2022 Formulary / Formulario 2022
(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 00022222 / ID de formulario aprobado 00022222

• Devoted Health Core Greater Houston HMO
• Devoted Health Prime Greater Houston HMO

This formulary was updated on April 1, 2022. 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.

Devoted Health is an HMO and PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Este formulario se actualizó el 1 de abril de 2022. Para obtener información actualizada o si tiene otras preguntas, comuníquese con Devoted Health al 1-800-338-6833 o, para usuarios de TTY, al 711 de lunes a viernes de 8:00 a.m. a 8:00 p.m., (del 1 de octubre al 31 de marzo), 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. O visite www.devoted.com/es.

Devoted Health es un plan HMO y PPO con un contrato con Medicare. Nuestros planes D-SNP también tienen contratos con programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

Last updated April 1, 2022

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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 Core HMO or Devoted Health Prime HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of April 1, 2022. 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, 2023, 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 titled “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 both. 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 titled “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 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 1, 2022. 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 18. 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 16. 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 77. 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 18. 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 are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Devoted Health pays for certain OTC drugs through your OTC benefit. Devoted Health will provide these OTC drugs at no cost to you. The cost to Devoted Health of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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, unless the drug is 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, tier, or utilization restriction exception. When you request a formulary, tier, 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 77.

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.

ED: Excluded Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

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 co-insurance for Devoted Health members. Please refer to our Evidence of Coverage (EOC) for more information about this coverage.

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 or coinsurance. 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

We provide additional coverage of this prescription drug in the coverage gap for certain plans. Please refer to our Evidence of Coverage (EOC) 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.

### SI: Select Insulin

Select insulins that are covered with a fixed copay in the Deductible, Initial Coverage, and Coverage Gap phases of your Part D benefit. See our Evidence of Coverage (EOC) booklet for additional information.
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.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generic Drugs</td>
</tr>
<tr>
<td>2</td>
<td>Generic Drugs</td>
</tr>
<tr>
<td>3</td>
<td>Preferred Brand Drugs</td>
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<tr>
<td>4</td>
<td>Non-Preferred Drugs</td>
</tr>
<tr>
<td>5</td>
<td>Specialty Tier Drugs</td>
</tr>
</tbody>
</table>

*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 aún 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 Core HMO o Devoted Health Prime HMO.

Este documento incluye una lista de medicamentos (formulario) para nuestro plan el cual está vigente al 1 de abril de 2022. 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 2023, 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. Debemos 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 proporcionaremos 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.

- **Otras 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 ambas cosas. O podemos hacer cambios basados en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, limites 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 estes 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 2022 que tenía cobertura a principios del año, no descontinuaremos o reduciremos la cobertura del medicamento durante la cobertura del 2022, salvo lo indicado anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estarán tomando los por el resto del año de la cobertura. No recibirá ningún aviso directo sobre cambios que no le afecten durante el año en curso. No obstante, el 1 de enero del año siguiente, tales cambios le afectarán y es importante consultar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado al 1 de abril de 2022. 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. 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 18. 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 16. 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 77. 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 18. 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 envíemos 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 son los medicamentos de venta sin receta (OTC, por sus siglas en inglés)?

Los medicamentos OTC son medicamentos que se venden sin receta que normalmente no están cubiertos por un plan de medicamentos con receta de Medicare. Devoted Health paga ciertos medicamentos OTC a través de su beneficio OTC. Devoted Health le proporcionará estos medicamentos OTC sin costo alguno para usted. El costo para Devoted Health de estos medicamentos OTC no contará para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos OTC no cuenta para el Período sin cobertura).

¿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, muéstrasela a su médico y pidále 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-compartmento predeterminado, y no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido inferior. Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido inferior, a menos que se encuentre en el nivel de especialidad. Si se aprueba, esto reduciría el monto 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-compartmento 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.
Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para una excepción de formulario, nivel o restricción de utilización. **Cuando solicite una excepción de formulario, nivel o restricción de utilización, debe presentar una declaración de su médico o de quien haga la 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 esté 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.

Last Updated April 1, 2022
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 77.

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.

**ED: Medicamento excluido**

Este medicamento recetado no está normalmente cubierto en un Plan de medicamentos recetados de Medicare. El monto que paga cuando surte una receta para este medicamento no cuenta para el costo total del medicamento (es decir, el monto que paga no lo ayuda a calificar para una cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar por sus medicamentos, usted no recibirá ninguna ayuda adicional para pagar por este 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 para los miembros de Devoted Health. Consulte nuestra Evidencia de cobertura (EOC) para obtener más información sobre esta cobertura.

**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 11 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 se aprueba, el miembro paga el copago o coseguro del nivel designado. 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 11 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 ciertos planes, brindamos cobertura adicional de este medicamento recetado durante el período sin cobertura. Consulte nuestra Evidencia de cobertura (EOC) 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.

SI: insulina selecta

Las insulinas selectas que están cubiertas con un copago fijo en las fases de deducible, cobertura inicial y período sin cobertura de su beneficio de la Parte D. Consulte nuestro folleto de Evidencia de cobertura (EOC) para obtener información adicional.
**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.

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*minúsculas y cursivas* = medicamento genérico  
*TODAS MAYÚSCULAS* = medicamento de marca
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<td>HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</td>
<td>3</td>
<td>QL (30 tabs / 30 days), PA</td>
</tr>
<tr>
<td>methadone hcl SOLN 5mg/5ml, 10mg/5ml</td>
<td>2</td>
<td>GC, QL (450 mL / 30 days), PA</td>
</tr>
<tr>
<td>methadone hcl TABS 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days), PA</td>
</tr>
<tr>
<td>methadone hydrochloride i CONC 10mg/ml</td>
<td>2</td>
<td>GC, QL (90 mL / 30 days), PA</td>
</tr>
<tr>
<td>morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days), PA</td>
</tr>
</tbody>
</table>

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  SI—Select Insulin
## List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen w/ codeine soln 120-12 mg/5ml</td>
<td>2</td>
<td>GC, QL (2700 mL / 30 days)</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-15 mg</td>
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<td>GC, QL (400 tabs / 30 days)</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-30 mg</td>
<td>2</td>
<td>GC, QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-60 mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>endocet tab 2.5-325mg</td>
<td>3</td>
<td>QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>endocet tab 5-325mg</td>
<td>3</td>
<td>QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>endocet tab 7.5-325mg</td>
<td>3</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>endocet tab 10-325mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>fentanyl citrate LPOP 200mcg</td>
<td>2</td>
<td>GC, QL (120 lozenges / 30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</td>
<td>5</td>
<td>NDS, QL (120 lozenges / 30 days), PA</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</td>
<td>3</td>
<td>QL (2700 mL / 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tab 5-325 mg</td>
<td>3</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tab 7.5-325 mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tab 10-325 mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen tab 7.5-200 mg</td>
<td>3</td>
<td>QL (150 tabs / 30 days)</td>
</tr>
<tr>
<td>hydromorphone hcl LIQD 1mg/ml</td>
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<td>GC, QL (600 mL / 30 days)</td>
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<tr>
<td>hydromorphone hcl TABS 2mg, 4mg, 8mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate SOLN 1mg/ml, 4mg/ml, 10mg/ml</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</td>
<td>2</td>
<td>GC, QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate SOLN 100mg/5ml</td>
<td>2</td>
<td>GC, QL (180 mL / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate TABS 15mg, 30mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</td>
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<tr>
<td>oxycodone hcl CAPS 5mg</td>
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<td>GC, QL (180 caps / 30 days)</td>
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<td>oxycodone hcl CONC 100mg/5ml</td>
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<tr>
<td>oxycodone hcl SOLN 5mg/5ml</td>
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<td>GC, QL (900 mL / 30 days)</td>
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<tr>
<td>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</td>
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<td>GC, QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
<td>3</td>
<td>QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 5-325 mg</td>
<td>3</td>
<td>QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
<td>3</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>tramadol hcl TABS 50mg</td>
<td>2</td>
<td>GC, QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>tramadol-acetaminophen tab 37.5-325 mg</td>
<td>2</td>
<td>GC, QL (240 tabs / 30 days)</td>
</tr>
</tbody>
</table>

### ANESTHETICS

#### LOCAL ANESTHETICS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
</tbody>
</table>

### ANTI-INFECTIVES

#### ANTI-INFECTIVES - MISCELLANEOUS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>albendazole TABS 200mg</td>
<td>5</td>
<td>NDS</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

**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  **SI**—Insulina Selecta
<table>
<thead>
<tr>
<th>Drug Name / Nombre de Medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limites</th>
</tr>
</thead>
<tbody>
<tr>
<td>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>atovaquone SUSP 750mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>aztreonam SOLR 1gm, 2gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CAYSTON SOLR 75mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>clindamycin hcl CAPS 75mg, 150mg, 300mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>clindamycin palmitate hydrochloride SOLR 75mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 300 mg/50ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 600 mg/50ml</td>
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<td>GC</td>
</tr>
<tr>
<td>clindamycin phosphate in d5w iv soln 900 mg/50ml</td>
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<td>GC</td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 300/50ML</td>
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<td></td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 600/50ML</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CLINDMYC/NAC INJ 900/50ML</td>
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<td></td>
</tr>
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<td>colistimethate sodium SOLR 150mg</td>
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<td>GC</td>
</tr>
<tr>
<td>dapsone TABS 25mg, 100mg</td>
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<td>GC</td>
</tr>
<tr>
<td>DAPTOMYCIN SOLR 350mg</td>
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<td>NDS</td>
</tr>
<tr>
<td>daptomycin SOLR 350mg, 500mg</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>EMVERM CHEW 100mg</td>
<td>5</td>
<td>NDS, QL (12 tabs / year)</td>
</tr>
<tr>
<td>ertapenem sodium SOLR 1gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin in saline inj 0.8 mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin in saline inj 1 mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin in saline inj 1.2 mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin in saline inj 1.6 mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin in saline inj 2 mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</td>
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<td>GC</td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous for soln 250 mg</td>
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<td>GC</td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous for soln 500 mg</td>
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<td>GC</td>
</tr>
<tr>
<td>ivermectin TABS 3mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>linezolid SOLN 600mg/300ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>linezolid SUSR 100mg/5ml</td>
<td>5</td>
<td>NDS, QL (1800 mL / 30 days)</td>
</tr>
<tr>
<td>linezolid TABS 600mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>meropenem SOLR 1gm, 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>methenamine hippurate TABS 1gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metronidazole TABS 250mg, 500mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>metronidazole in nacl 0.79% iv soln 500 mg/100ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin sulfate TABS 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>nitazoxanide TABS 500mg</td>
<td>5</td>
<td>NDS, QL (6 tabs / 30 days)</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal CAPS 50mg, 100mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin monohyd macro CAPS 100mg</td>
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<td></td>
</tr>
<tr>
<td>paromomycin sulfate CAPS 250mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>pentamidine isethionate inh SOLR 300mg</td>
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<td>GC, B/D</td>
</tr>
<tr>
<td>pentamidine isethionate inj SOLR 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>praziquantel TABS 600mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>SIVEXTRO SOLR 200mg; TABS 200mg</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>streptomycin sulfate SOLR 1gm</td>
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<td>GC</td>
</tr>
<tr>
<td>sulfadiazine TABS 500mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</td>
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<td>GC</td>
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<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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</tr>
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<td>sulfamethoxazole-trimethoprim tab 400-80 mg</td>
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<td>sulfamethoxazole-trimethoprim tab 800-160 mg</td>
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<td>SYNERCID INJ 500MG</td>
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<td>NDS</td>
</tr>
<tr>
<td>tobramycin NEBU 300mg/5ml</td>
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<td>NDS, NM, PA</td>
</tr>
<tr>
<td>tobramycin sulfate SOlN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>TRIMETHOPRIM TABS 100mg</td>
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<td>GC</td>
</tr>
<tr>
<td>vancomycin hcl CAPS 125mg</td>
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<td>GC, QL (80 caps / 180 days)</td>
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<tr>
<td>vancomycin hcl CAPS 250mg</td>
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<td>GC, QL (160 caps / 180 days)</td>
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<td>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</td>
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<td>GC</td>
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<tr>
<td>VANCOMYCIN INJ 1 GM</td>
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<tr>
<td>VANCOMYCIN INJ 500MG</td>
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<td>VANCOMYCIN INJ 750MG</td>
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<tr>
<td><strong>ANTIFUNGALS</strong></td>
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<tr>
<td>ABELCET SUSP 5mg/ml</td>
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<td>B/D</td>
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<tr>
<td>AMBISOME SUSR 50mg</td>
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<td>NDS, B/D</td>
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<tr>
<td>amphotericin b SOLR 50mg</td>
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<td>GC, B/D</td>
</tr>
<tr>
<td>caspofungin acetate SOLR 50mg, 70mg</td>
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<tr>
<td>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>fluconazole in nacl 0.9% inj 200 mg/100ml</td>
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<td>GC</td>
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<td>fluconazole in nacl 0.9% inj 400 mg/200ml</td>
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<td>GC</td>
</tr>
<tr>
<td>flucytosine CAPS 250mg, 500mg</td>
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<td>NDS, PA</td>
</tr>
<tr>
<td>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize TABS 125mg, 250mg</td>
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<td>itraconazole CAPS 100mg</td>
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<td>GC, PA</td>
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<td>ketoconazole TABS 200mg</td>
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<td>GC, PA</td>
</tr>
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<td>micafungin sodium SOLR 50mg, 100mg</td>
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<td>NDS</td>
</tr>
<tr>
<td>NOXAFIL SUSP 40mg/ml</td>
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<td>NDS, QL (630 mL / 30 days), PA</td>
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<td>nystatin TABS 50000unit</td>
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<td>posaconazole TBEC 100mg</td>
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<td>terbinafine hcl TABS 250mg</td>
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<td>GC, QL (90 tabs / year)</td>
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<tr>
<td>voriconazole SOLR 200mg; SUSR 40mg/ml</td>
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<td>NDS, PA</td>
</tr>
<tr>
<td>voriconazole TABS 50mg</td>
<td>2</td>
<td>GC, QL (480 tabs / 30 days), PA</td>
</tr>
<tr>
<td>voriconazole TABS 200mg</td>
<td>2</td>
<td>GC, QL (120 tabs / 30 days), PA</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>ANTIMALARIALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>atovaquone-proguanil hcl tab 62.5-25 mg</td>
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<td>GC</td>
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<tr>
<td>atovaquone-proguanil hcl tab 250-100 mg</td>
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<td>GC</td>
</tr>
<tr>
<td>chloroquine phosphate TABS 250mg, 500mg</td>
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<td>GC</td>
</tr>
<tr>
<td>COARTEM TAB 20-120MG</td>
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<tr>
<td>mefloquine hcl TABS 250mg</td>
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<td>GC</td>
</tr>
<tr>
<td>primaquine phosphate TABS 26.3mg</td>
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<td>GC</td>
</tr>
<tr>
<td>PRIMAQUINE PHOSPHATE TABS 26.3mg</td>
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<tr>
<td>quinine sulfate CAPS 324mg</td>
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<td>GC, PA</td>
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<tr>
<td><strong>ANTIRETROVIRAL AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abacavir sulfate SOLN 20mg/ml; TABS 300mg</td>
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<td>GC, NM</td>
</tr>
<tr>
<td>APTIVUS CAPS 250mg</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>atazanavir sulfate CAPS 150mg, 200mg, 300mg</td>
<td>2</td>
<td>GC, NM</td>
</tr>
<tr>
<td>EDURANT TABS 25mg</td>
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<tr>
<td>efavirenz CAPS 50mg, 200mg; TABS 600mg</td>
<td>2</td>
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<tr>
<td>emtricitabine CAPS 200mg</td>
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</tr>
<tr>
<td>EMTRIVA SOLN 10mg/ml</td>
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<tr>
<td>etravirine TABS 100mg, 200mg</td>
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<tr>
<td>fosamprenavir calcium TABS 700mg</td>
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<tr>
<td>FUZEON SOLR 90mg</td>
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<tr>
<td>INTELENCE TABS 25mg</td>
<td>4</td>
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</tr>
<tr>
<td>INVIRASE TABS 500mg</td>
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</tr>
<tr>
<td>ISENTRESS CHEW 25mg; PACK 100mg</td>
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<tr>
<td>ISENTRESS CHEW 100mg; TABS 400mg</td>
<td>5</td>
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</tr>
<tr>
<td>ISENTRESS HD TABS 600mg</td>
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</tr>
<tr>
<td>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</td>
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<td>GC, NM</td>
</tr>
<tr>
<td>LEXIVA SUSP 50mg/ml</td>
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<tr>
<td>maraviroc TABS 150mg, 300mg</td>
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<tr>
<td>NEVIRAPINE SUSP 50mg/5ml</td>
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<tr>
<td>nevirapine TABS 200mg; TB24 100mg, 400mg</td>
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<td>GC, NM</td>
</tr>
<tr>
<td>NORVIR PACK 100mg; SOLN 80mg/ml</td>
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</tr>
<tr>
<td>PIFELTRO TABS 100mg</td>
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</tr>
<tr>
<td>PREZISTA SUSP 100mg/ml</td>
<td>5</td>
<td>NDS, QL (400 mL / 30 days), NM</td>
</tr>
<tr>
<td>PREZISTA TABS 75mg</td>
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<td>QL (480 tabs / 30 days), NM</td>
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<tr>
<td>PREZISTA TABS 150mg</td>
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<td>NDS, QL (240 tabs / 30 days), NM</td>
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<td>PREZISTA TABS 600mg</td>
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<td>NDS, QL (60 tabs / 30 days), NM</td>
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<tr>
<td>PREZISTA TABS 800mg</td>
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<td>NDS, QL (30 tabs / 30 days), NM</td>
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<tr>
<td>REYATAZ PACK 50mg</td>
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<tr>
<td>ritonavir TABS 100mg</td>
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<tr>
<td>RUKOBIA TB12 600mg</td>
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<tr>
<td>SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg</td>
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<td>NDS, NM</td>
</tr>
<tr>
<td>SELZENTRY TABS 25mg</td>
<td>3</td>
<td>NM</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

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  SI—Select Insulin
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>stavudine  CAPS 15mg, 20mg, 30mg, 40mg</td>
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<td>GC, NM</td>
</tr>
<tr>
<td>tenofovir disoproxil fumarate  TABS 300mg</td>
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<tr>
<td>TIVICAY  TABS 10mg</td>
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<tr>
<td>TIVICAY  TABS 25mg, 50mg</td>
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<tr>
<td>TIVICAY PD  TBSO 5mg</td>
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<tr>
<td>TROGARZO  SOLN 200mg/1.33ml</td>
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<td>NDS, NM, LA</td>
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<tr>
<td>TYBOST  TABS 150mg</td>
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<td>NM</td>
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<tr>
<td>VIRACEPT  TABS 250mg, 625mg</td>
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<td>NDS, NM</td>
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<tr>
<td>VIREAD  POWD 40mg/gm; TABS 150mg, 200mg, 250mg</td>
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<td>NDS, NM</td>
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<tr>
<td>zidovudine  CAPS 100mg; SYRP 50mg/5ml; TABS 300mg</td>
<td>2</td>
<td>GC, NM</td>
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</table>

**ANTIRETROVIRAL COMBINATION AGENTS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir sulfate-lamivudine tab 600-300 mg</td>
<td>2</td>
<td>GC, NM</td>
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<tr>
<td>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</td>
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<td>NDS, NM</td>
</tr>
<tr>
<td>BIKTARVY TAB 30-120-15 MG</td>
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<td>NDS, NM</td>
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<tr>
<td>BIKTARVY TAB 50-200-25 MG</td>
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<tr>
<td>CIMDUO TAB 300-300</td>
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<tr>
<td>COMPLERA TAB</td>
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<tr>
<td>DELSTRIGO TAB</td>
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<td>NDS, NM</td>
</tr>
<tr>
<td>DESCovy TAB 200/25MG</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>DOVATO TAB 50-300MG</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</td>
<td>5</td>
<td>NDS, NM</td>
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<tr>
<td>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</td>
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<td>NDS, NM</td>
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<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</td>
<td>5</td>
<td>NDS, QL (30 tabs / 30 days), NM</td>
</tr>
<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</td>
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<td>NDS, QL (30 tabs / 30 days), NM</td>
</tr>
<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</td>
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<td>NDS, QL (30 tabs / 30 days), NM</td>
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<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</td>
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<td>NDS, QL (30 tabs / 30 days), NM</td>
</tr>
<tr>
<td>EVOTAZ TAB 300-150</td>
<td>5</td>
<td>NDS, NM</td>
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<tr>
<td>GENVOYA TAB</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>JULUCA TAB 50-25MG</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>lamivudine-zidovudine tab 150-300 mg</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</td>
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<td>GC, NM</td>
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<tr>
<td>lopinavir-ritonavir tab 100-25 mg</td>
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<tr>
<td>lopinavir-ritonavir tab 200-50 mg</td>
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<tr>
<td>ODEFSEY TAB</td>
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<tr>
<td>PREZCObiX TAB 800-150</td>
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<tr>
<td>STRIBILD TAB</td>
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<tr>
<td>SYMTUZA TAB</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
<tr>
<td>TEMIXYS TAB 300-300</td>
<td>5</td>
<td>NDS, NM</td>
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<tr>
<td>TRIUMEQ TAB</td>
<td>5</td>
<td>NDS, NM</td>
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</table>

**ANTITUBERCULAR AGENTS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>cycloserine  CAPS 250mg</td>
<td>5</td>
<td>NDS</td>
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Last Updated April 1, 2022
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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</thead>
<tbody>
<tr>
<td>ethambutol hcl TABS 100mg, 400mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>isoniazid SYR 50mg/5ml</td>
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<td>GC</td>
</tr>
<tr>
<td>isoniazid TABS 100mg, 300mg</td>
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<td>GC</td>
</tr>
<tr>
<td>PASER PACK 4gm</td>
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<tr>
<td>PRIFTIN TABS 150mg</td>
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<tr>
<td>pyrazinamide TABS 500mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>rifabutin CAPS 150mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>rifampin CAPS 150mg, 300mg; SOLR 600mg</td>
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<td>GC</td>
</tr>
<tr>
<td>SIRTURO TABS 20mg, 100mg</td>
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<td>NDS, LA, PA</td>
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<tr>
<td>TRECATOR TABS 250mg</td>
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<tr>
<td><strong>ANTIVIRALS</strong></td>
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<tr>
<td>acyclovir CAPS 200mg; TABS 400mg, 800mg</td>
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<tr>
<td>acyclovir SUSP 200mg/5ml</td>
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<td>acyclovir sodium SOLN 50mg/5ml</td>
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<td>GC, B/D</td>
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<tr>
<td>adefovir dipivoxil TABS 10mg</td>
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<tr>
<td>BARAACLE SOLN .05mg/ml</td>
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<tr>
<td>entecavir TABS .5mg, 1mg</td>
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<tr>
<td>EPCLUSA PAK 150-37.5</td>
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<tr>
<td>EPCLUSA PAK 200-50MG</td>
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<tr>
<td>EPCLUSA TAB 200-50MG</td>
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<tr>
<td>EPCLUSA TAB 400-100</td>
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<tr>
<td>EPIVIR HBV SOLN 5mg/ml</td>
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<tr>
<td>famciclovir TABS 125mg, 250mg, 500mg</td>
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<td>GC</td>
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<tr>
<td>ganciclovir sodium SOLR 500mg</td>
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<td>GC, B/D</td>
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<tr>
<td>HARVONI PAK 33.75-150MG</td>
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<tr>
<td>HARVONI PAK 45-200MG</td>
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<tr>
<td>HARVONI TAB 45-200MG</td>
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<tr>
<td>HARVONI TAB 90-400MG</td>
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<tr>
<td>lamivudine (hbv) TABS 100mg</td>
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<td>GC, NM</td>
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<tr>
<td>MAVYRET PAK 50-20MG</td>
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<tr>
<td>MAVYRET TAB 100-40MG</td>
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<tr>
<td>oseltamivir phosphate CAPS 30mg</td>
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<td>GC, QL (168 caps / year)</td>
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<tr>
<td>oseltamivir phosphate CAPS 45mg, 75mg</td>
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<td>GC, QL (84 caps / year)</td>
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<tr>
<td>oseltamivir phosphate SUSR 6mg/ml</td>
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<td>GC, QL (1080 mL / year)</td>
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<tr>
<td>PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml</td>
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<td>NDS, NM, PA</td>
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<tr>
<td>PREVYMIS TABS 240mg, 480mg</td>
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<td>NDS, QL (28 tabs / 28 days), PA</td>
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<tr>
<td>RELENZA DISKHALER AEPB 5mg/blister</td>
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<td>QL (6 inhalers / year)</td>
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<tr>
<td>ribavirin (hepatitis c) CAPS 200mg; TABS 200mg</td>
<td>2</td>
<td>GC, NM</td>
</tr>
<tr>
<td>rimantadine hydrochloride TABS 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>valacyclovir hcl TABS 1gm, 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>valganciclovir hcl SOLR 50mg/ml</td>
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<td>NDS</td>
</tr>
<tr>
<td>valganciclovir hcl TABS 450mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

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<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEMLIDY TABS 25mg</td>
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<td>NDS, NM, PA</td>
</tr>
<tr>
<td>VOSEVI TAB</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
</tbody>
</table>

**CEPHALOSPORINS**

- Cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml
- Cefaclor ER TB12 500mg
- Cefadroxil CAPS 500mg
- Cefadroxil SUSR 250mg/5ml, 500mg/5ml
- Ceftazolin INJ 1GM/50ML
- Cefazolin sodium SOLR 1gm, 10gm, 500mg
- Ceftazolin SOLN 2GM/100ML-4%
- Cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml
- Cefepime hcl SOLR 1gm, 2gm
- Cefixime SUSR 100mg/5ml, 200mg/5ml
- Cefoxitin sodium SOLR 1gm, 2gm, 10gm
- Cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg
- Cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg
- Ceftazidime SOLR 1gm, 2gm, 6gm
- Ceftazidime/ SOL D5W 1GM
- Ceftazidime/ SOL D5W 2GM
- Ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg
- Cefuroxime axetil TABS 250mg, 500mg
- Cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg
- Cephalixin CAPS 250mg, 500mg
- Cephalexin SUSR 125mg/5ml, 250mg/5ml
- Cefepime hcl SOLR 1gm, 2gm
- DIFICID SUSR 40mg/ml; TABS 200mg
- e.e.s. 400 TABS 400mg
- Ery-tab TBEC 250mg, 333mg, 500mg
- Erythromycin Lactobionate SOLR 500mg
- Erythromycin stearate TABS 250mg
- Erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg
- Erythromycin ethylsuccinate TABS 400mg

**ERYTHROMYCINS/MACROLIDES**

- Azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml
- Azithromycin TABS 250mg, 500mg, 600mg
- Clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg
- DIFICID SUSR 40mg/ml; TABS 200mg
- e.e.s. 400 TABS 400mg
- Erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg

**FLUOROQUINOLONES**

- Cipro SUSR 500mg/5ml

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NDS–Días de Suministro no Extendido  SI–Insulina Selecta
# List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ciprofloxacin 200 mg/100ml in d5w</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ciprofloxacin 400 mg/200ml in d5w</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ciprofloxacin hcl TABS 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</td>
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<td>GC</td>
</tr>
<tr>
<td>levofoxacin SOLN 25mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>levofoxacin TABS 250mg, 500mg, 750mg</td>
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<td>GC</td>
</tr>
<tr>
<td>levofoxacin in d5w iv soln 250 mg/50ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>levofoxacin in d5w iv soln 500 mg/100ml</td>
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<td>GC</td>
</tr>
<tr>
<td>levofoxacin in d5w iv soln 750 mg/150ml</td>
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**PENICILLINS**

<table>
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<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>amoxicillin CHEW 125mg, 250mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</td>
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<td>GC</td>
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<tr>
<td>amoxicillin &amp; k clavulanate chew tab 400-57 mg</td>
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<td>GC</td>
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<td>amoxicillin &amp; k clavulanate tab 500-125 mg</td>
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<td>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</td>
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<td>PEN GK/DEXTR INJ 60000/ML</td>
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<td>PENICILLIN G PROCaine SUSP 6000000unit/ml</td>
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<td>penicillin g sodium SOLR 5000000unit</td>
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<td>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</td>
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<tr>
<td>penicillin v potassium TABS 250mg, 500mg</td>
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</table>

**Notes:**

- **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
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- **SI**—Select Insulin

*Last Updated April 1, 2022*
### List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>Drug Name / NOMBRE DE MEDICAMENTO</th>
<th>Drug Tier / NIVEL</th>
<th>Requirements / LIMITS</th>
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<td>pfizerpen SOLR 50000000unit, 20000000unit</td>
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<td>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</td>
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<td>minocycline hcl CAPS 50mg, 75mg, 100mg</td>
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<td>tetracycline hcl CAPS 250mg, 500mg</td>
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<td>TIGECYCLINE SOLR 50mg</td>
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<td><strong>ANTINEOPLASTIC AGENTS</strong></td>
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<tr>
<td><strong>ALKYLATING AGENTS</strong></td>
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<td>BENDEKA SOLN 100mg/4ml</td>
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<td>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</td>
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<td>cisplatin SOLN 50mg/5ml, 100mg/100ml, 200mg/200ml</td>
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<td>cyclophosphamide CAPS 25mg, 50mg</td>
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<td>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</td>
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<tr>
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<td>LEUKERAN TABS 2mg</td>
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<td>paraplatin SOLN 1000mg/100ml</td>
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<td>adriamycin SOLN 2mg/ml</td>
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<td>doxorubicin hcl SOLN 2mg/ml</td>
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<td><strong>ANTIMETABOLITES</strong></td>
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<td>ALIMTA SOLR 100mg, 500mg</td>
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<td>azacitidine SUSR 100mg</td>
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<td>cytarabine SOLN 20mg/ml</td>
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<tr>
<td>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</td>
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<td>gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg</td>
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Last Updated April 1, 2022
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
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<tr>
<td>INQOVI TAB 35-100MG</td>
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<td>LONSURF TAB 20-8.19</td>
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<td>mercaptopurine TABS 50mg</td>
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<td>methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</td>
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<td>PURIXAN SUSP 2000mg/100ml</td>
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<td>bicalutamide TABS 50mg</td>
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<td>fulvestrant SOLN 250mg/5ml</td>
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<td>letrozole TABS 2.5mg</td>
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<td>leuprolide acetate KIT 1mg/0.2ml</td>
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<td>LUPRON DEPOT (3-MONTH) KIT 11.25mg</td>
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<td>LYSODREN TABS 500mg</td>
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<td>megestrol acetate TABS 20mg, 40mg</td>
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<td>nilutamide TABS 150mg</td>
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<td>NUBEQA TABS 300mg</td>
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<td>ORGOVYX TABS 120mg</td>
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<td>tamoxifen citrate TABS 10mg, 20mg</td>
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<td>toremifene citrate TABS 60mg</td>
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<tr>
<td>POMALYST CAPS 1mg, 2mg</td>
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<tr>
<td>POMALYST CAPS 3mg, 4mg</td>
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<tr>
<td>REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg</td>
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<td>NDS, QL (28 caps / 28 days), NM, LA, PA</td>
</tr>
</tbody>
</table>

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<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS / REQUISITOS / LIMITACIONES</th>
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<td>THALOMID CAPS 150mg, 200mg</td>
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<td>NDS, QL (56 caps / 28 days), NM, PA</td>
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<td>irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml</td>
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<td>KISQALI 600 PAK FEMARA</td>
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<td>SYNRIBO SOLR 3.5mg</td>
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<td>tretinoin (chemotherapy) CAPS 10mg</td>
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<td>vinorelbine tartrate SOLN 10mg/5ml</td>
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<td>ALUNBRIG PAK</td>
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<td>AVASTIN SOLN 100mg/4ml, 400mg/16ml</td>
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<td>BOSULIF TABS 100mg, 400mg, 500mg</td>
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Last Updated April 1, 2022


NDS – Días de Suministro no Extendido  SI – Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
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<td>BRUKINSA  CAPS 80mg</td>
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<td>CALQUENCE  CAPS 100mg</td>
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<td>COMETRIQ KIT 140MG</td>
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<td>COPIKTRA  CAPS 15mg, 25mg</td>
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<td>COTELLIC  TABS 20mg</td>
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<td>DAURISMO  TABS 25mg, 100mg</td>
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<td>ERIVEDGE  CAPS 150mg</td>
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<td>erlotinib hcl  TABS 25mg</td>
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<td>erlotinib hcl  TABS 100mg, 150mg</td>
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<td>everolimus  TABS 2.5mg, 5mg, 7.5mg, 10mg</td>
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<td>everolimus  TBSO 2mg</td>
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<td>everolimus  TBSO 3mg</td>
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<td>everolimus  TBSO 5mg</td>
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<td>FARYDAK  CAPS 10mg, 15mg, 20mg</td>
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<td>GAVRETO  CAPS 100mg</td>
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<td>GILOTRIF  TABS 20mg, 30mg, 40mg</td>
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<td>HERCEP HYLEC SOL 60-10000</td>
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<td>HERCEPTIN  SOLR 150mg</td>
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<td>HERZUMA  SOLR 150mg, 420mg</td>
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<td>ICLUSIG  TABS 10mg</td>
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<td>ICLUSIG  TABS 15mg, 30mg, 45mg</td>
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<td>IDHIFA  TABS 50mg, 100mg</td>
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<td>imatinib mesylate  TABS 100mg</td>
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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  SI–Select Insulin
<table>
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<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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<td>IRESSA TABS 250mg</td>
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<td>KISQALI 200 DOSE TBPK 200mg</td>
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<td>KISQALI 400 DOSE TBPK 200mg</td>
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<td>lapatinib ditosylate TABS 250mg</td>
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<td>LENVIMA 10 MG DAILY DOSE CPPK 10mg</td>
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<td>LENVIMA CAP 18 MG</td>
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<td>LUMAKRAS TABS 120mg</td>
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<td>MEKTOVI TABS 15mg</td>
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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 | SI—Insulina Selecta
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<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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<td>OGIVRI INJ 420MG</td>
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<td>SCEMBLIX TABS 20mg</td>
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<td>STIVARGA TABS 40mg</td>
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<td>TAZVERIK TABS 200mg</td>
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<td>TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml</td>
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<td>TEPMETKO TABS 225mg</td>
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# List of Covered Drugs / Lista de Medicamentos

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<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
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<td>TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg</td>
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<td>TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg</td>
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<td>TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg</td>
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<td>TRUSELTIQ 125 MG DAILY DOSE</td>
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<td>TRUXIMA SOLN 100mg/10ml, 500mg/50ml</td>
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<td>TUKYSA TABS 50mg, 150mg</td>
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<td>VOTRIENT TABS 200mg</td>
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<tr>
<td>ZYKADIA TABS 150mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
</tbody>
</table>

**PROTECTIVE AGENTS**

| leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 2 | GC, B/D |

*Last Updated April 1, 2022*

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  
SI—Insulina Selecta
## List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>Drug Name / Nombre de medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limitaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>MESNEX TABS 400mg</td>
<td>5</td>
<td>NDS</td>
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</tbody>
</table>

### Cardiovascular

#### ACE Inhibitor Combinations

<table>
<thead>
<tr>
<th>Drug Name / Nombre de medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limitaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine besylate-benazepril hcl cap 2.5-10 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl cap 5-10 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl cap 5-20 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl cap 5-40 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl cap 10-20 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl cap 10-40 mg</td>
<td>1</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide TAB 5-6.25MG</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide tab 20-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide tab 20-12.5 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>ACE Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>captopril TABS 12.5mg, 25mg, 50mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>fosinopril sodium TABS 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>moexipril hcl TABS 7.5mg, 15mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>perindopril erbumine TABS 2mg, 4mg, 8mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>trandolapril TABS 1mg, 2mg, 4mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

#### Aldosterone Receptor Antagonists

<table>
<thead>
<tr>
<th>Drug Name / Nombre de medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limitaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>eplerenone TABS 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>spironolactone TABS 25mg, 50mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

#### Alpha Blockers

<table>
<thead>
<tr>
<th>Drug Name / Nombre de medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limitaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>prazosin hcl CAPS 1mg, 2mg, 5mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

---

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ST—Step Therapy  
NM—not available at mail-order  
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</tr>
</thead>
<tbody>
<tr>
<td>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

### ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

- **amlodipine besylate-olmesartan medoxomil tab 5-20 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-olmesartan medoxomil tab 5-40 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-olmesartan medoxomil tab 10-20 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-olmesartan medoxomil tab 10-40 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-valsratan tab 5-160 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-valsratan tab 5-320 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-valsratan tab 10-160 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine besylate-valsratan tab 10-320 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)

### ENTRESTO TABLETS

- **ENTRESTO TAB 24-26MG**  
  DRUG TIER: 3
- **ENTRESTO TAB 49-51MG**  
  DRUG TIER: 3
- **ENTRESTO TAB 97-103MG**  
  DRUG TIER: 3

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

- **irbesartan-hydrochlorothiazide tab 150-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **irbesartan-hydrochlorothiazide tab 300-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **losartan potassium & hydrochlorothiazide tab 50-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC
- **losartan potassium & hydrochlorothiazide tab 100-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC
- **losartan potassium & hydrochlorothiazide tab 100-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC
- **olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **valsartan-hydrochlorothiazide tab 80-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **valsartan-hydrochlorothiazide tab 160-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **valsartan-hydrochlorothiazide tab 160-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **valsartan-hydrochlorothiazide tab 320-12.5 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **valsartan-hydrochlorothiazide tab 320-25 mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

- **irbesartan TABS 75mg, 150mg, 300mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **losartan potassium TABS 25mg, 50mg, 100mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC
- **olmesartan medoxomil TABS 5mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (60 tabs / 30 days)
- **olmesartan medoxomil TABS 20mg, 40mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)
- **telmisartan TABS 20mg, 40mg, 80mg**  
  DRUG TIER: 1  
  REQUIREMENTS: GC, QL (30 tabs / 30 days)

Last Updated April 1, 2022

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</tr>
</thead>
<tbody>
<tr>
<td>valsartan TABS 40mg, 80mg, 160mg</td>
<td>1</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>valsartan TABS 320mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
</tbody>
</table>

## ANTIARRHYTMICS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>amiodarone hcl TABS 200mg</td>
<td>1</td>
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</tr>
<tr>
<td>disopyramide phosphate CAPS 100mg, 150mg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>dofetilide CAPS 125mcg, 250mcg, 500mcg</td>
<td>2</td>
<td>GC, NM</td>
</tr>
<tr>
<td>flecainide acetate TABS 50mg, 100mg, 150mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>MULTAQ TABS 400mg</td>
<td>4</td>
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</tr>
<tr>
<td>NORPACE CR CP12 100mg, 150mg</td>
<td>4</td>
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<tr>
<td>pacerone TABS 100mg, 400mg</td>
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<td>GC</td>
</tr>
<tr>
<td>pacerone TABS 200mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>quinidine sulfate TABS 200mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>sorine TABS 80mg, 120mg, 160mg, 240mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</td>
<td>2</td>
<td>GC</td>
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## ANTILIPEMICS, FIBRATES

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fenofibrate micronized CAPS 67mg, 134mg, 200mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gemfibrozil TABS 600mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

## ANTILIPEMICS, HM-G-CoA REDUCTASE INHIBITORS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>lovastatin TABS 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
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</table>

## ANTILIPEMICS, MISCELLANEOUS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
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</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine PACK 4gm; POWD 4gm/dose</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>cholestyramine light PACK 4gm; POWD 4gm/dose</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>coleselam hcl PACK 3.75gm; TABS 625mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ezetimibe TABS 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>PRALUENT SOAJ 75mg/ml, 150mg/ml</td>
<td>3</td>
<td>NM, PA</td>
</tr>
<tr>
<td>prevalite PACK 4gm; POWD 4gm/dose</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>VASCEPA CAPS .5gm, 1gm</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

## BETA-BLOCKER/DIURETIC COMBINATIONS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>atenolol &amp; chlorthalidone tab 50-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>atenolol &amp; chlorthalidone tab 100-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

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<tr>
<td>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>BETA-BLOCKERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acebutolol hcl CAPS 200mg, 400mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>atenolol TABS 25mg, 50mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>bisoprolol fumarate TABS 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>BYSTOLIC TABS 2.5mg, 5mg, 10mg</td>
<td>4</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>BYSTOLIC TABS 20mg</td>
<td>4</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>labetalol hcl TABS 100mg, 200mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol tartrate SOLN 5mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoprolol tartrate TABS 25mg, 50mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>nadolol TABS 20mg, 40mg, 80mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>nebivolol hcl TABS 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>nebivolol hcl TABS 20mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>pindolol TABS 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>timolol maleate TABS 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>TIMOLOL MALEATE TABS 20mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>CALCIUM CHANNEL BLOCKERS</strong></td>
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<tr>
<td>amlodipine besylate TABS 2.5mg, 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>cartia xt CP24 120mg, 180mg, 240mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dilt-xr CP24 120mg, 180mg, 240mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</td>
<td>1</td>
<td>GC</td>
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<tr>
<td>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</td>
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<td>GC</td>
</tr>
<tr>
<td>felodipine TB24 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>isradipine CAPS 2.5mg, 5mg</td>
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<td>GC</td>
</tr>
<tr>
<td>nicardipine hcl CAPS 20mg, 30mg</td>
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<td>GC</td>
</tr>
<tr>
<td>nifedipine TB24 30mg, 60mg, 90mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>nimodipine CAPS 30mg</td>
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<td>GC</td>
</tr>
<tr>
<td>NYMALIZE SOLN 6mg/ml</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

*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  *SI*–Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml</td>
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<td>GC</td>
</tr>
<tr>
<td>verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</td>
<td>1</td>
<td>GC</td>
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</table>

**DIURETICS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetazolamide CP12 500mg; TABS 125mg, 250mg</td>
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<td>GC</td>
</tr>
<tr>
<td>amiloride &amp; hydrochlorothiazide tab 5-50 mg</td>
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<td>GC</td>
</tr>
<tr>
<td>amiloride hcl TABS 5mg</td>
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<td>GC</td>
</tr>
<tr>
<td>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>chlorthalidone TABS 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>furosemide SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>furosemide inj SOLN 10mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>indapamide TABS 1.25mg, 2.5mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>methazolamide TABS 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metolazone TABS 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>torsemide TABS 5mg, 10mg, 20mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide tab 75-50 mg</td>
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<td>GC</td>
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</table>

**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENALIN SOLN 1mg/ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>aliskiren fumarate TABS 150mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>clonidine hcl TABS .1mg, .2mg, .3mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</td>
<td>4</td>
<td></td>
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<tr>
<td>digitox TABS .125mg, .25mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>digox TABS 125mcg, 250mcg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>digoxin SOLN .05mg/ml, .25mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>digoxin TABS 125mcg, 250mcg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>droxidopa CAPS 100mg</td>
<td>5</td>
<td>NDS, QL (90 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>droxidopa CAPS 200mg, 300mg</td>
<td>5</td>
<td>NDS, QL (180 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>guanfacine hcl TABS 1mg, 2mg</td>
<td>3</td>
<td>PA; PA if 70 years and older</td>
</tr>
<tr>
<td>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>sampol CAPS 250mg</td>
<td>2</td>
<td>GC, PA; PA if 70 years and older</td>
</tr>
<tr>
<td>metyrosine CAPS 250mg</td>
<td>5</td>
<td>NDS, PA</td>
</tr>
<tr>
<td>midodrine hcl TABS 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>minoxidil TABS 2.5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ranolazine TB12 500mg, 1000mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

**NITRATES**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

**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 **SI**–Select Insulin
**List of Covered Drugs / Lista de Medicamentos**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PULMONARY ARTERIAL HYPERTENSION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>NITRO-BID OINT 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>CENTRAL NERVOUS SYSTEM</strong></td>
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</tr>
<tr>
<td><strong>ANTIANXIETY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprazolam TABS .25mg, .5mg, 1mg, 2mg</td>
<td>2</td>
<td>GC, QL (150 tabs / 30 days)</td>
</tr>
<tr>
<td>buspirone hcl TABS 5mg, 10mg, 15mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>buspirone hcl TABS 7.5mg, 30mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fluvoxamine maleate TABS 25mg, 50mg, 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>ANTICONVULSANTS</strong></td>
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</tr>
<tr>
<td>APTIOM TABS 200mg, 400mg, 600mg, 800mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>BRIVIACT SOLN 10mg/ml</td>
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<td>NDS, QL (600 mL / 30 days)</td>
</tr>
<tr>
<td>BRIVIACT SOLN 50mg/5ml</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CELONTIN CAPS 300mg</td>
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</tr>
<tr>
<td>clobazam SUSP 2.5mg/ml</td>
<td>2</td>
<td>GC, QL (480 mL / 30 days)</td>
</tr>
<tr>
<td>clobazam TABS 10mg, 20mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>clonazepam TABS 2mg; TBDP 2mg</td>
<td>2</td>
<td>GC, QL (300 tabs / 30 days)</td>
</tr>
<tr>
<td>clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days), PA; PA if 65 years and older</td>
</tr>
</tbody>
</table>

**Last Updated April 1, 2022**

**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  **SI**—Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIACOMIT CAPS 250mg</td>
<td>5</td>
<td>NDS, QL (360 caps / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>DIACOMIT CAPS 500mg</td>
<td>5</td>
<td>NDS, QL (180 caps / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>DIACOMIT PACK 250mg</td>
<td>5</td>
<td>NDS, QL (360 packets / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>DIACOMIT PACK 500mg</td>
<td>5</td>
<td>NDS, QL (180 packets / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>diazepam CONC 5mg/ml</td>
<td>2</td>
<td>GC, QL (240 mL / 30 days), PA; PA if 65 years and older</td>
</tr>
<tr>
<td>diazepam SOLN 5mg/5ml</td>
<td>2</td>
<td>GC, QL (1200 mL / 30 days), PA; PA if 65 years and older</td>
</tr>
<tr>
<td>diazepam TABS 2mg, 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (120 tabs / 30 days), PA; PA if 65 years and older</td>
</tr>
<tr>
<td>diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diazepam inj SOLN 5mg/ml</td>
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<td>GC</td>
</tr>
<tr>
<td>DILANTIN CAPS 30mg, 100mg</td>
<td>4</td>
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</tr>
<tr>
<td>DILANTIN INFATABS CHEW 50mg</td>
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<tr>
<td>DILANTIN-125 SUSP 125mg/5ml</td>
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<tr>
<td>divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg</td>
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<td>GC</td>
</tr>
<tr>
<td>EPIDIOLEX SOLN 100mg/ml</td>
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<td>NDS, QL (600 mL / 30 days), NM, LA, PA</td>
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<td>epitol TABS 200mg</td>
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<td>EPRONTIA SOLN 25mg/ml</td>
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<td>ethosuximide CAPS 250mg; SOLN 250mg/5ml</td>
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<td>GC</td>
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<tr>
<td>felbamate SUSP 600mg/5ml</td>
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<td>NDS</td>
</tr>
<tr>
<td>felbamate TABS 400mg, 600mg</td>
<td>2</td>
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</tr>
<tr>
<td>FINTEPLA SOLN 2.2mg/ml</td>
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<td>NDS, QL (360 mL / 30 days), NM, LA, PA</td>
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<tr>
<td>FYCOMPA SUSP .5mg/ml</td>
<td>5</td>
<td>NDS, QL (720 mL / 30 days), PA</td>
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<td>FYCOMPA TABS 2mg</td>
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<td>QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>FYCOMPA TABS 4mg, 6mg</td>
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<td>NDS, QL (60 tabs / 30 days), PA</td>
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<tr>
<td>FYCOMPA TABS 8mg, 10mg, 12mg</td>
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<td>NDS, QL (30 tabs / 30 days), PA</td>
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<tr>
<td>gabapentin CAPS 100mg</td>
<td>1</td>
<td>GC, QL (1080 caps / 30 days)</td>
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<tr>
<td>gabapentin CAPS 300mg</td>
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<td>GC, QL (360 caps / 30 days)</td>
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<td>gabapentin CAPS 400mg</td>
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<td>GC, QL (270 caps / 30 days)</td>
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<td>gabapentin SOLN 250mg/5ml</td>
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<td>GC, QL (2160 mL / 30 days)</td>
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<tr>
<td>gabapentin TABS 600mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>gabapentin TABS 800mg</td>
<td>2</td>
<td>GC, QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>lamotrigine CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>lamotrigine TABS 25mg, 100mg, 150mg, 200mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

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<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg</td>
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<td>GC</td>
</tr>
<tr>
<td>levetiracetam in sodium chloride iv soln 500 mg/100ml</td>
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<td>GC</td>
</tr>
<tr>
<td>levetiracetam in sodium chloride iv soln 1000 mg/100ml</td>
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</tr>
<tr>
<td>levetiracetam in sodium chloride iv soln 1500 mg/100ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>NAYZILAM SOLN 5mg/0.1ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>phenobarbital ELIX 20mg/5ml</td>
<td>4</td>
<td>PA; PA if 70 years and older</td>
</tr>
<tr>
<td>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</td>
<td>3</td>
<td>PA; PA if 70 years and older</td>
</tr>
<tr>
<td>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</td>
<td>4</td>
<td>PA; PA if 70 years and older</td>
</tr>
<tr>
<td>PHENYTEK CAPS 200mg, 300mg</td>
<td>4</td>
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</tr>
<tr>
<td>phentoin CHEW 50mg; SUSP 125mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>phentoin sodium SOLN 50mg/ml</td>
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<td>GC</td>
</tr>
<tr>
<td>phentoin sodium extended CAPS 100mg, 200mg, 300mg</td>
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<td>GC</td>
</tr>
<tr>
<td>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</td>
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<td>GC, QL (120 caps / 30 days), PA</td>
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<tr>
<td>pregabalin CAPS 200mg</td>
<td>2</td>
<td>GC, QL (90 caps / 30 days), PA</td>
</tr>
<tr>
<td>pregabalin CAPS 225mg, 300mg</td>
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<td>GC, QL (60 caps / 30 days), PA</td>
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<tr>
<td>pregabalin SOLN 20mg/ml</td>
<td>2</td>
<td>GC, QL (900 mL / 30 days), PA</td>
</tr>
<tr>
<td>primidone TABS 50mg, 250mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>roweepra TABS 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>rufinamide SUSP 40mg/ml</td>
<td>5</td>
<td>NDS, QL (2300 mL / 28 days), PA</td>
</tr>
<tr>
<td>rufinamide TABS 200mg</td>
<td>5</td>
<td>NDS, QL (480 tabs / 30 days), PA</td>
</tr>
<tr>
<td>rufinamide TABS 400mg</td>
<td>5</td>
<td>NDS, QL (240 tabs / 30 days), PA</td>
</tr>
<tr>
<td>SPRITAM TB3D 250mg</td>
<td>4</td>
<td>QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>SPRITAM TB3D 500mg</td>
<td>4</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>SPRITAM TB3D 750mg</td>
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<td>QL (120 tabs / 30 days)</td>
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<tr>
<td>SPRITAM TB3D 1000mg</td>
<td>4</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>subvenite TABS 25mg, 100mg, 150mg, 200mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>SYMPAZAN FILM 5mg</td>
<td>4</td>
<td>QL (60 films / 30 days), PA</td>
</tr>
<tr>
<td>SYMPAZAN FILM 10mg, 20mg</td>
<td>5</td>
<td>NDS, QL (60 films / 30 days), PA</td>
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<tr>
<td>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</td>
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<td>GC</td>
</tr>
<tr>
<td>topiramate CPSP 15mg, 25mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>topiramate TABS 25mg, 50mg, 100mg, 200mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>valproate sodium SOLN 100mg/ml, 250mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>valproic acid CAPS 250mg</td>
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<td>GC</td>
</tr>
<tr>
<td>VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>vigabatrin PACK 500mg</td>
<td>5</td>
<td>NDS, QL (180 packets / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>vigabatrin TABS 500mg</td>
<td>5</td>
<td>NDS, QL (180 tabs / 30 days), NM, LA, PA</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

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  SI—Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>vigadronе PACK 500mg</td>
<td>5</td>
<td>NDS, QL (180 packets / 30 days), NM, LA, PA</td>
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<tr>
<td>VIMPAT SOLN 10mg/ml</td>
<td>5</td>
<td>NDS, QL (1200 mL / 30 days)</td>
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<tr>
<td>VIMPAT SOLN 200mg/20ml</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>VIMPAT TABS 50mg</td>
<td>4</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>VIMPAT TABS 100mg, 150mg, 200mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>XCOPRI TABS 50mg</td>
<td>5</td>
<td>NDS, QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>XCOPRI TABS 100mg, 150mg, 200mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>XCOPRI PAK 12.5-25</td>
<td>4</td>
<td>QL (28 tabs / 28 days)</td>
</tr>
<tr>
<td>XCOPRI PAK 50-100MG</td>
<td>5</td>
<td>NDS, QL (28 tabs / 28 days)</td>
</tr>
<tr>
<td>XCOPRI PAK 100-150</td>
<td>5</td>
<td>NDS, QL (56 tabs / 28 days)</td>
</tr>
<tr>
<td>XCOPRI PAK 150-200MG (MAINTENANCE)</td>
<td>5</td>
<td>NDS, QL (56 tabs / 28 days)</td>
</tr>
<tr>
<td>XCOPRI PAK 150-200MG (TITRATION)</td>
<td>5</td>
<td>NDS, QL (28 tabs / 28 days)</td>
</tr>
<tr>
<td>zonisamide CAPS 25mg, 50mg, 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

**ANTIDEMENTIA**

| donepezil hydrochloride TABS 5mg; TBDP 5mg | 1 | GC, QL (30 tabs / 30 days) |
| donepezil hydrochloride TABS 10mg; TBDP 10mg | 1 | GC |
| galantamine hydrobromide CP24 8mg, 16mg, 24mg | 2 | GC, QL (30 caps / 30 days) |
| galantamine hydrobromide SOLN 4mg/ml | 2 | GC |
| galantamine hydrobromide TABS 4mg, 8mg, 12mg | 2 | GC, QL (60 tabs / 30 days) |
| memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | 2 | GC, PA; PA if < 30 yrs |
| NAMZARIC CAP 7-10MG                 | 4 | |
| NAMZARIC CAP 14-10MG                | 4 | |
| NAMZARIC CAP 21-10MG                | 4 | |
| NAMZARIC CAP 28-10MG                | 4 | |
| NAMZARIC CAP PACK                   | 4 | |
| rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 2 | GC, QL (30 patches / 30 days) |
| rivastigmine tartrate CAPS 1.5mg, 3mg | 2 | GC, QL (90 caps / 30 days) |
| rivastigmine tartrate CAPS 4.5mg, 6mg | 2 | GC, QL (60 caps / 30 days) |

**ANTIDEPRESSANTS**

| amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | |
| amoxapine TABS 25mg, 50mg, 100mg, 150mg | 3 | |
| bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg | 2 | GC |
| citalopram hydrobromide SOLN 10mg/5ml | 2 | GC |
| citalopram hydrobromide TABS 10mg, 20mg, 40mg | 1 | GC |
| clomipramine hcl CAPS 25mg, 50mg, 75mg | 4 | PA |
| desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 4 | |
| desvenlafaxine succinate TB24 25mg, 50mg, 100mg | 2 | GC, QL (30 tabs / 30 days), PA |
| doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml | 3 | |
| doxepin hcl CAPS 150mg                 | 4 | |

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  SI—Select Insulin  

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## List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
<th>REQUISITOS / LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg</td>
<td>4</td>
<td>QL (60 caps / 30 days), PA</td>
<td></td>
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<tr>
<td>duloxetine hcl CPEP 20mg, 30mg, 60mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
<td></td>
</tr>
<tr>
<td>EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr</td>
<td>5</td>
<td>NDS, QL (30 patches / 30 days), PA</td>
<td></td>
</tr>
<tr>
<td>escitalopram oxalate SOLN 5mg/5ml</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>escitalopram oxalate TABS 5mg, 10mg, 20mg</td>
<td>1</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>FETZIMA CP24 20mg, 40mg</td>
<td>4</td>
<td>QL (60 caps / 30 days), PA</td>
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</tr>
<tr>
<td>FETZIMA CP24 80mg, 120mg</td>
<td>4</td>
<td>QL (30 caps / 30 days), PA</td>
<td></td>
</tr>
<tr>
<td>FETZIMA CAP TITRATION</td>
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<td>PA</td>
<td></td>
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<tr>
<td>fluoxetine hcl CAPS 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl SOLN 20mg/5ml</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>imipramine hcl TABS 10mg, 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>MARPLAN TABS 10mg</td>
<td>4</td>
<td>QL (180 tabs / 30 days)</td>
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</tr>
<tr>
<td>mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg</td>
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<td>GC</td>
<td></td>
</tr>
<tr>
<td>mirtazapine TABS 15mg, 30mg, 45mg</td>
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<td>GC</td>
<td></td>
</tr>
<tr>
<td>nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg</td>
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<td>GC</td>
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<tr>
<td>nortriptyline hcl SOLN 10mg/5ml</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>paroxetine hcl SUSP 10mg/5ml</td>
<td>4</td>
<td>QL (900 mL / 30 days), PA</td>
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<tr>
<td>paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>Paxil SUSP 10mg/5ml</td>
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<td>QL (900 mL / 30 days), PA</td>
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<tr>
<td>phenelzine sulfate TABS 15mg</td>
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<td>GC</td>
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<tr>
<td>protriptyline hcl TABS 5mg, 10mg</td>
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<td>GC</td>
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<tr>
<td>sertraline hcl CONC 20mg/ml</td>
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<td>GC</td>
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<tr>
<td>sertraline hcl TABS 25mg, 50mg, 100mg</td>
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<td>GC</td>
<td></td>
</tr>
<tr>
<td>tranylcypromine sulfate TABS 10mg</td>
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<td>GC</td>
<td></td>
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<td>trazodone hcl TABS 50mg, 100mg, 150mg</td>
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<td>GC</td>
<td></td>
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<tr>
<td>trimipramine maleate CAPS 25mg</td>
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<td>QL (240 caps / 30 days)</td>
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<tr>
<td>trimipramine maleate CAPS 50mg</td>
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<td>QL (120 caps / 30 days)</td>
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<tr>
<td>trimipramine maleate CAPS 100mg</td>
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<td>QL (60 caps / 30 days)</td>
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<tr>
<td>TRINTELLIX TABS 5mg</td>
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<td>QL (120 tabs / 30 days)</td>
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</tr>
<tr>
<td>TRINTELLIX TABS 10mg</td>
<td>4</td>
<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>TRINTELLIX TABS 20mg</td>
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<td>QL (30 tabs / 30 days)</td>
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<tr>
<td>venlafaxine hcl CP24 37.5mg, 75mg, 150mg</td>
<td>1</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>VIBRYD TABS 10mg, 20mg, 40mg</td>
<td>4</td>
<td>QL (30 tabs / 30 days)</td>
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</tr>
<tr>
<td>VIBRYD KIT STARTER</td>
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### ANTIPARKINSONIAN AGENTS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
<th>REQUISITOS / LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>amantadine hcl CAPS 100mg</td>
<td>2</td>
<td>GC, QL (120 caps / 30 days)</td>
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</tr>
<tr>
<td>amantadine hcl SOLN 50mg/5ml; TABS 100mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>benztropine mesylate SOLN 1mg/ml</td>
<td>2</td>
<td>GC</td>
<td></td>
</tr>
<tr>
<td>benztropine mesylate TABS .5mg, 1mg, 2mg</td>
<td>3</td>
<td>PA; PA if 70 years and older</td>
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</tr>
<tr>
<td>bromocriptine mesylate CAPS 5mg; TABS 2.5mg</td>
<td>2</td>
<td>GC</td>
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</tbody>
</table>

Last Updated April 1, 2022


NDS–Días de Suministro no Extendido SI–Insulina Selecta
## List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>Drug Name / Nombre de Medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limites</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>carbidopa &amp; levodopa tab 10-100 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>carbidopa &amp; levodopa tab 25-100 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>carbidopa &amp; levodopa tab 25-250 mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>carbidopa &amp; levodopa tab er 25-100 mg</td>
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<td>GC</td>
</tr>
<tr>
<td>carbidopa &amp; levodopa tab er 50-200 mg</td>
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<td>GC</td>
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<td>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 50-200-200 mg</td>
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<td>GC</td>
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<tr>
<td>entacapone TABS 200mg</td>
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<td>GC</td>
</tr>
<tr>
<td>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</td>
<td>5</td>
<td>NDS, QL (150 films / 30 days), NM, PA</td>
</tr>
<tr>
<td>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</td>
<td>4</td>
<td></td>
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<tr>
<td>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>rasagiline mesylate TABS 1mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>rasagiline mesylate TABS .5mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>selegiline hcl CAPS 5mg; TABS 5mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</td>
<td>3</td>
<td>PA; PA if 70 years and older</td>
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</table>

### ANTIPSYCHOTICS

<table>
<thead>
<tr>
<th>Drug Name / Nombre de Medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limites</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILIFY MAINTENA PRSY 300mg, 400mg</td>
<td>5</td>
<td>NDS, QL (1 syringe / 28 days)</td>
</tr>
<tr>
<td>ABILIFY MAINTENA SRER 300mg, 400mg</td>
<td>5</td>
<td>NDS, QL (1 injection / 28 days)</td>
</tr>
<tr>
<td>aripiprazole SOLN 1mg/ml</td>
<td>2</td>
<td>GC, QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>aripiprazole TBDP 10mg, 15mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml</td>
<td>5</td>
<td>NDS, QL (1 syringe / 28 days)</td>
</tr>
<tr>
<td>ARISTADA PRSY 882mg/3.2ml</td>
<td>5</td>
<td>QL (1 syringe / 28 days)</td>
</tr>
<tr>
<td>ARISTADA PRSY 1064mg/3.9ml</td>
<td>5</td>
<td>QL (1 syringe / 56 days)</td>
</tr>
<tr>
<td>ARISTADA INITIO PRSY 675mg/2.4ml</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>asenapine maleate SUBL 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>CAPLYTA CAPS 42mg</td>
<td>4</td>
<td>QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>clozapine TABS 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

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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  
SI– Select Insulin
<table>
<thead>
<tr>
<th>Drug Name / NOMBRE DE MEDICAMENTO</th>
<th>Drug Tier / NIVEL</th>
<th>Requirements / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>clozapine TABS 100mg</td>
<td>2</td>
<td>GC, QL (270 tabs / 30 days)</td>
</tr>
<tr>
<td>clozapine TABS 200mg</td>
<td>2</td>
<td>GC, QL (135 tabs / 30 days)</td>
</tr>
<tr>
<td>clozapine TBDP 12.5mg, 25mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>clozapine TBDP 100mg</td>
<td>2</td>
<td>GC, QL (270 tabs / 30 days), PA</td>
</tr>
<tr>
<td>clozapine TBDP 150mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days), PA</td>
</tr>
<tr>
<td>clozapine TBDP 200mg</td>
<td>5</td>
<td>NDS, QL (135 tabs / 30 days), PA</td>
</tr>
<tr>
<td>FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>FANAPT PAK</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>fluphenazine decanoate SOLN 25mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>haloperidol decanoate SOLN 50mg/ml, 100mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 39mg/0.25ml</td>
<td>4</td>
<td>QL (1 syringe / 28 days)</td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/1.5ml; 234mg/1.5ml</td>
<td>5</td>
<td>NDS, QL (1 syringe / 28 days)</td>
</tr>
<tr>
<td>INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml</td>
<td>5</td>
<td>QL (1 syringe / 90 days); 90 Day Supply Copay Applies</td>
</tr>
<tr>
<td>LATUDA TABS 20mg, 40mg, 60mg, 120mg</td>
<td>4</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>LATUDA TABS 80mg</td>
<td>4</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>molindone hcl TABS 5mg, 10mg, 25mg</td>
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<td>GC</td>
</tr>
<tr>
<td>NUPLAZID CAPS 34mg</td>
<td>5</td>
<td>NDS, QL (30 caps / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>NUPLAZID TABS 10mg</td>
<td>5</td>
<td>NDS, QL (30 tabs / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>olanzapine SOLR 10mg</td>
<td>2</td>
<td>GC, QL (3 vials / 1 day)</td>
</tr>
<tr>
<td>olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>paliperidone TB24 1.5mg, 3mg, 9mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>paliperidone TB24 6mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>perphenazine TABS 2mg, 4mg, 8mg, 16mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>PERSERIS PRSY 90mg, 120mg</td>
<td>5</td>
<td>NDS, QL (1 syringe / 30 days)</td>
</tr>
<tr>
<td>pimoizide TABS 1mg, 2mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>quetiapine fumarate TB24 50mg, 300mg, 400mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>quetiapine fumarate TB24 150mg, 200mg</td>
<td>2</td>
<td>GC, QL (30 tabs / 30 days), PA</td>
</tr>
<tr>
<td>REXULTI TABS 3mg, 4mg</td>
<td>4</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>REXULTI TABS .25mg, .5mg, 1mg, 2mg</td>
<td>4</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>RISPERDAL CONSTA SRER 12.5mg, 25mg</td>
<td>4</td>
<td>QL (2 injections / 28 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISPERDAL CONSTA SRER 37.5mg, 50mg</td>
<td>5</td>
<td>NDS, QL (2 injections / 28 days)</td>
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<tr>
<td>risperidone SOLN 1mg/ml</td>
<td>2</td>
<td>GC, QL (240 mL / 30 days)</td>
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<tr>
<td>risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>risperidone TBDP 1mg, 2mg, 3mg, 4mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>risperidone TBDP .25mg, .5mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr</td>
<td>4</td>
<td>QL (30 patches / 30 days)</td>
</tr>
<tr>
<td>thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>thiothixene CAPS 1mg, 2mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>VERSACLOZ SUSP 50mg/ml</td>
<td>5</td>
<td>NDS, QL (600 mL / 30 days), PA</td>
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<tr>
<td>VRAYLAR CAPS 1.5mg</td>
<td>5</td>
<td>NDS, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>VRAYLAR CAPS 3mg, 4.5mg, 6mg</td>
<td>5</td>
<td>NDS, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>VRAYLAR CAP 1.5-3MG</td>
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<tr>
<td>ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
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<tr>
<td>ziprasidone mesylate SOLR 20mg</td>
<td>2</td>
<td>GC, QL (6 injections / 3 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV SUSR 310mg</td>
<td>4</td>
<td>QL (2 vials / 28 days), NM, PA</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV SUSR 300mg</td>
<td>5</td>
<td>NDS, QL (2 vials / 28 days), NM, PA</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV SUSR 405mg</td>
<td>5</td>
<td>NDS, QL (1 vial / 28 days), NM, PA</td>
</tr>
</tbody>
</table>

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 5 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 10 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 15 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 20 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 25 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap er 24hr 30 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 5 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 7.5 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 10 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 12.5 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 15 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 20 mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days), PA</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 30 mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>atomoxetine hcl CAPS 10mg, 18mg, 25mg</td>
<td>2</td>
<td>GC, QL (120 caps / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl CAPS 40mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl CAPS 60mg, 80mg, 100mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>dexamethylphenidate hcl TABS 2.5mg, 5mg</td>
<td>2</td>
<td>GC, QL (120 tabs / 30 days), PA</td>
</tr>
<tr>
<td>dexamethylphenidate hcl TABS 10mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</td>
<td>3</td>
<td>QL (30 tabs / 30 days), PA; PA if 70 years and older</td>
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<tr>
<td>metadate er TBCR 20mg</td>
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<td>GC, QL (90 tabs / 30 days), PA</td>
</tr>
<tr>
<td>methylphenidate hcl SOLN 5mg/5ml</td>
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<td>GC, QL (1800 mL / 30 days), PA</td>
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<tr>
<td>methylphenidate hcl SOLN 10mg/5ml</td>
<td>2</td>
<td>GC, QL (900 mL / 30 days), PA</td>
</tr>
<tr>
<td>DRUG NAME / NOMBRE DE MEDICAMENTO</td>
<td>DRUG TIER / NIVEL</td>
<td>REQUIREMENTS / LIMITS</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>methylphenidate hcl TABS 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (180 tabs / 30 days), PA</td>
</tr>
<tr>
<td>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</td>
<td>2</td>
<td>GC, QL (90 tabs / 30 days), PA</td>
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</table>

**HYPNOTICS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELSOMRA 5mg, 10mg, 15mg, 20mg</td>
<td>4</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>doxepin hcl (sleep) TABS 3mg, 6mg</td>
<td>2</td>
<td>NDS, QL (30 caps / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>HETLIOZ 20mg</td>
<td>5</td>
<td>NDS, QL (30 caps / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>temazepam 7.5mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year</td>
</tr>
<tr>
<td>temazepam 15mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year</td>
</tr>
<tr>
<td>temazepam 30mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older</td>
</tr>
<tr>
<td>zolpidem tartrate TABS 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year</td>
</tr>
</tbody>
</table>

**MIGRAINE**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIMOVIG 70mg/ml, 140mg/ml</td>
<td>3</td>
<td>QL (1 pen / 30 days), NM, PA</td>
</tr>
<tr>
<td>dihydroergotamine mesylate SOLN 1mg/ml</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>dihydroergotamine mesylate SOLN 4mg/ml</td>
<td>5</td>
<td>NDS, QL (8 mL / 30 days), PA</td>
</tr>
<tr>
<td>ergotamine w/ caffeine tab 1-100 mg</td>
<td>2</td>
<td>GC, QL (40 tabs / 28 days), PA</td>
</tr>
<tr>
<td>naratriptan hcl TABS 1mg, 2.5mg</td>
<td>2</td>
<td>GC, QL (12 tabs / 30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (18 tabs / 30 days)</td>
</tr>
<tr>
<td>sumatriptan SOLN 5mg/act</td>
<td>2</td>
<td>GC, QL (24 units / 30 days)</td>
</tr>
<tr>
<td>sumatriptan SOLN 20mg/act</td>
<td>2</td>
<td>GC, QL (12 units / 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate SOAJ 4mg/o.5ml; SOCT 4mg/o.5ml</td>
<td>2</td>
<td>GC, QL (18 injections / 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate SOAJ 6mg/o.5ml; SOCT 6mg/o.5ml; SOLN 6mg/o.5ml</td>
<td>2</td>
<td>GC, QL (12 injections / 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate TABS 25mg, 50mg, 100mg</td>
<td>2</td>
<td>GC, QL (12 tabs / 30 days)</td>
</tr>
<tr>
<td>UBRELVY TABS 50mg, 100mg</td>
<td>5</td>
<td>NDS, QL (16 tabs / 30 days), PA</td>
</tr>
<tr>
<td>zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg</td>
<td>2</td>
<td>GC, QL (12 tabs / 30 days)</td>
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</tbody>
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**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTEDO TABS 6mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>AUSTEDO TABS 9mg, 12mg</td>
<td>5</td>
<td>NDS, QL (120 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>INGREZZA CAPS 40mg, 60mg, 80mg</td>
<td>5</td>
<td>NDS, QL (30 caps / 30 days), NM, LA, PA</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>INGREZZA CAP 40-80MG</td>
<td>5</td>
<td>NDS, QL (28 caps / 28 days), NM, LA, PA</td>
</tr>
<tr>
<td>LITHIUM SOLN 8meq/5ml</td>
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<tr>
<td>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>lithium carbonate TBCR 300mg, 450mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>NUEDEXTA CAP 20-10MG</td>
<td>4</td>
<td>QL (60 caps / 30 days), PA</td>
</tr>
<tr>
<td>pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>pyridostigmine bromide TABS 60mg</td>
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<td>GC</td>
</tr>
<tr>
<td>DRUG NAME / NOMBRE DE MEDICAMENTO</td>
<td>DRUG TIER / NIVEL</td>
<td>REQUIREMENTS / LIMITS</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
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<td>GC, QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>bupropion hcl (smoking deterrent) TB12 150mg</td>
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<td>GC</td>
</tr>
<tr>
<td>CHANTIX TABS .5mg, 1mg</td>
<td>4</td>
<td>QL (56 tabs / 28 days), PA</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH TABS 1mg</td>
<td>4</td>
<td>QL (56 tabs / 28 days), PA</td>
</tr>
<tr>
<td>CHANTIX PAK 0.5&amp; 1MG</td>
<td>4</td>
<td>QL (106 tabs / year), PA</td>
</tr>
<tr>
<td>disulfiram TABS 250mg, 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>naltrexone hcl TABS 50mg</td>
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<td>GC</td>
</tr>
<tr>
<td>NARCAN LIQD 4mg/o.1ml</td>
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<tr>
<td>NICOTROL INHALER INHA 10mg</td>
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</tr>
<tr>
<td>NICOTROL NS SOLN 10mg/ml</td>
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</tr>
<tr>
<td>VARENICLINE TARTRATE TABS .5mg, 1mg</td>
<td>2</td>
<td>GC, QL (56 tabs / 28 days), PA</td>
</tr>
<tr>
<td>VIVITROL SUSR 380mg</td>
<td>5</td>
<td>NDS, NM</td>
</tr>
</tbody>
</table>

**ENDOCRINE AND METABOLIC**

**ANDROGENS**

| ANDRODERM PT24 2mg/24hr, 4mg/24hr | 4 | QL (30 patches / 30 days), PA |
| oxandrolone TABS 2.5mg | 2 | GC, QL (120 tabs / 30 days), PA |
| oxandrolone TABS 10mg | 2 | GC, QL (60 tabs / 30 days), PA |
| testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm | 2 | GC, QL (300 gm / 30 days), PA |
| testosterone cypionate SOLN 100mg/ml, 200mg/ml | 2 | GC, PA |
| testosterone enanthate SOLN 200mg/ml | 2 | GC, PA |

**ANTIDIABETICS**

| acarbose TABS 25mg, 50mg, 100mg | 2 | GC |
| BYDUREON BCISE AUIJ 2mg/o.85ml | 3 | QL (4 pens / 28 days) |
| BYETTA SOPN 5mcg/o.02ml, 10mcg/o.04ml | 4 | QL (1 pen / 30 days) |
| FARXIGA TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| glimepiride TABS 1mg, 2mg | 1 | GC, QL (90 tabs / 30 days) |
| glimepiride TABS 4mg | 1 | GC, QL (60 tabs / 30 days) |
| glipizide TABS 5mg | 1 | GC, QL (240 tabs / 30 days) |
| glipizide TABS 10mg | 1 | GC, QL (120 tabs / 30 days) |
| glipizide TB24 2.5mg, 5mg | 1 | GC, QL (90 tabs / 30 days) |
| glipizide TB24 10mg | 1 | GC, QL (60 tabs / 30 days) |
| glipizide xl TB24 2.5mg, 5mg | 1 | GC, QL (90 tabs / 30 days) |
| glipizide xl TB24 10mg | 1 | GC, QL (60 tabs / 30 days) |
| glipizide-metformin hcl tab 2.5-250 mg | 1 | GC, QL (240 tabs / 30 days) |
| glipizide-metformin hcl tab 2.5-500 mg | 1 | GC, QL (120 tabs / 30 days) |
| glipizide-metformin hcl tab 5-500 mg | 1 | GC, QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |

Last Updated April 1, 2022

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  
SI–Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMIENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
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<tr>
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<td>JANUMET XR TAB 50-1000</td>
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<td>JARDIANCE TABS 10mg</td>
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<tr>
<td>JENTADUETO TAB 2.5-850</td>
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<tr>
<td>OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml</td>
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<td>OZEMPIC (1MG/DOSE) SOPN 4mg/3ml</td>
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<td>pioglitazone hcl TABS 15mg, 30mg, 45mg</td>
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<td>repaglinide TABS 2mg</td>
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<td>RYBELSUS TABS 3mg, 7mg, 14mg</td>
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<td>SYNJARDY XR TAB 5-1000MG</td>
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<td>SYNJARDY XR TAB 10-1000</td>
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<td>SYNJARDY XR TAB 12.5-1000MG</td>
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<td>SYNJARDY XR TAB 25-1000</td>
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<tr>
<td>TRADJENTA TABS 5mg</td>
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<td>TRIJARYD XR TAB ER 24HR 5-2.5-1000MG</td>
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<td>TRULICITY SOPN 75mg/0.5ml, 15mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml</td>
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<td>VICTOZA SOPN 18mg/3ml</td>
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<tr>
<td>XIGDUO XR TAB 2.5-1000</td>
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<td>QL (60 tabs / 30 days)</td>
</tr>
</tbody>
</table>

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  SI – Select Insulin
## List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>Drug Name / Nombre de Medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limits</th>
</tr>
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<tbody>
<tr>
<td>XIGDUO XR TAB 5-500MG</td>
<td>3</td>
<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>XIGDUO XR TAB 5-1000MG</td>
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<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>XIGDUO XR TAB 10-500MG</td>
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<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>XIGDUO XR TAB 10-1000</td>
<td>3</td>
<td>QL (30 tabs / 30 days)</td>
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<tr>
<td><strong>Antidiabetics, Insulins</strong></td>
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<tr>
<td>BASAGLAR KWIKPEN SOPN 100unit/ml</td>
<td>3</td>
<td>SI</td>
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<tr>
<td>BD ALCOHOL SWABS</td>
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<tr>
<td>FIASP FLEX INJ TOUCH</td>
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<td>SI</td>
</tr>
<tr>
<td>FIASP INJ 100/ML</td>
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<td>SI</td>
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<tr>
<td>FIASP PENFIL INJ U-100</td>
<td>3</td>
<td>SI</td>
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<tr>
<td>GAUZE PADS 2” X 2”</td>
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<td>HUMULIN R U-500 (CONCENTR SOLN 500unit/ml</td>
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<td>NDS, B/D</td>
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<tr>
<td>HUMULIN R U-500 KWIKPEN SOPN 500unit/ml</td>
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<td>NDS</td>
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<td>INSULIN SAFETY NEEDLES</td>
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<td>INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC</td>
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<td>GC</td>
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<tr>
<td>LEVEMIR SOLN 100unit/ml</td>
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<td>SI</td>
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<tr>
<td>LEVEMIR FLEXTOUCH SOPN 100unit/ml</td>
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<td>SI</td>
</tr>
<tr>
<td>NOVOLIN INJ 70/30</td>
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<td>SI (brand RELION not covered)</td>
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<tr>
<td>NOVOLIN INJ 70/30 FP</td>
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<td>NOVOLIN N SUSP 100unit/ml</td>
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<tr>
<td>NOVOLIN N FLEXPEN SUPN 100unit/ml</td>
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<td>SI (brand RELION not covered)</td>
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<td>NOVOLIN R SOLN 100unit/ml</td>
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<td>SI (brand RELION not covered)</td>
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<tr>
<td>NOVOLIN R FLEXPEN SOPN 100unit/ml</td>
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<td>NOVOLOG SOLN 100unit/ml</td>
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<tr>
<td>NOVOLOG FLEXPEN SOPN 100unit/ml</td>
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<tr>
<td>NOVOLOG MIX INJ 70/30</td>
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<td>NOVOLOG MIX INJ FLEXPEN</td>
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<tr>
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<td>OMNIPOD KIT STARTER</td>
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<td>QL (1 kit / year), PA</td>
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<td>OMNIPOD MIS 5 PACK</td>
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<td>QL (15 pods / 30 days), PA</td>
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<td>PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA</td>
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<td>SOLIQUA INJ 100/33</td>
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<td>TRESIBA SOLN 100unit/ml</td>
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<td>SI</td>
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<tr>
<td>TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml</td>
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<td>SI</td>
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<td>V-GO 30 KIT</td>
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<td>V-GO 40 KIT</td>
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<td>QL (1 kit / 30 days), PA</td>
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<tr>
<td>XULTOPHY INJ 100/3.6</td>
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<td>QL (5 pens / 30 days); SI</td>
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<td><strong>Antidiabetics, Test Strips</strong></td>
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<td>FREESTYLE KIT SENSOR</td>
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<tr>
<td>ONETOUCH TES ULTRA</td>
<td>PART B</td>
<td>QL (500 strips / 90 days)</td>
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<tr>
<td>ONETOUCH TES VERIO</td>
<td>PART B</td>
<td>QL (500 strips / 90 days)</td>
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</table>

Last Updated April 1, 2022


NDS–Días de Suministro no Extendido   SI–Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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<tbody>
<tr>
<td><strong>CALCIUM REGULATORS</strong></td>
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<td>alendronate sodium TABS 10mg, 35mg, 70mg</td>
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<td>GC</td>
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<td>calcitonin (salmon) spray SOLN 200unit/act</td>
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<td>GC, B/D</td>
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<td>FORTEO SOPN 620mcg/2.48ml</td>
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<td>NDS, NM, PA</td>
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<td>ibandronate sodium TABS 150mg</td>
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<td>NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg</td>
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<td>PAMIDRONATE DISODIUM SOLN 6mg/ml</td>
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<td>pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg</td>
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<td>PROLIA SOSY 60mg/ml</td>
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<td>QL (1 syringe / 180 days), NM; 90 Day Supply Copay Applies</td>
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<td>XGEVA SOLN 120mg/1.7ml</td>
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<td>zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml</td>
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<td>LOKELMA PACK 5gm, 10gm</td>
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<td>chateal</td>
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</tbody>
</table>

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<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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Last Updated April 1, 2022


NDS–Días de Suministro no Extendido SI–Insulina Selecta
### List of Covered Drugs / Lista de Medicamentos

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<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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PA—Prior Authorization  
B/D—Covered under Medicare B or D  
QL—Quantity Limits  
ST—Step Therapy  
NM—not available at mail-order  
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  
SI—Select Insulin

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<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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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  SI—Insulina Selecta
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<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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</tbody>
</table>

**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  **SI** – Select Insulin
# List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>prednisone SOLN 5mg/5ml</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</td>
<td>1</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>prednisone TBPK 5mg, 10mg</td>
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<td>GC</td>
</tr>
<tr>
<td>PREDNISONE INTENSOL CONC 5mg/ml</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</td>
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</tr>
<tr>
<td><strong>GLUCOSE ELEVATING AGENTS</strong></td>
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<tr>
<td>diazoxide SUST 50mg/ml</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td>GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</td>
<td>3</td>
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</tr>
<tr>
<td>GVOKE KIT SOLN 1mg/0.2ml</td>
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</tr>
<tr>
<td>GVOKE PFS SOST .5mg/0.1ml, 1mg/0.2ml</td>
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</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
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<td></td>
</tr>
<tr>
<td>ALDURAZYME SOLN 2.9mg/5ml</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>cabergoline TABS .5mg</td>
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<td>GC</td>
</tr>
<tr>
<td>CARBAGLU TABS 200mg</td>
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<td>NDS, NM, LA, PA</td>
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<tr>
<td>carglumic acid TABS 200mg</td>
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<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>CERDELGA CAPS 84mg</td>
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<td>NDS, NM, PA</td>
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<tr>
<td>CEREZYME SOLR 400unit</td>
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<td>NDS, NM, LA, PA</td>
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<tr>
<td>cinacalcet hcl TABS 30mg</td>
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<td>GC, B/D, QL (120 tabs / 30 days), NM</td>
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<tr>
<td>cinacalcet hcl TABS 60mg</td>
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<td>NDS, B/D, QL (60 tabs / 30 days), NM</td>
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<tr>
<td>cinacalcet hcl TABS 90mg</td>
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<tr>
<td>CYSTADANE POW</td>
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<td>NDS, NM, LA</td>
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<tr>
<td>CYSTAGON CAPS 50mg, 150mg</td>
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<td>NM, LA, PA</td>
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<tr>
<td>desmopressin acetate SOLN 4mcg/ml</td>
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<tr>
<td>desmopressin acetate TABS .1mg, .2mg</td>
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<td>GC</td>
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<tr>
<td>desmopressin acetate spray SOLN .01%</td>
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<td>GC</td>
</tr>
<tr>
<td>desmopressin acetate spray refrigerated SOLN .01%</td>
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<td>GC</td>
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<tr>
<td>FABRAZYME SOLR 5mg, 35mg</td>
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<td>NDS, NM, LA, PA</td>
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<tr>
<td>GENOTROPIN SOLR 5mg, 12mg</td>
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<tr>
<td>GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg</td>
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<td>NDS, NM, PA</td>
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<tr>
<td>INCRELEX SOLN 40mg/4ml</td>
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<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>KORLYM TABS 300mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>LUMIZYME SOLR 50mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg</td>
<td>5</td>
<td>NM, PA; 90 Day Supply Copay Applies</td>
</tr>
<tr>
<td>miglustat CAPS 100mg</td>
<td>5</td>
<td>NDS, QL (90 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>NAGLAZYME SOLN 1mg/ml</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>nitisinone CAPS 2mg, 5mg, 10mg</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
<tr>
<td>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml</td>
<td>2</td>
<td>GC, NM, PA</td>
</tr>
<tr>
<td>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

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  SI—Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml</td>
<td>2</td>
<td>GC, NM, PA</td>
</tr>
<tr>
<td>OCTREOTIDE ACETATE SOSY 500mcg/ml</td>
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<td>NDS, NM, PA</td>
</tr>
<tr>
<td>raloxifene hcl TABS 60mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
<tr>
<td>SIGNIFOR SOLN. 3mg/ml, .6mg/ml, .9mg/ml</td>
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<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</td>
<td>5</td>
<td>NDS, NM, PA</td>
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<tr>
<td>SOMATULINE DEPOT SOLN 60mg/o.2ml, 90mg/o.3ml, 120mg/o.5ml</td>
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<td>NDS, NM, PA</td>
</tr>
<tr>
<td>SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg</td>
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<td>NDS, NM, LA, PA</td>
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<tr>
<td><strong>PHOSPHATE BINDER AGENTS</strong></td>
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<td></td>
</tr>
<tr>
<td>calcium acetate (phosphate binder) CAPS 667mg</td>
<td>2</td>
<td>GC, QL (360 caps / 30 days)</td>
</tr>
<tr>
<td>calcium acetate (phosphate binder) TABS 667mg</td>
<td>2</td>
<td>GC, QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>sevelamer carbonate PACK 2.4gm</td>
<td>2</td>
<td>GC, QL (180 packets / 30 days)</td>
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<tr>
<td>sevelamer carbonate PACK .8gm</td>
<td>5</td>
<td>NDS, QL (540 packets / 30 days)</td>
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<tr>
<td>sevelamer carbonate TABS 800mg</td>
<td>2</td>
<td>GC, QL (360 tabs / 30 days)</td>
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<tr>
<td><strong>PROGESTINS</strong></td>
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<tr>
<td>medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>megestrol acetate SUSP 40mg/ml</td>
<td>3</td>
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</tr>
<tr>
<td>megestrol acetate (appetite) SUSP 625mg/5ml</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>norethindrone acetate TABS 5mg</td>
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<td>GC</td>
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<tr>
<td><strong>THYROID AGENTS</strong></td>
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<tr>
<td>euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>methimazole TABS 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>propylthiouracil TABS 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>VITAMIN D ANALOGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>paricalcitol CAPS 1mcg, 2mcg, 4mcg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>RAYALDEE CPCR 30mcg</td>
<td>5</td>
<td>NDS</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIEMETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aprepitant CAPS 40mg, 80mg, 125mg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>compro SUPP 25mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dronabinol CAPS 2.5mg, 5mg, 10mg</td>
<td>2</td>
<td>GC, B/D, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>granisetron hcl SOLN 1mg/ml, 4mg/4ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>granisetron hcl TABS 1mg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>meclizine hcl TABS 12.5mg, 25mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metoclopramide hcl TABS 5mg, 10mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>ondansetron TBDP 4mg, 8mg</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml</td>
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<td>GC</td>
</tr>
<tr>
<td>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg</td>
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<td>GC, B/D</td>
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<tr>
<td>prochlorperazine SUPP 25mg</td>
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<td>GC</td>
</tr>
<tr>
<td>prochlorperazine edisylate SOLN 10mg/2ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>prochlorperazine maleate TABS 5mg, 10mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>promethazine hcl SOLN 25mg/ml, 50mg/ml</td>
<td>3</td>
<td>PA; PA if 70 years and older</td>
</tr>
<tr>
<td>promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg</td>
<td>2</td>
<td>GC, PA; PA if 70 years and older</td>
</tr>
<tr>
<td>scopolamine PT72 1mg/3days</td>
<td>4</td>
<td>QL (10 patches / 30 days), PA; PA if 70 years and older</td>
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</table>

**ANTISPASMODICS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>dicyclomine hcl CAPS 10mg; TABS 20mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl SOLN 10mg/5ml</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate TABS 1mg, 2mg</td>
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<td>GC</td>
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</table>

**H2-RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>famotidine SUSR 40mg/5ml</td>
<td>2</td>
<td>GC, QL (300 mL / 30 days)</td>
</tr>
<tr>
<td>famotidine TABS 20mg</td>
<td>1</td>
<td>GC, QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>famotidine TABS 40mg</td>
<td>1</td>
<td>GC, QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>famotidine in nacl 0.9% iv soln 20 mg/50ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>nizatidine CAPS 150mg, 300mg</td>
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<td>GC</td>
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**INFLAMMATORY BOWEL DISEASE**

<table>
<thead>
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<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
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<tbody>
<tr>
<td>balsalazide disodium CAPS 750mg</td>
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<td>GC</td>
</tr>
<tr>
<td>budesonide CPEP 3mg</td>
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<td>GC, PA</td>
</tr>
<tr>
<td>budesonide TB24 9mg</td>
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<td>NDS, PA</td>
</tr>
<tr>
<td>hydrocortisone (intrarectal) ENEM 100mg/60ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>mesalamine CP24 .375gm</td>
<td>2</td>
<td>GC, QL (120 caps / 30 days)</td>
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<tr>
<td>mesalamine CPDR 400mg</td>
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<td>GC, QL (180 caps / 30 days)</td>
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<tr>
<td>mesalamine ENEM 4gm; SUPP 1000mg</td>
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<td>GC</td>
</tr>
<tr>
<td>mesalamine TBEC 1.2gm</td>
<td>2</td>
<td>GC, QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>mesalamine w/ cleanser KIT 4gm</td>
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<td>GC</td>
</tr>
<tr>
<td>sulfasalazine TABS 500mg; TBEC 500mg</td>
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<td>GC</td>
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</tbody>
</table>

Last Updated April 1, 2022


NDS–Días de Suministro no Extendido SI–Insulina Selecta
### List of Covered Drugs / Lista de Medicamentos

<table>
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</thead>
<tbody>
<tr>
<td><strong>LAXATIVES</strong></td>
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<td></td>
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<tr>
<td>constulose SOLN 10gm/15ml</td>
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<tr>
<td>enulose SOLN 10gm/15ml</td>
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<td>GC</td>
</tr>
<tr>
<td>gavilyte-c</td>
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<td>GC</td>
</tr>
<tr>
<td>gavilyte-g</td>
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<td>GC</td>
</tr>
<tr>
<td>gavilyte-n/flavor pack</td>
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<td>GC</td>
</tr>
<tr>
<td>generlac SOLN 10gm/15ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>GOLYTELY SOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lactulose SOLN 10gm/15ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>lactulose (encephalopathy) SOLN 10gm/15ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>NULYTELY SOL LMN/LIME</td>
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<td></td>
</tr>
<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>GC</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<td>GC</td>
</tr>
<tr>
<td>PLENVU SOL</td>
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</tr>
<tr>
<td>SUPREP BOWEL SOL PREP KIT</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alosetron hcl TABS 1mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>alosetron hcl TABS .5mg</td>
<td>2</td>
<td>GC, QL (60 tabs / 30 days), PA</td>
</tr>
<tr>
<td>cromolyn sodium (mastocytosis) CONC 100mg/5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</td>
<td>4</td>
<td>GC</td>
</tr>
<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GATTEX KIT 5mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>LINZESS CAPS 72mcg, 145mcg, 290mcg</td>
<td>4</td>
<td>QL (30 caps / 30 days)</td>
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<tr>
<td>loperamide hcl CAPS 2mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>misoprostol TABS 100mcg, 200mcg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>MOVANTIK TABS 12.5mg</td>
<td>3</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>MOVANTIK TABS 25mg</td>
<td>3</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>RELISTOR SOLN 8mg/o.4ml, 12mg/o.6ml</td>
<td>5</td>
<td>NDS, PA</td>
</tr>
<tr>
<td>sucralfate TABS 1gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ursodiol CAPS 300mg; TABS 250mg, 500mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>XERMELO TABS 250mg</td>
<td>5</td>
<td>NDS, QL (90 tabs / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>XIFAXAN TABS 550mg</td>
<td>5</td>
<td>NDS, PA</td>
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<td><strong>PANCREATIC ENZYMES</strong></td>
<td></td>
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<tr>
<td>CREON CAP 3000UNIT</td>
<td>3</td>
<td></td>
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<tr>
<td>CREON CAP 6000UNIT</td>
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<td>CREON CAP 12000UNT</td>
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<td>CREON CAP 24000UNT</td>
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<td>CREON CAP 36000UNT</td>
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<tr>
<td>ZENPEP CAP 3000UNIT</td>
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<td></td>
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<tr>
<td>ZENPEP CAP 5000UNIT</td>
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<tr>
<td>ZENPEP CAP 10000UNIT</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name / Nombre de Medicamento</th>
<th>Drug Tier / Nivel</th>
<th>Requirements / Limites / Requisitos / Limitaciones</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZENPEP CAP 15000UNT</td>
<td>4</td>
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<tr>
<td>ZENPEP CAP 20000UNT</td>
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<tr>
<td>ZENPEP CAP 25000</td>
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<td></td>
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<tr>
<td>ZENPEP CAP 40000</td>
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<tr>
<td><strong>Proton Pump Inhibitors</strong></td>
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<td></td>
</tr>
<tr>
<td>DEXILANT CPDR 30mg, 60mg</td>
<td>4</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>esomeprazole magnesium CPDR 20mg, 40mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), ST</td>
</tr>
<tr>
<td>lansoprazole CPDR 15mg, 30mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>omeprazole CPDR 10mg, 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>pantoprazole sodium SOLR 40mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>pantoprazole sodium TBEC 20mg, 40mg</td>
<td>1</td>
<td>GC</td>
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<tr>
<td><strong>Genitourinary</strong></td>
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<tr>
<td><strong>Benign Prostatic Hyperplasia</strong></td>
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</tr>
<tr>
<td>alfuzosin hcl TB24 10mg</td>
<td>1</td>
<td>GC, QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>dutasteride CAPS .5mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>finasteride TABS 5mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>tamsulosin hcl CAPS .4mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid SOLN .25%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>Urinary Antispasmodics</strong></td>
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<tr>
<td>MYRBETRIQ SRER 8mg/ml</td>
<td>4</td>
<td>QL (300 mL / 28 days)</td>
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<tr>
<td>MYRBETRIQ TB24 25mg, 50mg</td>
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<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>oxybutynin chloride SYRP 5mg/5ml; TABS 5mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>oxybutynin chloride TB24 5mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>oxybutynin chloride TB24 10mg, 15mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>solifenacin succinate TABS 5mg, 10mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>tolterodine tartrate CP24 2mg, 4mg</td>
<td>2</td>
<td>GC, QL (30 caps / 30 days), ST</td>
</tr>
<tr>
<td>tolterodine tartrate TABS 1mg, 2mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days), ST</td>
</tr>
<tr>
<td>TOVIAZ TB24 4mg, 8mg</td>
<td>3</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>trospium chloride TABS 20mg</td>
<td>2</td>
<td>GC, QL (60 caps / 30 days)</td>
</tr>
<tr>
<td><strong>Vaginal Anti-Infectives</strong></td>
<td></td>
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</tr>
<tr>
<td>clindamycin phosphate vaginal CREA 2%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metronidazole vaginal GEL .75%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>terconazole vaginal CREA .4%, .8%; SUPP 80mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td><strong>Hematologic</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Anticoagulants</strong></td>
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<td></td>
</tr>
<tr>
<td>ELIQUIS TABS 2.5mg</td>
<td>3</td>
<td>QL (60 caps / 30 days)</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

**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 **SI**—Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER / NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIQUIS TABS 5mg</td>
<td>3</td>
<td>QL (74 tabs / 30 days)</td>
</tr>
<tr>
<td>ELIQUIS STARTER PACK TBPK 5mg</td>
<td>3</td>
<td>QL (74 tabs / 30 days)</td>
</tr>
<tr>
<td>enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fondaparinux sodium SOLN 2.5mg/0.5ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</td>
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<td>NDS</td>
</tr>
<tr>
<td>HEP SOD/NACL INJ 25000UNT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) SOLN 100 unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>heparin sodium (porcine) 100 unit/ml in d5w</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</td>
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<td>GC</td>
</tr>
<tr>
<td>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</td>
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<td>GC</td>
</tr>
<tr>
<td>HEPARIN/NACL INJ 25000UNT</td>
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<tr>
<td>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</td>
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<td>GC</td>
</tr>
<tr>
<td>PRADAXA CAPS 75mg, 150mg</td>
<td>4</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>PRADAXA CAPS 110mg</td>
<td>4</td>
<td>QL (120 caps / 30 days)</td>
</tr>
<tr>
<td>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</td>
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<td>GC</td>
</tr>
<tr>
<td>XARELTO SUSR 1mg/ml</td>
<td>3</td>
<td>QL (620 mL / 30 days)</td>
</tr>
<tr>
<td>XARELTO TABS 2.5mg</td>
<td>3</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>XARELTO TABS 10mg, 15mg, 20mg</td>
<td>3</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>XARELTO STAR TAB 15/20MG</td>
<td>3</td>
<td>QL (51 tabs / 30 days)</td>
</tr>
<tr>
<td><strong>HEMATOPOIETIC GROWTH FACTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</td>
<td>3</td>
<td>NM, PA</td>
</tr>
<tr>
<td>PROCRIT SOLN 20000unit/ml, 40000unit/ml</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
<tr>
<td>ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml</td>
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<td>NDS, NM, PA</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
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<tr>
<td>anagrelide hcl CAPS .5mg, 1mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>BERINERT KIT 500unit</td>
<td>5</td>
<td>NDS, QL (24 boxes / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>cilostazol TABS 50mg, 100mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>DOPELET TABS 20mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>DROXIA CAPS 200mg, 300mg, 400mg</td>
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<tr>
<td>ENDARI PACK 5gm</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>HAEGARDA SOLR 2000unit</td>
<td>5</td>
<td>NDS, QL (30 vials / 30 days), NM, LA, PA</td>
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<tr>
<td>HAEGARDA SOLR 3000unit</td>
<td>5</td>
<td>NDS, QL (20 vials / 30 days), NM, LA, PA</td>
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<tr>
<td>icatibant acetate SOLN 30mg/3ml</td>
<td>5</td>
<td>NDS, QL (9 syringes / 30 days), NM, PA</td>
</tr>
<tr>
<td>pentoxifylline TBCR 400mg</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PROMACTA PACK 12.5mg</td>
<td>5</td>
<td>NDS, QL (360 packets / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>PROMACTA PACK 25mg</td>
<td>5</td>
<td>NDS, QL (180 packets / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>PROMACTA TABS 12.5mg, 25mg</td>
<td>5</td>
<td>NDS, QL (30 tabs / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>PROMACTA TABS 50mg, 75mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days), NM, LA, PA</td>
</tr>
<tr>
<td>sajazir SOLN 30mg/3ml</td>
<td>5</td>
<td>NDS, QL (9 syringes / 30 days), NM, PA</td>
</tr>
<tr>
<td>tranexamic acid SOLN 1000mg/10ml; TABS 650mg</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

#### PLATELET AGGREGATION INHIBITORS

- aspirin-dipyridamole cap er 12hr 25-200 mg
- BRILINTA TABS 60mg, 90mg
- clopidogrel bisulfate TABS 75mg
- dipyridamole TABS 25mg, 50mg, 75mg
- prasugrel hcl TABS 5mg, 10mg

#### IMMUNOLOGIC AGENTS

<table>
<thead>
<tr>
<th>AUTOIMMUNE AGENTS</th>
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<tbody>
<tr>
<td>ENBREL SOLN 25mg/0.5ml; SOLR 25mg</td>
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<tr>
<td>ENBREL SOSY 25mg/0.5ml</td>
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<tr>
<td>ENBREL SOSY 50mg/ml</td>
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<tr>
<td>ENBREL MINI SOCT 50mg/ml</td>
</tr>
<tr>
<td>ENBREL SURECLICK SOAJ 50mg/ml</td>
</tr>
<tr>
<td>HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml</td>
</tr>
<tr>
<td>HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEDIA INJ CROHNS</td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEN PNKT 80mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEN KIT PS/UV</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml</td>
</tr>
<tr>
<td>HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml</td>
</tr>
<tr>
<td>INFLIXIMAB SOLR 100mg</td>
</tr>
<tr>
<td>REMICADE SOLR 100mg</td>
</tr>
<tr>
<td>RENFLEXIS SOLR 100mg</td>
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</tbody>
</table>

Last Updated April 1, 2022

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</thead>
<tbody>
<tr>
<td>RINVOQ TB24 15mg, 30mg</td>
<td>5</td>
<td>NDS, QL (30 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>SKYRIZI PSKT 75mg/0.83ml</td>
<td>5</td>
<td>NDS, QL (7 kits / 365 days), NM, PA</td>
</tr>
<tr>
<td>SKYRIZI SOSY 150mg/ml</td>
<td>5</td>
<td>NDS, QL (7 syringes / year), NM, PA</td>
</tr>
<tr>
<td>SKYRIZI PEN SOAJ 150mg/ml</td>
<td>5</td>
<td>NDS, QL (7 pens / year), NM, PA</td>
</tr>
<tr>
<td>STELARA SOLN 45mg/0.5ml</td>
<td>5</td>
<td>NDS, QL (2 vials / 28 days), NM, PA</td>
</tr>
<tr>
<td>STELARA SOSY 45mg/0.5ml, 90mg/ml</td>
<td>5</td>
<td>NDS, QL (1 syringe / 28 days), NM, PA</td>
</tr>
<tr>
<td>TALTZ SOAJ 80mg/ml; SOSY 80mg/ml</td>
<td>5</td>
<td>NDS, QL (3 syringes / 28 days), NM, PA</td>
</tr>
<tr>
<td>XELJANZ SOLN 1mg/ml</td>
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<td>NDS, QL (240 mL / 24 days), NM, PA</td>
</tr>
<tr>
<td>XELJANZ TABS 5mg, 10mg</td>
<td>5</td>
<td>NDS, QL (60 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>XELJANZ XR TB24 11mg, 22mg</td>
<td>5</td>
<td>NDS, QL (30 tabs / 30 days), NM, PA</td>
</tr>
</tbody>
</table>

**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

hydroxychloroquine sulfate TABS 200mg | 2 | GC |
leflofenide TABS 10mg, 20mg | 2 | GC, QL (30 tabs / 30 days) |
methotrexate sodium TABS 2.5mg | 2 | GC |
XATMEP SOLN 2.5mg/ml | 4 | B/D |

**IMMUNOGLOBULINS**

BIVIGAM SOLN 5gm/50ml | 5 | NDS, NM, PA |
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NDS, NM, PA |
GAMASTAN INJ | 4 | B/D, NM |
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NDS, NM, PA |
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 5 | NDS, NM, PA |
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NDS, NM, PA |
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NDS, NM, PA |
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NDS, NM, PA |
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/300ml, 30gm/300ml | 5 | NDS, NM, PA |
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NDS, NM, PA |

**IMMUNOMODULATORS**

ACTIMMUNE SOLN 2000000unit/0.5ml | 5 | NDS, NM, LA, PA |
ARCALYST SOLR 220mg | 5 | NDS, NM, PA |
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit | 5 | NDS, B/D, NM |

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  SI–Select Insulin
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS</th>
<th>REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRON A SOLR 10000000unit</td>
<td>3</td>
<td>B/D, NM</td>
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</tr>
<tr>
<td>INTRON A SOLR 18000000unit</td>
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<tr>
<td><strong>IMMUNOSUPPRESSANTS</strong></td>
<td></td>
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<tr>
<td>azathioprine TABS 50mg</td>
<td>2</td>
<td>GC, B/D, NM</td>
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<tr>
<td>BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml</td>
<td>5</td>
<td>NDS, QL (8 syringes/28 days), NM, PA</td>
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<tr>
<td>BENLYSTA SOLR 120mg, 400mg</td>
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<td>NDS, NM, PA</td>
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<tr>
<td>cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml</td>
<td>2</td>
<td>GC, B/D, NM</td>
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<tr>
<td>cyclosporine modified (for microemulsion)</td>
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<td>GC, B/D, NM</td>
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<tr>
<td>caspofungin CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml</td>
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<td>GC, B/D, NM</td>
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<tr>
<td>everolimus (immunosuppressant) TABS 25mg, .5mg, .75mg, 1mg</td>
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<tr>
<td>gencofen TABS 25mg, 100mg; SOLN 100mg/ml</td>
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<tr>
<td>mycophenolate mofetil CAPS 250mg; TABS 500mg</td>
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<td>mycophenolate mofetil SUSR 200mg/ml</td>
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<td>mycophenolate sodium TBEC 180mg, 360mg</td>
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<tr>
<td>NULOJIX SOLR 250mg</td>
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<td>NDS, B/D, NM</td>
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<tr>
<td>PROGRAF PACK .2mg, 1mg</td>
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<td>B/D, NM</td>
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<tr>
<td>REZUROCK TABS 200mg</td>
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<tr>
<td>SANDIMMUNE SOLN 100mg/ml</td>
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<td>B/D, NM</td>
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<tr>
<td>sirolimus SOLN 1mg/ml</td>
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<td>NDS, B/D, NM</td>
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<tr>
<td>sirolimus TABS .5mg, 1mg, 2mg</td>
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<td>GC, B/D, NM</td>
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<tr>
<td>tacrolimus CAPS .5mg, 1mg, 5mg</td>
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<tr>
<td>ZORTRESS TABS 1mg</td>
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<td><strong>VACCINES</strong></td>
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<tr>
<td>ACTHIB INJ</td>
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<td>ADACEL INJ</td>
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<td>BCG VACCINE INJ</td>
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<td>BOOSTRIX INJ</td>
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<td>DAPTACEL INJ</td>
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<tr>
<td>DENGVAXIA SUS</td>
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<tr>
<td>DIP/TET PED INJ 25-5LFU</td>
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<td>B/D</td>
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<tr>
<td>ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml</td>
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<td>B/D</td>
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<tr>
<td>GARDASIL 9 INJ</td>
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</tr>
<tr>
<td>HAVRIX SUSP 720elu/0.5ml, 1440elu/ml</td>
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<tr>
<td>HIBERIX SOLR 10mcg</td>
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<tr>
<td>IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml</td>
<td>3</td>
<td>B/D</td>
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<tr>
<td>INFANRIX INJ</td>
<td>3</td>
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<tr>
<td>IPOL INJ INACTIVE</td>
<td>3</td>
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<tr>
<td>IXIARO INJ</td>
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<tr>
<td>KINRIX INJ</td>
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<tr>
<td>M-M-R II INJ</td>
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<tr>
<td>MENACTRA INJ</td>
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Last Updated April 1, 2022

**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  **SI**—Insulina Selecta
<table>
<thead>
<tr>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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<tbody>
<tr>
<td>MENQUADFI INJ</td>
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<tr>
<td>MENVEO INJ</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PEDIARIX INJ 0.5ML</td>
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<tr>
<td>PEDVAX HIB SUSP 7.5mcg/0.5ml</td>
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<td>PENTACEL INJ</td>
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<tr>
<td>PREHEVBRIO SUSP 10mcg/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>PROQUAD INJ</td>
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<tr>
<td>QUADRACEL INJ</td>
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<td></td>
</tr>
<tr>
<td>RABAERT INJ</td>
<td>3</td>
<td>B/D</td>
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<tr>
<td>RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml</td>
<td>3</td>
<td>B/D</td>
</tr>
<tr>
<td>ROTARIX SUS</td>
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<td></td>
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<tr>
<td>ROTATEQ SOL</td>
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<tr>
<td>SHINGRIX SUSR 50mcg/0.5ml</td>
<td>3</td>
<td>QL (2 vials per lifetime)</td>
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<tr>
<td>TDVAX INJ 2-2 LF</td>
<td>3</td>
<td>B/D</td>
</tr>
<tr>
<td>TENIVAC INJ 5-2LF</td>
<td>3</td>
<td>B/D</td>
</tr>
<tr>
<td>TICOVAC SUSY 2.4mcg/0.5ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRUMENBA INJ</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TWINRIX INJ</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TYPHIM VI SOLN 25mcg/0.5ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAQTA SUSP 25unit/0.5ml, 50unit/ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VARIVAX INJ 1350pfu/0.5ml</td>
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<tr>
<td>YF-VAX INJ</td>
<td>3</td>
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</tbody>
</table>

**NUTRITIONAL/SUPPLEMENTS**

**ELECTROLYTES/MINERALS, INJECTABLE**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2.5W/NAACL INJ 0.45%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>D5W/LYTES INJ #48</td>
<td>4</td>
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</tr>
<tr>
<td>D10W/NAACL INJ 0.2%</td>
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<td></td>
</tr>
<tr>
<td>dextrose 2.5% w/sodium chloride 0.45%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% in lactated ringers</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% w/sodium chloride 0.2%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% w/sodium chloride 0.3%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% w/sodium chloride 0.9%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% w/sodium chloride 0.45%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5% w/sodium chloride 0.225%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 10% w/sodium chloride 0.45%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ISOLYTE-P INJ /D5W</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S INJ</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S INJ PH 7.4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>KCL 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>KCL 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>KCL 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>KCL 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

**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  **SI**–Select Insulin
# List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.9% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.45% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>KCL/D5W/NAACL INJ 0.3/0.9%</td>
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<tr>
<td>lactated ringer’s solution</td>
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<td>GC</td>
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<tr>
<td>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</td>
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<td>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</td>
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<td>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</td>
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<tr>
<td>MG SO4/D5W INJ 10MG/ML</td>
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<tr>
<td>PLASMA-LYTE INJ -148</td>
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<tr>
<td>PLASMA-LYTE INJ -A</td>
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<tr>
<td>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</td>
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<td>GC</td>
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<tr>
<td>POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml</td>
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<tr>
<td>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</td>
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<td>GC</td>
</tr>
<tr>
<td>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</td>
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<td>GC</td>
</tr>
<tr>
<td>TPN ELECTROL INJ</td>
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<td>B/D</td>
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</table>

## ELECTROLYTES/MINERALS/VITAMINS, ORAL

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<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES</th>
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<tr>
<td>klor-con PACK 20meq</td>
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<td>GC</td>
</tr>
<tr>
<td>klor-con 8 TBCR 8meq</td>
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<td>GC</td>
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<tr>
<td>klor-con 10 TBCR 10meq</td>
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<tr>
<td>klor-con m10 TBCR 10meq</td>
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<td>GC</td>
</tr>
<tr>
<td>klor-con m15 TBCR 15meq</td>
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<td>GC</td>
</tr>
<tr>
<td>klor-con m20 TBCR 20meq</td>
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<tr>
<td>M-NATAL PLUS TAB</td>
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<tr>
<td>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</td>
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<td>GC</td>
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<tr>
<td>potassium chloride TBCR 8meq, 10meq, 20meq</td>
<td>1</td>
<td>GC</td>
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<tr>
<td>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</td>
<td>1</td>
<td>GC</td>
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<tr>
<td>potassium chloride microencapsulated crystals er TBCR 15meq</td>
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<td>PRENATAL TAB 27-1MG</td>
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<td>PRENATAL TAB PLUS</td>
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<tr>
<td>PRENATAL VIT TAB LOW IRON</td>
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<tr>
<td>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</td>
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<td>TRICARE TAB PRENATAL</td>
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## IV NUTRITION

<table>
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<tr>
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<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS / LIMITACIONES</th>
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<tbody>
<tr>
<td>AMINOSYN-PF INJ 7%</td>
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<td>B/D</td>
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<tr>
<td>CLINIMIX INJ 4.25/D5W</td>
<td>4</td>
<td>B/D</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

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<td>CLINIMIX INJ 4.25/D10</td>
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<td>B/D</td>
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<tr>
<td>CLINIMIX INJ 5%/D15W</td>
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</tr>
<tr>
<td>CLINIMIX INJ 5%/D20W</td>
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<td>B/D</td>
</tr>
<tr>
<td>CLINIMIX INJ 6/5</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>CLINIMIX INJ 8/10</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>CLINIMIX INJ 8/14</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>clinisol sf 15%</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>CLINOLIPID EMU 20%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>dextrose SOLN 5%, 10%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose SOLN 50%, 70%</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>FREAMINE III INJ 10%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>hepatamine</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>INTRALIPID EMUL 20gm/100ml, 30gm/100ml</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>NUTRILIPID EMUL 20gm/100ml</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>plenamine</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>PREMASOL SOL 10%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>PROCALAMINE INJ 3%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>PROSOL INJ 20%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>TRAVASOL INJ 10%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>TROPHAMINE INJ 10%</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td><strong>OPHTHALMIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVE/ANTI-INFLAMMATORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>BLEPHAMIDE OIN S.O.P.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophth susp</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>TOBRADEX OIN 0.3-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST SUS 0.3-0.05</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ZYLET SUS 0.5-0.3%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitracin (ophthalmic) OINT 500unit/gm</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>BESIVANCE SUSP .6%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN OINT .3%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl (ophth) SOLN .3%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>erythromycin (ophth) OINT 5mg/gm</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>gatifloxacin (ophth) SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>gentak OINT .3%</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

PA—Prior Authorization  QL—Quantity Limits  ST—Step Therapy  NM—not available at mail-order
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>gentamicin sulfate (ophth) SOLN .3%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>moxifloxacin hcl (ophth) SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>NATACYN SUSP 5%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ofloxacin (ophth) SOLN .3%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>polymyxin b-trimethoprim opth soln 10000 unit/ml-0.1%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>tobramycin (ophth) SOLN .3%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>trifluridine SOLN 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ZIRGAN GEL .15%</td>
<td>4</td>
<td></td>
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</tbody>
</table>

### ANTI-INFLAMMATORIES

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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</thead>
<tbody>
<tr>
<td>ALREX SUSP .2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium (ophth) SOLN .09%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>BROMSITE SOLN .075%</td>
<td>4</td>
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</tr>
<tr>
<td>dexamethasone sodium phosphate (ophth) SOLN .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>diclofenac sodium (ophth) SOLN .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>difluprednate EMUL .05%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>DUREZOL EMUL .05%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLAREX SUSP .1%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>fluorometholone (ophth) SUSP .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>flurbiprofen sodium SOLN .03%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ILEVRO SUSP .3%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine (ophth) SOLN .4%, .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>LOTEMAX OINT .5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate (ophth) SUSP 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSP SOLN 1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROLENSA SOLN .07%</td>
<td>3</td>
<td></td>
</tr>
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</table>

### ANTIALLERGICS

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine hcl (ophth) SOLN .05%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>bepotastine besilate SOLN 1.5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>BEPREVE SOLN 1.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium (ophth) SOLN 4%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>LASTACAFT SOLN .25%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl SOLN .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ZERVIATE SOLN .24%</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIGLAUCOMA

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAGAN P SOLN .1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl (ophth) SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>BETOPTIC-S SUSP .25%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate SOLN .2%</td>
<td>1</td>
<td>GC</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022


NDS–Días de Suministro no Extendido  SI–Insulina Selecta
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>brimonidine tartrate SOLN .15%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>brinzolamide SUSP 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>carteolol hcl (ophth) SOLN 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>COMBIGAN SOL 0.2/0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl SOLN 2%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>latanoprost SOLN .005%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>levobunolol hcl SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>LUMIGAN SOLN .01%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl SOLN 1%, 2%, 4%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>RHOPRESSA SOLN .02%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SIMBRINZA SUS 1-0.2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth) SOLG .25%, .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>timolol maleate (ophth) SOLN .25%, .5%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>timolol maleate (ophth) once-daily SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>VYZULTA SOLN .024%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE SOLN 1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>atropine sulfate (ophthalmic) SOLN 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>CYSTADROPS SOLN .37%</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>CYSTARAN SOLN .44%</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>ISOPTO ATROPINE SOLN 1%</td>
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<td></td>
</tr>
<tr>
<td>proparacaine hcl SOLN .5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>RESTASIS EMUL .05%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RESTASIS MULTIDOSE EMUL .05%</td>
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<td></td>
</tr>
<tr>
<td><strong>OTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid (otic) SOLN 2%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>flac OIL .01%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>fluocinolone acetonide (otic) OIL .01%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic soln 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ofloxacin (otic) SOLN .3%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td><strong>RESPIRATORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANORO ELLIPT AER 62.5-25</td>
<td>3</td>
<td>QL (60 blisters / 30 days)</td>
</tr>
<tr>
<td>BEVESPI AER 9-4.8MCG</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>BREZTRI AERO AER SPHERE</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</td>
<td>3</td>
<td>QL (4 inhalers / 28 days)</td>
</tr>
<tr>
<td>COMBIVENT AER 20-100</td>
<td>4</td>
<td>QL (2 inhalers / 30 days)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</td>
<td>2</td>
<td>GC, B/D</td>
</tr>
<tr>
<td>TRELEG Y AER ELLIPTA 100-62.5-25 MCG</td>
<td>3</td>
<td>QL (60 blisters / 30 days)</td>
</tr>
<tr>
<td>TRELEG Y AER ELLIPTA 200-62.5-25 MCG</td>
<td>3</td>
<td>QL (60 blisters / 30 days)</td>
</tr>
</tbody>
</table>

**ANTICHOLINERGICS**

ATROVENT HFA AERS 17mcg/act | 4 | QL (2 inhalers / 30 days) |
INCURSE ELLIPTA AEPB 62.5mcg/inh | 3 | QL (30 blisters / 30 days) |
ipratropium bromide SOLN .02% | 2 | GC, B/D |
ipratropium bromide (nasal) SOLN .03%, .06% | 2 | GC |

**ANTIHISTAMINES**

azelastine hcl SOLN .1%, .15% | 2 | GC |
cetirizine hcl SOLN 1mg/ml | 1 | GC |
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg | 3 | PA; PA if 70 years and older |
diphenhydramine hcl SOLN 50mg/ml | 2 | GC |
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml | 4 | PA; PA if 70 years and older |
hydroxyzine hcl SYRP 10mg/5ml | 3 | PA; PA if 70 years and older |
hydroxyzine hcl TABS 10mg, 25mg, 50mg | 2 | GC, PA; PA if 70 years and older |
hydroxyzine pamoate CAPS 25mg, 50mg | 2 | GC, PA; PA if 70 years and older |
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg | 2 | GC |

**BETA AGONISTS**

albuterol sulfate AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days); (generic of Proair HFA) |
albuterol sulfate AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days); (generic of Proventil HFA) |
albuterol sulfate AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 2 | GC, B/D |
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg | 2 | GC |
levalbuterol hcl NEBU 1.25mg/0.5ml, 1.25mg/3ml | 2 | GC, B/D |
levalbuterol tartrate AERO 45mcg/act | 2 | GC, QL (2 inhalers / 30 days) |
SEREVENT DISKUS AEPB 50mcg/dose | 3 | QL (60 inhalations / 30 days) |
terbutaline sulfate TABS 2.5mg, 5mg | 2 | GC |
VENTOLIN HFA AERS 108mcg/act | 2 | GC, QL (2 inhalers / 30 days) |
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 3 | QL (6 inhalers / 30 days) |

**LEUKOTRIENE MODULATORS**

montelukast sodium CHEW 4mg, 5mg; PACK 4mg | 2 | GC |
montelukast sodium TABS 10mg | 1 | GC |
zafirlukast TABS 10mg, 20mg | 2 | GC |

**MISCELLANEOUS**

acetylcysteine SOLN 10%, 20% | 2 | GC, B/D |
ARALAST NP SOLR 500mg, 1000mg | 5 | NDS, NM, LA, PA |
cromolyn sodium NEBU 20mg/2ml | 2 | GC, B/D |

Last Updated April 1, 2022


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</tr>
</thead>
<tbody>
<tr>
<td>DALIRESP TABS 250mcg, 500mcg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>epinephrine (anaphylaxis) SOAJ .15mg/o.3ml, .3mg/o.3ml</td>
<td>2</td>
<td>GC; (generic of EpiPen)</td>
</tr>
<tr>
<td>epinephrine (anaphylaxis) SOAJ .15mg/o.15ml, .3mg/o.3ml</td>
<td>2</td>
<td>GC; (generic of Adrenaclick)</td>
</tr>
<tr>
<td>ESBRIET CAPS 267mg</td>
<td>5</td>
<td>NDS, QL (270 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>ESBRIET TABS 267mg</td>
<td>5</td>
<td>NDS, QL (270 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>ESBRIET TABS 801mg</td>
<td>5</td>
<td>NDS, QL (90 tabs / 30 days), NM, PA</td>
</tr>
<tr>
<td>FASENRA SOSY 30mg/ml</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>FASENRA PEN SOAJ 30mg/ml</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
<tr>
<td>KALYDECO PACK 25mg, 50mg, 75mg</td>
<td>5</td>
<td>NDS, QL (60 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>KALYDECO TABS 150mg</td>
<td>5</td>
<td>NDS, QL (60 caps / 30 days), NM, PA</td>
</tr>
<tr>
<td>OFEV CAPS 100mg, 150mg</td>
<td>5</td>
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<tr>
<td>ORKAMBI GRA 100-125</td>
<td>5</td>
<td>NDS, QL (56 packs / 28 days), NM, PA</td>
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<tr>
<td>ORKAMBI GRA 150-188</td>
<td>5</td>
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</tr>
<tr>
<td>ORKAMBI TAB 100-125</td>
<td>5</td>
<td>NDS, QL (112 tabs / 28 days), NM, PA</td>
</tr>
<tr>
<td>ORKAMBI TAB 200-125</td>
<td>5</td>
<td>NDS, QL (112 tabs / 28 days), NM, PA</td>
</tr>
<tr>
<td>PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
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<tr>
<td>PULMOZYME SOLN 2.5mg/2.5ml</td>
<td>5</td>
<td>NDS, NM, PA</td>
</tr>
<tr>
<td>SYMDEKO TAB 50-75MG</td>
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<td>NDS, QL (56 tabs / 28 days), NM, LA, PA</td>
</tr>
<tr>
<td>SYMDEKO TAB 100-150</td>
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<td>NDS, QL (56 tabs / 28 days), NM, LA, PA</td>
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<tr>
<td>SYMJEPI SOSY .15mg/o.3ml, .3mg/o.3ml</td>
<td>4</td>
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<tr>
<td>THEO-24 CP24 100mg, 200mg, 300mg, 400mg</td>
<td>4</td>
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<tr>
<td>theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>TRIKAFTA TAB 50-25-37.5MG &amp; 75MG</td>
<td>5</td>
<td>NDS, QL (84 tabs / 28 days), NM, LA, PA</td>
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<tr>
<td>TRIKAFTA TAB 100-50-75MG &amp; 150MG</td>
<td>5</td>
<td>NDS, QL (84 tabs / 28 days), NM, LA, PA</td>
</tr>
<tr>
<td>XOLAIR SOLR 150mg; SOSY 75mg/o.5ml, 150mg/ml</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
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<tr>
<td>ZEMAIRA SOLR 1000mg</td>
<td>5</td>
<td>NDS, NM, LA, PA</td>
</tr>
</tbody>
</table>

### NASAL STEROIDS

- **flunisolide (nasal)** SOLN .025%  
  - 2 GC, QL (3 bottles / 30 days)
- **fluticasone propionate (nasal)** SUSP 50mcg/act  
  - 2 GC, QL (1 bottle / 30 days)

### STEROID INHALANTS

- **ARNUNITY ELLIPTA** AEPB 50mcg/act, 100mcg/act, 200mcg/act  
  - 3 QL (30 inhalations / 30 days)
- **budesonide (inhalation)** SUSP .25mg/2ml, .5mg/2ml  
  - 2 GC, B/D
- **FLOVENT DISKUS** AEPB 50mcg/blist  
  - 3 QL (180 inhalations / 30 days)
- **FLOVENT DISKUS** AEPB 100mcg/blist, 250mcg/blist  
  - 3 QL (240 inhalations / 30 days)
- **FLOVENT HFA** AERO 44mcg/act, 110mcg/act, 220mcg/act  
  - 3 QL (2 inhalers / 30 days)
- **PULMICORT FLEXHALER** AEPB 90mcg/act  
  - 4 QL (3 inhalers / 30 days)
- **PULMICORT FLEXHALER** AEPB 180mcg/act  
  - 4 QL (2 inhalers / 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  
SI—Select Insulin
<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
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<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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</thead>
<tbody>
<tr>
<td><strong>STEROID/BETA-AGONIST COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVAIR DISKU AER 100/50</td>
<td>3</td>
<td>QL (60 inhalations / 30 days)</td>
</tr>
<tr>
<td>ADVAIR DISKU AER 250/50</td>
<td>3</td>
<td>QL (60 inhalations / 30 days)</td>
</tr>
<tr>
<td>ADVAIR DISKU AER 500/50</td>
<td>3</td>
<td>QL (60 inhalations / 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 45/21</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 115/21</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 230/21</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INH 100-25</td>
<td>3</td>
<td>QL (60 blisters / 30 days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INH 200-25</td>
<td>3</td>
<td>QL (60 blisters / 30 days)</td>
</tr>
<tr>
<td>SYMBICORT AER 80-4.5</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td>SYMBICORT AER 160-4.5</td>
<td>3</td>
<td>QL (1 inhaler / 30 days)</td>
</tr>
<tr>
<td><strong>Sexual Dysfunction Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sildenafil citrate TABS 25mg, 50mg, 100mg</td>
<td>2</td>
<td>ED, GC, QL (6 tabs / 30 days); CAP=72 TABS EVERY YEAR</td>
</tr>
<tr>
<td>tadalafil TABS 10mg, 20mg</td>
<td>2</td>
<td>ED, GC, QL (6 tabs / 30 days); CAP=72 TABS EVERY YEAR</td>
</tr>
<tr>
<td><strong>TOPICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acutane CAPS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>amnesteem CAPS 10mg, 20mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>avita CREA .025%; GEL .025%</td>
<td>2</td>
<td>GC, QL (45 gm / 30 days), PA</td>
</tr>
<tr>
<td>benzoyl peroxide-erythromycin gel 5-3%</td>
<td>2</td>
<td>GC, QL (46.6 gm / 30 days)</td>
</tr>
<tr>
<td>claravis CAPS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>clindamycin phosphate (topical) GEL 1%</td>
<td>2</td>
<td>GC, QL (75 gm / 30 days)</td>
</tr>
<tr>
<td>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
<tr>
<td>ery PADS 2%</td>
<td>2</td>
<td>GC, QL (60 pledgets / 30 days)</td>
</tr>
<tr>
<td>erythromycin (acne aid) SOLN 2%</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
<tr>
<td>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>myorisan CAPS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td>sulfacetamide sodium (acne) LOTN 10%</td>
<td>2</td>
<td>GC, QL (118 mL / 30 days)</td>
</tr>
<tr>
<td>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</td>
<td>2</td>
<td>GC, QL (45 gm / 30 days), PA</td>
</tr>
<tr>
<td>zentane CAPS 10mg, 20mg, 30mg, 40mg</td>
<td>2</td>
<td>GC, PA</td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate (topical) CREA .1%; OINT .1%</td>
<td>2</td>
<td>GC, QL (30 gm / 30 days)</td>
</tr>
<tr>
<td>mupirocin OINT 2%</td>
<td>1</td>
<td>GC, QL (220 gm / 30 days)</td>
</tr>
<tr>
<td>silver sulfadiazine CREA 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>ssd CREA 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>SULFAMYLON CREA 85mg/gm</td>
<td>4</td>
<td>QL (453.6 gm / 30 days)</td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTIFUNGALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine CREA .77%</td>
<td>2</td>
<td>GC, QL (90 gm / 30 days)</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

NDS–Días de Suministro no Extendido SI–Insulina Selecta
### List of Covered Drugs / Lista de Medicamentos

<table>
<thead>
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<th>DRUG TIER / NIVEL</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ciclopirox olamine SUSP .77%</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
<tr>
<td>clotrimazole (topical) CREA 1%</td>
<td>2</td>
<td>GC, QL (45 mL / 30 days)</td>
</tr>
<tr>
<td>clotrimazole (topical) SOLN 1%</td>
<td>2</td>
<td>GC, QL (30 mL / 30 days)</td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
<td>2</td>
<td>GC, QL (45 mL / 30 days)</td>
</tr>
<tr>
<td>ketoconazole (topical) CREA 2%</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
<tr>
<td>nyamyc POWD 100000unit/gm</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
<tr>
<td>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</td>
<td>2</td>
<td>GC, QL (30 mL / 30 days)</td>
</tr>
<tr>
<td>nystatin (topical) POWD 100000unit/gm</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days)</td>
</tr>
</tbody>
</table>

#### DERMATOLOGY, ANTIPSIORIATICS

| acitretin CAPS 10mg, 17.5mg, 25mg | 2 | GC, PA |
| calcipotriene OINT .005%          | 2 | GC, QL (120 mL / 30 days), PA |
| calcipotriene SOLN .005%          | 2 | GC, QL (120 mL / 30 days), PA |
| calcitrene OINT .005%             | 2 | GC, QL (120 mL / 30 days), PA |
| tazarotene CREA .1%               | 2 | GC, QL (60 mL / 30 days), PA |
| TAZORAC CREA .05%                 | 4 | QL (60 mL / 30 days), PA |

#### DERMATOLOGY, ANTISEBORRHEICS

| ketoconazole (topical) SHAM 2%     | 1 | GC, QL (120 mL / 30 days) |
| selenium sulfide LOTN 2.5%        | 2 | GC |

#### DERMATOLOGY, CORTICOSTEROIDS

| ala-cort CREA 1%, 2.5%            | 1 | GC |
| alclometasone dipropionate CREA .05%; OINT .05% | 2 | GC, QL (60 mL / 30 days) |
| betamethasone dipropionate (topical) CREA .05%; OINT .05% | 2 | GC, QL (120 mL / 30 days) |
| betamethasone dipropionate (topical) LOTN .05% | 2 | GC, QL (120 mL / 30 days) |
| betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% | 2 | GC, QL (120 mL / 30 days) |
| betamethasone dipropionate augmented LOTN .05% | 2 | GC, QL (120 mL / 30 days) |
| betamethasone valerate CREA .1%; OINT .1% | 2 | GC, QL (120 mL / 30 days) |
| betamethasone valerate LOTN .1% | 2 | GC, QL (120 mL / 30 days) |
| clobetasol propionate CREA .05%; GEL .05%; OINT .05% | 2 | GC, QL (60 mL / 30 days) |
| clobetasol propionate SOLN .05%   | 2 | GC, QL (50 mL / 30 days) |
| clobetasol propionate e CREA .05% | 2 | GC, QL (60 mL / 30 days) |
| ENSTILAR AER                      | 4 | QL (120 mL / 30 days), PA |
| fluocinolone acetonide CREA .01%  | 2 | GC, QL (60 mL / 30 days) |
| fluocinolone acetonide CREA .025%; OINT .025% | 2 | GC, QL (120 mL / 30 days) |
| fluocinolone acetonide OIL .01%   | 2 | GC, QL (118.28 mL / 30 days) |
| fluocinolone acetonide SOLN .01%  | 2 | GC, QL (90 mL / 30 days) |
| fluocinolone acetonide SOLN .05%  | 2 | GC, QL (120 mL / 30 days) |
| fluocinolone acetonide SOLN .05%  | 2 | GC, QL (60 mL / 30 days) |
| fluocinolone acetonide SOLN .05%  | 2 | GC, QL (60 mL / 30 days) |
| fluocinolone emulsified base CREA .05% | 2 | GC, QL (120 mL / 30 days) |
| fluticasone propionate CREA .05%; OINT .005% | 2 | GC |

**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 **SI**—Select Insulin
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</tr>
</thead>
<tbody>
<tr>
<td>halobetasol propionate CREA .05%; OINT .05%</td>
<td>2</td>
<td>GC, QL (50 gm / 30 days)</td>
</tr>
<tr>
<td>hydrocortisone (topical) CREA 1%, 2.5%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>hydrocortisone (topical) LOTN 2.5%; OINT 2.5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) CREA .1%</td>
<td>1</td>
<td>GC, QL (454 gm / 30 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) LOTN .025%, .1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>triderm CREA .5%</td>
<td>1</td>
<td>GC</td>
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**DERMATOLOGY, LOCAL ANESTHETICS**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>glydo PRSY 2%</td>
<td>2</td>
<td>GC, QL (60 mL / 30 days), PA</td>
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<tr>
<td>lidocaine OINT 5%</td>
<td>2</td>
<td>GC, QL (50 gm / 30 days), PA</td>
</tr>
<tr>
<td>lidocaine PTCH 5%</td>
<td>2</td>
<td>GC, QL (3 patches / 1 day), PA</td>
</tr>
<tr>
<td>lidocaine hcl GEL 2%</td>
<td>2</td>
<td>GC, QL (30 mL / 30 days), PA</td>
</tr>
<tr>
<td>lidocaine hcl SOLN 4%</td>
<td>2</td>
<td>GC, QL (50 mL / 30 days), PA</td>
</tr>
<tr>
<td>lidocaine-prilocaine cream 2.5-2.5%</td>
<td>2</td>
<td>GC, QL (50 mL / 30 days), PA</td>
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</tbody>
</table>

**DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

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<thead>
<tr>
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<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac sodium (topical) GEL 1%</td>
<td>2</td>
<td>GC, QL (1000 gm / 30 days), PA</td>
</tr>
<tr>
<td>fluorouracil (topical) CREA 5%</td>
<td>2</td>
<td>GC, QL (40 gm / 30 days)</td>
</tr>
<tr>
<td>fluorouracil (topical) SOLN 2%, 5%</td>
<td>2</td>
<td>GC, QL (10 mL / 30 days)</td>
</tr>
<tr>
<td>hydrocortisone (rectal) GEL 2.5%</td>
<td>2</td>
<td>GC, QL (10 mL / 30 days)</td>
</tr>
<tr>
<td>imiquimod GEL 5%</td>
<td>2</td>
<td>GC, QL (24 packets / 30 days)</td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>metronidazole (topical) CREA .75%; GEL .75%</td>
<td>2</td>
<td>GC, QL (45 gm / 30 days)</td>
</tr>
<tr>
<td>metronidazole (topical) LOTN .75%</td>
<td>2</td>
<td>GC, QL (59 mL / 30 days)</td>
</tr>
<tr>
<td>PANRETIN GEL .1%</td>
<td>5</td>
<td>NDS, QL (60 gm / 30 days), PA</td>
</tr>
<tr>
<td>podofilox SOLN .5%</td>
<td>2</td>
<td>GC, QL (7 mL / 28 days)</td>
</tr>
<tr>
<td>procto-med hc CREA 2.5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>procto-pak CREA 1%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>proctosol hc CREA 2.5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>proctozone-hc CREA 2.5%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>RECTIV OINT .4%</td>
<td>4</td>
<td>QL (30 gm / 30 days)</td>
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<tr>
<td>rosadan CREA .75%</td>
<td>2</td>
<td>GC, QL (45 gm / 30 days)</td>
</tr>
<tr>
<td>tacrolimus (topical) OINT .03%, .1%</td>
<td>2</td>
<td>GC, QL (100 gm / 30 days)</td>
</tr>
<tr>
<td>TARGRETIN GEL 1%</td>
<td>5</td>
<td>NDS, QL (60 gm / 30 days), NM, PA</td>
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<tr>
<td>VALCHLOR GEL .016%</td>
<td>5</td>
<td>NDS, QL (60 gm / 30 days), NM, LA, PA</td>
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**DERMATOLOGY, SCABICIDES AND PEDICULIDES**

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</tr>
</thead>
<tbody>
<tr>
<td>malathion LOTN .5%</td>
<td>2</td>
<td>GC, QL (59 mL / 30 days)</td>
</tr>
<tr>
<td>permethrin CREA 5%</td>
<td>2</td>
<td>GC, QL (60 gm / 30 days)</td>
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</tbody>
</table>

**DERMATOLOGY, WOUND CARE AGENTS**

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<th>REQUIREMENTS / LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGRANEX GEL .01%</td>
<td>5</td>
<td>NDS, QL (30 gm / 30 days), PA</td>
</tr>
</tbody>
</table>

Last Updated April 1, 2022

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  SI—Insulina Selecta
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<tbody>
<tr>
<td>SANTYL OINT 250unit/gm</td>
<td>4</td>
<td>QL (180 gm / 30 days)</td>
</tr>
<tr>
<td>sodium chloride (gu irrigant) SOLN .9%</td>
<td>2</td>
<td>GC</td>
</tr>
<tr>
<td>water for irrigation, sterile irrigation soln</td>
<td>2</td>
<td>GC</td>
</tr>
</tbody>
</table>

**MOUTH/THROAT/DENTAL AGENTS**

<table>
<thead>
<tr>
<th>DRUG NAME / NOMBRE DE MEDICAMENTO</th>
<th>DRUG TIER/ NIVEL</th>
<th>REQUIREMENTS / LIMITS REQUISITOS/LIMITACIONES</th>
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</thead>
<tbody>
<tr>
<td>cevimeline hcl CAPS 30mg</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>chlorhexidine gluconate (mouth-throat) SOLN .12%</td>
<td>1</td>
<td>GC</td>
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<tr>
<td>clotrimazole TROC 10mg</td>
<td>2</td>
<td>GC, QL (150 lozenges / 30 days)</td>
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<tr>
<td>lidocaine hcl (mouth-throat) SOLN 2%</td>
<td>2</td>
<td>GC</td>
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<tr>
<td>nystatin (mouth-throat) SUSP 100000unit/ml</td>
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<td>GC</td>
</tr>
<tr>
<td>periogard SOLN .12%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>pilocarpine hcl (oral) TABS 5mg, 7.5mg</td>
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<td>GC</td>
</tr>
<tr>
<td>triamcinolone acetonide (mouth) PSTE .1%</td>
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<td>GC</td>
</tr>
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**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 **SI**–Select Insulin
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<td>amoxicillin</td>
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<td>atomoxetine hcl</td>
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<tr>
<td>ZIRGAN</td>
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<tr>
<td>Zoledronic acid</td>
<td>52</td>
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<tr>
<td>ZOLINZA</td>
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<tr>
<td>Zolmitriptan</td>
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<tr>
<td>Zolpidem tartrate</td>
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<tr>
<td>Zonisamide</td>
<td>42</td>
</tr>
<tr>
<td>ZORTRESS</td>
<td>65</td>
</tr>
<tr>
<td>Zovia 1/35</td>
<td>56</td>
</tr>
</tbody>
</table>
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:

**Dual HMO plans only:**
Devoted Health – Appeals & Grievances  
PO Box 21917  
Eagan, MN 55121  
1-800-338-6833 (TTY 711)

**All other HMO plans:**
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)

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:

Solamente planes HMO Dual:
Devoted Health – Appeals & Grievances
PO Box 21917
Eagan, MN 55121
1-800-338-6833 (TTY 711)

Todos los demás planes HMO:
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)

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

Arabic: المساعدة خدمات اليد متوفرت الإنجليزية اللغة تحدثت كنت إذا اللغة ملاحظة 711: الأتراك و للصم (338-338-6833-800-1) بالرقم اتصل مجاناً اللغة العربية.

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)。

Farsi: توجه: اگر به زبان فارسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌شود. 1-800-338-6833 (TTY 711).

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


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

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).

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。

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

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

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

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

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

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

Thai: โปรดทราบ: หากคุณสอนภาษาไทย บริการช่วยเหลือด้านภาษา ไม่มีค่าใช้จ่าย บริการฟรีที่ 1-800-338-6833 (TTY 711).

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 April 1, 2022. 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.

Este formulario fue actualizado el 1 de abril de 2022. Para la información más reciente o si tiene preguntas, comuníquese con Servicios para Miembros de Devoted Health llamando al 1-800-338-6833 o los usuarios de TTY, marcar 711, de lunes a viernes de 8 am a 8 pm (del 1 de octubre al 31 de marzo, los representantes están disponibles los 7 días de la semana, de 8 am a 8 pm), o visítenos en www.devoted.com/es.

Last Updated April 1, 2022

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