] [QL]	STRIBILD	5	
<i>valganciclovir oral soln</i>	4	[EDS]	TIVICAY TAB 10MG	4	[EDS]
<i>valganciclovir tabs</i>	3	[EDS]	TIVICAY TABS 25MG & 50MG	5	
<b>Anti-hepatitis B (HBV) Agents</b>			TIVICAY PD	4	[EDS]
<i>adefovir dipivoxil</i>	4	[EDS]			
BARACLUDE ORAL SOLN 0.05MG/ML	4	[EDS]			
<i>entecavir tabs</i>	4	[EDS]			
<i>lamivudine tabs 100mg</i>	3	[EDS]			
VEMLIDY	5				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			<i>emtricitabine &amp; tenofovir disoproxil fumarate tabs 100mg-150mg, 133mcg-200mg &amp; 167mg-250mg</i>		
COMPLERA	5		EMTRIVA SOLN	4	[EDS]
DELSTRIGO	5		<i>lamivudine tabs 150mg &amp; 300mg</i>	3	[EDS]
EDURANT	5		<i>lamivudine soln</i>	2	[EDS]
<i>efavirenz tabs</i>	4	[EDS]	<i>lamivudine &amp; zidovudine</i>	3	[EDS]
<i>efavirenz &amp; emtricitabine &amp; tenofovir disoproxil fumarate tabs</i>	5		ODEFSEY	5	
<i>efavirenz &amp; lamivudine &amp; tenofovir disoproxil fumarate tabs</i>	5		<i>tenofovir disoproxil fumarate</i>	4	[EDS]
<i>etravirine tabs 100mg</i>	4	[EDS]	TRIUMEQ	5	
<i>etravirine tabs 200mg</i>	5		TRIUMEQ PD	4	[EDS]
INTELENCE TAB 25MG	4	[EDS]	VIREAD TABS 150MG, 200MG & 250MG	5	
<i>nevirapine er &amp; susp</i>	4	[EDS]	VIREAD POWDER	4	[EDS]
<i>nevirapine tabs</i>	2	[EDS]	<i>zidovudine</i>	2	[EDS]
PIFELTRO	5		<b>Anti-HIV Agents, Other</b>		
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			FUZEON INJ	4	[EDS]
<i>abacavir soln &amp; tabs</i>	4	[EDS]	<i>maraviroc</i>	5	
<i>abacavir &amp; lamivudine</i>	4	[EDS]	RUKOBIA	5	
CIMDUO	5		SELZENTRY SOLN	3	[EDS]
DESCOVY	5		SELZENTRY 25MG & 75MG	3	[EDS]
<i>emtricitabine caps 200mg</i>	4	[EDS]	SUNLENCA	5	
<i>emtricitabine &amp; tenofovir disoproxil fumarate tabs 200mg-300mg</i>	4	[EDS]	TYBOST	3	[EDS]
			<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
			APTIVUS CAPS	5	
			<i>atazanavir sulfate caps</i>	4	[EDS]
			<i>darunavir tab 600mg</i>	4	[EDS]
			<i>darunavir tab 800mg</i>	5	
			EVOTAZ	5	
			<i>fosamprenavir tabs</i>	5	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>lopinavir &amp; ritonavir</i>	4	[EDS]	<i>lamotrigine</i>	2	[EDS]
NORVIR POWDER	3	[EDS]	<i>immediate-release tabs</i>		
PREZCOBIX	5		<i>lithium carbonate</i>	2	[EDS]
PREZISTA SUSP 100MG/ML	4	[EDS]	<i>lithium carbonate er</i>	2	[EDS]
PREZISTA TABS 75MG & 150MG	4	[EDS]	<i>lithium oral soln</i>	2	[EDS]
REYATAZ ORAL POWDER	5		<i>subvenite tabs</i>	2	[EDS]
<i>ritonavir tabs</i>	3	[EDS]	<b>BLOOD GLUCOSE REGULATORS</b>		
SYMTUZA	5		<b>Antidiabetic Agents</b>		
VIRACEPT	5		<i>acarbose</i>	2	[EDS]
<b>Anti-influenza Agents</b>			BYDUREON BCISE INJ	3	[PA] [QL] [EDS]
<i>amantadine</i>	2	[EDS]	<i>glimepiride</i>	1	[EDS]
<i>oseltamivir caps</i>	2	[EDS]	<i>glimepiride &amp; pioglitazone</i>	2	[QL] [EDS]
<i>oseltamivir susp</i>	3	[EDS]	<i>glipizide er</i>	1	[EDS]
RELENZA DISKHALER	3	[EDS]	<i>glipizide tabs 5mg &amp; 10mg</i>	1	[EDS]
<i>rimantadine</i>	2	[EDS]	<i>glipizide &amp; metformin tabs</i>	1	[EDS]
XOFLUZA	4	[EDS]	GLYXAMBI	3	[QL] [EDS]
<b>Antiviral, Coronavirus Agents</b>			JANUMET	3	[QL] [EDS]
PAXLOVID	3	[EDS]	JANUMET XR	3	[QL] [EDS]
<b>ANXIOLYTICS</b>			JANUVIA	3	[QL] [EDS]
<b>Anxiolytics, Other</b>			JENTADUETO	3	[QL] [EDS]
<i>bupirone</i>	2	[EDS]	JENTADUETO XR	3	[QL] [EDS]
<i>meprobamate</i>	4	[EDS]	<i>metformin tabs</i>	1	[EDS]
<b>Benzodiazepines</b>			<i>metformin er uncoated tabs 500mg &amp; 750mg</i>	1	[EDS]
<i>alprazolam ir tabs</i>	2	[QL] [EDS]	MOUNJARO INJ	3	[PA] [QL] [EDS]
<i>clorazepate</i>	4	[EDS]	<i>nateglinide</i>	2	[EDS]
<i>diazepam soln</i>	4	[PA] [EDS]	OZEMPIC INJ	3	[PA] [QL] [EDS]
<i>diazepam tabs</i>	3	[PA] [EDS]	<i>pioglitazone</i>	1	[EDS]
<i>lorazepam soln</i>	3	[EDS]	<i>pioglitazone &amp; metformin</i>	2	[EDS]
<i>lorazepam tabs</i>	2	[EDS]	<i>repaglinide</i>	2	[EDS]
<b>BIPOLAR AGENTS</b>			RYBELSUS	3	[PA] [QL] [EDS]
<b>Mood Stabilizers</b>					
<i>lamotrigine odt</i>	4	[EDS]			
<i>lamotrigine chewable tabs</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
SOLIQUA INJ	3	[EDS]	HUMULIN R U-500 (CONCENTRATED) VIAL INJ	3	[EDS]
SYMLINPEN INJ	5		HUMULIN R VIAL INJ	3	[EDS]
SYNJARDY	3	[QL] [EDS]	INSULIN LISPRO VIAL INJ	3	[EDS]
SYNJARDY XR	3	[QL] [EDS]	LANTUS SOLOSTAR PEN INJ	3	[EDS]
TRADJENTA	3	[QL] [EDS]	LANTUS VIAL INJ	3	[EDS]
TRIJARDY XR	3	[QL] [EDS]	LYUMJEV VIAL INJ	3	[EDS]
TRULICITY INJ	3	[PA] [QL] [EDS]	LYUMJEV KWIKPEN INJ	3	[EDS]
XIGDUO XR	3	[QL] [EDS]	TOUJEO SOLOSTAR INJ	3	[EDS]
<b>Glycemic Agents</b>			TOUJEO MAX SOLOSTAR INJ	3	[EDS]
<i>diazoxide</i>	5		TRESIBA VIAL INJ	3	[EDS]
GLUCAGON EMERGENCY KIT INJ	3	[EDS]	TRESIBA FLEXTOUCH INJ	3	[EDS]
GVOKE INJ	3	[EDS]	<b>BLOOD PRODUCTS AND MODIFIERS</b>		
ZEGALOGUE INJ	3	[EDS]	<b>Anticoagulants</b>		
<b>Insulins</b>			<i>dabigatran etexilate</i>	4	[QL] [EDS]
HUMALOG CARTRIDGE INJ	3	[EDS]	ELIQUIS STARTER PACK & TABS	3	[QL] [EDS]
HUMALOG JUNIOR KWIKPEN INJ	3	[EDS]	<i>enoxaparin inj syringe</i>	4	[EDS]
HUMALOG KWIKPEN INJ	3	[EDS]	<i>fondaparinux inj 2.5mg/0.5ml &amp; 5mg/0.4ml</i>	4	[EDS]
HUMALOG MIX 50/50 KWIKPEN INJ	3	[EDS]	<i>fondaparinux inj 7.5mg/0.6ml &amp; 10mg/0.8ml</i>	5	
HUMALOG MIX 75/25 KWIKPEN INJ	3	[EDS]	<i>heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml &amp; 20000u/ml</i>	2	[PA] [B vs D] [EDS]
HUMALOG MIX 75/25 VIAL INJ	3	[EDS]	<i>jantoven</i>	1	[EDS]
HUMALOG VIAL INJ	3	[EDS]	<i>warfarin</i>	1	[EDS]
HUMULIN 70/30 KWIKPEN INJ	3	[EDS]			
HUMULIN 70/30 VIAL INJ	3	[EDS]			
HUMULIN N KWIKPEN INJ	3	[EDS]			
HUMULIN N VIAL INJ	3	[EDS]			
HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ	3	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
XARELTO ORAL SUSP & TABS	3	[QL] [EDS]	<b>CARDIOVASCULAR AGENTS</b>		
XARELTO STARTER PACK	3	[QL] [EDS]	<i>Alpha-adrenergic Agonists</i>		
<i>Blood Products and Modifiers, Other</i>			<i>clonidine patches</i>	4	[EDS]
<i>anagrelide</i>	2	[EDS]	<i>clonidine tabs immediate-release</i>	1	[EDS]
NIVESTYM INJ	5	[PA]	<i>droxidopa</i>	5	[PA]
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	3	[PA] [EDS]	<i>guanfacine ir</i>	2	[EDS]
PROCRIT INJ 20000UNIT/ML & 40000UNIT/ML	5	[PA]	<i>midodrine tabs</i>	3	[EDS]
PROMACTA	5	[PA] [QL] [LD]	<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
RELEUKO INJ	4	[PA]	<i>benazepril</i>	1	[EDS]
RETACRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML,10000 UNIT/ML, 20000UNIT/2ML & 20000UNIT/ML	3	[PA] [EDS]	<i>captopril</i>	1	[EDS]
RETACRIT INJ 40000UNIT/ML	5	[PA]	<i>enalapril tabs</i>	1	[EDS]
UDENYCA INJ	5	[PA]	<i>fosinopril</i>	1	[EDS]
<i>Hemostasis Agents</i>			<i>lisinopril</i>	1	[EDS]
<i>tranexamic acid tabs</i>	3	[EDS]	<i>moexipril</i>	1	[EDS]
<i>Platelet Modifying Agents</i>			<i>perindopril</i>	1	[EDS]
BRILINTA	3	[EDS]	<i>quinapril</i>	1	[EDS]
<i>cilostazol</i>	2	[EDS]	<i>ramipril</i>	1	[EDS]
<i>clopidogrel tabs 75mg</i>	1	[EDS]	<i>trandolapril</i>	1	[EDS]
<i>dipyridamole er &amp; aspirin</i>	4	[EDS]	<i>Angiotensin II Receptor Antagonists</i>		
<i>dipyridamole oral</i>	2	[EDS]	<i>candesartan</i>	2	[EDS]
<i>prasugrel</i>	2	[EDS]	<i>irbesartan</i>	1	[EDS]
			<i>losartan</i>	1	[EDS]
			<i>olmesartan</i>	2	[EDS]
			<i>telmisartan</i>	2	[EDS]
			<i>valsartan tabs</i>	1	[EDS]
			<i>Antiarrhythmics</i>		
			<i>amiodarone tabs</i>	2	[EDS]
			<i>digoxin oral soln</i>	2	[EDS]
			<i>digoxin tabs 125mcg &amp; 250mcg</i>	2	[EDS]
			<i>disopyramide phosphate</i>	4	[EDS]
			<i>dofetilide</i>	4	[EDS]
			<i>flecainide acetate</i>	2	[EDS]
			LANOXIN ORAL	3	[EDS]
			<i>mexiletine</i>	2	[EDS]
			MULTAQ	3	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>pacerone tabs</i>	2	[EDS]	<i>tiadylt er</i>	2	[EDS]
<i>propafenone tabs</i>	2	[EDS]	<i>verapamil ir</i>	1	[EDS]
<i>quinidine gluconate cr</i>	4	[EDS]	<i>verapamil er</i>	2	[EDS]
<i>quinidine sulfate</i>	2	[EDS]	<i>verapamil sr</i>	2	[EDS]
<i>sorine</i>	2	[EDS]	<b>Cardiovascular Agents, Other</b>		
<i>sotalol tabs</i>	2	[EDS]	<i>aliskiren</i>	3	[EDS]
<b>Beta-adrenergic Blocking Agents</b>			<i>amiloride &amp; hydrochlorothiazide</i>	1	[EDS]
<i>acebutolol</i>	2	[EDS]	<i>amlodipine &amp; atorvastatin</i>	2	[EDS]
<i>atenolol</i>	1	[EDS]	<i>amlodipine &amp; benazepril</i>	1	[EDS]
<i>bisoprolol</i>	2	[EDS]	<i>amlodipine &amp; valsartan &amp; hydrochlorothiazide tabs</i>	2	[EDS]
<i>carvedilol</i>	1	[EDS]	<i>atenolol &amp; chlorthalidone</i>	1	[EDS]
<i>labetalol oral</i>	2	[EDS]	<i>benazepril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>metoprolol succinate er</i>	2	[EDS]	<i>bisoprolol &amp; hydrochlorothiazide</i>	2	[EDS]
<i>metoprolol tartrate tabs 25mg, 50mg &amp; 100mg</i>	1	[EDS]	CORLANOR TABS	4	[PA] [EDS]
<i>nadolol</i>	2	[EDS]	<i>enalapril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>nebivolol hcl</i>	2	[EDS]	ENTRESTO	3	[QL] [EDS]
<i>pindolol</i>	2	[EDS]	<i>fosinopril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>propranolol ir tabs</i>	1	[EDS]	<i>irbesartan hct</i>	1	[EDS]
<i>propranolol er caps</i>	2	[EDS]	<i>lisinopril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>propranolol oral soln</i>	2	[EDS]	<i>losartan hct</i>	1	[EDS]
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>			<i>metoprolol &amp; hydrochlorothiazide</i>	2	[EDS]
<i>amlodipine</i>	1	[EDS]	<i>metyrosine caps</i>	5	[PA]
<i>felodipine er</i>	2	[EDS]	<i>olmesartan &amp; amlodipine</i>	2	[EDS]
<i>isradipine</i>	2	[EDS]	<i>olmesartan hct</i>	2	[EDS]
<i>nicardipine caps</i>	2	[EDS]			
<i>nifedipine caps</i>	2	[EDS]			
<i>nifedipine er</i>	2	[EDS]			
<i>nimodipine</i>	4	[EDS]			
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>					
<i>cartia xt</i>	2	[EDS]			
<i>diltiazem tabs</i>	2	[EDS]			
<i>diltiazem er caps</i>	2	[EDS]			
<i>dilt-xr</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>olmesartan medoxomil &amp; amlodipine &amp; hydrochlorothiazide tabs</i>	2	[EDS]	<i>fenofibric acid dr caps</i>	3	[EDS]
<i>pentoxifylline er</i>	2	[EDS]	<i>gemfibrozil</i>	2	[EDS]
<i>ranolazine er</i>	3	[EDS]	<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>spironolactone &amp; hydrochlorothiazide</i>	1	[EDS]	<i>atorvastatin</i>	1	[EDS]
<i>triamterene &amp; hydrochlorothiazide</i>	1	[EDS]	<i>lovastatin</i>	1	[EDS]
<i>valsartan &amp; amlodipine</i>	1	[EDS]	<i>pravastatin</i>	1	[EDS]
<i>valsartan hct</i>	1	[EDS]	<i>rosuvastatin</i>	1	[EDS]
<b>Diuretics, Loop</b>			<i>simvastatin</i>	1	[EDS]
<i>bumetanide inj</i>	2	[EDS]	<b>Dyslipidemics, Other</b>		
<i>bumetanide tabs</i>	2	[EDS]	<i>cholestyramine</i>	2	[EDS]
<i>furosemide oral</i>	1	[EDS]	<i>cholestyramine light</i>	2	[EDS]
<i>furosemide inj</i>	2	[EDS]	<i>colesevelam</i>	4	[EDS]
<i>toremide</i>	2	[EDS]	<i>colestipol pack</i>	2	[EDS]
<b>Diuretics, Potassium-sparing</b>			<i>colestipol tabs</i>	2	[EDS]
<i>amiloride</i>	2	[EDS]	<i>ezetimibe</i>	2	[EDS]
<b>Diuretics, Thiazide</b>			<i>ezetimibe &amp; simvastatin</i>	3	[EDS]
<i>chlorthalidone</i>	1	[EDS]	<i>icosapent ethyl</i>	4	[EDS]
<i>hydrochlorothiazide</i>	1	[EDS]	<i>niacin er tabs</i>	3	[QL] [EDS]
<i>indapamide</i>	1	[EDS]	<i>omega-3-acid ethyl esters</i>	2	[EDS]
<i>metolazone</i>	2	[EDS]	<i>prevalite</i>	2	[EDS]
<b>Dyslipidemics, Fibric Acid Derivatives</b>			REPATHA INJ	3	[PA] [EDS]
<i>fenofibrate caps 43mg &amp; 130mg</i>	2	[EDS]	VASCEPA CAPS	4	[EDS]
<i>fenofibrate micronized caps 67mg, 134mg &amp; 200mg</i>	2	[EDS]	<b>Mineralocorticoid Receptor Antagonists</b>		
<i>fenofibrate tabs 48mg, 54mg, 145mg &amp; 160mg</i>	2	[EDS]	<i>eplerenone</i>	3	[EDS]
			KERENDIA	3	[PA] [EDS]
			<i>spironolactone tabs</i>	1	[EDS]
			<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
			FARXIGA	3	[QL] [EDS]
			JARDIANCE	3	[QL] [EDS]
			<b>Vasodilators, Direct-acting Arterial</b>		
			<i>hydralazine oral</i>	2	[EDS]
			<i>minoxidil</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>			<b><i>Central Nervous System, Other</i></b>		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg &amp; 30mg</i>	2	[EDS]	AUSTEDO	5	[PA] [QL] [LD]
<i>isosorbide mononitrate</i>	2	[EDS]	AUSTEDO XR 6MG, 12MG & 24MG	5	[PA] [QL] [LD]
<i>isosorbide mononitrate er</i>	2	[EDS]	AUSTEDO XR 30MG, 36MG, 42MG & 48MG	5	[PA] [QL]
<i>nitro-bid oint</i>	2	[EDS]	AUSTEDO XR PATIENT TITRATION KIT	5	[PA] [QL]
<i>nitroglycerin lingual</i>	2	[EDS]	NUEDEXTA	5	[PA]
<i>nitroglycerin patches</i>	2	[EDS]	<i>riluzole</i>	3	[EDS]
<i>nitroglycerin sublingual</i>	2	[EDS]	<i>tetrabenazine</i>	5	[PA] [QL]
VERQUVO	4	[PA] [EDS]	<b><i>Fibromyalgia Agents</i></b>		
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>			<i>duloxetine hcl</i>	2	[EDS]
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>			SAVELLA	3	[EDS]
<i>amphetamine &amp; dextroamphetamine tabs</i>	2	[QL] [EDS]	SAVELLA TITRATION PACK	3	[EDS]
<i>dextroamphetamine sulfate tabs 5mg &amp; 10mg</i>	3	[QL] [EDS]	<b><i>Multiple Sclerosis Agents</i></b>		
<i>dextroamphetamine sulfate er</i>	4	[QL] [EDS]	AVONEX INJ	5	[PA]
<i>zenzedi tabs 5mg &amp; 10mg</i>	3	[QL] [EDS]	AVONEX PEN INJ	5	[PA]
<b><i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i></b>			BETASERON INJ	5	[PA]
<i>atomoxetine</i>	3	[EDS]	COPAXONE INJ 40MG/ML	5	[PA]
<i>clonidine er 0.1mg</i>	2	[EDS]	<i>dalfampridine er</i>	3	[PA] [EDS]
<i>dexmethylphenidate ir tabs</i>	2	[EDS]	<i>dimethyl fumarate caps</i>	5	[PA]
<i>methylphenidate er tabs 10mg &amp; 20mg</i>	3	[EDS]	<i>dimethyl fumarate starter pack</i>	5	[PA]
<i>methylphenidate ir tabs 5mg, 10mg &amp; 20mg</i>	2	[EDS]	<i> fingolimod hcl</i>	5	[PA]
			<i>glatiramer acetate inj</i>	5	[PA]
			<i>glatopa inj</i>	5	[PA]
			<i>teriflunomide tabs</i>	5	[PA]
			VUMERITY	5	[PA]
			<b>DENTAL AND ORAL AGENTS</b>		
			<b><i>Dental and Oral Agents</i></b>		
			<i>cevimeline</i>	3	[EDS]
			<i>chlorhexidine gluconate</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>doxycycline hyclate immediate-release tabs 20mg</i>	2	[EDS]	<i>betamethasone dipropionate augmented</i>	2	[EDS]
<i>kourzeq</i>	2	[EDS]	<i>betamethasone valerate cream, oint &amp; lotion</i>	2	[EDS]
<i>lidocaine viscous soln</i>	2	[EDS]	<i>clobetasol propionate cream, foam, gel, oint &amp; soln</i>	4	[EDS]
<i>periogard</i>	2	[EDS]	<i>clobetasol propionate emollient</i>	4	[EDS]
<i>pilocarpine tabs</i>	3	[EDS]	<i>desonide lotion, oint &amp; cream</i>	3	[QL] [EDS]
<i>triamcinolone dental paste</i>	2	[EDS]	<i>desoximetasone topical cream, gel &amp; oint 0.05%</i>	4	[QL] [EDS]
<b>DERMATOLOGICAL AGENTS</b>			<i>desoximetasone topical cream &amp; oint 0.25%</i>	3	[QL] [EDS]
<b>Acne and Rosacea Agents</b>			<i>fluocinolone acetone cream, oint, soln</i>	3	[EDS]
<i>acitretin</i>	4	[PA] [EDS]	<i>fluocinolone acetone scalp oil</i>	3	[EDS]
<i>accutane</i>	4	[EDS]	<i>fluocinonide cream 0.05%, gel &amp; oint</i>	2	[QL] [EDS]
<i>adapalene cream 0.1%</i>	4	[EDS]	<i>fluocinonide emulsified base cream</i>	2	[QL] [EDS]
<i>adapalene gel 0.3%</i>	4	[EDS]	<i>fluocinonide soln</i>	2	[EDS]
ALTRENO	3	[PA] [EDS]	<i>fluticasone propionate cream &amp; oint</i>	2	[EDS]
<i>amnesteem caps</i>	4	[EDS]	<i>halobetasol propionate cream &amp; ointment</i>	2	[EDS]
<i>claravis</i>	4	[EDS]	<i>hydrocortisone lotion &amp; oint 2.5%</i>	2	[EDS]
<i>isotretinoin caps 10mg, 20mg, 30mg &amp; 40mg</i>	4	[EDS]			
<i>metronidazole topical</i>	3	[EDS]			
<i>tazarotene cream</i>	4	[EDS]			
<i>tazarotene gel</i>	4	[QL] [EDS]			
<i>tretinoin cream</i>	3	[PA] [EDS]			
<i>tretinoin gel 0.01%, 0.025% &amp; 0.05%</i>	3	[PA] [EDS]			
<i>zenatane</i>	4	[EDS]			
<b>Dermatitis and Pruritus Agents</b>					
<i>alclometasone dipropionate</i>	2	[EDS]			
<i>ammonium lactate</i>	2	[EDS]			
<i>betamethasone dipropionate</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>hydrocortisone butyrate cream &amp; soln</i>	2	[EDS]	SANTYL	3	[QL] [EDS]
<i>hydrocortisone valerate</i>	2	[EDS]	<i>ssd</i>	2	[EDS]
<i>mometasone cream, oint &amp; soln</i>	2	[EDS]	<b>Pediculicides/Scabicides</b>		
<i>pimecrolimus</i>	4	[QL] [EDS]	<i>malathion</i>	4	[EDS]
<i>selenium sulfide lotion</i>	2	[EDS]	<i>permethrin cream</i>	2	[EDS]
<i>tacrolimus oint</i>	4	[QL] [EDS]	<b>Topical Anti-infectives</b>		
<i>triamcinolone acetonide topical cream &amp; lotion</i>	2	[EDS]	<i>acyclovir cream &amp; oint 5%</i>	4	[QL] [EDS]
<i>triamcinolone acetonide topical oint 0.025%, 0.1% &amp; 0.5%</i>	2	[EDS]	<i>ciclopirox cream, gel, nail soln, shampoo &amp; susp</i>	2	[EDS]
<i>triderm cream 0.1%</i>	2	[EDS]	<i>clindamycin gel 1%</i>	3	[EDS]
<b>Dermatological Agents, Other</b>			<i>clindamycin lotion &amp; soln</i>	2	[EDS]
<i>calcipotriene cream &amp; oint</i>	4	[QL] [EDS]	<i>erythromycin topical gel &amp; soln</i>	2	[EDS]
<i>calcipotriene soln</i>	3	[EDS]	<i>mupirocin ointment</i>	2	[EDS]
<i>clotrimazole &amp; betamethasone</i>	2	[EDS]	<i>mupirocin cream</i>	4	[QL] [EDS]
<i>diclofenac sodium gel 3%</i>	4	[PA] [EDS]	<b>ELECTROLYTES/MINERALS/METALS/ VITAMINS</b>		
FLUOROURACIL CREAM 0.5%	5		<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>fluorouracil topical 2% and 5%</i>	3	[EDS]	<i>deferasirox granule pack, tabs &amp; tabs for soln</i>	3	[PA] [EDS]
<i>imiquimod cream 5%</i>	3	[EDS]	<i>deferiprone</i>	5	[PA]
<i>methoxsalen</i>	5		<i>penicillamine tabs</i>	5	
<i>nystatin &amp; triamcinolone</i>	3	[EDS]	<i>trientine cap 250mg</i>	5	
OTEZLA	5	[PA] [QL]	<b>Electrolyte/Mineral Replacement</b>		
<i>podofilox soln</i>	2	[EDS]	<i>carglumic acid</i>	5	[PA]
<i>silver sulfadiazine</i>	2	[EDS]	CLINISOL SF INJ	4	[PA] [B vs D] [EDS]
REGANEX	5	[PA] [QL]	<i>dextrose inj</i>	2	[EDS]
			<i>dextrose (10%, 5% or 2.5%) &amp; sodium chloride inj</i>	2	[EDS]
			<i>klor-con pack</i>	4	[EDS]
			<i>klor-con tabs</i>	2	[EDS]
			<i>magnesium sulfatate inj</i>	2	[EDS]

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Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>plenamine inj</i>	2	[PA] [B vs D] [EDS]	<i>sodium polystyrene sulfonate powder</i>	2	[EDS]
<i>potassium chloride oral soln</i>	4	[EDS]	<i>sps suspension</i>	2	[EDS]
<i>potassium chloride inj</i>	2	[EDS]	VELTASSA	3	[EDS]
<i>potassium chloride pack 20meq</i>	4	[EDS]	<b>Vitamins</b>		
<i>potassium chloride er &amp; cr</i>	2	[EDS]	<i>prenatal multi- vitamin</i>	2	[EDS]
<i>potassium chloride &amp; dextrose 20mEq/5% inj</i>	2	[EDS]	<b>GASTROINTESTINAL AGENTS</b>		
<i>potassium chloride &amp; dextrose &amp; lactated ringers inj</i>	2	[EDS]	<b>Anti-Constipation Agents</b>		
<i>potassium chloride &amp; dextrose &amp; sodium chloride inj 10mEq/5%/0.45%, 20mEq/5%/0.2%, 20mEq/5%/0.45%, 20mEq/5%/0.9%, 30mEq/5%/0.45% 40mEq/5%/0.9% &amp; 40mEq/5%/0.45%</i>	2	[EDS]	<i>constulose soln</i>	2	[EDS]
<i>potassium citrate er</i>	2	[EDS]	<i>enulose</i>	2	[EDS]
PROSOL INJ	4	[PA] [B vs D] [EDS]	<i>generlac</i>	2	[EDS]
<i>sodium chloride inj</i>	2	[EDS]	<i>lactulose soln 10g/15ml</i>	2	[EDS]
TPN ELECTROLYTES INJ	3	[EDS]	LINZESS	3	[EDS]
TRAVASOL INJ	4	[PA] [B vs D] [EDS]	<i>lubiprostone</i>	3	[EDS]
<b>Potassium Binders</b>			MOVANTIK	3	[EDS]
<i>kionex susp</i>	2	[EDS]	RELISTOR INJ	5	[PA]
LOKELMA	3	[EDS]	RELISTOR TABS	5	[PA]
			<b>Anti-Diarrheal Agents</b>		
			<i>alosetron hcl tab 0.5mg</i>	4	[PA] [EDS]
			<i>alosetron hcl tab 1mg</i>	5	[PA]
			<i>diphenoxylate &amp; atropine oral soln</i>	4	[EDS]
			<i>diphenoxylate &amp; atropine tabs</i>	4	[EDS]
			<i>loperamide caps 2mg</i>	2	[EDS]
			XERMELO	5	[PA]
			<b>Antispasmodics, Gastrointestinal</b>		
			<i>dicyclomine</i>	4	[PA] [EDS]
			<i>glycopyrrolate tabs 1mg &amp; 2mg</i>	2	[EDS]
			<b>Gastrointestinal Agents, Other</b>		
			<i>gavilyte-c</i>	2	[EDS]
			<i>gavilyte-g</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nombre del Medicamento	Nivel	Requisitos/Límites	Nombre del Medicamento	Nivel	Requisitos/Límites
<i>metoclopramide oral tablets &amp; soln</i>	2	[EDS]	<i>pantoprazole tabs</i>	1	[EDS]
<i>nitroglycerin rectal oint</i>	4	[EDS]	<i>rabeprazole sodium</i>	3	[EDS]
<i>peg 3350 &amp; electrolytes</i>	2	[EDS]	<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>peg 3350 &amp; sodium chloride &amp; sodium bicarbonate &amp; potassium chloride</i>	2	[EDS]	<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>peg 3350 &amp; sodium sulfate &amp; sodium chloride &amp; potassium chloride &amp; sodium ascorbate &amp; ascorbic</i>	3	[EDS]	<i>betaine anhydrous</i>	5	
PLENVU	3	[EDS]	CERDELGA	5	[PA]
<i>sodium sulfate, potassium sulfate and magnesium sulfate</i>	3	[EDS]	CREON DR	3	[EDS]
<i>ursodiol cap 300mg &amp; tabs 250mg &amp; 500mg</i>	3	[EDS]	<i>cromolyn sodium oral</i>	4	[EDS]
VOWST	5	[PA] [LD]	CYSTAGON	3	[EDS]
XIFAXAN TABS 200MG	3	[PA] [EDS]	ENDARI	5	[PA]
XIFAXAN TABS 550MG	5	[PA]	<i>miglustat</i>	5	[PA] [LD]
<b>Histamine2 (H2) Receptor Antagonists</b>			<i>nitisinone</i>	5	[PA]
<i>cimetidine tabs</i>	2	[EDS]	PROLASTIN C INJ	5	[PA] [LD]
<i>famotidine tabs</i>	1	[EDS]	<i>sapropterin</i>	5	
<b>Protectants</b>			<i>sodium phenylbutyrate powder &amp; tabs</i>	5	
<i>misoprostol</i>	2	[EDS]	WELIREG	5	[PA] [LD]
<i>sucralfate tabs</i>	2	[EDS]	<b>GENITOURINARY AGENTS</b>		
<b>Proton Pump Inhibitors</b>			<b>Antispasmodics, Urinary</b>		
<i>esomeprazole magnesium dr caps</i>	3	[EDS]	<i>fesoterodine fumarate er</i>	3	[EDS]
<i>lansoprazole dr caps</i>	2	[EDS]	GEMTESA	4	[EDS]
<i>omeprazole caps</i>	1	[EDS]	MYRBETRIQ	3	[EDS]
			<i>oxybutynin ir</i>	2	[EDS]
			<i>oxybutynin er</i>	2	[EDS]
			<i>solifenacin succinate</i>	3	[EDS]
			<i>tolterodine tartrate er</i>	4	[QL] [EDS]
			<i>trospium ir</i>	2	[EDS]
			<b>Benign Prostatic Hypertrophy Agents</b>		
			<i>alfuzosin hcl er</i>	2	[EDS]
			<i>doxazosin</i>	2	[EDS]
			<i>dutasteride</i>	3	[EDS]
			<i>dutasteride &amp; tamsulosin</i>	3	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>finasteride tabs 5mg</i>	1	[EDS]	<i>prednisone oral soln</i>	2	[PA] [B vs D] [EDS]
<i>prazosin</i>	2	[EDS]	<i>prednisone tabs</i>	1	[PA] [B vs D] [EDS]
<i>tadalafil 2.5mg &amp; 5mg</i>	4	[PA] [QL] [EDS]	<i>prednisone tab pack</i>	1	[EDS]
<i>tamsulosin</i>	1	[EDS]	<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<i>terazosin</i>	1	[EDS]	<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<b>Genitourinary Agents, Other</b>			<i>desmopressin acetate nasal</i>	4	[EDS]
<i>bethanechol</i>	2	[EDS]	<i>desmopressin acetate oral</i>	2	[EDS]
ELMIRON	4	[EDS]	GENOTROPIN INJ	5	[PA]
<i>tiopronin</i>	5		GENOTROPIN MINIQUICK INJ 0.2MG, 0.4MG, 0.6MG & 0.8MG	4	[PA] [EDS]
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>			GENOTROPIN MINIQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG & 2MG	5	[PA]
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>			HUMATROPE INJ CARTRIDGE 6MG	4	[PA] [EDS]
<i>dexamethasone dose pack</i>	2	[EDS]	HUMATROPE INJ CARTRIDGE 12MG & 24MG	5	[PA]
<i>dexamethasone elixir</i>	2	[EDS]	INCRELEX INJ	5	[PA]
<i>dexamethasone tabs</i>	2	[EDS]	LUPRON DEPOT- PED (6-MONTH) INJ	5	[PA]
<i>fludrocortisone acetate</i>	2	[EDS]	<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
HEMADY	4	[EDS]	<i>Androgens</i>		
<i>hydrocortisone oral</i>	2	[EDS]	<i>danazol</i>	4	[EDS]
MEDROL TABS	4	[PA] [B vs D] [EDS]	<i>testosterone cypionate inj</i>	2	[EDS]
<i>methylprednisolone dose pack</i>	2	[EDS]	<i>testosterone enanthate inj</i>	2	[EDS]
<i>methylprednisolone oral</i>	2	[PA] [B vs D] [EDS]			
ORAPRED ODT	4	[PA] [B vs D] [EDS]			
<i>prednisolone oral soln</i>	2	[PA] [B vs D] [EDS]			
<i>prednisolone odt</i>	4	[PA] [B vs D] [EDS]			
<i>prednisolone tablet 5mg</i>	4	[PA] [B vs D] [EDS]			
PREDNISONE INTENSOL	4	[PA] [B vs D] [EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>testosterone gel 1% &amp; 1.62%</i>	3	[EDS]	ESTRING	3	[EDS]
<i>testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g &amp; 50mg/5g</i>	3	[EDS]	<i>ethinyl estradiol &amp; ethynodiol</i>	2	[EDS]
<b>Estrogens</b>			<i>ethinyl estradiol &amp; norethindrone acetate 5mcg/1mg &amp; 2.5mcg-0.5mg</i>	2	[EDS]
<i>altavera</i>	2	[EDS]	<i>etonogestrel &amp; ethinyl estradiol ring</i>	3	[EDS]
<i>alyacen 1/35</i>	2	[EDS]	<i>falmina</i>	2	[EDS]
<i>apri</i>	2	[EDS]	<i>fyavolv</i>	2	[EDS]
<i>aranelle</i>	2	[EDS]	<i>haloette</i>	3	[EDS]
<i>abra eq</i>	2	[EDS]	IMVEXXY PACK	3	[EDS]
<i>aviane</i>	2	[EDS]	<i>introvale</i>	2	[EDS]
<i>blisovi fe 1.5/30</i>	2	[EDS]	<i>isibloom</i>	2	[EDS]
<i>briellyn</i>	2	[EDS]	<i>jasmiel</i>	2	[EDS]
<i>cyred eq</i>	2	[EDS]	<i>jinteli</i>	2	[EDS]
<i>desogestrel &amp; ethinyl estradiol</i>	2	[EDS]	<i>juleber</i>	2	[EDS]
<i>dotti</i>	2	[EDS]	<i>junel 21 day</i>	2	[EDS]
<i>drospirenone &amp; ethinyl estradiol 3mg/0.02mg</i>	2	[EDS]	<i>junel fe 1/20</i>	2	[EDS]
<i>eluryng</i>	3	[EDS]	<i>kariva</i>	2	[EDS]
<i>enilloring</i>	3	[EDS]	<i>kelnor 1/35 &amp; 1/50</i>	2	[EDS]
<i>enpresse-28</i>	2	[EDS]	<i>kurvelo</i>	2	[EDS]
<i>enskyce</i>	2	[EDS]	<i>larin</i>	2	[EDS]
<i>estarylla</i>	2	[EDS]	<i>larin fe</i>	2	[EDS]
<i>estradiol oral</i>	2	[EDS]	<i>leena</i>	2	[EDS]
<i>estradiol patches</i>	2	[EDS]	<i>levonest</i>	2	[EDS]
<i>estradiol vaginal cream</i>	2	[EDS]	<i>levonorgestrel &amp; ethinyl estradiol 0.1-0.02mg &amp; 0.15-0.03mg &amp; triphasic packs</i>	2	[EDS]
<i>estradiol vaginal tabs</i>	2	[EDS]	<i>levonorgestrel &amp; ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs</i>	2	[EDS]
<i>estradiol &amp; norethindrone acetate 0.5mg/0.1mg &amp; 1mg/0.5mg</i>	2	[EDS]	<i>levora</i>	2	[EDS]
			<i>loryna</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>low-ogestrel</i>	2	[EDS]	<i>tri-mili</i>	2	[EDS]
<i>lyllana</i>	2	[EDS]	<i>tri-nymyo</i>	2	[EDS]
<i>marlissa 28 day</i>	2	[EDS]	<i>tri-sprintec</i>	2	[EDS]
MENEST	3	[EDS]	<i>tri-vylibra</i>	2	[EDS]
<i>microgestin 1/20 &amp; 1.5/30</i>	2	[EDS]	<i>tri-vylibra lo</i>	2	[EDS]
<i>microgestin 24 fe</i>	2	[EDS]	<i>trivora-28</i>	2	[EDS]
<i>microgestin fe 1/20 &amp; 1.5/30</i>	2	[EDS]	<i>turqoz</i>	2	[EDS]
<i>mili</i>	2	[EDS]	<i>velivet</i>	2	[EDS]
<i>mimvey</i>	2	[EDS]	<i>vestura</i>	2	[EDS]
<i>necon</i>	2	[EDS]	<i>vienva</i>	2	[EDS]
<i>nikki</i>	2	[EDS]	<i>vyfemla</i>	2	[EDS]
<i>norelgestromin/ethin yl estradiol patch</i>	3	[EDS]	<i>vylibra</i>	2	[EDS]
<i>norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg</i>	2	[EDS]	<i>wymzya fe</i>	2	[EDS]
<i>norethindrone, ethinyl estradiol, ferrous fumarate 20mcg/75mg/1mg</i>	2	[EDS]	<i>xulane</i>	3	[EDS]
<i>norgestimate-ethinyl estradiol</i>	2	[EDS]	<i>yuvafem</i>	2	[EDS]
<i>nylia 7/7/7 &amp; 1/35</i>	2	[EDS]	<i>zafemy</i>	3	[EDS]
<i>nymyo</i>	2	[EDS]	<i>zovia</i>	2	[EDS]
<i>pimtrea</i>	2	[EDS]	<b>Progestins</b>		
PREMARIN ORAL	3	[EDS]	<i>deblitane</i>	2	[EDS]
PREMARIN VAGINAL CREAM	3	[EDS]	DEPO-SUBQ PROVERA 104 INJ	3	[EDS]
PREMPHASE	3	[EDS]	<i>heather tabs</i>	2	[EDS]
PREMPRO	3	[EDS]	<i>incassia</i>	2	[EDS]
<i>reclipsen</i>	2	[EDS]	LILETTA	3	[EDS]
<i>setlakin</i>	2	[EDS]	<i>lyleq</i>	2	[EDS]
<i>tarina fe 1/20 eq</i>	2	[EDS]	<i>lyza</i>	2	[EDS]
<i>tri-estarylla</i>	2	[EDS]	<i>medroxyprogesteron e acetate inj</i>	2	[EDS]
<i>tri-lo-estarylla</i>	2	[EDS]	<i>medroxyprogesteron e acetate tabs</i>	2	[EDS]
<i>tri-lo-sprintec</i>	2	[EDS]	<i>megestrol acetate oral susp 40mg/ml</i>	2	[EDS]
			<i>megestrol tabs</i>	2	[EDS]
			NEXPLANON	3	[EDS]
			<i>norethindrone</i>	2	[EDS]
			<i>progesterone caps</i>	2	[EDS]
			<i>sharobel</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	3	[EDS]
<i>raloxifene hcl</i>	3	[EDS]
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	[EDS]
<i>levothyroxine tabs</i>	1	[EDS]
<i>levoxyl</i>	1	[EDS]
<i>liothyronine tabs</i>	2	[EDS]
SYNTHROID	3	[EDS]
<i>unithroid</i>	1	[EDS]
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline</i>	2	[EDS]
ELIGARD INJ	4	[PA] [EDS]
<i>leuprolide acetate inj kit 1mg/0.2ml</i>	4	[PA] [EDS]
LUPRON DEPOT INJ	5	[PA]
LUPRON DEPOT- PED (1-MONTH & 3- MONTH) INJ	5	[PA]
<i>mifepristone tabs 300mg</i>	5	[PA]
<i>octreotide inj 50mcg/ml, 100mcg/ml, 200mcg/ml &amp; 500mcg/ml</i>	4	[PA] [EDS]
<i>octreotide inj 1000mcg/ml</i>	5	[PA]
ORGOVYX	5	[PA] [LD]
SIGNIFOR INJ	5	[PA]
SOMAVERT INJ	5	[PA]
SYNAREL	4	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites
TRELSTAR MIXJECT INJ	4	[PA] [EDS]
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	[EDS]
<i>propylthiouracil</i>	2	[EDS]
<b>IMMUNOLOGICAL AGENTS</b>		
<b>Angioedema Agents</b>		
CINRYZE INJ	5	[PA]
<i>icatibant inj</i>	5	[PA] [QL]
<i>sajazir inj</i>	5	[PA]
<b>Immunoglobulins</b>		
GAMMAGARD INJ	5	[PA] [B vs D]
GAMUNEX-C INJ	5	[PA] [B vs D]
<b>Immunological Agents, Other</b>		
ARCALYST INJ	5	[PA]
BENLYSTA INJ	5	[PA]
COSENTYX INJ	5	[PA] [QL]
COSENTYX SENSOREADY PEN INJ	5	[PA] [QL]
COSENTYX UNOREADY PEN INJ	5	[PA] [QL]
DUPIXENT INJ	5	[PA] [QL]
ORENCIA INJ	5	[PA] [QL]
OTEZLA STARTER	5	[PA] [QL]
RIDAURA	5	
RINVOQ	5	[PA] [QL]
SKYRIZI INJ	5	[PA] [QL]
STELARA INJ	5	[PA] [QL]
TREMFYA INJ	5	[PA] [QL]
XELJANZ	5	[PA] [QL]
XELJANZ XR	5	[PA] [QL]
XOLAIR INJ	5	[PA] [QL] [LD]
<b>Immunostimulants</b>		
ACTIMMUNE INJ	5	[PA]
BESREMI INJ	5	[PA] [LD]
PEGASYS VIAL INJ	5	[PA]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>Immunosuppressants</i>			HUMIRA PEN-PS/UV STARTER INJ	5	[PA] [QL]
ASTAGRAF XL	4	[PA] [B vs D] [EDS]	HUMIRA PEN INJ	5	[PA] [QL]
AZASAN	4	[PA] [B vs D] [EDS]	IMURAN TABS	4	[PA] [B vs D] [EDS]
<i>azathioprine tabs 50mg</i>	2	[PA] [B vs D] [EDS]	JYLAMVO SOLN	4	[EDS]
<i>azathioprine tabs 75mg &amp; 100mg</i>	4	[PA] [B vs D] [EDS]	<i>leflunomide</i>	2	[QL] [EDS]
CELLCEPT CAPS	4	[PA] [B vs D] [EDS]	<i>methotrexate inj 50mg/2ml</i>	2	[EDS]
CELLCEPT ORAL SUSPENSION & TABS	5	[PA] [B vs D]	<i>methotrexate oral</i>	2	[EDS]
<i>cyclosporine caps</i>	3	[PA] [B vs D] [EDS]	<i>mycophenolate mofetil caps &amp; tabs</i>	2	[PA] [B vs D] [EDS]
<i>cyclosporine modified</i>	2	[PA] [B vs D] [EDS]	<i>mycophenolate mofetil oral susp</i>	5	[PA] [B vs D]
ENBREL INJ	5	[PA] [QL]	<i>mycophenolic acid dr</i>	4	[PA] [B vs D] [EDS]
ENBREL MINI INJ	5	[PA] [QL]	MYFORTIC	4	[PA] [B vs D] [EDS]
ENBREL SURECLICK INJ	5	[PA] [QL]	MYHIBBIN	4	[PA] [B vs D] [EDS]
ENVARUSUS XR	4	[PA] [B vs D] [EDS]	NEORAL	4	[PA] [B vs D] [EDS]
<i>everolimus 0.25mg</i>	4	[PA] [B vs D] [EDS]	PEGASYS SYRINGE INJ	5	[PA]
<i>everolimus 0.5mg, 0.75mg &amp; 1mg</i>	5	[PA] [B vs D]	PROGRAF CAPS	4	[PA] [B vs D] [EDS]
<i>engraf</i>	2	[PA] [B vs D] [EDS]	PROGRAF PACK	4	[PA] [B vs D] [EDS]
HUMIRA INJ	5	[PA] [QL]	RAPAMUNE SOLN	5	[PA] [B vs D]
HUMIRA PEN- CD/UC/HS STARTER INJ	5	[PA] [QL]	RAPAMUNE TABS	4	[PA] [B vs D] [EDS]
HUMIRA PEN- PEDIATRIC UC STARTER PACK INJ	5	[PA] [QL]	SANDIMMUNE ORAL SOLN 100MG/ML	4	[PA] [B vs D] [EDS]
			SANDIMMUNE CAPS 25MG & 100MG	4	[PA] [B vs D] [EDS]
			<i>sirolimus soln</i>	5	[PA] [B vs D]
			<i>sirolimus tabs</i>	4	[PA] [B vs D] [EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>tacrolimus caps 0.5mg &amp; 1mg</i>	3	[PA] [B vs D] [EDS]	PEDVAX HIB INJ	3	[EDS]
<i>tacrolimus caps 5mg</i>	4	[PA] [B vs D] [EDS]	PENBRAYA INJ	3	[EDS]
<b>Vaccines</b>			PENTACEL INJ	3	[EDS]
ABRYSVO INJ	3	[EDS]	PREHEVBRIO INJ	3	[PA] [B vs D] [EDS]
ACTHIB INJ	3	[EDS]	PRIORIX INJ	3	[EDS]
ADACEL INJ	3	[EDS]	PROQUAD INJ	3	[EDS]
AREXVY INJ	3	[EDS]	QUADRACEL INJ	3	[EDS]
BCG INJ	3	[EDS]	RABAVERT INJ	3	[EDS]
BEXSERO INJ	3	[EDS]	RECOMBIVAX HB INJ	3	[PA] [B vs D] [EDS]
BOOSTRIX INJ	3	[EDS]	ROTARIX	3	[EDS]
DAPTACEL INJ	3	[EDS]	ROTATEQ	3	[EDS]
DIPHThERIA & TETANUS TOXOIDS PEDIATRIC INJ	3	[EDS]	SHINGRIX INJ	3	[EDS]
ENGERIX-B INJ	3	[PA] [B vs D] [EDS]	TDVAX INJ	3	[EDS]
GARDASIL 9 INJ	4	[EDS]	TENIVAC INJ	3	[EDS]
HAVRIX INJ	3	[EDS]	TICOVAC INJ	4	[EDS]
HEPLISAV-B INJ	3	[PA] [B vs D] [EDS]	TRUMENBA INJ	3	[EDS]
HIBERIX INJ	3	[EDS]	TWINRIX INJ	3	[EDS]
IMOVAX RABIES INJ	3	[EDS]	TYPHIM VI INJ	3	[EDS]
INFANRIX INJ	3	[EDS]	VAQTA INJ	3	[EDS]
IPOL INACTIVATED IPV INJ	3	[EDS]	VARIVAX INJ	3	[EDS]
IXCHIQ INJ	3	[EDS]	YF-VAX INJ	3	[EDS]
IXIARO INJ	4	[EDS]	<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
JYNNEOS INJ	3	[PA] [B vs D] [EDS]	<b>Aminosalicylates</b>		
KINRIX INJ	3	[EDS]	<i>balsalazide</i>	3	[EDS]
MENACTRA INJ	3	[EDS]	<i>mesalamine dr</i>	4	[EDS]
MENQUADFI INJ	3	[EDS]	<i>mesalamine enema</i>	4	[EDS]
MENVEO-A/C/Y/W- 135 INJ	3	[EDS]	<i>mesalamine er caps</i>	4	[QL] [EDS]
MRESVIA INJ	3	[EDS]	<i>mesalamine rectal suppository</i>	4	[EDS]
M-M-R II INJ	3	[EDS]	<i>sulfasalazine</i>	2	[EDS]
PEDIARIX INJ	3	[EDS]	<b>Glucocorticoids</b>		
			<i>budesonide ec caps</i>	4	[PA] [EDS]
			<i>budesonide er tabs 9mg</i>	5	[PA]
			<i>hydrocortisone cream 2.5%</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>hydrocortisone enema</i>	2	[EDS]	INTRALIPID INJ	4	[PA] [B vs D] [EDS]
<i>procto-med hc</i>	2	[EDS]	<i>levocarnitine oral</i>	2	[PA] [B vs D] [EDS]
<i>proctosol hc</i>	2	[EDS]	<i>sodium chloride irrigation soln</i>	2	[EDS]
<i>proctozone-hc</i>	2	[EDS]	<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>Metabolic Bone Disease Agents</b>			<b>OPHTHALMIC AGENTS</b>		
<i>alendronate tabs</i>	1	[EDS]	<b>Ophthalmic Agents, Other</b>		
<i>calcitonin-salmon nasal</i>	2	[EDS]	<i>atropine sulfate soln</i>	2	[EDS]
<i>calcitriol caps</i>	2	[PA] [B vs D] [EDS]	<i>bacitracin &amp; polymyxin b ointment</i>	2	[EDS]
<i>cinacalcet tab 30mg &amp; 60mg</i>	4	[PA] [B vs D] [EDS]	<i>brimonidine &amp; timolol maleate</i>	4	[EDS]
<i>cinacalcet tab 90mg</i>	5	[PA] [B vs D]	<i>cyclosporine emulsion 0.05%</i>	3	[EDS]
<i>doxercalciferol oral</i>	4	[PA] [B vs D] [EDS]	CYSTARAN	5	
<i>ibandronate oral</i>	2	[EDS]	<i>dorzolamide &amp; timolol maleate</i>	2	[EDS]
<i>paricalcitol caps</i>	3	[PA] [B vs D] [EDS]	LACRISERT	4	[EDS]
PROLIA INJ	4	[PA] [EDS]	<i>neomycin &amp; polymyxin &amp; bacitracin</i>	2	[EDS]
RAYALDEE	5		<i>neomycin &amp; polymyxin &amp; bacitracin &amp; hydrocortisone</i>	2	[EDS]
<i>risedronate sodium</i>	3	[EDS]	<i>neomycin &amp; polymyxin &amp; dexamethasone</i>	2	[EDS]
<i>risedronate sodium dr</i>	3	[EDS]	<i>neomycin &amp; polymyxin &amp; gramicidin ophthalmic</i>	2	[EDS]
TERIPARATIDE INJ	5	[PA]	<i>neomycin &amp; polymyxin &amp; hydrocortisone</i>	2	[EDS]
TYMLOS INJ	5	[PA]			
XGEVA INJ	5	[PA]			
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>					
<b>Miscellaneous Therapeutic Agents</b>					
<i>alcohol pads</i>	2	[PA] [EDS]			
<i>bd insulin syringe ultrafine</i>	2	[PA] [EDS]			
<i>bd insulin syringe safetyglide</i>	2	[PA] [EDS]			
<i>bd pen needle ultrafine</i>	2	[PA] [EDS]			
<i>gauze pads 2"x2"</i>	2	[PA] [EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>neo-polycin ophthalmic ointment</i>	2	[EDS]	<i>moxifloxacin hcl ophthalmic</i>	2	[EDS]
<i>neo-polycin hc ophthalmic ointment</i>	2	[EDS]	NATACYN	4	[EDS]
<i>polycin ophthalmic ointment</i>	2	[EDS]	<i>ofloxacin ophthalmic</i>	2	[EDS]
<i>polymyxin b sulfate &amp; trimethoprim sulfate ophthalmic soln</i>	2	[EDS]	<i>sulfacetamide sodium ophthalmic oint &amp; soln 10%</i>	2	[EDS]
ROCKLATAN	3	[EDS]	<i>tobramycin ophthalmic solution</i>	2	[EDS]
SIMBRINZA	4	[EDS]	<i>trifluridine</i>	2	[EDS]
<i>sulfacetamide sodium &amp; prednisolone sodium phosphate ophthalmic</i>	2	[EDS]	XDEMZY	5	[PA] [QL]
TOBRADEX OINT	3	[EDS]	ZIRGAN	4	[EDS]
<i>tobramycin &amp; dexamethasone ophthalmic suspension</i>	2	[EDS]	<b><i>Ophthalmic Anti-inflammatorys</i></b>		
XIIDRA	3	[EDS]	<i>bromfenac ophthalmic soln 0.07% &amp; 0.075%</i>	4	[EDS]
<b><i>Ophthalmic Anti-allergy Agents</i></b>			<i>bromfenac ophthalmic soln 0.09%</i>	3	[EDS]
<i>azelastine 0.05%</i>	2	[EDS]	<i>dexamethasone ophthalmic soln</i>	2	[EDS]
<i>cromolyn sodium ophthalmic soln</i>	2	[EDS]	<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	[EDS]
<b><i>Ophthalmic Anti-infectives</i></b>			<i>difluprednate</i>	3	[EDS]
AZASITE	3	[EDS]	<i>fluorometholone</i>	2	[EDS]
<i>bacitracin ophthalmic ointment</i>	2	[EDS]	<i>ketorolac soln</i>	2	[EDS]
<i>ciprofloxacin ophthalmic soln 0.3%</i>	2	[EDS]	LOTEMAX OINT	4	[EDS]
<i>erythromycin ophthalmic oint</i>	2	[EDS]	LOTEMAX SM GEL 0.38%	4	[EDS]
<i>gentamicin ophthalmic soln 0.3%</i>	2	[EDS]	PRED MILD	3	[EDS]
			<i>prednisolone acetate</i>	2	[EDS]
			<i>prednisolone sodium phosphate</i>	2	[EDS]
			<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
			<i>betaxolol soln</i>	2	[EDS]
			<i>carteolol</i>	1	[EDS]
			<i>levobunolol</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>timolol ophthalmic gel forming</i>	2	[EDS]	<i>neomycin &amp; polymyxin &amp; hydrocortisone</i>	2	[EDS]
<i>timolol ophth soln 12 hours 0.25% &amp; 0.5% multi-use bottles</i>	1	[EDS]	<i>ofloxacin otic</i>	2	[EDS]
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<i>acetazolamide tabs</i>	2	[EDS]	<b>Antihistamines</b>		
<i>acetazolamide er caps</i>	2	[EDS]	<i>azelastine nasal 0.1%</i>	2	[EDS]
<i>brimonidine tartrate soln 0.15% &amp; 0.1%</i>	4	[EDS]	<i>cyproheptadine</i>	4	[EDS]
<i>brimonidine tartrate soln 0.2%</i>	2	[EDS]	<i>desloratadine tabs</i>	2	[EDS]
<i>dorzolamide</i>	2	[EDS]	<i>hydroxyzine hcl tabs</i>	4	[PA] [EDS]
<i>methazolamide</i>	4	[EDS]	<i>hydroxyzine pamoate caps</i>	4	[PA] [EDS]
<i>pilocarpine soln</i>	2	[EDS]	<i>levocetirizine</i>	2	[EDS]
RHOPRESSA	3	[EDS]	<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>			ARNUITY ELLIPTA	3	[EDS]
<i>latanoprost</i>	1	[EDS]	ASMANEX HFA	3	[EDS]
LUMIGAN	3	[EDS]	ASMANEX TWISTHALER	3	[EDS]
<i>travoprost</i>	3	[EDS]	<i>budesonide nebulizer</i>	4	[PA] [B vs D] [EDS]
VYZULTA	4	[EDS]	<i>flunisolide nasal</i>	2	[QL] [EDS]
<b>OTIC AGENTS</b>			<i>fluticasone propionate nasal</i>	2	[QL] [EDS]
<b>Otic Agents</b>			<i>mometasone furoate nasal</i>	3	[QL] [EDS]
<i>acetic acid &amp; hydrocortisone</i>	2	[EDS]	PULMICORT NEBULIZER	4	[PA] [B vs D] [EDS]
CIPRO HC	4	[EDS]	QVAR REDIHALER	3	[EDS]
<i>ciprofloxacin &amp; dexamethasone otic susp</i>	4	[EDS]	<b>Antileukotrienes</b>		
<i>fluocinolone acetonide otic soln</i>	3	[EDS]	<i>montelukast</i>	2	[EDS]
			<i>zafirlukast</i>	2	[QL] [EDS]
			<b>Bronchodilators, Anticholinergic</b>		
			ATROVENT HFA	3	[QL] [EDS]
			<i>ipratropium bromide nasal</i>	2	[QL] [EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites	Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>ipratropium bromide nebulizer</i>	2	[PA] [B vs D] [EDS]	KALYDECO	5	[PA]
SPIRIVA RESPIMAT	3	[QL] [EDS]	KITABIS NEBULIZER	5	[PA] [B vs D]
YUPELRI	5	[PA] [B vs D]	ORKAMBI	5	[PA]
<b>Bronchodilators, Sympathomimetic</b>			PULMOZYME	5	[PA] [B vs D]
<i>albuterol sulfate hfa 6.7gm inhaler</i>	2	[QL] [EDS]	TOBI SOLN	5	[PA] [B vs D]
<i>albuterol sulfate hfa 8.5gm inhaler</i>	2	[QL] [EDS]	TOBI PODHALER	5	
<i>albuterol sulfate nebulizer</i>	2	[PA] [B vs D] [EDS]	<i>tobramycin nebulizer</i>	5	[PA] [B vs D]
<i>albuterol sulfate syrup</i>	2	[EDS]	<b>Mast Cell Stabilizers</b>		
<i>albuterol sulfate tabs</i>	4	[EDS]	<i>cromolyn sodium nebulizer soln</i>	3	[PA] [B vs D] [EDS]
<i>arformoterol tartrate nebulizer</i>	4	[PA] [B vs D] [EDS]	<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
BROVANA NEBULIZER	4	[PA] [B vs D] [EDS]	<i>roflumilast tabs</i>	3	[EDS]
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	3	[EDS]	<i>theophylline er tabs</i>	4	[EDS]
<i>formoterol fumarate nebulizer</i>	4	[PA] [B vs D] [EDS]	<b>Pulmonary Antihypertensives</b>		
<i>levalbuterol nebulizer</i>	2	[PA] [B vs D] [EDS]	ADEMPAS	5	[PA] [LD]
LEVALBUTEROL TARTRATE HFA	4	[EDS]	<i>alyq</i>	5	[PA]
PERFOROMIST NEBULIZER	5	[PA] [B vs D]	<i>ambrisentan</i>	5	[PA] [LD]
PROAIR RESPICLICK	3	[EDS]	<i>bosentan tabs 62.5mg &amp; 125mg</i>	5	[PA] [LD]
SEREVENT DISKUS	3	[EDS]	OPSUMIT	5	[PA] [LD]
STRIVERDI RESPIMAT	3	[EDS]	<i>sildenafil tab 20mg</i>	3	[PA] [EDS]
<i>terbutaline sulfate oral</i>	4	[EDS]	<i>tadalafil tab 20mg</i>	5	[PA]
<b>Cystic Fibrosis Agents</b>			TRACLEER 32MG	5	[PA] [LD]
BETHKIS	5	[PA] [B vs D]	UPTRAVI	5	[PA]
CAYSTON	5	[PA] [LD]	<b>Pulmonary Fibrosis Agents</b>		
			OFEV	5	[PA] [QL]
			<i>pirfenidone</i>	5	[PA] [QL]
			<b>Respiratory Tract Agents, Other</b>		
			<i>acetylcysteine nebulizer soln</i>	2	[PA] [B vs D] [EDS]
			ADVAIR HFA	3	[EDS]
			ANORO ELLIPTA	3	[EDS]
			BEVESPI	3	[EDS]
			AEROSPHERE		
			BREO ELLIPTA	3	[EDS]
			<i>breynd</i>	4	[QL] [EDS]
			BREZTRI	3	[QL] [EDS]
			AEROSPHERE		

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Drug Name	Drug Tier	Requirements/ Limits
Nombre del Medicamento	Nivel	Requisitos/ Límites
<i>budesonide-formoterol fumarate dihydrate</i>	4	[QL] [EDS]
COMBIVENT RESPIMAT	3	[QL] [EDS]
DULERA	3	[EDS]
FASENRA INJ	5	[PA] [QL]
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg &amp; 500mcg-50mcg</i>	3	[QL] [EDS]
<i>ipratropium bromide &amp; albuterol sulfate nebulizer</i>	2	[PA] [B vs D] [EDS]
STIOLTO RESPIMAT	3	[EDS]
TRELEGY ELLIPTA	3	[QL] [EDS]
<i>wixela inhub</i>	3	[QL] [EDS]
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>carisoprodol tabs 350mg</i>	2	[EDS]
<i>chlorzoxazone tabs 500mg</i>	2	[EDS]
<i>cyclobenzaprine hcl ir</i>	2	[PA] [EDS]
<i>methocarbamol tabs</i>	2	[EDS]
<b>SLEEP DISORDER AGENTS</b>		
<b><i>Sleep Promoting Agents</i></b>		
<i>ramelteon</i>	3	[QL] [EDS]
<i>tasimelteon caps</i>	5	[PA]
<i>temazepam caps</i>	4	[PA] [EDS]
<i>zolpidem ir tabs 5mg &amp; 10mg</i>	2	[EDS]
<b><i>Wakefulness Promoting Agents</i></b>		
<i>armodafinil</i>	3	[PA] [EDS]
<i>modafinil</i>	3	[PA] [EDS]
XYWAV	5	[PA] [LD]

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## Additional Covered Drugs

Your plan has additional coverage for the prescription drugs listed below. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your out of pocket drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
Nombre del medicamento	Nivel	Requisitos/limitaciones
<b>ERECTILE DYSFUNCTION</b>		
<i>sildenafil tabs 25mg, 50mg, 100mg (generic for Viagra)</i>	1	[QL] (4 tablets per 30-day supply with a maximum of 49 tablets per year)
<b>PRESCRIPTION VITAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml (vitamin B12)</i>	1	
<i>ergocalciferol caps 1.25mg (50,000 units) (vitamin D2)</i>	1	
<i>folic acid tabs 1 mg (vitamin B9)</i>	1	

## Medicamentos adicionales cubiertos

Su plan tiene cobertura adicional para los medicamentos con receta que se enumeran a continuación. Estos medicamentos con receta normalmente no están cubiertos en un plan de medicamentos con receta de Medicare. El monto que paga cuando surte una receta para estos medicamentos no cuenta para el costo de sus medicamentos que paga de bolsillo (es decir, el monto que paga no le ayuda a calificar para la cobertura catastrófica). Además de esto, si recibe ayuda adicional para pagar sus medicamentos con receta, no recibirá ayuda adicional para pagar estos medicamentos.

Nombre del medicamento	Nivel del medicamento	Requisitos/limitaciones
<b>DISFUNCIÓN ERÉCTIL</b>		
<i>sildenafil, comprimidos de 25 mg, 50 mg, 100 mg (genérico de Viagra)</i>	1	[QL] (4 comprimidos por suministro para 30 días con un máximo de 49 comprimidos por año)
<b>VITAMINAS CON RECETA</b>		
<i>cianocobalamina, inyectable de 1000 mcg/ml (vitamina B12)</i>	1	
<i>ergocalciferol, cápsulas de 1.25 mg (50,000 unidades) (vitamina D2)</i>	1	
<i>ácido fólico, comprimidos de 1 mg (vitamina B9)</i>	1	



**FORMULARY DRUGS WITH QUANTITY LIMITS  
MEDICAMENTOS DEL FORMULARIO CON LÍMITES DE CANTIDAD**

<b>Drugs with Quantity Limits Medicamentos con Límites de Cantidad</b>	
<b>Drug Name Nombre del Medicamento</b>	<b>Quantity Limits Límites de Cantidad</b>
<i>acetaminophen &amp; codeine #2 &amp; #3 tabs</i>	360 tabs per 30 days
<i>acetaminophen &amp; codeine #4 tabs</i>	180 tabs per 30 days
<i>acetaminophen &amp; codeine elixir</i>	5000ml per 30 days
<i>acyclovir cream</i>	5gm per 30 days
<i>acyclovir ointment</i>	30gm per 30 days
<i>albuterol sulfate hfa 6.7gm inhaler</i>	13.4gm per 30 days
<i>albuterol sulfate hfa 8.5gm inhaler</i>	17gm per 30 days
<i>alprazolam ir tabs</i>	0.25mg, 0.5mg & 1mg: 120 tabs per 30 days; 2mg: 150 tabs per 30 days
<i>amphetamine &amp; dextroamphetamine</i>	60 tabs per 30 days
ATROVENT HFA	2 inhalers per 30 days
AUSTEDO	6mg: 60 tabs per 30 days; 9mg & 12mg: 120 tabs per 30 days
AUSTEDO XR 30MG, 36MG, 42MG & 48MG	30 tabs per 30 days
AUSTEDO XR 6MG, 12MG & 24MG	6mg & 12mg: 90 tabs per 30 days; 24mg: 60 tabs per 30 days
AUSTEDO XR PATIENT TITRATION KIT	42 tabs per 28 days
<i>breyna</i>	10.3gm per 30 days
BREZTRI AEROSPHERE	10.7gm per 30 days
<i>budesonide-formoterol fumarate dihydrate</i>	10.20gm per 30 days
<i>butorphanol tartrate nasal</i>	4 bottles per 30 days
BYDUREON BCISE INJ	4mL per 30 days
<i>calcipotriene cream</i>	60gm: 2 tubes per 30 days; 120gm: 1 tube per 30 days
<i>calcipotriene oint</i>	60gm: 2 tubes per 30 days
<i>colchicine tabs</i>	120 tabs per 30 days
COMBIVENT RESPIMAT	8gm per 30 days
COSENTYX INJ	150mg/mL: 10mL per 30 days; 75mg/0.5mL: 2.5mL per 30 days
COSENTYX SENSOREADY PEN INJ	10mL per 30 days
COSENTYX UNOREADY PEN INJ	10mL per 30 days
<i>dabigatran etexilate</i>	60 caps per 30 days
<i>desonide lotion, oint &amp; cream</i>	cream & oint: 120gm per 30 days lotion: 118ml per 30 days
<i>desoximetasone topical cream &amp; oint 0.25%</i>	120gm per 30 days
<i>desoximetasone topical cream, gel &amp; oint 0.05%</i>	120gm per 30 days

**Drugs with Quantity Limits**  
**Medicamentos con Límites de Cantidad**

Drug Name Nombre del Medicamento	Quantity Limits Límites de Cantidad
<i>dextroamphetamine sulfate</i>	5mg: 120 tabs per 30 days; 10mg: 180 tabs per 30 days
<i>dextroamphetamine sulfate er</i>	5mg: 30 caps per 30 days; 10mg & 15mg: 120 caps per 30 days
<i>diclofenac sodium soln 1.5%</i>	450mL per 28 days
<i>diclofenac sodium soln 2%</i>	224gm per 28 days
<i>dihydroergotamine mesylate nasal</i>	8mL per 30 days
DUPIXENT INJ	100mg/0.67mL: 1.34mL per 30 days; 200mg/1.14mL: 3.42mL per 28 days; 300mg/2mL pen: 8mL per 28 days; 300mg/2mL syringe: 8mL per 30 days
ELIQUIS STARTER PACK & TABS	Starter pack: 74 tabs per 180 days; tabs: 60 tabs per 30 days
ENBREL INJ	8 mL per 30 days
ENBREL MINI INJ	8 mL per 30 days
ENBREL SURECLICK INJ	8 mL per 30 days
<i>endocet tabs 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	2.5-325mg & 5-325mg: 360 tabs per 30 days; 7.5-325mg: 240 tabs per 30 days; 10-325mg: 180 tabs per 30 days
ENTRESTO	60 tabs per 30 days
FARXIGA	30 tabs per 30 days
FASENRA INJ	30mg/mL: 1mL per 30 days; 10mg/0.5mL: 1.50mL per 28 days
<i>fentanyl patches</i>	15 patches per 30 days
<i>flunisolide nasal</i>	2 bottles per 30 days
<i>fluocinonide cream, gel &amp; ointment</i>	15gm: 4 tubes per 30 days; 30gm: 2 tubes per 30 days; 60g: 1 tube per 30 days
<i>fluticasone propionate nasal</i>	2 bottles per 30 days
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg &amp; 500mcg-50mcg</i>	60 blisters per 30 days
<i>galantamine er caps</i>	30 caps per 30 days
<i>galantamine soln</i>	200mL per 30 days
<i>galantamine tabs</i>	60 tabs per 30 days
<i>glimepiride &amp; pioglitazone</i>	30 tabs per 30 days
GLYXAMBI	30 tabs per 30 days
HUMIRA INJ	40mg/0.4mL & 40mg/0.8mL: 4 inj per 28 days; 10mg/0.1mL & 20mg/0.2mL: 2 inj per 28 days
HUMIRA PEN INJ	40mg/0.4mL & 40mg/0.8mL: 4 pens per 28 days; 80mg/0.8mL: 2 pens per 28 days

**Drugs with Quantity Limits  
Medicamentos con Límites de Cantidad**

<b>Drug Name Nombre del Medicamento</b>	<b>Quantity Limits Límites de Cantidad</b>
HUMIRA PEN-CD/UC/HS STARTER INJ	3 pens per 180 days
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ	4 pens per 180 days
HUMIRA PEN-PS/UV STARTER INJ	3 pens per 180 days
<i>hydrocodone &amp; acetaminophen soln 7.5-325mg/15ml</i>	2700ml per 30 days
<i>hydrocodone &amp; acetaminophen tabs 5-325mg, 7.5-325mg &amp; 10-325mg</i>	5-325mg: 360 tabs per 30 days; 7.5-325mg & 10-325mg: 180 tabs per 30 days
<i>hydrocodone &amp; ibuprofen tabs 7.5-200mg</i>	150 tabs per 30 days
<i>icatibant inj</i>	18mL per 30 days
<i>ipratropium bromide nasal</i>	1 bottle per 30 days
JANUMET	60 tabs per 30 days
JANUMET XR	60 tabs per 30 days
JANUVIA	30 tabs per 30 days
JARDIANCE	30 tabs per 30 days
JENTADUETO	60 tabs per 30 days
JENTADUETO XR	2.5-1000mg: 60 tabs per 30 days; 5-1000mg: 30 tabs per 30 days
<i>leflunomide</i>	30 tabs per 30 days
<i>lidocaine &amp; prilocaine</i>	30gm: 1 tube per 30 days
<i>lidocaine ointment</i>	1 tube per 30 days
<i>lidocaine topical soln</i>	1 bottle per 30 days
LIVTENCITY	120 tabs per 30 days
<i>mesalamine er caps</i>	375mg: 120 caps per 30 days; 500mg: 240 caps per 30 days
<i>mometasone furoate nasal</i>	3 bottles per 30 days
<i>morphine sulfate er tabs</i>	120 tabs per 30 days
MOUNJARO INJ	2mL per 30 days
<i>mupirocin cream</i>	30gm per 30 days
<i>naratriptan</i>	8 tabs per 30 days
NEUPRO PATCH	30 patches per 30 days
<i>niacin er tabs</i>	60 caps per 30 days
OFEV	60 caps per 30 days
ORENCIA INJ	125mg/mL: 4.00mL per 30 days; 50mg/0. mL: 1.60mL per 30 days; 87.5mg/0.7mL: 2.80mL per 30 days
OTEZLA	60 tabs per 30 days
OTEZLA STARTER	55 tabs per 180 days
<i>oxycodone &amp; acetaminophen tabs 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	2.5-325mg & 5-325mg: 360 tabs per 30 days; 7.5-325mg: 240 tabs per 30 days; 10-325mg: 180 tabs per 30 days

**Drugs with Quantity Limits**  
**Medicamentos con Límites de Cantidad**

Drug Name Nombre del Medicamento	Quantity Limits Límites de Cantidad
OXYCODONE ER TABS 10MG & 20MG	60 tabs per 30 days
OZEMPIC INJ	3mL per 30 days
<i>pimecrolimus</i>	30gm: 3 tubes per 30 days
<i>pirfenidone</i>	267mg: 270 tabs/caps per 30 days; 534mg & 801mg: 90 tabs per 30 days
PREVYMIS	30 tabs per 30 days
PROMACTA	12.5mg & 25mg: 30 tabs per 30 days; 50mg & 75mg: 60 tabs per 30 days; oral susp: 180 packets per 30 days
<i>ramelteon</i>	30 tabs per 30 days
REGRANEX	2 tubes per 30 days
RINVOQ	15mg & 30mg: 30 tabs per 30 days; 45mg: 84 tabs per 180 days
<i>rivastigmine caps</i>	60 caps per 30 days
<i>rivastigmine patches</i>	30 patches per 30 days
RYBELSUS	30 tabs per 30 days
SANTYL	90gm per 30 days
SKYRIZI INJ	150mg/mL: 2mL per 30 days; 360mg/2.4ml: 2.4mL per 60 days; 180mg/1.2ml: 1.20mL per 60 days
SPIRIVA RESPIMAT	4gm per 30 days
STELARA INJ	45mg/0.5mL: 0.50mL per 30 days; 90mg/mL: 1mL per 30 days
SYNJARDY	60 tabs per 30 days
SYNJARDY XR	5-1000mg & 12.5-1000mg: 60 tabs per 30 days; 10-1000mg & 25-1000mg: 30 tabs per 30 days
<i>tacrolimus oint</i>	100g per 30days
<i>tadalafil 2.5mg &amp; 5mg</i>	2.5mg: 60 tabs per 30 days; 5mg: 30 tabs per 30 days
<i>tazarotene gel</i>	30gm: 3 tubes per 30 days; 100gm: 1 tube per 30 days
TRADJENTA	30 tabs per 30 days
<i>tramadol &amp; acetaminophen tabs 37.5-325mg</i>	240 tabs per 30 days
<i>tramadol er tabs</i>	30 tabs per 30 days
<i>tramadol ir tab 100mg</i>	120 tabs per 30 days
TRELEGY ELLIPTA	60 blisters per 30 days
TREMFYA INJ	2mL per 30 days

**Drugs with Quantity Limits  
Medicamentos con Límites de Cantidad**

Drug Name Nombre del Medicamento	Quantity Limits Límites de Cantidad
TRIJARDY XR	5-2.5-1000mg & 12.5-2.5-1000mg: 60 tabs per 30 days; 25-5-1000mg & 10-5-1000mg: 30 tabs per 30 days
TRULICITY INJ	2mL per 30 days
<i>wixela inhub</i>	60 blisters per 30 days
XARELTO ORAL SUSP & TABS	oral susp: 775mL per 30 days; 2.5mg: 60 tabs per 30 days; 10mg, 15mg & 20mg: 30 tabs per 30 days
XARELTO STARTER PACK	51 tabs per 180 days
XDEMVY	10mL per 42 days
XELJANZ	tabs: 60 tabs per 30 days; soln: 300mL per 30 days
XELJANZ XR	30 tabs per 30 days
XIGDUO XR	5-500mg, 5-1000mg & 2.5-1000mg: 60 tabs per 30 days; 10-500mg & 10-1000mg: 30 tabs per 30 days
XOLAIR INJ	150mg/mL & 300mg/2mL: 8mL per 28 days; 75mg/0.5mL: 1mL per 28 days
<i>zenzedi</i>	5mg: 120 tabs per 30 days 10mg: 180 tabs per 30 days

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SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). SCAN Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Health Plan  
Attention: Grievance and Appeals Department  
P.O. Box 22616  
Long Beach, CA 90801-5616

SCAN Member Services  
PHONE: 1-800-559-3500  
FAX: 1-562-989-0958  
TTY: 711

Or by filling out the “File a Grievance” form on our website at:

<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

SCAN Health Plan cumple con las leyes de derechos civiles federales vigentes y no discriminan, excluyen ni tratan a las personas de forma diferente por su raza, color, nacionalidad, edad, discapacidad o sexo. SCAN Health Plan ofrece recursos y servicios gratuitos a personas que tienen dificultades para comunicarse, como intérpretes de lenguaje de señas calificados e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, etc.). SCAN Health Plan ofrece servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, como intérpretes calificados e información escrita en otros idiomas. Si necesita estos servicios, comuníquese con Servicios para Miembros de SCAN.

Si cree que SCAN Health Plan no le ha proporcionado estos servicios o le ha discriminado por su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo personalmente, por teléfono, por correo o por fax:

SCAN Health Plan  
Attention: Grievance and Appeals Department  
P.O. Box 22616  
Long Beach, CA 90801-5616

SCAN Member Services  
PHONE: 1-800-559-3500  
FAX: 1-568-989-0958  
TTY: 711

O puede completar el formulario "Presentar un reclamo" en nuestro sitio web:  
<https://www.scanhealthplan.com/contact-us/file-a-grievance>

Si necesita ayuda para presentar un reclamo, Servicios para Miembros de SCAN puede ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del portal de quejas de la Oficina de Derechos Civiles disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo o teléfono:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Puede encontrar los formularios de quejas en <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

Puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Dpto. de Servicios de Atención Médica de California por teléfono, por escrito o de manera electrónica:

- Por teléfono: Llame al 1-916-440-7370. Si tiene dificultades para hablar u oír, llame al servicio de TTY: 711.
- Por escrito: Complete un formulario de reclamo o envíe una carta a la siguiente dirección:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Puede encontrar los formularios de quejas en [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- De manera electrónica: Envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

**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 1-800-559-3500. Someone who speaks English 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, llame al 1-800-559-3500. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-800-559-3500 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。

**Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-800-559-3500 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-800-559-3500. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

**Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-800-559-3500. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-559-3500 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Armenian:** Առողջութեան կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-800-559-3500 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:

**Persian:** توجه: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیسست با شماره 1-800-559-3500 تماس بگیرید. شخصی که به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این یک سرویس رایگان است.

**Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-800-559-3500. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

**Japanese:** 当社の健康保険と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をご用意しています。通訳をご利用になるには、1-800-559-3500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。

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا الصحية أو جدول الدواء. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-559-3500. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه الخدمة المجانية.

**Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-800-559-3500 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Mon-Khmer, Cambodian:**

យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-800-559-3500។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។

**Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-800-559-3500. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.

**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 1-800-559-3500 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Thai:** เรามีบริการล่ามฟรีเพื่อตอบสนองข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-800-559-3500 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

**Lao:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພາລາດໂທຫາພວກເຮົາທີ່ເບີ 1-800-559-3500. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

**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 1-800-559-3500. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-559-3500. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-800-559-3500. Un nostro incaricato che parla Italiano Le 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 1-800-559-3500. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-800-559-3500. 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 1-800-559-3500. Ta usługa jest bezpłatna.

**Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-800-559-3500. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

**Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-800-559-3500. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.



The formulary and pharmacy network may change at any time. You will receive notice when necessary.

This formulary was updated on 8/1/2024. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

El formulario y la red de farmacias pueden cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

Este formulario se actualizó el 8/1/2024. Para obtener información más reciente o si tiene preguntas, comuníquese con Servicios para Miembros de SCAN Health Plan, al 1-800-559-3500 (los usuarios de TTY deben llamar al 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana del 1 de octubre al 31 de marzo. Desde el 1 de abril hasta el 30 de septiembre, el horario es de 8:00 a. m. a 8:00 p. m., de lunes a viernes (los mensajes recibidos en días feriados y fuera del horario de atención se responderán en el plazo de un día hábil). También puede visitar [www.scanhealthplan.com](http://www.scanhealthplan.com).

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