



# 2020 Formulary / Formulario 2020

## (List of covered drugs) / (Lista de medicamentos cubiertos)

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

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

**Approved formulary ID 00020356 / ID de formulario aprobado 00020356**

- Devoted Health Greater Houston HMO
- Devoted Health Prime Greater Houston HMO

This formulary was updated on September 1, 2020. For more recent information or other questions, please contact Devoted Health Member Services at 1-800-338-6833 or, for TTY users, 711, Monday - Friday 8am - 8pm. (from Oct 1 - March 31, representatives are available 7 days a week, 8am - 8pm), or visit us at [www.devoted.com](http://www.devoted.com).

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

Este formulario fue actualizado el 1 de septiembre de 2020. Para obtener más información reciente o hacer otras preguntas, contacte a Servicios para miembros de Devoted Health al 1-800-338-6833 o, los usuarios de TTY, 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (del 1 de octubre al 31 de marzo, los representantes están disponibles los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.) o visítenos en [www.devoted.com/es](http://www.devoted.com/es).

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

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**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 Devoted Health. When it refers to “plan” or “our plan,” it means Devoted Health HMO or Devoted Health Prime HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

## **What is the Devoted Health Formulary?**

A formulary is a list of covered drugs selected by Devoted Health 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. Devoted Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Devoted Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Devoted Health Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Devoted Health Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of September 1, 2020. To get updated information about the drugs covered by Devoted Health, please contact us. Our contact information appears on the front and back cover pages. We will update the downloadable formularies each month and they will be available on [www.devoted.com](http://www.devoted.com). In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

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

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

### **Medical Condition**

The formulary begins on page 16. 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”. If you know what your drug is used for, look for the category name in the list that begins on page number 14. 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 74. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Devoted Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Devoted Health before you fill your prescriptions. If you don't get approval, Devoted Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Devoted Health limits the amount of the drug that Devoted Health will cover. For example, Devoted Health provides 30 capsules every 30 days for DEXILANT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Devoted Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Devoted Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Devoted Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 16. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Devoted Health 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 Devoted Health formulary?" on page 4 for information about how to request an exception.

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

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

If you learn that Devoted Health does not cover your drug, you have two options:

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

You can ask Devoted Health 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Devoted Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 30 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## **For more information**

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

If you have questions about Devoted Health, 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>.

## **Devoted Health's Formulary**

The formulary below provides coverage information about the drugs covered by Devoted Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

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

### **B/D: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% co-insurance for Devoted Health members.

### **QL: Quantity Limit applies.**

Because of potential safety and utilization concerns, Devoted Health has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor may ask Devoted Health to make an exception to our coverage rules. See the section, "How do I request an exception to the Devoted Health formulary?" on page 4 for information about how to request an exception.

### **LA: Limited Access drug.**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Devoted Health at 1-800-338-6833, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 – Mar. 31 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). TTY users should call 711.

### **PA: Prior Authorization Required.**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

### **ST: Step Therapy Applies.**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for medications on the next Step. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Devoted Health for members who do not meet the Step Therapy criteria at the point of sale. See the section, "How do I request an exception to the Devoted Health formulary?" on page 4 for information about how to request an exception to Devoted Health's prior authorization and step therapy criteria.

### **GC: Gap Coverage.**

For Devoted Health Greater Houston HMO & Devoted Health Prime Greater Houston HMO members, we provide additional coverage for Tier 1 and Tier 2 drugs in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

### **NDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

### **About Drug Tiers**

Tiers are just a way to group drugs based on how much they cost. Generally, the higher the tier, the more you'll have to pay out of your own pocket.

<b>Tier</b>	<b>Description</b>
1	Preferred Generic Drugs
2	Generic Drugs
3	Preferred Brand Drugs
4	Non-Preferred Drugs
5	Specialty Tier Drugs

*lowercase italics* = generic drug

ALL CAPS = brand-name drug



**Nota para miembros actuales:** Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que lista aun contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro", significa Devoted Health. Cuando se refiere a "plan" o "nuestro plan" significa Devoted Health HMO o Devoted Health Prime HMO.

Este documento incluye una lista de medicamentos (formulario) para nuestro plan el cual está vigente al 1 de septiembre de 2020. Contáctenos para obtener un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

En general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, y/o copagos/coseguro pueden cambiar el 1 de enero de 2021, y cada cierto tiempo a lo largo del año.

## ¿Qué es el Formulario de Devoted Health?

Un formulario es una lista de medicamentos cubiertos seleccionados por Devoted Health en consulta con un equipo de proveedores de atención médica, que representa las terapias de medicamentos considerados como una parte necesaria en un programa de tratamiento de calidad. Devoted Health, por lo general, cubrirá los medicamentos que se indican en nuestro formulario siempre que el medicamento sea necesario por razones médicas. El medicamento es surtido en una farmacia de la red de Devoted Health, y se siguen otras reglas del plan. Para obtener más información sobre cómo surtir sus medicamentos, revise su Evidencia de Cobertura.

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

La mayoría de los cambios en la cobertura de medicamentos suceden el 1 de enero, pero podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debimos cumplir las reglas de Medicare al realizar estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos, si lo reemplazamos con un medicamento genérico nuevo que aparecerá en el mismo nivel de costo compartido o con un costo compartido menor y con las mismas o menos restricciones. También, cuando se agrega un medicamento genérico nuevo, podríamos decidir conservar el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si en la actualidad usted está tomando ese medicamento de marca, pudiéramos no informarle por anticipado de ese cambio, pero más adelante le proporcionaremos información sobre el(los) cambio(s) específico(s) que hayamos hecho.
- Si hacemos tal cambio, usted o el profesional que emite su receta puede solicitarnos una excepción y continuar la cobertura del medicamento de marca que usted toma. La notificación que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Devoted Health?"

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento incluido en nuestro formulario es inseguro o si el fabricante del medicamento lo retira del mercado, nosotros inmediatamente retiraremos el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que esté actualmente incluido en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O podemos hacer cambios basados en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones en la terapia por fases en un medicamento o movemos el medicamento a un nivel de costo compartido mayor, debemos notificar a los miembros afectados del cambio, al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una repetición del medicamento, en cuyo caso, el miembro recibirá un suministro de 30 días del medicamento.
- Si hacemos estos otros cambios, usted o el profesional que emite su receta puede solicitarnos una excepción y continuar la cobertura del medicamento de marca que usted toma. La notificación que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Devoted Health?"

**Cambios que no le afectarán si actualmente está tomando el medicamento.** En general, si usted está tomando un medicamento incluido en nuestro formulario del 2020 que tenía cobertura a principios del año, no descontinuaremos o reduciremos la cobertura del medicamento durante la cobertura del 2020, salvo lo indicado anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo-compartido y sin nuevas restricciones para aquellos miembros que estarán tomándolos por el resto del año de la cobertura.

El formulario adjunto está actualizado al 1 de septiembre de 2020. Contáctenos para obtener información actualizada sobre los medicamentos cubiertos por Devoted Health. Nuestra información de contacto se encuentra en la portada y contraportada. Actualizaremos los formularios descargables cada mes y estos estarán disponibles en [www.devoted.com/es](http://www.devoted.com/es). En el caso de que se produzca un cambio a mediados de año en el formulario que no sea de mantenimiento, se le notificará a través de una fe de erratas.

## ¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

### Condición médica

El formulario comienza en la página 16. Los medicamentos en este formulario están agrupados por categorías dependiendo del tipo de condición médica para los que se utilizan. Por ejemplo, los medicamentos utilizados para el tratamiento de condiciones cardíacas están indicados bajo la categoría "Cardiovascular". Si usted conoce el uso que tiene su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 14. Luego busque su medicamento bajo el nombre de la categoría.

## **Lista alfabética**

De no estar seguro en que categoría debe buscar, usted debería buscar su medicamento en el Índice que comienza en la página 74. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Ambos, los medicamentos de marca y los genéricos están indicados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página en la que puede encontrar la información de la cobertura. Vaya a la página indicada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

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

Devoted Health cubre tanto los medicamentos de marca como los medicamentos genéricos. Un medicamento genérico recibe la aprobación de la FDA por tener los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos tienen un costo menor que los medicamentos de marca.

## **¿Mi cobertura tiene alguna restricción?**

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

- **Autorización previa:** Devoted Health requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de Devoted Health para poder surtir sus recetas. Si no obtiene la aprobación, Devoted Health pudiera no cubrir el medicamento.
- **Límites de la cantidad:** Para ciertos medicamentos, Devoted Health aplica límites en la cantidad del medicamento que Devoted Health cubrirá. Por ejemplo, Devoted Health provee 30 capsulas cada 30 días de DEXILANT. Esto pudiera ser adicional al suministro mensual estándar de un mes o de tres meses.
- **Terapia por fases:** En algunos casos, Devoted Health requiere que usted primero pruebe ciertos medicamentos para el tratamiento de su condición médica antes de cubrir otros medicamentos para esa condición. Por ejemplo, si el medicamento A y el medicamento B ambos son para el tratamiento de su condición médica, Devoted Health pudiera no cubrir el medicamento B, a menos, que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Devoted Health cubrirá el medicamento B.

Usted puede encontrar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 16. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia por fases. También puede pedir que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

Puede solicitar a Devoted Health hacer una excepción a dichas restricciones o límites; o solicitar una lista de otros medicamentos similares que pueden usarse para el tratamiento de su condición médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página 11 para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no ha sido incluido en este formulario (lista de medicamentos cubiertos), usted primero debe comunicarse con Servicios para miembros y preguntar si su medicamento está cubierto.

Si se entera que Devoted Health no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios para miembros una lista de medicamentos similares cubiertos por Devoted Health. Cuando reciba la lista, muéstresela a su médico y pídale le recete un medicamento similar que esté cubierto por Devoted Health.
- Usted puede pedirle a Devoted Health que haga una excepción y que cubra su medicamento. Vea a continuación información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al formulario de Devoted Health?

Usted puede pedirle a Devoted Health que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que se cubra un medicamento aun cuando no esté en nuestro formulario. Si es aprobado, este medicamento será cubierto en un nivel de costo-compartido predeterminado, y no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Usted puede pedirnos cubrir un medicamento del formulario a un nivel de costo compartido más bajo, si el medicamento no se encuentra en el nivel de especialidad. Si es aprobado esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que eliminemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Devoted Health limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede solicitarnos que eliminemos el límite y que cubramos una mayor cantidad.

Por lo general, Devoted Health solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo-compartido más bajo o las restricciones de utilización adicionales no serían tan eficaces en el tratamiento de su condición y/o causaría que tenga efectos médicos adversos.

Debería contactarnos para solicitar una decisión sobre la cobertura inicial para un formulario o excepción de restricción de utilización. **Cuando solicita una excepción al formulario o restricción de utilización, debe enviar una declaración de su médico o profesional que emite su receta que respalde su solicitud.** En general, debemos tomar nuestras decisiones dentro de 72 horas después de haber recibido la declaración de respaldo del profesional que emite su receta. Usted puede solicitar una excepción acelerada (rápida), si usted o su médico consideraran que su salud podría verse seriamente perjudicada al esperar hasta 72 horas para que se tome una decisión. Si su solicitud de excepción acelerada se aprueba, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico u otro profesional que emita su receta.

## **¿Qué hago antes de poder hablar con mi médico sobre un cambio de medicamentos o solicitar una excepción?**

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O, pudiera estar tomando un medicamento que esté en nuestro formulario pero su capacidad para obtenerlo es limitada. Por ejemplo, usted puede necesitar una autorización previa de nosotros antes de surtir su receta. Consulte a su médico para decidir si debe cambiarse a un medicamento apropiado cubierto por nosotros o solicitar una excepción del formulario, de manera que podamos cubrir el medicamento que usted toma. Mientras usted habla con su médico para determinar el curso correcto de acción, pudiéramos cubrir sus medicamentos en ciertos casos durante los primeros 90 días de su afiliación a nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, nosotros cubriremos un suministro temporal de 30 días. Si su receta está escrita por menos de días, permitiremos repeticiones de medicamentos para proporcionarle un suministro máximo de medicamento para 30 días. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted reside en un centro de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento, mientras procesa su excepción al formulario.

Si usted experimenta un cambio en su nivel de atención, tal como una mudanza de su hogar a un centro de cuidado a largo plazo, y necesita de un medicamento que no está incluido en nuestro formulario (o si su capacidad para obtenerlo es limitada), pudiéramos cubrir un suministro único temporal de una farmacia de la red hasta por 30 días, a menos, que tenga una receta por menos días. Debe usar el proceso de excepción del plan si desea continuar con la cobertura del medicamento después de que finalice el suministro temporal.

### **Para obtener más información**

Para información más detallada sobre su cobertura de medicamentos recetados con Devoted Health, revise su Evidencia de cobertura y otros documentos del plan.

Contáctenos si tiene preguntas sobre Devoted Health. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

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

## Formulario de Devoted Health

El siguiente formulario provee información sobre la cobertura de los medicamentos que cubre Devoted Health. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 74.

La primera columna de la tabla muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, ENTRESTO) y los medicamentos genéricos se muestran en minúsculas y cursivas (por ejemplo, *omeprazole*).

La información en la columna de Requisitos/Límites le dice si Devoted Health tiene algún requisito especial para cubrir su medicamento.

### **B/D: Parte B o D de Medicare**

Estos medicamentos requieren autorización previa para determinar la cobertura apropiada bajo la Parte B o la Parte D de Medicare. Algunos medicamentos de la Parte B requieren un coseguro del 20% para los miembros de Devoted Health.

### **QL: Se aplican límites en la cantidad.**

Debido a preocupaciones potenciales de seguridad y utilización, Devoted Health ha colocado limitaciones de suministro en una pequeña cantidad de medicamentos con receta. Esto significa que la farmacia solo suministrará una cierta cantidad de un medicamento dentro de un período de tiempo determinado. Estas cantidades se basan en los estándares reconocidos de cuidados, tales como las recomendaciones de la Administración de Alimentos y Medicamentos de los Estados Unidos. Si su médico cree que usted necesita una cantidad mayor a la limitación establecida por el programa, su médico puede solicitar a Devoted Health hacer una excepción a nuestras reglas de cobertura. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página 4 para obtener información sobre cómo solicitar una excepción.

### **LA: Medicamento con acceso limitado.**

Este medicamento recetado puede estar disponible solo en ciertas farmacias. Para obtener más información consulte su Directorio de farmacias o llame a Devoted Health al 1-800-338-6833, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (Del 1 de octubre al 31 de marzo, los representantes están disponibles los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.). Los usuarios de TTY deben llamar al 711.

### **PA: Se requiere autorización previa.**

El proceso de Autorización previa fomenta recetar de manera racional medicamentos con importantes problemas de seguridad y/o financieros. Un proveedor puede presentar una solicitud de cobertura basado en la necesidad médica de un miembro por un medicamento en particular. Si es aprobado, el miembro paga el nivel designado de copago. Existe un proceso de apelación para las solicitudes rechazadas.

## **ST: Se aplica la Terapia por fases.**

La Terapia por fases es una forma automática de Autorización previa que utiliza el historial de reclamaciones para la aprobación de un medicamento en el punto de venta. Los Programas de terapia por fases ayudan a fomentar el uso clínicamente probado de terapias de primera línea y están diseñados para garantizar que se utilicen, primero, los agentes más terapéuticamente apropiados y económicos, antes de que se puedan cubrir otros tratamientos.

Los miembros que actualmente toman medicamentos y que cumplen con el criterio inicial de Terapia por fases, automáticamente podrán surtir sus recetas por medicamentos en la próxima Fase. Si el miembro no cumple con el criterio inicial de Terapia por fases, el medicamento con receta será rechazado en el punto de venta con un mensaje que indica que se requiere la Autorización previa (PA). Los médicos pueden presentar a Devoted Health solicitudes de Autorización previa para miembros que no cumplen con el criterio de Terapia por fases en el punto de venta. Consulte la sección “¿Cómo solicito una excepción al formulario de Devoted Health?” en la página <XX> para obtener información sobre cómo solicitar una excepción a los criterios de autorización previa y terapia por fases de Devoted Health.

## **GC: Vacío de cobertura**

Para los miembros de Devoted Health Greater Houston HMO y Devoted Health Prime Greater Houston HMO, proveemos cobertura adicional para los Niveles 1 y Niveles 2 de medicamentos en el vacío de cobertura. Consulte nuestra Evidencia de Cobertura para obtener más información sobre esta cobertura.

## **NDS: Días de suministro de medicamento no extendido**

En un esfuerzo por contener los costos de los medicamentos, algunos medicamentos de alto costo estarán limitados a un suministro de hasta 30 días por surtido.

## **Sobre niveles en los medicamentos**

Los niveles son solo una forma de agrupar los medicamentos según el costo. Por lo general, cuanto más alto sea el nivel, más tendrá que pagar de su propio bolsillo.

<b>Tier</b>	<b>Description</b>
1	Medicamentos genéricos preferidos
2	Medicamentos genéricos
3	Medicamentos de marca preferidos
4	Medicamentos no preferidos
5	Medicamentos con nivel de especialidad

*minúsculas y cursivas* = medicamento genérico

TODAS MAYUSCULAS = medicamento de marca

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## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
<b>NSAIDS</b>		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	2	
<i>diflunisal TABS</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS 100mg</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	1	
<i>naproxen TABS 250mg, 375mg, 500mg</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)

**PA**–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order  
**B/D**–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage **NDS** - Non-Extended Days Supply

## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	3	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>HYSINGLA ER</i>	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 mL / 30 days)
<i>NUCYNTA ER</i>	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)

**PA** – Previa Autorización **QL** – Límites de Cantidad **ST** – Terapia por Fases **NM** – No Disponible en Pedido por Correo  
**B/D** – Cobertura bajo Medicare B o D **LA** – Acceso Limitado **ED** – Medicamento Excluido **GC** – Proveemos cobertura de este medicamento con receta en el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura. **NDS** – Días de Suministro no Extendido

## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate SOLN</i>	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NDS, NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	NDS
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
<i>tobramycin sulfate SOLN</i>	2	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole TABS</i>	5	NDS
ALINIA	5	NDS
<i>atovaquone SUSP</i>	5	NDS
<i>aztreonam</i>	2	
CAYSTON	5	NDS, NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium SOLR</i>	2	
<i>dapsone TABS</i>	2	
<i>daptomycin</i>	5	NDS
EMVERM	5	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	2	

**PA**–Prior Authorization **QL**–Quantity Limits **ST**–Step Therapy **NM**–not available at mail-order  
**B/D**–Covered under Medicare B or D **LA**–Limited Access **ED**- Excluded Drug **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage **NDS** - Non-Extended Days Supply

## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>imipenem-cilastatin</i>	2	
<i>ivermectin</i> TABS	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	NDS
<i>linezolid tab 600mg</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	2	
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i>	3	
<i>pentamidine isethionate inh</i>	2	B/D
<i>pentamidine isethionate inj</i>	2	
<i>praziquantel</i> TABS	2	
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	NDS
<i>tigecycline</i>	5	NDS
<i>trimethoprim</i> TABS	1	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (120 caps / 30 days)
<i>vancomycin hcl</i> CAPS 250mg	5	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN IN NAACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	NDS, B/D
AMBISOME	5	NDS, B/D
<i>amphotericin b</i> SOLR	2	B/D
<i>caspofungin acetate</i>	5	NDS
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	2	
<i>fluconazole</i> TABS 150mg	1	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	5	NDS
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
<i>micafungin sodium</i>	5	NDS

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MYCAMINE	5	NDS
NOXAFIL SUSP	5	NDS, QL (630 mL / 30 days)
<i>nystatin</i> TABS	2	
<i>posaconazole</i>	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR	5	NDS, PA
<i>voriconazole</i> SUSR	5	NDS, PA
<i>voriconazole</i> TABS 50mg	2	
<i>voriconazole</i> TABS 200mg	5	NDS
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i> 26.3mg	2	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	2	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i>	2	NM
APTIVUS	5	NDS, NM
<i>atazanavir sulfate</i>	2	NM
CRIXIVAN	4	NM
<i>didanosine</i>	2	NM
EDURANT	5	NDS, NM
<i>efavirenz</i> CAPS 50mg	2	NM
<i>efavirenz</i> CAPS 200mg	5	NDS, NM
<i>efavirenz</i> TABS	5	NDS, NM
EMTRIVA	3	NM
<i>fosamprenavir tab</i> 700 mg	5	NDS, NM
FUZEON	5	NDS, NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NDS, NM
INVIRASE	5	NDS, NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NDS, NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NDS, NM
ISENTRESS HD	5	NDS, NM
<i>lamivudine</i>	2	NM
LEXIVA SUSP	4	NM
<i>nevirapine susp</i> 50 mg/5ml	2	NM
<i>nevirapine tab</i> 100mg er	2	NM
<i>nevirapine tab</i> 200mg	2	NM

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<i>nevirapine tab 400mg er</i>	2	NM
NORVIR PACK	4	NM
NORVIR SOLN	4	NM
PIFELTRO	5	NDS, NM
PREZISTA SUSP	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg NM	5	NDS, QL (60 tabs / 30 days),
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK	5	NDS, NM
<i>ritonavir</i>	2	NM
SELZENTRY SOLN	5	NDS, NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NDS, NM
<i>stavudine</i>	2	NM
<i>tenofovir disoproxil fumarate</i>	2	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NDS, NM
TIVICAY PD	3	NM
TROGARZO	5	NDS, NM, LA
TYBOST	4	NM
VIRACEPT	5	NDS, NM
VIREAD POWD	5	NDS, NM
VIREAD TABS 150mg, 200mg, 250mg	5	NDS, NM
<i>zidovudine cap 100mg</i>	2	NM
<i>zidovudine syp 50mg/5ml</i>	2	NM
<i>zidovudine tab 300mg</i>	2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NDS, NM
ATRIPLA	5	NDS, NM
BIKTARVY	5	NDS, NM
CIMDUO	5	NDS, NM
COMPLERA	5	NDS, NM
DELSTRIGO	5	NDS, NM
DESCOVY	5	NDS, NM
DOVATO	5	NDS, NM
EVOTAZ	5	NDS, NM
GENVOYA	5	NDS, NM
JULUCA	5	NDS, NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NDS, NM

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<i>lamivudine-zidovudine</i>	2	NM
<i>lopinavir-ritonavir</i>	2	NM
ODEFSEY	5	NDS, NM
PREZCOBIX	5	NDS, NM
STRIBILD	5	NDS, NM
SYMFI	5	NDS, NM
SYMFI LO	5	NDS, NM
SYMTUZA	5	NDS, NM
TEMIXYS	5	NDS, NM
TRIUMEQ	5	NDS, NM
TRUVADA TAB 100-150	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days), NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	2	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifampin</i> CAPS; SOLR	2	
SIRTURO 100mg	5	NDS, LA, PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	NDS, NM
BARACLUDE SOLN	5	NDS, NM
<i>entecavir</i>	2	NM
EPCLUSA	5	NDS, NM, PA
EPIVIR HBV SOLN	4	NM
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NDS, NM, PA
<i>lamivudine (hbv)</i>	2	NM
MAVYRET	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2	QL (1080 mL / year)

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PEGASYS	5	NDS, NM, PA
PEGASYS PROCLICK	5	NDS, NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
<i>valacyclovir hcl TABS</i>	2	
<i>valganciclovir hcl</i>	5	NDS
VEMLIDY	5	NDS, NM
VOSEVI	5	NDS, NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	2	
CEFACTOR MONOHYDRATE ER	4	
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR; TABS</i>	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium SOLR 1gm</i>	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime SUSR</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime SOLR</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin CAPS 250mg, 500mg</i>	1	
<i>cephalexin SUSR</i>	2	
<i>tazicef SOLR</i>	2	
TEFLARO	5	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin PACK; SOLR; SUSR</i>	2	
<i>azithromycin TABS</i>	1	
<i>clarithromycin TABS</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin for susp</i>	2	
DIFICID	5	NDS
<i>ery-tab</i>	2	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	

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<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate TABS</i>	2	
<i>erythromycin tab ec</i>	2	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin hcl tab 100mg</i>	2	
<i>ciprofloxacin hcl tab 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>moxifloxacin hcl TABS</i>	2	
<i>moxifloxacin hcl in sodium chloride</i>	2	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
<b>PENICILLINS</b>		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin &amp; pot clavulanate 200-28.5 chw tabs</i>	2	
<i>amoxicillin &amp; pot clavulanate 200/5ml susr</i>	2	
<i>amoxicillin &amp; pot clavulanate 250-125 tabs</i>	2	
<i>amoxicillin &amp; pot clavulanate 250/5ml susr</i>	2	
<i>amoxicillin &amp; pot clavulanate 400-57 chw tabs</i>	2	
<i>amoxicillin &amp; pot clavulanate 400/5ml susr</i>	2	
<i>amoxicillin &amp; pot clavulanate 500-125 tabs</i>	2	
<i>amoxicillin &amp; pot clavulanate 600/5ml susr</i>	2	
<i>amoxicillin &amp; pot clavulanate 875-125 tabs</i>	2	
<i>amoxicillin &amp; pot clavulanate er 12hr 1000-62.5 tabs</i>	2	
<i>ampicillin &amp; sulbactam sodium</i>	2	
<i>ampicillin cap 500mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 1gm, 2gm</i>	2	
<i>nafcillin sodium 10gm</i>	5	NDS
NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium SOLR 1gm, 2gm</i>	2	
<i>oxacillin sodium SOLR 10gm</i>	5	NDS
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	

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<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen-g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375gm</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
<i>piper/tazoba inj 12-1.5gm</i>	2	
<i>piper/tazoba inj 36-4.5gm</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	1	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS	2	
<i>mondoxyne nl cap 100mg</i>	1	
<i>tetracycline hcl</i> CAPS	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	NDS, B/D, NM
<i>cyclophosphamide</i> CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	5	NDS, B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	NDS
LEUKERAN	5	NDS
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i> SOLN	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	NDS, B/D
<i>epirubicin hcl</i>	2	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj</i>	2	B/D
ALIMTA	5	NDS, B/D
<i>azacitidine</i>	5	NDS, B/D, NM
<i>cytarabine 20mg/ml</i>	2	B/D
<i>fluorouracil</i> SOLN	2	B/D

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<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj soln</i>	2	B/D
<i>methotrexate sodium inj solr</i>	2	B/D
PURIXAN	5	NDS, NM
TABLOID	5	NDS
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	NDS, B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml</i>	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	NDS, B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	NDS, B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE	5	NDS, B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NDS, NM, LA, PA
BORTEZOMIB	5	NDS, NM, PA
DAURISMO	5	NDS, NM, LA, PA
ERIVEDGE	5	NDS, NM, LA, PA
FARYDAK	5	NDS, NM, LA, PA
HERCEPTIN	5	NDS, NM, PA
HERCEPTIN HYLECTA	5	NDS, NM, PA
HERZUMA	5	NDS, NM, PA
IBRANCE CAPS	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
IDHIFA	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	NDS, B/D, NM
KANJINTI	5	NDS, NM, PA
KEYTRUDA	5	NDS, NM, PA
KISQALI	5	NDS, NM, PA
KISQALI FEMARA 200 DOSE	5	NDS, NM, PA
KISQALI FEMARA 400 DOSE	5	NDS, NM, PA
KISQALI FEMARA 600 DOSE	5	NDS, NM, PA
LYNPARZA	5	NDS, NM, LA, PA
MVASI	5	NDS, NM, LA, PA
NINLARO	5	NDS, NM, PA

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ODOMZO	5	NDS, NM, LA, PA
OGIVRI	5	NDS, NM, PA
ONTRUZANT	5	NDS, NM, PA
RITUXAN	5	NDS, NM, LA, PA
RITUXAN HYCELA	5	NDS, NM, LA, PA
RUBRACA	5	NDS, NM, LA, PA
RUXIENCE	5	NDS, NM, PA
TALZENNA	5	NDS, NM, LA, PA
TECENTRIQ	5	NDS, NM, LA, PA
TIBSOVO	5	NDS, NM, LA, PA
TRAZIMERA	5	NDS, NM, PA
TRUXIMA	5	NDS, NM, PA
VELCADE	5	NDS, NM, PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NDS, NM, LA, PA
VENCLEXTA STARTING PACK	5	NDS, NM, LA, PA
VERZENIO	5	NDS, NM, LA, PA
ZEJULA	5	NDS, NM, LA, PA
ZIRABEV	5	NDS, NM, PA
ZOLINZA	5	NDS, NM, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	NDS, NM, PA
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS, NM, LA, PA
<i>exemestane</i>	2	
<i>flutamide</i>	2	
<i>fulvestrant</i>	5	NDS, B/D
<i>letrozole</i> TABS	1	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA; 90 Day Supply Copay Applies
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	NDS
NUBEQA	5	NDS, NM, LA, PA
SOLTAMOX	5	NDS
<i>tamoxifen citrate</i> TABS	1	

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## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>toremifene citrate</i>	5	NDS
TRELSTAR DEP INJ 3.75MG	5	NDS, NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA; 90 Day Supply Copay Applies
XTANDI	5	NDS, NM, LA, PA
ZYTIGA 500mg	5	NDS, NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG NM, LA, PA	5	NDS, QL (21 caps / 28 days),
POMALYST CAP 4MG	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NDS, NM, LA, PA
ALUNBRIG	5	NDS, NM, LA, PA
AYVAKIT	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA	5	NDS, NM, LA, PA
BOSULIF	5	NDS, NM, PA
BRAFTOVI	5	NDS, NM, LA, PA
BRUKINSA	5	NDS, NM, LA, PA
CABOMETYX	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NDS, NM, LA, PA
CAPRELSA	5	NDS, NM, LA, PA
COMETRIQ	5	NDS, NM, LA, PA
COPIKTRA	5	NDS, NM, LA, PA

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COTELLIC	5	NDS, NM, LA, PA
<i>erlotinib hcl</i> 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 30MG	5	NDS, NM, LA, PA
GILOTRIF TAB 40MG	5	NDS, NM, LA, PA
ICLUSIG	5	NDS, NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NDS, NM, LA, PA
INLYTA 1mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	NDS, NM, LA, PA
IRESSA	5	NDS, NM, LA, PA
JAKAFI	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NDS, NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NDS, NM, LA, PA
LORBRENA	5	NDS, NM, LA, PA
MEKINIST	5	NDS, NM, LA, PA
MEKTOVI	5	NDS, NM, LA, PA
NERLYNX	5	NDS, NM, LA, PA
NEXAVAR	5	NDS, NM, LA, PA
PEMAZYRE	5	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 250MG DAILY DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE	5	NDS, NM, PA
QINLOCK	5	NDS, NM, LA, PA
RETEVMO	5	NDS, NM, LA, PA

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ROZLYTREK	5	NDS, NM, LA, PA
RYDAPT	5	NDS, NM, PA
SPRYCEL	5	NDS, NM, PA
STIVARGA	5	NDS, NM, LA, PA
SUTENT	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA	5	NDS, NM, PA
TAFINLAR	5	NDS, NM, LA, PA
TAGRISSEO	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NDS, NM, PA
TUKYSA	5	NDS, NM, LA, PA
TURALIO	5	NDS, NM, LA, PA
TYKERB	5	NDS, NM, LA, PA
VITRAKVI	5	NDS, NM, LA, PA
VIZIMPRO	5	NDS, NM, LA, PA
VOTRIENT	5	NDS, NM, LA, PA
XALKORI	5	NDS, NM, LA, PA
XOSPATA	5	NDS, NM, LA, PA
ZELBORAF	5	NDS, NM, LA, PA
ZYDELIG	5	NDS, NM, LA, PA
ZYKADIA	5	NDS, NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i>	5	NDS, NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NDS, NM, PA
MATULANE	5	NDS, LA
SYLATRON	5	NDS, NM, PA
SYNRIBO	5	NDS, NM, PA
TAZVERIK	5	NDS, NM, LA, PA
<i>tretinoin (chemotherapy)</i>	5	NDS
XPOVIO 40 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NDS, NM, LA, PA
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i> SOLN	2	B/D
<i>oxaliplatin inj 50mg</i>	5	NDS, B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D

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<i>oxaliplatin inj 100mg</i>	5	NDS, B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium SOLN 500mg/50ml</i>	2	B/D
<i>leucovorin calcium SOLR</i>	2	B/D
<i>leucovorin calcium TABS</i>	2	
MESNEX TABS	5	NDS
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide SOLN</i>	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS</i>	1	
<i>prazosin hcl</i>	2	

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<i>terazosin hcl</i> 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> 10mg	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium</i> TABS	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab</i> 100mg	2	
<i>amiodarone tab</i> 200mg	1	
<i>amiodarone tab</i> 400mg	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i> 100mg, 400mg	2	
<i>pacerone</i> 200mg	1	

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<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afb/afI)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV	5	NDS, ST
<i>atorvastatin calcium</i> TABS	1	
EZALLOR SPRINKLE	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG	4	ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light pack</i>	2	
<i>cholestyramine light powd</i>	2	
<i>choline fenofibrate</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NDS, NM, LA, PA
<i>niacin (antihyperlipidemic)</i>	2	
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
PRALUENT	3	NM, PA
<i>prevalite</i>	2	
VASCEPA	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	1	

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<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hctz tab 50-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-50mg</i>	2	
<i>propranolol &amp; hydrochlorothiazide</i>	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate TABS</i>	2	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl coated beads</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	

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<i>nicardipine hcl</i> CAPS	2	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	NDS
<i>nisoldipine</i>	2	
NYMALIZE	5	NDS
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12; TABS	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i>	2	
<i>chlorothiazide</i> TABS	2	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	2	
<i>metolazone</i>	2	
<i>spironolactone &amp; hydrochlorothiazide</i>	2	
<i>torseamide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i>	2	
BIDIL	3	
<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	2	

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CORLANOR	4	
DEMSER	5	NDS, PA
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	1	
NORTHERA 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i>	2	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i> 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide dinitrate</i> 40mg	5	NDS
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin td patch</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 62.5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i>	5	NDS, NM, LA, PA
VENTAVIS	5	NDS, NM, PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	

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<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clobazam</i>	2	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	
EPIDIOLEX	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	

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<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	NDS
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TB24; TBDP	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
NAYZILAM	4	
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj 50mg/ml</i>	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS	1	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	NDS, PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	
<i>valproate sodium</i> SOLN	2	

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<i>valproic acid</i> CAPS	2	
VALTOCO	4	
<i>vigabatrin</i> powd pack 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> tab 500mg	5 NM, LA, PA	NDS, QL (180 tabs / 30 days),
<i>vigadrone</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
XCOPRI MAINTENANCE PAK 150-200MG	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 12.5-25MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	NDS, QL (56 tabs / 28 days)
XCOPRI TABS 50mg	5	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI TITRATION PAK 150-200MG	5	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS	2	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide</i> er	2	QL (30 caps / 30 days)
<i>memantine hcl</i> cp24	2	PA; PA if < 30 yrs
<i>memantine</i> soln	2	PA; PA if < 30 yrs
<i>memantine</i> tabs	2	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	2	QL (60 caps / 30 days)
<i>rivastigmine</i> td patch 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine</i> td patch 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine</i> td patch 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine</i> tab 25mg	3	
<i>amoxapine</i> tab 50mg	3	
<i>amoxapine</i> tab 100mg	3	
<i>amoxapine</i> tab 150mg	3	

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<i>bupropion hcl</i> TABS	2	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	2	
<i>escitalopram oxalate</i> TABS	1	
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap</i> 10mg	1	
<i>fluoxetine cap</i> 20mg	1	
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>imipramine hcl</i> TABS	2	
<i>maprotiline hcl</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine er tab</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)

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<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	1	
<i>venlafaxine hcl</i> TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	1	
<i>amantadine hcl</i> TABS	2	
APOKYN	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	NDS
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	4	
<i>pramipexole er</i>	2	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate</i> TABS	2	
<i>ropinirole er</i>	2	
<i>ropinirole tab 0.5mg</i>	1	
<i>ropinirole tab 0.25mg</i>	1	
<i>ropinirole tab 1mg</i>	1	
<i>ropinirole tab 2mg</i>	1	
<i>ropinirole tab 3mg</i>	1	
<i>ropinirole tab 4mg</i>	1	
<i>ropinirole tab 5mg</i>	1	
<i>selegiline hcl</i> CAPS; TABS	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

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<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole tab</i>	2	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml	5	NDS, QL (1 injection / 28 days)
ARISTADA 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	NDS
CAPLYTA	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl TABS</i>	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	2	PA
<i>clozapine odt 100mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	2	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate SOLN</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	2	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days); 90 Day Supply Copay Applies
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID CAPS	5	NDS, QL (30 caps / 30 days), NM, LA, PA

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NUPLAZID TABS 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	2	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	2	
PERSERIS	5	NDS, QL (1 injection / 30 days)
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)
<i>risperidone SOLN</i>	2	QL (240 mL / 30 days)
<i>risperidone TABS</i>	1	
<i>risperidone TBDP 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TBDP .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
SECUADO	4	QL (30 patches / 30 days)
<i>thioridazine hcl TABS</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i>	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	NDS, QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	2	QL (30 caps / 30 days)

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## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl CHEW</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tbc 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbc 20mg</i>	2	QL (90 tabs / 30 days)
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days)
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days)
<i>VYVANSE CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days)
<i>VYVANSE CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days)
<b>HYPNOTICS</b>		
<i>BELSOMRA</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i>	2	QL (30 tabs / 30 days)
<i>HETLIOZ</i>	5	NDS, NM, LA, PA
<i>temazepam 7.5mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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<b>MIGRAINE</b>		
AIMOVIG	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	5	NDS, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine TABS</i>	2	
<i>frovatriptan succinate</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	PA
INGREZZA CAPS	5	NDS, QL (30 caps / 30 days), NM, PA
INGREZZA CPPK	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lithium carbonate CAPS; TABS</i>	1	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	
SAVELLA	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<i>tetrabenazine 12.5mg</i>	5	NDS, QL (240 tabs / 30 days), NM, PA

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tetrabenazine 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON	5	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
glatopa 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatopa 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS	2	
tizanidine hcl TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
armodafinil 50mg	2	QL (90 tabs / 30 days), PA
armodafinil 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
modafinil 100mg	2	QL (30 tabs / 30 days), PA
modafinil 200mg	2	QL (60 tabs / 30 days), PA
XYREM	5	NDS, QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
acamprosate calcium	2	
buprenorphine hcl SUBL	2	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 4-1mg	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 8-2mg	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl dihydrate 12-3mg	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent)	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	2	
naloxone inj 0.4mg/ml	2	
naloxone inj 1mg/ml	2	

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<i>naltrexone hcl</i> TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	NDS, NM
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50	5	NDS, PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS, B/D
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN N FLEXPEN	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLIN R FLEXPEN	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	

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OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i> TABS	2	
<i>alogliptin benzoate</i>	1	QL (30 tabs / 30 days)
<i>alogliptin-metformin hcl</i>	1	QL (60 tabs / 30 days)
FARXIGA	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	2	QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	2	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
GLYXAMBI	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)

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<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000 MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000 MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, TEST STRIPS</b>		
ACCU-CHEK AVIVA PLUS STRP	PART B	QL (500 strips / 90 days)
ACCU-CHEK COMPACT PLUS	PART B	QL (500 strips / 90 days)
ACCU-CHEK GUIDE STRP	PART B	QL (500 strips / 90 days)
ACCU-CHEK SMARTVIEW STRIP	PART B	QL (500 strips / 90 days)
BAYER BREEZE 2 TEST DISC	PART B	QL (500 strips / 90 days)
BREEZE 2 TEST DISC	PART B	QL (500 strips / 90 days)
CONTOUR BLOOD GLUCOSE TES	PART B	QL (500 strips / 90 days)
CONTOUR NEXT BLOOD GLUCOS STRP	PART B	QL (500 strips / 90 days)
FREESTYLE INSULINX BLOOD STRP	PART B	QL (500 strips / 90 days)
FREESTYLE LIBRE 14 DAY/SE	PART B	
FREESTYLE LIBRE/SENSOR/FL	PART B	
FREESTYLE LITE TEST STRIP	PART B	QL (500 strips / 90 days)
FREESTYLE PRECISION NEO B STRP	PART B	QL (500 strips / 90 days)
FREESTYLE TEST STRIPS	PART B	QL (500 strips / 90 days)
ONETOUCH ULTRA	PART B	QL (500 strips / 90 days)
ONETOUCH VERIO TEST STRIP	PART B	QL (500 strips / 90 days)
PRECISION XTRA STRP	PART B	QL (500 strips / 90 days)
PRECISION XTRA BLOOD GLUC	PART B	QL (500 strips / 90 days)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium soln 70mg/75ml</i>	2	

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<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium inj</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tabs</i>	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium 30mg/10ml, 90mg/10ml</i>	2	B/D
<i>pamidronate inj 30mg</i>	2	B/D
<i>pamidronate inj 90mg</i>	2	B/D
<i>risedronate sodium</i>	2	
<i>zoledronic acid inj 4mg/100ml</i>	2	B/D, NM
<i>zoledronic acid inj 5mg/100ml</i>	2	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
<i>clovique</i>	5	NDS, PA
<i>deferasirox tab</i>	5	NDS, NM, PA
JADENU 180mg	5	NDS, NM, LA, PA
JADENU SPRINKLE	5	NDS, NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	
LOKELMA	3	
<i>penicillamine TABS</i>	5	NDS
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>trientine hcl</i>	5	NDS, PA
VELTASSA	4	LA, PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>caziant pak</i>	2	

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<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>ELLA</i>	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	2	
<i>ethynodiol tab 1-50</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	

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## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>larissia tab</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lyyah tab 0.25-35</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be tab</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet &amp; eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ocella tab 3-0.03mg</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	2	
<i>sharobel</i>	2	

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<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	2	
<i>vienna</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	2	
SYNAREL	5	NDS
<b>ENZYME REPLACEMENTS</b>		
ALDURAZYME	5	NDS, NM, LA, PA
CARBAGLU	5	NDS, NM, LA, PA
CERDELGA	5	NDS, NM, PA
CEREZYME	5	NDS, NM, LA, PA
CYSTADANE	5	NDS, NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NDS, NM, LA, PA
KUVAN	5	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NDS, NM, LA, PA
<i>miglustat</i>	5	NDS, NM, PA
NAGLAZYME	5	NDS, NM, LA, PA
<i>nitisinone</i>	5	NDS, NM, PA

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NITYR	5	NDS, NM, LA, PA
ORFADIN	5	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NDS, NM, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate TABS</i>	2	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpr ss inj</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISONO CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D

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SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D
<i>cinacalcet hcl</i> 30mg, 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NDS, NM, PA
GENOTROPIN	5	NDS, NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX	5	NDS, NM, LA, PA
KORLYM	5	NDS, NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NDS, NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NDS, NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM; 90 Day Supply Copay Applies
<i>raloxifene hcl</i>	2	
SIGNIFOR	5	NDS, NM, LA, PA
SOMATULINE DEPOT	5	NDS, NM, PA
SOMAVERT	5	NDS, NM, LA, PA
TYMLOS	5	NDS, NM, PA
XGEVA	5	NDS, NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	2	QL (360 tabs / 30 days)

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<i>sevelamer carbonate</i> PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	2	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	2	
<b>THYROID AGENTS</b>		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i> TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	1	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NDS, NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	2	

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<i>promethazine hcl</i> SYRP; TABS	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
SANCUSO	5	NDS, QL (4 patches / 28 days)
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	2	
<i>glycopyrrolate tab 2mg</i>	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>nizatidine</i> CAPS	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine</i> CPDR	2	
<i>mesalamine</i> ENEM	2	
<i>mesalamine</i> SUPP	5	NDS
<i>mesalamine</i> TBEC 1.2gm	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine</i> TABS	2	
<i>sulfasalazine ec</i>	2	
<b>LAXATIVES</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose</i> SOLN	2	
<i>lactulose (encephalopathy)</i>	2	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	

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PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	1	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
<i>cromolyn sodium (mastocytosis)</i>	5	NDS
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NDS, NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	NDS, PA
<i>sucralfate TABS</i>	2	
<i>ursodiol CAPS; TABS</i>	2	
XIFAXAN 550mg	5	NDS, PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium CPDR</i>	2	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
<i>lansoprazole TBDD</i>	2	QL (30 tabs / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium tbec</i>	1	
PRILOSEC	4	
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	

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<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	1	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> TABS	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i>	2	
MYRBETRIQ	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
OXYTROL	4	
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	2	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml, 95000unit/3.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 caps / 30 days)

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## List of Covered Drugs / Lista de Medicamentos

DRUG NAME / NOMBRE DE MEDICAMENTO	DRUG TIER/ NIVEL	REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES
<i>warfarin sodium</i>	1	
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO	5	NDS, NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	2	
BERINERT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	1	
DROXIA	3	
ENDARI	5	NDS, NM, LA, PA
HAEGARDA 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i>	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR	1	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab</i> 75mg	1	
<i>prasugrel hcl</i>	2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ENBREL SOLR	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA

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ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI	5	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK	5	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA 10mg/o.1ml, 20mg/o.2ml	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/o.4ml	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/O.2ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/O.4ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/O.8ML	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS, NM, PA
HUMIRA PEN	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NDS, NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NDS, NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER	5	NDS, NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide TABS</i>	2	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NDS, NM, PA
RENFLEXIS	5	NDS, NM, LA, PA
RINVOQ	5	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI	5	NDS, QL (7 kits / year), NM, PA
STELARA SOLN 45mg/o.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	NDS, QL (1 syringe / 28 days), NM, PA
TREXALL	4	B/D
XATMEP	4	B/D
XELJANZ	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	NDS, QL (30 tabs / 30 days), NM, PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	NDS, NM, PA
GAMASTAN	3	B/D, NM

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GAMMAGARD LIQUID	5	NDS, NM, PA
GAMMAGARD S/D	5	NDS, NM, PA
GAMMAKED	5	NDS, NM, PA
GAMMAPLEX	5	NDS, NM, PA
GAMMAPLEX 10GM/100ML	5	NDS, NM, PA
GAMUNEX-C	5	NDS, NM, PA
OCTAGAM	5	NDS, NM, PA
PANZYGA	5	NDS, NM, PA
PRIVIGEN	5	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NDS, NM, LA, PA
ARCALYST	5	NDS, NM, PA
INTRON-A INJ 10MU	5	NDS, B/D, NM
INTRON-A INJ 18MU	5	NDS, B/D, NM
INTRON-A INJ 25MU	5	NDS, B/D, NM
INTRON-A INJ 50MU	5	NDS, B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS	2	B/D
BENLYSTA	5	NDS, NM, PA
<i>cyclosporine</i> CAPS; SOLN	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i>	2	B/D, NM
<i>everolimus (immunosuppressant)</i> .5mg, .75mg	5	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> .25mg	2	B/D, NM
<i>gengraf</i>	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR	5	NDS, B/D, NM
<i>mycophenolate sodium tbec</i>	2	B/D, NM
NULOJIX	5	NDS, B/D, NM
PROGRAF PACK	4	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
<i>sirolimus</i> SOLN	5	NDS, B/D, NM
<i>sirolimus</i> TABS 2mg	5	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D, NM
<i>tacrolimus</i> CAPS	2	B/D, NM
ZORTRESS TAB 0.5MG	5	NDS, B/D, NM
ZORTRESS TAB 0.25MG	5	NDS, B/D, NM
ZORTRESS TAB 0.75MG	5	NDS, B/D, NM
ZORTRESS TAB 1MG	5	NDS, B/D, NM
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	

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BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
I POL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABA VERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pak 20meq</i>	2	
<i>klor-con spr cap 8meq</i>	2	

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<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES	4	B/D
<b>IV NUTRITION</b>		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	

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DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<b>VITAMINS</b>		
<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>doxercalciferol CAPS</i>	2	B/D
M-NATAL PLUS	3	

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ONE VITE WOMENS PRENATAL	3	
<i>paricalcitol</i> CAPS	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	NDS
TRICARE	3	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i> OINT	1	
<i>neomycin-polymy-dexameth</i> SUSP	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	1	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
<i>trifluridine</i>	2	
ZIRGAN	4	

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<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLAREX	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	2	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	2	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
ZERVIAE	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
RHOPRESSA	3	

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SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>travoprost</i>	2	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NDS, NM, LA, PA
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<i>sildenafil citrate TABS</i>	2	ED, GC, QL (6 tabs / 30 days); CAP=72 TABS EVERY YEAR
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
<b>ANTIHISTAMINES</b>		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS</i>	2	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	2	
<i>levocetirizine dihydrochloride TABS</i>	1	
<i>olopatadine hcl (nasal)</i>	2	

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<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP	2	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate</i> TB12	2	
BROVANA	5	NDS, B/D
<i>levalbuterol hcl</i> NEBU	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
PERFORMIST	5	NDS, B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW; PACK	2	
<i>montelukast sodium</i> TABS	1	
<i>zafirlukast</i>	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	2	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NDS, NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NDS, NM, PA
FASENRA	5	NDS, NM, LA, PA
FASENRA PEN	5	NDS, NM, LA, PA
KALYDECO	5	NDS, NM, PA
NUCALA	5	NDS, NM, LA, PA
OFEV	5	NDS, NM, PA
ORKAMBI	5	NDS, NM, PA
PROLASTIN-C	5	NDS, NM, LA, PA
PULMOZYME	5	NDS, NM, PA
SYMDEKO	5	NDS, NM, LA, PA
SYMJEPI	4	
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	

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<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab sr 24hr</i>	2	
TRIKAFTA	5	NDS, NM, LA, PA
XOLAIR	5	NDS, NM, LA, PA
ZEMAIRA	5	NDS, NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
<b>STEROID INHALANTS</b>		
ARNUIITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>amneesteem</i>	2	PA
<i>avita</i>	2	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindamycin phosphate (topical) GEL</i>	2	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical) LOTN</i>	2	
<i>clindamycin phosphate (topical) SOLN</i>	2	QL (60 mL / 30 days)
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin CAPS</i>	2	PA
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin CREA</i>	2	QL (45 grams / 30 days), PA
<i>tretinoin GEL .01%, .025%</i>	2	QL (45 grams / 30 days), PA
<i>zenatane</i>	2	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	QL (220 grams / 30 days)
<i>silver sulfadiazine CREA</i>	2	

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ssd	2	
SULFAMYLON CREA	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox CREA	2	QL (90 grams / 30 days)
ciclopirox SUSP	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA	2	
clotrimazole (topical) SOLN	2	QL (30 mL / 30 days)
clotrimazole w/ betamethasone CREA	2	
ketoconazole cream	2	QL (60 grams / 30 days)
nyamyc	2	QL (60 grams / 30 days)
nystatin (topical)	2	
nystatin pow 100000	2	QL (60 grams / 30 days)
nystop	2	QL (60 grams / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin	2	PA
calcipotriene CREA; OINT	2	QL (120 grams / 30 days), PA
calcipotriene SOLN	2	QL (120 mL / 30 days), PA
calcitrene	2	QL (120 grams / 30 days), PA
tazarotene CREA	2	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo	1	
selenium sulfide LOTN	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort	1	
alclometasone dipropionate	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; LOTN; OINT	2	
calcipotriene-betamethasone dipropionate SUSP	5	NDS, QL (400 grams / 28 days), PA
CORDRAN TAPE	4	
ENSTILAR	4	QL (120 grams / 30 days), PA
fluocinolone acetonide CREA; OIL; OINT	2	
fluocinolone acetonide SOLN	2	QL (90 mL / 30 days)
fluocinolone acetonide oil body	2	
fluocinonide CREA .05%	2	QL (120 grams / 30 days)
fluocinonide GEL	2	QL (60 grams / 30 days)
fluocinonide OINT	2	QL (60 grams / 30 days)
fluocinonide SOLN	2	QL (60 mL / 30 days)
fluocinonide emulsified base	2	QL (120 grams / 30 days)
fluticasone propionate CREA; OINT	2	
halobetasol propionate CREA; OINT	2	QL (50 grams / 30 days)

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<i>hydrocortisone (topical) cream 1%</i>	1	
<i>hydrocortisone (topical) cream 2.5%</i>	1	
<i>hydrocortisone (topical) lotion 2.5%</i>	2	
<i>hydrocortisone (topical) oint 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (45 grams / 30 days)
<i>mometasone furoate CREA; OINT; SOLN</i>	2	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical) AERS</i>	2	
<i>triamcinolone acetonide (topical) CREA .1%</i>	1	QL (454 grams / 30 days)
<i>triamcinolone acetonide (topical) CREA .025%, .5%</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	2	
<i>triamcinolone acetonide (topical) OINT .025%, .1%, .5%</i>	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine PTCH 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl GEL</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate CREA; LOTN</i>	2	
<i>azelaic acid GEL</i>	2	QL (50 grams / 30 days)
<i>diclofenac sodium (topical) 1% gel</i>	2	QL (1000 grams / 30 days), PA
FINACEA AER 15%	4	
<i>fluorouracil (topical) CREA 5%</i>	2	QL (40 grams / 30 days)
<i>fluorouracil (topical) SOLN</i>	2	QL (10 mL / 30 days)
<i>imiquimod CREA 5%</i>	2	QL (24 packets / 30 days)
<i>metronidazole (topical) CREA; LOTN</i>	2	
<i>metronidazole gel 0.75%</i>	2	
NORITATE	5	NDS, QL (60 grams / 30 days)
PANRETIN	5	NDS, QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	QL (30 grams / 30 days)
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	QL (100 grams / 30 days)

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TARGRETIN GEL	5	NDS, QL (60 grams / 30 days), NM, PA
VALCHLOR	5	NDS, QL (60 grams / 30 days), NM, LA, PA
ZYCLARA PUMP 2.5%	5	NDS, QL (15 grams / 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	2	
REGRANEX	5	NDS, QL (30 grams / 30 days), PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	2	
CIPRO HC	4	
CIPRODEX	3	
<i>flac</i>	2	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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# Non-Discrimination Notice

Devoted Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Devoted Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Devoted Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other language

If you need these services, contact Devoted Health at 1-800-338-6833 (TTY 711).

If you believe that Devoted Health 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 with:

Devoted Health – Appeals & Grievances  
PO Box 21327  
Eagan, MN 55121  
1-800-338-6833 (TTY 711)

You can file a grievance in person, by mail and by phone. If you need help filing a grievance, call 1-800-338-6833 (TTY 711).

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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Aviso de no discriminación

Devoted Health cumple con las leyes aplicables de derechos civiles federales y no discrimina por motivos de raza, color de la piel, nacionalidad de origen, edad, discapacidad o sexo. Devoted Health no excluye a las personas ni las trata de manera diferente por motivos de raza, color de la piel, nacionalidad de origen, edad, discapacidad o sexo.

## Devoted Health

Provee recursos y servicios gratuitos para personas con discapacidad para comunicarse efectivamente con nosotros, tales como:

- Intérpretes de lenguaje de señas acreditados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Provee servicios gratuitos de idiomas para personas cuyo idioma principal no es el inglés, tales como:

- Interpretes acreditados
- Información escrita en otros idiomas

Si necesita estos servicios, póngase en contacto con Devoted Health al 1-800-338-6833 (TTY 711).

Si usted cree que Devoted Health ha fallado en proveer estos servicios o le ha discriminado de otra forma por motivos de raza, color de la piel, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja formal ante:

Devoted Health – Appeals & Grievances  
PO Box 21327  
Eagan, MN 55121  
1-800-338-6833 (TTY 711)

Puede presentar una queja formal en persona, por correo y por teléfono. Si necesita ayuda para presentar una queja formal, llame al 1-800-338-6833 (TTY 711).

También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, por medios electrónicos 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 postal o por teléfono a:

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

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-338-6833 (TTY 711).

**العربية (Arabic):** المساعدة خدمات اليك متوفر، الإنجليزية اللغة تتحدث كنت إذا: هلمة ملاحظة (Arabic): 711: البكم و للصم (1-800-338-6833) بالرقم اتصل. مجاناً اللغوية

**您講中文 (Chinese):** 注意：如果您講英語，則可免費獲得語言幫助服務。請呼叫 1-800-338-6833 (TTY 711)。

**فارسی (Farsi):**

توجه : اگر به زبان فارسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با این شماره تماس بگیرید: 1-800-338-6833 (TTY 711).

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-338-6833 (ATS 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-338-6833 (TTY 711).

**ગુજરાતી (Gujarati):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ (લેન્ગવેજ આસિસ્ટન્સ સર્વિસીસ) આપના માટે વિનામૂલ્યે ઉપલબ્ધ છે. 1-800-338-6833 (TTY 711) પર કોલ કરો.

**Kreyòl Ayisyen (Haitian Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-338-6833 (TTY 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, dei servizi di assistenza linguistica gratuiti sono disponibili. Chiamare 1-800-338-6833 (TTY 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-338-6833 (TTY 711) まで、お電話にてご連絡ください。

**한국어 (Korean):** 주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-338-6833 (TTY 711). 번으로 전화해 주십시오.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-338-6833 (TTY 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-338-6833 (TTY 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-338-6833 (телетайп 711).

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-6833 (TTY 711).

**Tagalog (Tagalog):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-338-6833(TTY 711).

**ไทย (Thai):** โปรดทราบ: หากคุณสื่อสารด้วยภาษาไทย บริการช่วยเหลือด้านภาษาไม่คิดค่าบริการ พร้อมให้บริการคุณ หมายเลขโทรศัพท์ 1-800-338-6833 (พิมพ์ TTY 711).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-338-6833 (TTY 711).





This formulary was updated on September 1, 2020. For more recent information or other questions, please contact Devoted Health Member Services at 1-800-338-6833 or, for TTY users, 711, Monday - Friday 8am - 8pm. (from Oct 1 - March 31, representatives are available 7 days a week, 8am - 8pm), or visit us at [www.devoted.com](http://www.devoted.com).

**Need help?** Call 1-800-338-6833 (TTY 711) / **¿Necesita ayuda?** Llame al 1-800-338-6833 (TTY 711)