



Presbyterian Health Plan, Inc.  
Presbyterian Insurance Company, Inc.

**Presbyterian Senior Care (HMO)/(HMO-POS)  
Presbyterian UltraFlex (HMO-POS)  
Presbyterian MediCare PPO  
Presbyterian Dual Plus (HMO D-SNP)**  
**Límites que rigen las cantidades de la lista de medicamentos cubiertos  
Entra en vigor el 1° de julio del 2024**

Puede cambiar en cualquier momento la lista de medicamentos cubiertos [formulary]. Recibirá un aviso cuando sea necesario.

Para conseguir la lista de medicamentos más reciente, la información sobre cómo obtener una excepción o determinación de la cobertura u otras preguntas, favor de ponerse en contacto con el Centro de Servicio al Cliente de Presbyterian.

**Presbyterian Senior Care,  
Presbyterian UltraFlex y  
Presbyterian MediCare PPO:**



(505) 923-6060  
1-800-797-5343  
(TTY 711)



**Del 1° de octubre al 31° de marzo:**  
De las 8 a.m. a las 8 p.m., los siete días de la semana (salvo los días feriados)

**Del 1° de abril al 30 de septiembre:**  
De las 8 a.m. a las 8 p.m., de lunes a viernes (salvo los días feriados)

**Presbyterian Dual Plus:**



(505) 923-6060  
1-800-797-5343  
(TTY 711)



[www.phs.org/Medicare](http://www.phs.org/Medicare)

**Infórmese más a fondo acerca del aviso de no discriminación de Presbyterian y los servicios de intérpretes.**

Basado en la revisión del modelo de atención médica, el Comité Nacional de Control de Calidad [National Committee for Quality Assurance, NCQA] ha aprobado a Presbyterian Dual Plus (HMO D-SNP) para operar un plan de necesidades especiales [Special Needs Plan, SNP] hasta el 2025.

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541 Versión 021

Fecha la última actualización: 06/20/2024 Página | 1

**Abacavir Sulfate**

Abacavir Sulfate Oral Solution	Quantity Limit: 30 ML Per 1 Day
Abacavir Sulfate Oral Tablet	Quantity Limit: 2 EA Per 1 Day

**Abacavir Sulfate-lamiVUDine**

Abacavir Sulfate-lamiVUDine	Quantity Limit: 2 EA Per 1 Day
-----------------------------	--------------------------------

**Abilify MyCite**

Abilify MyCite	Quantity Limit: 1 EA Per 1 Day
----------------	--------------------------------

**Abilify MyCite Maintenance Kit**

Abilify MyCite Maintenance Kit Oral Tablet Therapy Pack 15 MG, 2 MG, 20 MG, 5 MG	Quantity Limit: 1 EA Per 1 Day
----------------------------------------------------------------------------------	--------------------------------

**Abilify MyCite Starter Kit**

Abilify MyCite Starter Kit Oral Tablet Therapy Pack 10 MG	Quantity Limit: 1 EA Per 1 Day
-----------------------------------------------------------	--------------------------------

**Abiraterone Acetate**

Abiraterone Acetate Oral Tablet 250 MG	Quantity Limit: 4 EA Per 1 Day
Abiraterone Acetate Oral Tablet 500 MG	Quantity Limit: 2 EA Per 1 Day

**Acetaminophen-Codeine #2**

Acetaminophen-Codeine #2	Quantity Limit: 6 EA Per 1 Day
--------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 2

**Acetaminophen-Codeine #3**

Acetaminophen-Codeine #3	Quantity Limit: 6 EA Per 1 Day
--------------------------	--------------------------------

**Acetaminophen-Codeine #4**

Acetaminophen-Codeine #4	Quantity Limit: 6 EA Per 1 Day
--------------------------	--------------------------------

**Acetaminophen-Codeine**

Acetaminophen-Codeine Oral Tablet	Quantity Limit: 6 EA Per 1 Day
-----------------------------------	--------------------------------

**Actemra ACTPen**

Actemra ACTPen	Quantity Limit: 3.6 ML Per 28 Days
----------------	------------------------------------

**Actemra**

Actemra Subcutaneous	Quantity Limit: 3.6 ML Per 28 Days
----------------------	------------------------------------

**Acyclovir**

Acyclovir External Ointment	Quantity Limit: 30 GM Per 30 Days
-----------------------------	-----------------------------------

**Adempas**

Adempas	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**Advair HFA**

Advair HFA	Quantity Limit: 12 GM Per 30 Days
------------	-----------------------------------

**Aimovig**

Aimovig	Quantity Limit: 1 ML Per 30 Days
---------	----------------------------------

**Akeega**

Akeega	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

**Alecensa**

Alecensa	Quantity Limit: 8 EA Per 1 Day
----------	--------------------------------

**Aliskiren Fumarate**

Aliskiren Fumarate	Quantity Limit: 1 EA Per 1 Day
--------------------	--------------------------------

**Almotriptan Malate**

Almotriptan Malate	Quantity Limit: 18 EA Per 30 Days
--------------------	-----------------------------------

**Alogliptin Benzoate**

Alogliptin Benzoate	Quantity Limit: 1 EA Per 1 Day
---------------------	--------------------------------

**Alogliptin-metFORMIN HCl**

Alogliptin-metFORMIN HCl	Quantity Limit: 2 EA Per 1 Day
--------------------------	--------------------------------

**Alogliptin-Pioglitazone**

Alogliptin-Pioglitazone	Quantity Limit: 1 EA Per 1 Day
-------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 4

**Alosetron HCl**

Alosetron HCl	Quantity Limit: 2 EA Per 1 Day
---------------	--------------------------------

**ALPRAZolam**

ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG	Quantity Limit: 3 EA Per 1 Day
ALPRAZolam Oral Tablet 2 MG	Quantity Limit: 5 EA Per 1 Day

**Alunbrig**

Alunbrig Oral Tablet 180 MG, 90 MG	Quantity Limit: 1 EA Per 1 Day
Alunbrig Oral Tablet 30 MG	Quantity Limit: 2 EA Per 1 Day
Alunbrig Oral Tablet Therapy Pack	Quantity Limit: 1 EA Per 1 Day

**Alyq**

Alyq	Quantity Limit: 2 EA Per 1 Day
------	--------------------------------

**Ambrisentan**

Ambrisentan	Quantity Limit: 1 EA Per 1 Day
-------------	--------------------------------

**Amphetamine-Dextroamphet ER**

Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG	Quantity Limit: 1 EA Per 1 Day
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG	Quantity Limit: 2 EA Per 1 Day

**Amphetamine-Dextroamphetamine**

Amphetamine-Dextroamphetamine	Quantity Limit: 3 EA Per 1 Day
-------------------------------	--------------------------------

**Androderm**

Androderm Transdermal Patch 24 Hour	Quantity Limit: 1 EA Per 1 Day
-------------------------------------	--------------------------------

**Anoro Ellipta**

Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT	Quantity Limit: 60 EA Per 30 Days
--------------------------------------------------------------------------	-----------------------------------

**Apokyn**

Apokyn Subcutaneous Solution Cartridge	Quantity Limit: 2 ML Per 1 Day
----------------------------------------	--------------------------------

**Apomorphine HCl**

Apomorphine HCl Subcutaneous	Quantity Limit: 2 ML Per 1 Day
------------------------------	--------------------------------

**Aprepitant**

Aprepitant Oral Capsule 80 & 125 MG	Quantity Limit: 12 EA Per 30 Days
-------------------------------------	-----------------------------------

**Aptiom**

Aptiom Oral Tablet 800 MG	Quantity Limit: 2 EA Per 1 Day
---------------------------	--------------------------------

**ARIPiprazole**

ARIPiprazole Oral Tablet	Quantity Limit: 1 EA Per 1 Day
--------------------------	--------------------------------

ARIPiprazole Oral Tablet Dispersible	Quantity Limit: 2 EA Per 1 Day
--------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 6

**Armodafinil**

Armodafinil	Quantity Limit: 1 EA Per 1 Day
-------------	--------------------------------

**Arnuity Ellipta**

Arnuity Ellipta	Quantity Limit: 30 EA Per 30 Days
-----------------	-----------------------------------

**Asenapine Maleate**

Asenapine Maleate	Quantity Limit: 2 EA Per 1 Day
-------------------	--------------------------------

**Aspirin-Dipyridamole ER**

Aspirin-Dipyridamole ER	Quantity Limit: 2 EA Per 1 Day
-------------------------	--------------------------------

**Atazanavir Sulfate**

Atazanavir Sulfate Oral Capsule 150 MG, 300 MG	Quantity Limit: 1 EA Per 1 Day
Atazanavir Sulfate Oral Capsule 200 MG	Quantity Limit: 2 EA Per 1 Day

**Atomoxetine HCl**

Atomoxetine HCl	Quantity Limit: 1 EA Per 1 Day
-----------------	--------------------------------

**Augtyro**

Augtyro	Quantity Limit: 8 EA Per 1 Day
---------	--------------------------------

**Austedo**

Austedo Oral Tablet 12 MG, 9 MG	Quantity Limit: 4 EA Per 1 Day
Austedo Oral Tablet 6 MG	Quantity Limit: 2 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 7

**Austedo XR**

Austedo XR Oral Tablet Extended Release 24 Hour 12 MG	Quantity Limit: 3 EA Per 1 Day
Austedo XR Oral Tablet Extended Release 24 Hour 24 MG, 6 MG	Quantity Limit: 2 EA Per 1 Day

**Auvelity**

Auvelity	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Avonex Pen**

Avonex Pen Intramuscular Auto-Injector Kit	Quantity Limit: 4 EA Per 28 Days
--------------------------------------------	----------------------------------

**Avonex Prefilled**

Avonex Prefilled Intramuscular Prefilled Syringe Kit	Quantity Limit: 4 EA Per 28 Days
---------------------------------------------------------	----------------------------------

**Ayvakit**

Ayvakit	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Balversa**

Balversa Oral Tablet 3 MG	Quantity Limit: 3 EA Per 1 Day
Balversa Oral Tablet 4 MG	Quantity Limit: 2 EA Per 1 Day
Balversa Oral Tablet 5 MG	Quantity Limit: 1 EA Per 1 Day

**Belsomra**

Belsomra	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 8



**Benlysta**

Benlysta Subcutaneous	Quantity Limit: 4 ML Per 28 Days
-----------------------	----------------------------------

**Besremi**

Besremi	Quantity Limit: 2 ML Per 28 Days
---------	----------------------------------

**Bosentan**

Bosentan	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Bosulif**

Bosulif Oral Capsule 100 MG	Quantity Limit: 3 EA Per 1 Day
Bosulif Oral Capsule 50 MG	Quantity Limit: 1 EA Per 1 Day
Bosulif Oral Tablet 100 MG	Quantity Limit: 3 EA Per 1 Day
Bosulif Oral Tablet 400 MG, 500 MG	Quantity Limit: 1 EA Per 1 Day

**Braftovi**

Braftovi Oral Capsule 50 MG	Quantity Limit: 4 EA Per 1 Day
Braftovi Oral Capsule 75 MG	Quantity Limit: 6 EA Per 1 Day

**Brilinta**

Brilinta	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Briviact**

Briviact Oral Solution	Quantity Limit: 20 ML Per 1 Day
Briviact Oral Tablet	Quantity Limit: 2 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 9

**Brukinsa**

Brukinsa	Quantity Limit: 4 EA Per 1 Day
----------	--------------------------------

**Buprenorphine HCl**

Buprenorphine HCl Sublingual	Quantity Limit: 3 EA Per 1 Day
------------------------------	--------------------------------

**Buprenorphine HCl-Naloxone HCl**

Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG	Quantity Limit: 2 EA Per 1 Day
Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 4-1 MG, 8-2 MG	Quantity Limit: 3 EA Per 1 Day
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual	Quantity Limit: 3 EA Per 1 Day

**buPROPion HCl ER (XL)**

buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 450 MG	Quantity Limit: 1 EA Per 1 Day
----------------------------------------------------------------------	--------------------------------

**Butalbital-APAP-Caffeine**

Butalbital-APAP-Caffeine Oral Capsule 50-325-40 MG	Quantity Limit: 6 EA Per 1 Day
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	Quantity Limit: 6 EA Per 1 Day

**Butalbital-Aspirin-Caffeine**

Butalbital-Aspirin-Caffeine Oral Capsule	Quantity Limit: 6 EA Per 1 Day
------------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 10

**Cabometyx**

Cabometyx	Quantity Limit: 1 EA Per 1 Day
-----------	--------------------------------

**Calquence**

Calquence	Quantity Limit: 2 EA Per 1 Day
-----------	--------------------------------

**Caplyta**

Caplyta	Quantity Limit: 30 EA Per 30 Days
---------	-----------------------------------

**Celecoxib**

Celecoxib Oral	Quantity Limit: 2 EA Per 1 Day
----------------	--------------------------------

**Chantix**

Chantix	Quantity Limit: 360 EA Per 365 Days
---------	-------------------------------------

**Chantix Continuing Month Pak**

Chantix Continuing Month Pak	Quantity Limit: 360 EA Per 365 Days
------------------------------	-------------------------------------

**chlordiazePOXIDE HCl**

chlordiazePOXIDE HCl	Quantity Limit: 4 EA Per 1 Day
----------------------	--------------------------------

**Cinacalcet HCl**

Cinacalcet HCl Oral Tablet 30 MG, 60 MG	Quantity Limit: 2 EA Per 1 Day
Cinacalcet HCl Oral Tablet 90 MG	Quantity Limit: 3 EA Per 1 Day

**CloBAZam**

CloBAZam Oral Tablet	Quantity Limit: 2 EA Per 1 Day
----------------------	--------------------------------

**clonazePAM**

clonazePAM Oral Tablet 0.5 MG, 1 MG	Quantity Limit: 3 EA Per 1 Day
clonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	Quantity Limit: 3 EA Per 1 Day

**cloNIDine**

cloNIDine	Quantity Limit: 4 EA Per 28 Days
-----------	----------------------------------

**CloNIDine HCl**

CloNIDine HCl Transdermal	Quantity Limit: 4 EA Per 28 Days
---------------------------	----------------------------------

**Clorazepate Dipotassium**

Clorazepate Dipotassium	Quantity Limit: 6 EA Per 1 Day
-------------------------	--------------------------------

**Coartem**

Coartem	Quantity Limit: 24 EA Per 30 Days
---------	-----------------------------------

**Combivent Respimat**

Combivent Respimat	Quantity Limit: 8 GM Per 30 Days
--------------------	----------------------------------

**Complera**

Complera	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 12

**Copiktra**

Copiktra	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Corlanor**

Corlanor Oral Tablet	Quantity Limit: 2 EA Per 1 Day
----------------------	--------------------------------

**Cotellic**

Cotellic	Quantity Limit: 63 EA Per 28 Days
----------	-----------------------------------

**Cyclobenzaprine HCl**

Cyclobenzaprine HCl Oral	Quantity Limit: 3 EA Per 1 Day
--------------------------	--------------------------------

**cycloSPORINE**

cycloSPORINE Ophthalmic	Quantity Limit: 2 EA Per 1 Day
-------------------------	--------------------------------

**Dabigatran Etexilate Mesylate**

Dabigatran Etexilate Mesylate	Quantity Limit: 2 EA Per 1 Day
-------------------------------	--------------------------------

**Dalfampridine ER**

Dalfampridine ER	Quantity Limit: 2 EA Per 1 Day
------------------	--------------------------------

**Darunavir**

Darunavir Oral Tablet 600 MG	Quantity Limit: 2 EA Per 1 Day
Darunavir Oral Tablet 800 MG	Quantity Limit: 1 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 13

**Daurismo**

Daurismo Oral Tablet 100 MG	Quantity Limit: 1 EA Per 1 Day
Daurismo Oral Tablet 25 MG	Quantity Limit: 3 EA Per 1 Day

**DayVigo**

DayVigo	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Denavir**

Denavir	Quantity Limit: 5 GM Per 30 Days
---------	----------------------------------

**Descovy**

Descovy	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Desvenlafaxine ER**

Desvenlafaxine ER	Quantity Limit: 1 EA Per 1 Day
-------------------	--------------------------------

**Desvenlafaxine Succinate ER**

Desvenlafaxine Succinate ER	Quantity Limit: 1 EA Per 1 Day
-----------------------------	--------------------------------

**Dexedrine**

Dexedrine Oral Tablet	Quantity Limit: 6 EA Per 1 Day
-----------------------	--------------------------------

**Dexmethylphenidate HCl**

Dexmethylphenidate HCl	Quantity Limit: 2 EA Per 1 Day
------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 14

**Dexmethylphenidate HCl ER**

Dexmethylphenidate HCl ER	Quantity Limit: 1 EA Per 1 Day
---------------------------	--------------------------------

**Dextroamphetamine Sulfate ER**

Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG	Quantity Limit: 2 EA Per 1 Day
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG	Quantity Limit: 4 EA Per 1 Day
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG	Quantity Limit: 1 EA Per 1 Day

**Dextroamphetamine Sulfate**

Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG	Quantity Limit: 6 EA Per 1 Day
------------------------------------------------------	--------------------------------

**diazePAM**

diazePAM Oral Solution	Quantity Limit: 40 EA Per 1 Day
diazePAM Oral Tablet	Quantity Limit: 4 EA Per 1 Day

**Dificid**

Dificid Oral Suspension Reconstituted	Quantity Limit: 136 ML Per 30 Days
Dificid Oral Tablet	Quantity Limit: 20 EA Per 30 Days

**Dihydroergotamine Mesylate**

Dihydroergotamine Mesylate Nasal	Quantity Limit: 8 ML Per 28 Days
----------------------------------	----------------------------------

**Donepezil HCl**

Donepezil HCl Oral Tablet 10 MG	Quantity Limit: 2 EA Per 1 Day
Donepezil HCl Oral Tablet 5 MG	Quantity Limit: 1 EA Per 1 Day
Donepezil HCl Oral Tablet Dispersible 10 MG	Quantity Limit: 2 EA Per 1 Day
Donepezil HCl Oral Tablet Dispersible 5 MG	Quantity Limit: 1 EA Per 1 Day

**Dovato**

Dovato	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Drizalma Sprinkle**

Drizalma Sprinkle	Quantity Limit: 2 EA Per 1 Day
-------------------	--------------------------------

**Dronabinol**

Dronabinol	Quantity Limit: 2 EA Per 1 Day
------------	--------------------------------

**Droxidopa**

Droxidopa Oral Capsule 100 MG	Quantity Limit: 3 EA Per 1 Day
Droxidopa Oral Capsule 200 MG, 300 MG	Quantity Limit: 6 EA Per 1 Day

**DULoxetine HCl**

DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	Quantity Limit: 2 EA Per 1 Day
DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG	Quantity Limit: 3 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 16



**Dupixent**

Dupixent Subcutaneous Solution Pen-Injector	Quantity Limit: 8 ML Per 28 Days
Dupixent Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	Quantity Limit: 1.34 ML Per 28 Days
Dupixent Subcutaneous Solution Prefilled Syringe 200 MG/1.14ML, 300 MG/2ML	Quantity Limit: 8 ML Per 28 Days

**Duramorph**

Duramorph Injection Solution 1 MG/ML	Quantity Limit: 120 ML Per 1 Day
--------------------------------------	----------------------------------

**Edurant**

Edurant	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Efavirenz**

Efavirenz Oral Tablet	Quantity Limit: 1 EA Per 1 Day
-----------------------	--------------------------------

**Efavirenz-Emtricitab-Tenofo DF**

Efavirenz-Emtricitab-Tenofo DF	Quantity Limit: 1 EA Per 1 Day
--------------------------------	--------------------------------

**Efavirenz-Emtricitab-Tenofovir**

Efavirenz-Emtricitab-Tenofovir	Quantity Limit: 1 EA Per 1 Day
--------------------------------	--------------------------------

**Eliquis**

Eliquis	Quantity Limit: 2 EA Per 1 Day
---------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 17

**Emtricitabine-Tenofovir DF**

Emtricitabine-Tenofovir DF	Quantity Limit: 1 EA Per 1 Day
----------------------------	--------------------------------

**Enbrel**

Enbrel Subcutaneous Solution 25 MG/0.5ML	Quantity Limit: 8 ML Per 28 Days
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML	Quantity Limit: 4.08 ML Per 28 Days
Enbrel Subcutaneous Solution Reconstituted	Quantity Limit: 8 EA Per 28 Days

**Endari**

Endari	Quantity Limit: 6 EA Per 1 Day
--------	--------------------------------

**Endocet**

Endocet Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	Quantity Limit: 6 EA Per 1 Day
Endocet Oral Tablet 2.5-325 MG	Quantity Limit: 6 EA Per 1 Day

**Enoxaparin Sodium**

Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 150 MG/ML	Quantity Limit: 30 ML Per 90 Days
Enoxaparin Sodium Subcutaneous Solution 120 MG/0.8ML, 80 MG/0.8ML	Quantity Limit: 24 ML Per 90 Days
Enoxaparin Sodium Subcutaneous Solution 30 MG/0.3ML	Quantity Limit: 9 ML Per 90 Days
Enoxaparin Sodium Subcutaneous Solution 40 MG/0.4ML	Quantity Limit: 12 ML Per 90 Days
Enoxaparin Sodium Subcutaneous Solution 60 MG/0.6ML	Quantity Limit: 18 ML Per 90 Days

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 18

**Entecavir**

Entecavir	Quantity Limit: 1 EA Per 1 Day
-----------	--------------------------------

**Entresto**

Entresto	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**EPINEPHrine**

EPINEPHrine Injection Solution 0.3 MG/0.3ML	Quantity Limit: 4 EA Per 30 Days
EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.3ML, 0.3 MG/0.3ML	Quantity Limit: 4 EA Per 30 Days

**Eprontia**

Eprontia	Quantity Limit: 16 ML Per 1 Day
----------	---------------------------------

**Ergotamine-Caffeine**

Ergotamine-Caffeine	Quantity Limit: 40 EA Per 30 Days
---------------------	-----------------------------------

**Erivedge**

Erivedge	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Erleada**

Erleada Oral Tablet 240 MG	Quantity Limit: 1 EA Per 1 Day
Erleada Oral Tablet 60 MG	Quantity Limit: 4 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 19

**Erlotinib HCl**

Erlotinib HCl Oral Tablet 100 MG, 25 MG	Quantity Limit: 2 EA Per 1 Day
Erlotinib HCl Oral Tablet 150 MG	Quantity Limit: 3 EA Per 1 Day

**Escitalopram Oxalate**

Escitalopram Oxalate Oral Tablet 10 MG	Quantity Limit: 1.5 EA Per 1 Day
Escitalopram Oxalate Oral Tablet 20 MG, 5 MG	Quantity Limit: 1 EA Per 1 Day

**Esgic**

Esgic Oral Capsule	Quantity Limit: 6 EA Per 1 Day
--------------------	--------------------------------

**Esomeprazole Magnesium**

Esomeprazole Magnesium Oral Capsule Delayed Release	Quantity Limit: 30 EA Per 30 Days
-----------------------------------------------------	-----------------------------------

**Eszopiclone**

Eszopiclone	Quantity Limit: 90 EA Per 365 Days
-------------	------------------------------------

**Etravirine**

Etravirine Oral Tablet 100 MG	Quantity Limit: 4 EA Per 1 Day
Etravirine Oral Tablet 200 MG	Quantity Limit: 2 EA Per 1 Day

**Everolimus**

Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Quantity Limit: 2 EA Per 1 Day
-------------------------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 20

**Evotaz**

Evotaz	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Exel Comfort Point Pen Needle**

Exel Comfort Point Pen Needle 29G X 12MM	Quantity Limit: 200 EA Per 30 Days
------------------------------------------	------------------------------------

**Exkivity**

Exkivity	Quantity Limit: 4 EA Per 1 Day
----------	--------------------------------

**Fanapt**

Fanapt	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

**Farxiga**

Farxiga	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Farydak**

Farydak	Quantity Limit: 12 EA Per 42 Days
---------	-----------------------------------

**Febuxostat**

Febuxostat	Quantity Limit: 1 EA Per 1 Day
------------	--------------------------------

**FentaNYL Citrate**

FentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	Quantity Limit: 4 EA Per 1 Day
-------------------------------------------------------------------------------------------------	--------------------------------

**FentaNYL**

FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	Quantity Limit: 10 EA Per 30 Days
-------------------------------------------------------------------------------------------	-----------------------------------

**Fetzima**

Fetzima	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Fiasp**

Fiasp	Quantity Limit: 50 ML Per 30 Days
-------	-----------------------------------

**Fiasp FlexTouch**

Fiasp FlexTouch	Quantity Limit: 45 ML Per 30 Days
-----------------	-----------------------------------

**Fiasp PenFill**

Fiasp PenFill	Quantity Limit: 45 ML Per 30 Days
---------------	-----------------------------------

**Fiasp PumpCart**

Fiasp PumpCart	Quantity Limit: 45 ML Per 30 Days
----------------	-----------------------------------

**Fintepla**

Fintepla	Quantity Limit: 12 ML Per 1 Day
----------	---------------------------------

**Firdapse**

Firdapse	Quantity Limit: 8 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 22

**Firmagon (240 MG Dose)**

Firmagon (240 MG Dose)	Quantity Limit: 2 EA Per 28 Days
------------------------	----------------------------------

**Firmagon**

Firmagon Subcutaneous Solution Reconstituted 80 MG	Quantity Limit: 1 EA Per 28 Days
----------------------------------------------------	----------------------------------

**Flurazepam HCl**

Flurazepam HCl	Quantity Limit: 1 EA Per 1 Day
----------------	--------------------------------

**Forteo**

Forteo Subcutaneous Solution 600 MCG/2.4ML	Quantity Limit: 2.4 ML Per 28 Days
Forteo Subcutaneous Solution Pen-Injector	Quantity Limit: 2.4 ML Per 28 Days

**Fotivda**

Fotivda	Quantity Limit: 21 EA Per 28 Days
---------	-----------------------------------

**Frovatriptan Succinate**

Frovatriptan Succinate	Quantity Limit: 18 EA Per 30 Days
------------------------	-----------------------------------

**Fruzaqla**

Fruzaqla Oral Capsule 1 MG	Quantity Limit: 84 EA Per 28 Days
Fruzaqla Oral Capsule 5 MG	Quantity Limit: 21 EA Per 28 Days

**Fycompa**

Fycompa Oral Tablet	Quantity Limit: 1 EA Per 1 Day
---------------------	--------------------------------

**Galantamine Hydrobromide ER**

Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG	Quantity Limit: 1 EA Per 1 Day
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 8 MG	Quantity Limit: 2 EA Per 1 Day

**Gavreto**

Gavreto	Quantity Limit: 4 EA Per 1 Day
---------	--------------------------------

**Gefitinib**

Gefitinib	Quantity Limit: 1 EA Per 1 Day
-----------	--------------------------------

**Genvoya**

Genvoya	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Gilotrif**

Gilotrif	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Glatopa**

Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML	Quantity Limit: 1 ML Per 1 Day
Glatopa Subcutaneous Solution Prefilled Syringe 40 MG/ML	Quantity Limit: 12 ML Per 28 Days

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 24



**Glimepiride**

Glimepiride Oral Tablet 1 MG, 2 MG	Quantity Limit: 3 EA Per 1 Day
Glimepiride Oral Tablet 4 MG	Quantity Limit: 2 EA Per 1 Day

**glipiZIDE ER**

glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG	Quantity Limit: 2 EA Per 1 Day
glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG	Quantity Limit: 3 EA Per 1 Day

**glipiZIDE**

glipiZIDE Oral Tablet 10 MG	Quantity Limit: 4 EA Per 1 Day
glipiZIDE Oral Tablet 5 MG	Quantity Limit: 3 EA Per 1 Day

**glipiZIDE-metFORMIN HCl**

glipiZIDE-metFORMIN HCl	Quantity Limit: 4 EA Per 1 Day
-------------------------	--------------------------------

**Granisetron HCl**

Granisetron HCl Oral	Quantity Limit: 2 EA Per 1 Day
----------------------	--------------------------------

**guanFACINE HCl ER**

guanFACINE HCl ER	Quantity Limit: 1 EA Per 1 Day
-------------------	--------------------------------

**HumuLIN R U-500 (CONCENTRATED)**

HumuLIN R U-500 (CONCENTRATED)	Quantity Limit: 1 ML Per 1 Day
--------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 25

**HumuLIN R U-500 KwikPen**

HumuLIN R U-500 KwikPen Subcutaneous Solution Pen-Injector	Quantity Limit: 18 ML Per 30 Days
------------------------------------------------------------	-----------------------------------

**HYDROcodone-Acetaminophen**

HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	Quantity Limit: 6 EA Per 1 Day
-----------------------------------------------------------------------	--------------------------------

**Hydrocodone-Ibuprofen**

Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	Quantity Limit: 6 EA Per 1 Day
----------------------------------------------	--------------------------------

**HYDROmorphine HCl**

HYDROmorphine HCl Oral Tablet 2 MG, 4 MG	Quantity Limit: 6 EA Per 1 Day
HYDROmorphine HCl Oral Tablet 8 MG	Quantity Limit: 3 EA Per 1 Day

**Ibandronate Sodium**

Ibandronate Sodium Oral	Quantity Limit: 1 EA Per 28 Days
-------------------------	----------------------------------

**Ibrance**

Ibrance	Quantity Limit: 21 EA Per 28 Days
---------	-----------------------------------

**Iclusig**

Iclusig Oral Tablet 10 MG, 30 MG, 45 MG	Quantity Limit: 1 EA Per 1 Day
Iclusig Oral Tablet 15 MG	Quantity Limit: 2 EA Per 1 Day

**Icosapent Ethyl**

Icosapent Ethyl Oral Capsule 1 GM	Quantity Limit: 4 EA Per 1 Day
-----------------------------------	--------------------------------

**IDHIFA**

IDHIFA	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Imatinib Mesylate**

Imatinib Mesylate	Quantity Limit: 2 EA Per 1 Day
-------------------	--------------------------------

**Imbruvica**

Imbruvica Oral Capsule 140 MG	Quantity Limit: 4 EA Per 1 Day
Imbruvica Oral Capsule 70 MG	Quantity Limit: 1 EA Per 1 Day
Imbruvica Oral Suspension	Quantity Limit: 7.2 ML Per 1 Day
Imbruvica Oral Tablet 140 MG, 280 MG, 420 MG	Quantity Limit: 1 EA Per 1 Day

**Inlyta**

Inlyta Oral Tablet 1 MG	Quantity Limit: 6 EA Per 1 Day
Inlyta Oral Tablet 5 MG	Quantity Limit: 4 EA Per 1 Day

**Inqovi**

Inqovi	Quantity Limit: 5 EA Per 28 Days
--------	----------------------------------

**Inrebic**

Inrebic	Quantity Limit: 4 EA Per 1 Day
---------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 27

**Insulin Asp Prot & Asp FlexPen**

Insulin Asp Prot & Asp FlexPen	Quantity Limit: 45 ML Per 30 Days
--------------------------------	-----------------------------------

**Insulin Aspart FlexPen**

Insulin Aspart FlexPen	Quantity Limit: 45 ML Per 30 Days
------------------------	-----------------------------------

**Insulin Aspart**

Insulin Aspart Injection	Quantity Limit: 50 ML Per 30 Days
--------------------------	-----------------------------------

**Insulin Aspart PenFill**

Insulin Aspart PenFill	Quantity Limit: 45 ML Per 30 Days
------------------------	-----------------------------------

**Insulin Aspart Prot & Aspart**

Insulin Aspart Prot & Aspart	Quantity Limit: 50 ML Per 30 Days
------------------------------	-----------------------------------

**Insulin Glargine-yfgn**

Insulin Glargine-yfgn Subcutaneous Solution	Quantity Limit: 50 ML Per 30 Days
---------------------------------------------	-----------------------------------

Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector	Quantity Limit: 45 ML Per 30 Days
----------------------------------------------------------	-----------------------------------

**Invega Hafyera**

Invega Hafyera Intramuscular Suspension Prefilled Syringe 1092 MG/3.5ML	Quantity Limit: 3.5 ML Per 180 Days
-------------------------------------------------------------------------	-------------------------------------

Invega Hafyera Intramuscular Suspension Prefilled Syringe 1560 MG/5ML	Quantity Limit: 5 ML Per 180 Days
-----------------------------------------------------------------------	-----------------------------------

**Invokamet**

Invokamet	Quantity Limit: 2 EA Per 1 Day
-----------	--------------------------------

**Invokamet XR**

Invokamet XR	Quantity Limit: 2 EA Per 1 Day
--------------	--------------------------------

**Invokana**

Invokana	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Isentress HD**

Isentress HD	Quantity Limit: 2 EA Per 1 Day
--------------	--------------------------------

**Isentress**

Isentress Oral Tablet	Quantity Limit: 2 EA Per 1 Day
Isentress Oral Tablet Chewable	Quantity Limit: 6 EA Per 1 Day

**Itraconazole**

Itraconazole Oral Capsule	Quantity Limit: 4 EA Per 1 Day
---------------------------	--------------------------------

**Iwilfin**

Iwilfin	Quantity Limit: 8 EA Per 1 Day
---------	--------------------------------

**Jakafi**

Jakafi	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 29

**Janumet**

Janumet	Quantity Limit: 2 EA Per 1 Day
---------	--------------------------------

**Janumet XR**

Janumet XR Oral Tablet Extended Release 24 Hour 100-1000 MG	Quantity Limit: 1 EA Per 1 Day
Janumet XR Oral Tablet Extended Release 24 Hour 50-1000 MG, 50-500 MG	Quantity Limit: 2 EA Per 1 Day

**Januvia**

Januvia	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Jaypirca**

Jaypirca Oral Tablet 100 MG	Quantity Limit: 2 EA Per 1 Day
Jaypirca Oral Tablet 50 MG	Quantity Limit: 1 EA Per 1 Day

**Juluca**

Juluca	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Jylamvo**

Jylamvo	Quantity Limit: 180 ML Per 28 Days
---------	------------------------------------

**Kalydeco**

Kalydeco Oral Packet 25 MG, 50 MG, 75 MG	Quantity Limit: 2 EA Per 1 Day
Kalydeco Oral Tablet	Quantity Limit: 2 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 30

**Kerendia**

Kerendia	Quantity Limit: 30 EA Per 30 Days
----------	-----------------------------------

**Kisqali (200 MG Dose)**

Kisqali (200 MG Dose)	Quantity Limit: 21 EA Per 28 Days
-----------------------	-----------------------------------

**Kisqali (400 MG Dose)**

Kisqali (400 MG Dose)	Quantity Limit: 42 EA Per 28 Days
-----------------------	-----------------------------------

**Kisqali (600 MG Dose)**

Kisqali (600 MG Dose)	Quantity Limit: 63 EA Per 28 Days
-----------------------	-----------------------------------

**Kisqali 200 Dose**

Kisqali 200 Dose	Quantity Limit: 21 EA Per 28 Days
------------------	-----------------------------------

**Kisqali 400 Dose**

Kisqali 400 Dose	Quantity Limit: 42 EA Per 28 Days
------------------	-----------------------------------

**Kisqali 600 Dose**

Kisqali 600 Dose	Quantity Limit: 63 EA Per 28 Days
------------------	-----------------------------------

**Kisqali Femara (200 MG Dose)**

Kisqali Femara (200 MG Dose)	Quantity Limit: 49 EA Per 28 Days
------------------------------	-----------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 31

**Kisqali Femara (400 MG Dose)**

Kisqali Femara (400 MG Dose)	Quantity Limit: 70 EA Per 28 Days
------------------------------	-----------------------------------

**Kisqali Femara (600 MG Dose)**

Kisqali Femara (600 MG Dose)	Quantity Limit: 91 EA Per 28 Days
------------------------------	-----------------------------------

**Krazati**

Krazati	Quantity Limit: 6 EA Per 1 Day
---------	--------------------------------

**Lacosamide**

Lacosamide Oral Tablet	Quantity Limit: 2 EA Per 1 Day
------------------------	--------------------------------

**Lagevrio**

Lagevrio	Quantity Limit: 80 EA Per 365 Days
----------	------------------------------------

**Lansoprazole**

Lansoprazole Oral Capsule Delayed Release	Quantity Limit: 2 EA Per 1 Day
-------------------------------------------	--------------------------------

**Lapatinib Ditosylate**

Lapatinib Ditosylate	Quantity Limit: 6 EA Per 1 Day
----------------------	--------------------------------

**Lenalidomide**

Lenalidomide	Quantity Limit: 1 EA Per 1 Day
--------------	--------------------------------



**Lenvima (10 MG Daily Dose)**

Lenvima (10 MG Daily Dose)	Quantity Limit: 1 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (12 MG Daily Dose)**

Lenvima (12 MG Daily Dose)	Quantity Limit: 3 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (14 MG Daily Dose)**

Lenvima (14 MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (18 MG Daily Dose)**

Lenvima (18 MG Daily Dose)	Quantity Limit: 3 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (20 MG Daily Dose)**

Lenvima (20 MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (24 MG Daily Dose)**

Lenvima (24 MG Daily Dose)	Quantity Limit: 3 EA Per 1 Day
----------------------------	--------------------------------

**Lenvima (4 MG Daily Dose)**

Lenvima (4 MG Daily Dose)	Quantity Limit: 1 EA Per 1 Day
---------------------------	--------------------------------

**Lenvima (8 MG Daily Dose)**

Lenvima (8 MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
---------------------------	--------------------------------

**Levemir**

Levemir	Quantity Limit: 50 ML Per 30 Days
---------	-----------------------------------

**Levemir FlexPen**

Levemir FlexPen Subcutaneous Solution Pen-Injector	Quantity Limit: 45 ML Per 30 Days
----------------------------------------------------	-----------------------------------

**Levemir FlexTouch**

Levemir FlexTouch	Quantity Limit: 45 ML Per 30 Days
-------------------	-----------------------------------

**Lidocaine**

Lidocaine External Patch 5 %	Quantity Limit: 3 EA Per 1 Day
------------------------------	--------------------------------

**Lidocaine HCl**

Lidocaine HCl External Solution	Quantity Limit: 50 ML Per 30 Days
---------------------------------	-----------------------------------

**Lidocaine-Prilocaine**

Lidocaine-Prilocaine External Cream	Quantity Limit: 30 GM Per 30 Days
-------------------------------------	-----------------------------------

**Linezolid**

Linezolid Oral Tablet	Quantity Limit: 2 EA Per 1 Day
-----------------------	--------------------------------

**Linzess**

Linzess	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 34

**Lisdexamfetamine Dimesylate**

Lisdexamfetamine Dimesylate Oral Capsule	Quantity Limit: 1 EA Per 1 Day
------------------------------------------	--------------------------------

**Lonsurf**

Lonsurf Oral Tablet 15-6.14 MG	Quantity Limit: 100 EA Per 28 Days
Lonsurf Oral Tablet 20-8.19 MG	Quantity Limit: 80 EA Per 28 Days

**Lopinavir-Ritonavir**

Lopinavir-Ritonavir Oral Tablet 200-50 MG	Quantity Limit: 4 EA Per 1 Day
-------------------------------------------	--------------------------------

**LORazepam**

LORazepam Oral Tablet 0.5 MG, 1 MG	Quantity Limit: 3 EA Per 1 Day
LORazepam Oral Tablet 2 MG	Quantity Limit: 5 EA Per 1 Day

**Lorbrena**

Lorbrena Oral Tablet 100 MG	Quantity Limit: 1 EA Per 1 Day
Lorbrena Oral Tablet 25 MG	Quantity Limit: 3 EA Per 1 Day

**Lorcet**

Lorcet	Quantity Limit: 6 EA Per 1 Day
--------	--------------------------------

**Lorcet HD**

Lorcet HD	Quantity Limit: 6 EA Per 1 Day
-----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 35

**Lorcet Plus**

Lorcet Plus Oral Tablet 7.5-325 MG	Quantity Limit: 6 EA Per 1 Day
------------------------------------	--------------------------------

**Lortab**

Lortab Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	Quantity Limit: 6 EA Per 1 Day
----------------------------------------------------	--------------------------------

**Lubiprostone**

Lubiprostone	Quantity Limit: 2 EA Per 1 Day
--------------	--------------------------------

**Lumakras**

Lumakras Oral Tablet 120 MG	Quantity Limit: 8 EA Per 1 Day
Lumakras Oral Tablet 320 MG	Quantity Limit: 3 EA Per 1 Day

**Lurasidone HCl**

Lurasidone HCl Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG	Quantity Limit: 1 EA Per 1 Day
Lurasidone HCl Oral Tablet 80 MG	Quantity Limit: 2 EA Per 1 Day

**Lybalvi**

Lybalvi	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Lynparza**

Lynparza Oral Capsule	Quantity Limit: 16 EA Per 1 Day
Lynparza Oral Tablet	Quantity Limit: 4 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 36

**Lytgobi (12 MG Daily Dose)**

Lytgobi (12 MG Daily Dose)	Quantity Limit: 5 EA Per 1 Day
----------------------------	--------------------------------

**Lytgobi (16 MG Daily Dose)**

Lytgobi (16 MG Daily Dose)	Quantity Limit: 5 EA Per 1 Day
----------------------------	--------------------------------

**Lytgobi (20 MG Daily Dose)**

Lytgobi (20 MG Daily Dose)	Quantity Limit: 5 EA Per 1 Day
----------------------------	--------------------------------

**Maraviroc**

Maraviroc Oral Tablet 150 MG	Quantity Limit: 2 EA Per 1 Day
Maraviroc Oral Tablet 300 MG	Quantity Limit: 4 EA Per 1 Day

**Mavyret**

Mavyret Oral Tablet	Quantity Limit: 3 EA Per 1 Day
---------------------	--------------------------------

**Mekinist**

Mekinist Oral Tablet 0.5 MG	Quantity Limit: 3 EA Per 1 Day
Mekinist Oral Tablet 2 MG	Quantity Limit: 1 EA Per 1 Day

**Mektovi**

Mektovi	Quantity Limit: 6 EA Per 1 Day
---------	--------------------------------

**Mesalamine ER**

Mesalamine ER Oral Capsule Extended Release	Quantity Limit: 8 EA Per 1 Day
---------------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 37

**Mesalamine ER**

Mesalamine ER Oral Capsule Extended Release 24 Hour	Quantity Limit: 4 EA Per 1 Day
-----------------------------------------------------	--------------------------------

**Mesalamine**

Mesalamine Oral Capsule Delayed Release	Quantity Limit: 6 EA Per 1 Day
Mesalamine Oral Tablet Delayed Release 1.2 GM	Quantity Limit: 4 EA Per 1 Day

**metFORMIN HCl ER**

metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG	Quantity Limit: 4 EA Per 1 Day
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG	Quantity Limit: 2 EA Per 1 Day

**metFORMIN HCl**

metFORMIN HCl Oral Tablet 1000 MG	Quantity Limit: 2.5 EA Per 1 Day
metFORMIN HCl Oral Tablet 500 MG	Quantity Limit: 5 EA Per 1 Day
metFORMIN HCl Oral Tablet 850 MG	Quantity Limit: 3 EA Per 1 Day

**Methadone HCl**

Methadone HCl Oral Tablet 10 MG	Quantity Limit: 4 EA Per 1 Day
Methadone HCl Oral Tablet 5 MG	Quantity Limit: 6 EA Per 1 Day

**Methylphenidate HCl ER (CD)**

Methylphenidate HCl ER (CD)	Quantity Limit: 1 EA Per 1 Day
-----------------------------	--------------------------------

**Methylphenidate HCl ER (OSM)**

Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 54 MG	Quantity Limit: 1 EA Per 1 Day
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 36 MG	Quantity Limit: 2 EA Per 1 Day

**Methylphenidate HCl ER**

Methylphenidate HCl ER Oral Tablet Extended Release	Quantity Limit: 3 EA Per 1 Day
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 54 MG	Quantity Limit: 1 EA Per 1 Day
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 36 MG	Quantity Limit: 2 EA Per 1 Day

**Methylphenidate HCl**

Methylphenidate HCl Oral Tablet	Quantity Limit: 3 EA Per 1 Day
---------------------------------	--------------------------------

**miFEPRISone**

miFEPRISone Oral Tablet 300 MG	Quantity Limit: 4 EA Per 1 Day
--------------------------------	--------------------------------

**Molnupiravir**

Molnupiravir	Quantity Limit: 80 EA Per 365 Days
--------------	------------------------------------

**Montelukast Sodium**

Montelukast Sodium Oral Tablet	Quantity Limit: 1 EA Per 1 Day
Montelukast Sodium Oral Tablet Chewable	Quantity Limit: 1 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 39

**Morphine Sulfate (PF)**

Morphine Sulfate (PF) Injection Solution 1 MG/ML	Quantity Limit: 120 ML Per 1 Day
--------------------------------------------------	----------------------------------

**Morphine Sulfate ER**

Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 200 MG, 60 MG	Quantity Limit: 2 EA Per 1 Day
Morphine Sulfate ER Oral Tablet Extended Release 15 MG, 30 MG	Quantity Limit: 3 EA Per 1 Day

**Morphine Sulfate**

Morphine Sulfate Oral Solution 20 MG/5ML	Quantity Limit: 30 ML Per 1 Day
Morphine Sulfate Oral Tablet 15 MG	Quantity Limit: 6 EA Per 1 Day
Morphine Sulfate Oral Tablet 30 MG	Quantity Limit: 4 EA Per 1 Day

**Mounjaro**

Mounjaro	Quantity Limit: 2 ML Per 28 Days
----------	----------------------------------

**Movantik**

Movantik	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Multaq**

Multaq	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

**Myrbetriq**

Myrbetriq Oral Tablet Extended Release 24 Hour	Quantity Limit: 1 EA Per 1 Day
------------------------------------------------	--------------------------------



**Naratriptan HCl**

Naratriptan HCl	Quantity Limit: 18 EA Per 30 Days
-----------------	-----------------------------------

**Nayzilam**

Nayzilam	Quantity Limit: 10 EA Per 30 Days
----------	-----------------------------------

**Nerlynx**

Nerlynx	Quantity Limit: 6 EA Per 1 Day
---------	--------------------------------

**Neupro**

Neupro	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Nicotrol NS**

Nicotrol NS	Quantity Limit: 720 ML Per 365 Days
-------------	-------------------------------------

**Ninlaro**

Ninlaro	Quantity Limit: 3 EA Per 28 Days
---------	----------------------------------

**Nitroglycerin**

Nitroglycerin Rectal	Quantity Limit: 30 GM Per 30 Days
----------------------	-----------------------------------

**NovoLIN 70/30**

NovoLIN 70/30	Quantity Limit: 50 ML Per 30 Days
---------------	-----------------------------------

**NovoLIN 70/30 FlexPen**

NovoLIN 70/30 FlexPen	Quantity Limit: 45 ML Per 30 Days
-----------------------	-----------------------------------

**NovoLIN 70/30 FlexPen Relion**

NovoLIN 70/30 FlexPen Relion	Quantity Limit: 45 ML Per 30 Days
------------------------------	-----------------------------------

**NovoLIN 70/30 ReliOn**

NovoLIN 70/30 ReliOn	Quantity Limit: 50 ML Per 30 Days
----------------------	-----------------------------------

**NovoLIN N**

NovoLIN N	Quantity Limit: 50 ML Per 30 Days
-----------	-----------------------------------

**NovoLIN N FlexPen**

NovoLIN N FlexPen	Quantity Limit: 45 ML Per 30 Days
-------------------	-----------------------------------

**NovoLIN N FlexPen ReliOn**

NovoLIN N FlexPen ReliOn	Quantity Limit: 45 ML Per 30 Days
--------------------------	-----------------------------------

**NovoLIN N ReliOn**

NovoLIN N ReliOn	Quantity Limit: 50 ML Per 30 Days
------------------	-----------------------------------

**NovoLIN R**

NovoLIN R	Quantity Limit: 50 ML Per 30 Days
-----------	-----------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 42

**NovoLIN R FlexPen**

NovoLIN R FlexPen	Quantity Limit: 45 ML Per 30 Days
-------------------	-----------------------------------

**NovoLIN R FlexPen ReliOn**

NovoLIN R FlexPen ReliOn	Quantity Limit: 45 ML Per 30 Days
--------------------------	-----------------------------------

**NovoLIN R ReliOn**

NovoLIN R ReliOn	Quantity Limit: 50 ML Per 30 Days
------------------	-----------------------------------

**NovoLOG FlexPen ReliOn**

NovoLOG FlexPen ReliOn	Quantity Limit: 45 ML Per 30 Days
------------------------	-----------------------------------

**NovoLOG Mix 70/30 ReliOn**

NovoLOG Mix 70/30 ReliOn	Quantity Limit: 50 ML Per 30 Days
--------------------------	-----------------------------------

**NovoLOG ReliOn**

NovoLOG ReliOn Injection	Quantity Limit: 50 ML Per 30 Days
--------------------------	-----------------------------------

**Nubeqa**

Nubeqa	Quantity Limit: 4 EA Per 1 Day
--------	--------------------------------

**Nuedexta**

Nuedexta	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Nuplazid**

Nuplazid Oral Capsule	Quantity Limit: 1 EA Per 1 Day
Nuplazid Oral Tablet 10 MG	Quantity Limit: 1 EA Per 1 Day

**Odefsey**

Odefsey	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Odomzo**

Odomzo	Quantity Limit: 1 EA Per 1 Day
--------	--------------------------------

**Ofev**

Ofev	Quantity Limit: 2 EA Per 1 Day
------	--------------------------------

**Ogsiveo**

Ogsiveo Oral Tablet 50 MG	Quantity Limit: 6 EA Per 1 Day
---------------------------	--------------------------------

**Ojjaara**

Ojjaara	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**OLANZapine**

OLANZapine Oral Tablet Dispersible	Quantity Limit: 1 EA Per 1 Day
------------------------------------	--------------------------------

**Omega-3-acid Ethyl Esters**

Omega-3-acid Ethyl Esters	Quantity Limit: 4 EA Per 1 Day
---------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 44

**Omeprazole**

Omeprazole Oral Capsule Delayed Release	Quantity Limit: 2 EA Per 1 Day
-----------------------------------------	--------------------------------

**Omnipod 5 G6 Intro (Gen 5)**

Omnipod 5 G6 Intro (Gen 5)	Quantity Limit: 1 EA Per 365 Days
----------------------------	-----------------------------------

**Omnipod 5 G6 Pods (Gen 5)**

Omnipod 5 G6 Pods (Gen 5)	Quantity Limit: 10 EA Per 30 Days
---------------------------	-----------------------------------

**Omnipod DASH Pods (Gen 4)**

Omnipod DASH Pods (Gen 4)	Quantity Limit: 10 EA Per 30 Days
---------------------------	-----------------------------------

**Onureg**

Onureg	Quantity Limit: 14 EA Per 28 Days
--------	-----------------------------------

**Opsumit**

Opsumit	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Orencia ClickJect**

Orencia ClickJect	Quantity Limit: 4 ML Per 28 Days
-------------------	----------------------------------

**Orencia**

Orencia Subcutaneous Solution Prefilled Syringe	Quantity Limit: 4 ML Per 28 Days
-------------------------------------------------	----------------------------------

**Orkambi**

Orkambi Oral Tablet	Quantity Limit: 4 EA Per 1 Day
---------------------	--------------------------------

**Orserdu**

Orserdu Oral Tablet 345 MG	Quantity Limit: 1 EA Per 1 Day
Orserdu Oral Tablet 86 MG	Quantity Limit: 3 EA Per 1 Day

**Oseltamivir Phosphate**

Oseltamivir Phosphate Oral Capsule	Quantity Limit: 84 EA Per 180 Days
------------------------------------	------------------------------------

**Osphena**

Osphena	Quantity Limit: 90 EA Per 90 Days
---------	-----------------------------------

**Otezla**

Otezla	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

**oxyCODONE HCl**

oxyCODONE HCl Oral Tablet 10 MG, 5 MG	Quantity Limit: 6 EA Per 1 Day
oxyCODONE HCl Oral Tablet 15 MG	Quantity Limit: 5 EA Per 1 Day
oxyCODONE HCl Oral Tablet 20 MG	Quantity Limit: 4 EA Per 1 Day
oxyCODONE HCl Oral Tablet 30 MG	Quantity Limit: 2 EA Per 1 Day

**Oxycodone-Acetaminophen**

Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Quantity Limit: 6 EA Per 1 Day
---------------------------------------------------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 46

**Ozempic (0.25 or 0.5 MG/DOSE)**

Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-Injector 2 MG/1.5ML	Quantity Limit: 1.5 ML Per 28 Days
Ozempic (0.25 or 0.5 MG/DOSE) Subcutaneous Solution Pen-Injector 2 MG/3ML	Quantity Limit: 3 ML Per 28 Days

**Ozempic (1 MG/DOSE)**

Ozempic (1 MG/DOSE) Subcutaneous Solution Pen-Injector 4 MG/3ML	Quantity Limit: 3 ML Per 28 Days
-----------------------------------------------------------------	----------------------------------

**Ozempic (2 MG/DOSE)**

Ozempic (2 MG/DOSE)	Quantity Limit: 3 ML Per 28 Days
---------------------	----------------------------------

**Paliperidone ER**

Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG	Quantity Limit: 1 EA Per 1 Day
Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG	Quantity Limit: 2 EA Per 1 Day

**Pantoprazole Sodium**

Pantoprazole Sodium Oral Tablet Delayed Release	Quantity Limit: 2 EA Per 1 Day
-------------------------------------------------	--------------------------------

**Paxlovid (150/100)**

Paxlovid (150/100)	Quantity Limit: 40 EA Per 365 Days
--------------------	------------------------------------

**Paxlovid (300/100)**

Paxlovid (300/100)	Quantity Limit: 60 EA Per 365 Days
--------------------	------------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 47

**PAZOPanib HCl**

PAZOPanib HCl	Quantity Limit: 5 EA Per 1 Day
---------------	--------------------------------

**Pemazyre**

Pemazyre	Quantity Limit: 14 EA Per 21 Days
----------	-----------------------------------

**Penciclovir**

Penciclovir	Quantity Limit: 5 GM Per 30 Days
-------------	----------------------------------

**Pentasa**

Pentasa Oral Capsule Extended Release 250 MG	Quantity Limit: 8 EA Per 1 Day
----------------------------------------------	--------------------------------

**Pifeltro**

Pifeltro	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Pioglitazone HCl**

Pioglitazone HCl	Quantity Limit: 1 EA Per 1 Day
------------------	--------------------------------

**Pioglitazone HCl-Glimepiride**

Pioglitazone HCl-Glimepiride	Quantity Limit: 1 EA Per 1 Day
------------------------------	--------------------------------

**Pioglitazone HCl-metFORMIN HCl**

Pioglitazone HCl-metFORMIN HCl	Quantity Limit: 3 EA Per 1 Day
--------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 48



**Piqray (200 MG Daily Dose)**

Piqray (200 MG Daily Dose)	Quantity Limit: 1 EA Per 1 Day
----------------------------	--------------------------------

**Piqray (250 MG Daily Dose)**

Piqray (250 MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
----------------------------	--------------------------------

**Piqray (300 MG Daily Dose)**

Piqray (300 MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
----------------------------	--------------------------------

**Pirfenidone**

Pirfenidone Oral Tablet 267 MG	Quantity Limit: 6 EA Per 1 Day
Pirfenidone Oral Tablet 801 MG	Quantity Limit: 3 EA Per 1 Day

**Pomalyst**

Pomalyst	Quantity Limit: 21 EA Per 28 Days
----------	-----------------------------------

**Posaconazole**

Posaconazole Oral Suspension	Quantity Limit: 20 ML Per 1 Day
Posaconazole Oral Tablet Delayed Release	Quantity Limit: 3 EA Per 1 Day

**Prasugrel HCl**

Prasugrel HCl	Quantity Limit: 1 EA Per 1 Day
---------------	--------------------------------

**Pregabalin ER**

Pregabalin ER	Quantity Limit: 1 EA Per 1 Day
---------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 49

**Pregabalin**

Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Quantity Limit: 3 EA Per 1 Day
Pregabalin Oral Capsule 225 MG, 300 MG	Quantity Limit: 2 EA Per 1 Day

**Prevymis**

Prevymis Oral	Quantity Limit: 1 EA Per 1 Day
---------------	--------------------------------

**Prezcobix**

Prezcobix	Quantity Limit: 2 EA Per 1 Day
-----------	--------------------------------

**Prezista**

Prezista Oral Suspension	Quantity Limit: 12 ML Per 1 Day
Prezista Oral Tablet 150 MG	Quantity Limit: 6 EA Per 1 Day
Prezista Oral Tablet 75 MG	Quantity Limit: 10 EA Per 1 Day

**Prolia**

Prolia Subcutaneous Solution Prefilled Syringe	Quantity Limit: 1 ML Per 180 Days
------------------------------------------------	-----------------------------------

**Promacta**

Promacta Oral Packet 12.5 MG	Quantity Limit: 6 EA Per 1 Day
Promacta Oral Packet 25 MG	Quantity Limit: 3 EA Per 1 Day
Promacta Oral Tablet 12.5 MG, 25 MG	Quantity Limit: 1 EA Per 1 Day
Promacta Oral Tablet 50 MG, 75 MG	Quantity Limit: 2 EA Per 1 Day

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 50

**Qinlock**

Qinlock	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**QuiNINE Sulfate**

QuiNINE Sulfate Oral	Quantity Limit: 42 EA Per 30 Days
----------------------	-----------------------------------

**RABEprazole Sodium**

RABEprazole Sodium Oral Tablet Delayed Release	Quantity Limit: 2 EA Per 1 Day
------------------------------------------------	--------------------------------

**Ramelteon**

Ramelteon	Quantity Limit: 1 EA Per 1 Day
-----------	--------------------------------

**Ranolazine ER**

Ranolazine ER	Quantity Limit: 2 EA Per 1 Day
---------------	--------------------------------

**Rasagiline Mesylate**

Rasagiline Mesylate Oral	Quantity Limit: 1 EA Per 1 Day
--------------------------	--------------------------------

**Rebif Rebidose**

Rebif Rebidose Subcutaneous Solution Auto-Injector	Quantity Limit: 6 ML Per 28 Days
----------------------------------------------------	----------------------------------

**Rebif Rebidose Titration Pack**

Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector	Quantity Limit: 4.2 ML Per 28 Days
-------------------------------------------------------------------	------------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 51

**Rebif**

Rebif Subcutaneous Solution Prefilled Syringe	Quantity Limit: 6 ML Per 28 Days
-----------------------------------------------	----------------------------------

**Rebif Titration Pack**

Rebif Titration Pack Subcutaneous Solution Prefilled Syringe	Quantity Limit: 4.2 ML Per 28 Days
--------------------------------------------------------------	------------------------------------

**Relistor**

Relistor Oral	Quantity Limit: 3 EA Per 1 Day
Relistor Subcutaneous Solution 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	Quantity Limit: 0.6 ML Per 1 Day
Relistor Subcutaneous Solution 8 MG/0.4ML	Quantity Limit: 0.8 ML Per 1 Day

**Repaglinide-metFORMIN HCl**

Repaglinide-metFORMIN HCl	Quantity Limit: 5 EA Per 1 Day
---------------------------	--------------------------------

**Restasis Multidose**

Restasis Multidose	Quantity Limit: 16.5 ML Per 90 Days
--------------------	-------------------------------------

**Retacrit**

Retacrit Injection Solution 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Quantity Limit: 12 ML Per 28 Days
Retacrit Injection Solution 40000 UNIT/ML	Quantity Limit: 4 ML Per 28 Days

**Retevmo**

Retevmo Oral Capsule 40 MG	Quantity Limit: 6 EA Per 1 Day
Retevmo Oral Capsule 80 MG	Quantity Limit: 4 EA Per 1 Day

**Rexulti**

Rexulti	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Reyvow**

Reyvow	Quantity Limit: 8 EA Per 30 Days
--------	----------------------------------

**Rezlidhia**

Rezlidhia	Quantity Limit: 2 EA Per 1 Day
-----------	--------------------------------

**Rezurock**

Rezurock	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Rezvoglar KwikPen**

Rezvoglar KwikPen	Quantity Limit: 45 ML Per 30 Days
-------------------	-----------------------------------

**Rinvoq**

Rinvoq Oral Tablet Extended Release 24 Hour 15 MG, 30 MG	Quantity Limit: 1 EA Per 1 Day
Rinvoq Oral Tablet Extended Release 24 Hour 45 MG	Quantity Limit: 180 EA Per 365 Days

**Ritonavir**

Ritonavir	Quantity Limit: 12 EA Per 1 Day
-----------	---------------------------------

**Rivastigmine**

Rivastigmine	Quantity Limit: 1 EA Per 1 Day
--------------	--------------------------------

**Rivastigmine Tartrate**

Rivastigmine Tartrate	Quantity Limit: 2 EA Per 1 Day
-----------------------	--------------------------------

**Rizatriptan Benzoate**

Rizatriptan Benzoate	Quantity Limit: 18 EA Per 30 Days
----------------------	-----------------------------------

**Roflumilast**

Roflumilast	Quantity Limit: 1 EA Per 1 Day
-------------	--------------------------------

**Rozlytrek**

Rozlytrek Oral Capsule 100 MG	Quantity Limit: 6 EA Per 1 Day
Rozlytrek Oral Capsule 200 MG	Quantity Limit: 3 EA Per 1 Day
Rozlytrek Oral Packet	Quantity Limit: 12 EA Per 1 Day

**Rubraca**

Rubraca	Quantity Limit: 4 EA Per 1 Day
---------	--------------------------------

**Rybelsus**

Rybelsus	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 54

**Rydapt**

Rydapt	Quantity Limit: 8 EA Per 1 Day
--------	--------------------------------

**Scemblix**

Scemblix Oral Tablet 20 MG	Quantity Limit: 2 EA Per 1 Day
Scemblix Oral Tablet 40 MG	Quantity Limit: 10 EA Per 1 Day

**Scopolamine**

Scopolamine	Quantity Limit: 10 EA Per 30 Days
-------------	-----------------------------------

**Secuado**

Secuado	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Selzentry**

Selzentry Oral Tablet 25 MG, 75 MG	Quantity Limit: 8 EA Per 1 Day
------------------------------------	--------------------------------

**Serevent Diskus**

Serevent Diskus	Quantity Limit: 60 EA Per 30 Days
-----------------	-----------------------------------

**Signifor**

Signifor	Quantity Limit: 2 ML Per 1 Day
----------	--------------------------------

**Sildenafil Citrate**

Sildenafil Citrate Oral Tablet 20 MG	Quantity Limit: 3 EA Per 1 Day
--------------------------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 55

**Skyrizi (150 MG Dose)**

Skyrizi (150 MG Dose)	Quantity Limit: 2 EA Per 84 Days
-----------------------	----------------------------------

**Skyrizi Pen**

Skyrizi Pen	Quantity Limit: 7 ML Per 365 Days
-------------	-----------------------------------

**Skyrizi**

Skyrizi Subcutaneous Solution Cartridge 180 MG/1.2ML	Quantity Limit: 1.2 ML Per 56 Days
Skyrizi Subcutaneous Solution Cartridge 360 MG/2.4ML	Quantity Limit: 2.4 ML Per 56 Days
Skyrizi Subcutaneous Solution Prefilled Syringe	Quantity Limit: 7 ML Per 365 Days

**Sofosbuvir-Velpatasvir**

Sofosbuvir-Velpatasvir	Quantity Limit: 84 EA Per 84 Days
------------------------	-----------------------------------

**Solifenacin Succinate**

Solifenacin Succinate	Quantity Limit: 1 EA Per 1 Day
-----------------------	--------------------------------

**Somavert**

Somavert	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**SORafenib Tosylate**

SORafenib Tosylate	Quantity Limit: 4 EA Per 1 Day
--------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 56



**Spiriva HandiHaler**

Spiriva HandiHaler	Quantity Limit: 30 EA Per 30 Days
--------------------	-----------------------------------

**Spiriva Respimat**

Spiriva Respimat	Quantity Limit: 4 GM Per 30 Days
------------------	----------------------------------

**Spritam**

Spritam Oral Tablet Disintegrating Soluble 1000 MG, 250 MG, 500 MG	Quantity Limit: 2 EA Per 1 Day
--------------------------------------------------------------------	--------------------------------

Spritam Oral Tablet Disintegrating Soluble 750 MG	Quantity Limit: 4 EA Per 1 Day
---------------------------------------------------	--------------------------------

**Sprycel**

Sprycel	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Stiolto Respimat**

Stiolto Respimat	Quantity Limit: 4 GM Per 30 Days
------------------	----------------------------------

**Stivarga**

Stivarga	Quantity Limit: 4 EA Per 1 Day
----------	--------------------------------

**Stribild**

Stribild	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**SUMatriptan**

SUMatriptan Nasal Solution 20 MG/ACT	Quantity Limit: 12 EA Per 30 Days
--------------------------------------	-----------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 57

**SUMatriptan Succinate**

SUMatriptan Succinate Oral	Quantity Limit: 18 EA Per 30 Days
SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML	Quantity Limit: 5 ML Per 30 Days
SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML	Quantity Limit: 4 ML Per 30 Days
SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	Quantity Limit: 5 ML Per 30 Days
SUMatriptan Succinate Subcutaneous Solution Prefilled Syringe 6 MG/0.5ML	Quantity Limit: 5 ML Per 30 Days

**SUMatriptan Succinate Refill**

SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML	Quantity Limit: 4 ML Per 30 Days
SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML	Quantity Limit: 5 ML Per 30 Days

**SUNItinib Malate**

SUNItinib Malate	Quantity Limit: 1 EA Per 1 Day
------------------	--------------------------------

**Sunlenca**

Sunlenca Oral Tablet Therapy Pack 4 x 300 MG	Quantity Limit: 4 EA Per 180 Days
Sunlenca Oral Tablet Therapy Pack 5 x 300 MG	Quantity Limit: 5 EA Per 180 Days

**Symbicort**

Symbicort	Quantity Limit: 10.2 GM Per 30 Days
-----------	-------------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 58

**Symdeko**

Symdeko	Quantity Limit: 2 EA Per 1 Day
---------	--------------------------------

**Sympazan**

Sympazan	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Symtuza**

Symtuza	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Tabrecta**

Tabrecta	Quantity Limit: 4 EA Per 1 Day
----------	--------------------------------

**Tacrolimus**

Tacrolimus External Ointment 0.03 %	Quantity Limit: 100 GM Per 60 Days
Tacrolimus External Ointment 0.1 %	Quantity Limit: 120 GM Per 60 Days

**Tadalafil (PAH)**

Tadalafil (PAH)	Quantity Limit: 2 EA Per 1 Day
-----------------	--------------------------------

**Tafinlar**

Tafinlar Oral Capsule	Quantity Limit: 4 EA Per 1 Day
-----------------------	--------------------------------

**Tagrisso**

Tagrisso	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 59

**Talzenna**

Talzenna Oral Capsule 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Quantity Limit: 1 EA Per 1 Day
Talzenna Oral Capsule 0.25 MG	Quantity Limit: 3 EA Per 1 Day

**Tasigna**

Tasigna Oral Capsule 150 MG, 200 MG	Quantity Limit: 4 EA Per 1 Day
Tasigna Oral Capsule 50 MG	Quantity Limit: 2 EA Per 1 Day

**Tasimelton**

Tasimelton	Quantity Limit: 1 EA Per 1 Day
------------	--------------------------------

**Tazverik**

Tazverik	Quantity Limit: 8 EA Per 1 Day
----------	--------------------------------

**Temazepam**

Temazepam Oral Capsule 15 MG	Quantity Limit: 2 EA Per 1 Day
Temazepam Oral Capsule 30 MG	Quantity Limit: 1 EA Per 1 Day

**Tenofovir Disoproxil Fumarate**

Tenofovir Disoproxil Fumarate	Quantity Limit: 1 EA Per 1 Day
-------------------------------	--------------------------------

**Tepmetko**

Tepmetko	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 60

**Terbinafine HCl**

Terbinafine HCl Oral	Quantity Limit: 90 EA Per 365 Days
----------------------	------------------------------------

**Teriflunomide**

Teriflunomide	Quantity Limit: 1 EA Per 1 Day
---------------	--------------------------------

**Teriparatide (Recombinant)**

Teriparatide (Recombinant) Subcutaneous Solution Pen-Injector 620 MCG/2.48ML	Quantity Limit: 2.48 ML Per 28 Days
------------------------------------------------------------------------------	-------------------------------------

**Testosterone**

Testosterone Transdermal Gel 1.62 %, 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%)	Quantity Limit: 150 GM Per 30 Days
Testosterone Transdermal Gel 10 MG/ACT (2%)	Quantity Limit: 120 GM Per 30 Days
Testosterone Transdermal Gel 12.5 MG/ACT (1%), 50 MG/5GM (1%)	Quantity Limit: 300 GM Per 30 Days
Testosterone Transdermal Gel 20.25 MG/1.25GM (1.62%)	Quantity Limit: 75 GM Per 30 Days

**Tetrabenazine**

Tetrabenazine Oral Tablet 12.5 MG	Quantity Limit: 3 EA Per 1 Day
Tetrabenazine Oral Tablet 25 MG	Quantity Limit: 4 EA Per 1 Day

**Thalomid**

Thalomid	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Tibsovo**

Tibsovo	Quantity Limit: 2 EA Per 1 Day
---------	--------------------------------

**Tolterodine Tartrate ER**

Tolterodine Tartrate ER	Quantity Limit: 1 EA Per 1 Day
-------------------------	--------------------------------

**Toremifene Citrate**

Toremifene Citrate	Quantity Limit: 1 EA Per 1 Day
--------------------	--------------------------------

**Tradjenta**

Tradjenta	Quantity Limit: 1 EA Per 1 Day
-----------	--------------------------------

**traMADol HCl ER**

traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG	Quantity Limit: 3 EA Per 1 Day
traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG	Quantity Limit: 1 EA Per 1 Day

**traMADol HCl**

traMADol HCl Oral Tablet 100 MG	Quantity Limit: 4 EA Per 1 Day
traMADol HCl Oral Tablet 50 MG	Quantity Limit: 8 EA Per 1 Day

**Trelegy Ellipta**

Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT	Quantity Limit: 60 EA Per 30 Days
--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

**Tresiba**

Tresiba	Quantity Limit: 50 ML Per 30 Days
---------	-----------------------------------

**Tresiba FlexTouch**

Tresiba FlexTouch	Quantity Limit: 45 ML Per 30 Days
-------------------	-----------------------------------

**Triazolam**

Triazolam	Quantity Limit: 2 EA Per 1 Day
-----------	--------------------------------

**Trientine HCl**

Trientine HCl Oral Capsule 250 MG	Quantity Limit: 8 EA Per 1 Day
Trientine HCl Oral Capsule 500 MG	Quantity Limit: 4 EA Per 1 Day

**Triklo**

Triklo	Quantity Limit: 4 EA Per 1 Day
--------	--------------------------------

**Trintellix**

Trintellix	Quantity Limit: 1 EA Per 1 Day
------------	--------------------------------

**Triumeq PD**

Triumeq PD	Quantity Limit: 6 EA Per 1 Day
------------	--------------------------------

**Trospium Chloride ER**

Trospium Chloride ER	Quantity Limit: 1 EA Per 1 Day
----------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 63

**Trulicity**

Trulicity	Quantity Limit: 2 ML Per 28 Days
-----------	----------------------------------

**Truqap**

Truqap	Quantity Limit: 64 EA Per 28 Days
--------	-----------------------------------

**Truseltiq (100MG Daily Dose)**

Truseltiq (100MG Daily Dose)	Quantity Limit: 1 EA Per 1 Day
------------------------------	--------------------------------

**Truseltiq (125MG Daily Dose)**

Truseltiq (125MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
------------------------------	--------------------------------

**Truseltiq (50MG Daily Dose)**

Truseltiq (50MG Daily Dose)	Quantity Limit: 2 EA Per 1 Day
-----------------------------	--------------------------------

**Truseltiq (75MG Daily Dose)**

Truseltiq (75MG Daily Dose)	Quantity Limit: 3 EA Per 1 Day
-----------------------------	--------------------------------

**Tukysa**

Tukysa	Quantity Limit: 4 EA Per 1 Day
--------	--------------------------------

**Turalio**

Turalio Oral Capsule 125 MG	Quantity Limit: 4 EA Per 1 Day
-----------------------------	--------------------------------



**Tymlos**

Tymlos	Quantity Limit: 1.56 ML Per 30 Days
--------	-------------------------------------

**Ukoniq**

Ukoniq	Quantity Limit: 4 EA Per 1 Day
--------	--------------------------------

**Uptravi**

Uptravi Oral	Quantity Limit: 2 EA Per 1 Day
--------------	--------------------------------

**Uptravi Titration**

Uptravi Titration	Quantity Limit: 400 EA Per 365 Days
-------------------	-------------------------------------

**valGANciclovir HCl**

valGANciclovir HCl Oral Solution Reconstituted	Quantity Limit: 36 ML Per 1 Day
valGANciclovir HCl Oral Tablet	Quantity Limit: 4 EA Per 1 Day

**Valtoco 10 MG Dose**

Valtoco 10 MG Dose	Quantity Limit: 10 EA Per 30 Days
--------------------	-----------------------------------

**Valtoco 15 MG Dose**

Valtoco 15 MG Dose	Quantity Limit: 10 EA Per 30 Days
--------------------	-----------------------------------

**Valtoco 20 MG Dose**

Valtoco 20 MG Dose	Quantity Limit: 10 EA Per 30 Days
--------------------	-----------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 65

**Valtoco 5 MG Dose**

Valtoco 5 MG Dose	Quantity Limit: 10 EA Per 30 Days
-------------------	-----------------------------------

**Vanflyta**

Vanflyta	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Varenicline Tartrate**

Varenicline Tartrate Oral Tablet	Quantity Limit: 360 EA Per 365 Days
----------------------------------	-------------------------------------

**Venclexta**

Venclexta Oral Tablet 10 MG	Quantity Limit: 2 EA Per 1 Day
Venclexta Oral Tablet 100 MG	Quantity Limit: 4 EA Per 1 Day
Venclexta Oral Tablet 50 MG	Quantity Limit: 1 EA Per 1 Day

**Venclexta Starting Pack**

Venclexta Starting Pack	Quantity Limit: 84 EA Per 365 Days
-------------------------	------------------------------------

**Venlafaxine HCl ER**

Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG	Quantity Limit: 2 EA Per 1 Day
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 75 MG	Quantity Limit: 3 EA Per 1 Day
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 150 MG, 37.5 MG	Quantity Limit: 2 EA Per 1 Day
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 225 MG	Quantity Limit: 1 EA Per 1 Day

**Venlafaxine HCl ER**

Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 75 MG	Quantity Limit: 3 EA Per 1 Day
------------------------------------------------------------------	--------------------------------

**Ventavis**

Ventavis	Quantity Limit: 3 ML Per 1 Day
----------	--------------------------------

**Verquvo**

Verquvo	Quantity Limit: 1 EA Per 1 Day
---------	--------------------------------

**Verzenio**

Verzenio	Quantity Limit: 2 EA Per 1 Day
----------	--------------------------------

**Victoza**

Victoza Subcutaneous Solution Pen-Injector	Quantity Limit: 9 ML Per 30 Days
--------------------------------------------	----------------------------------

**Vilazodone HCl**

Vilazodone HCl	Quantity Limit: 1 EA Per 1 Day
----------------	--------------------------------

**Viread**

Viread Oral Powder	Quantity Limit: 225 GM Per 30 Days
Viread Oral Tablet 150 MG, 200 MG, 250 MG	Quantity Limit: 1 EA Per 1 Day

**Vitrakvi**

Vitrakvi Oral Capsule	Quantity Limit: 2 EA Per 1 Day
-----------------------	--------------------------------

**Vizimpro**

Vizimpro	Quantity Limit: 1 EA Per 1 Day
----------	--------------------------------

**Vonjo**

Vonjo	Quantity Limit: 4 EA Per 1 Day
-------	--------------------------------

**Voriconazole**

Voriconazole Oral Tablet 200 MG	Quantity Limit: 2 EA Per 1 Day
---------------------------------	--------------------------------

**Vraylar**

Vraylar Oral Capsule	Quantity Limit: 1 EA Per 1 Day
Vraylar Oral Capsule Therapy Pack	Quantity Limit: 14 EA Per 365 Days

**Vyndaqel**

Vyndaqel	Quantity Limit: 4 EA Per 1 Day
----------	--------------------------------

**Welireg**

Welireg	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**Xalkori**

Xalkori Oral Capsule	Quantity Limit: 2 EA Per 1 Day
Xalkori Oral Capsule Sprinkle 150 MG	Quantity Limit: 3 EA Per 1 Day
Xalkori Oral Capsule Sprinkle 20 MG, 50 MG	Quantity Limit: 2 EA Per 1 Day

**Xarelto**

Xarelto Oral Tablet 10 MG, 15 MG, 20 MG	Quantity Limit: 1 EA Per 1 Day
Xarelto Oral Tablet 2.5 MG	Quantity Limit: 2 EA Per 1 Day

**Xarelto Starter Pack**

Xarelto Starter Pack	Quantity Limit: 102 EA Per 365 Days
----------------------	-------------------------------------

**Xcopri (250 MG Daily Dose)**

Xcopri (250 MG Daily Dose)	Quantity Limit: 56 EA Per 28 Days
----------------------------	-----------------------------------

**Xcopri (350 MG Daily Dose)**

Xcopri (350 MG Daily Dose)	Quantity Limit: 56 EA Per 28 Days
----------------------------	-----------------------------------

**Xcopri**

Xcopri Oral Tablet 100 MG, 25 MG, 50 MG	Quantity Limit: 1 EA Per 1 Day
Xcopri Oral Tablet 150 MG, 200 MG	Quantity Limit: 2 EA Per 1 Day
Xcopri Oral Tablet Therapy Pack	Quantity Limit: 28 EA Per 28 Days

**Xeljanz**

Xeljanz Oral Solution	Quantity Limit: 10 ML Per 1 Day
Xeljanz Oral Tablet	Quantity Limit: 2 EA Per 1 Day

**Xeljanz XR**

Xeljanz XR	Quantity Limit: 1 EA Per 1 Day
------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 69

**Xermelo**

Xermelo	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**Xifaxan**

Xifaxan	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**Xigduo XR**

Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 10-500 MG, 5-500 MG	Quantity Limit: 1 EA Per 1 Day
Xigduo XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG, 5-1000 MG	Quantity Limit: 2 EA Per 1 Day

**Xiidra**

Xiidra	Quantity Limit: 2 EA Per 1 Day
--------	--------------------------------

**Xospata**

Xospata	Quantity Limit: 3 EA Per 1 Day
---------	--------------------------------

**Xpovio (100 MG Once Weekly)**

Xpovio (100 MG Once Weekly) Oral Tablet Therapy Pack 20 MG	Quantity Limit: 20 EA Per 28 Days
Xpovio (100 MG Once Weekly) Oral Tablet Therapy Pack 50 MG	Quantity Limit: 8 EA Per 28 Days

**Xpovio (40 MG Once Weekly)**

Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 20 MG	Quantity Limit: 8 EA Per 28 Days
--------------------------------------------------------------	----------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 70

**Xpovio (40 MG Once Weekly)**

Xpovio (40 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	Quantity Limit: 4 EA Per 28 Days
-----------------------------------------------------------	----------------------------------

**Xpovio (40 MG Twice Weekly)**

Xpovio (40 MG Twice Weekly) Oral Tablet Therapy Pack 20 MG	Quantity Limit: 16 EA Per 28 Days
Xpovio (40 MG Twice Weekly) Oral Tablet Therapy Pack 40 MG	Quantity Limit: 8 EA Per 28 Days

**Xpovio (60 MG Once Weekly)**

Xpovio (60 MG Once Weekly) Oral Tablet Therapy Pack 20 MG	Quantity Limit: 12 EA Per 28 Days
Xpovio (60 MG Once Weekly) Oral Tablet Therapy Pack 60 MG	Quantity Limit: 4 EA Per 28 Days

**Xpovio (60 MG Twice Weekly)**

Xpovio (60 MG Twice Weekly)	Quantity Limit: 24 EA Per 28 Days
-----------------------------	-----------------------------------

**Xpovio (80 MG Once Weekly)**

Xpovio (80 MG Once Weekly) Oral Tablet Therapy Pack 20 MG	Quantity Limit: 16 EA Per 28 Days
Xpovio (80 MG Once Weekly) Oral Tablet Therapy Pack 40 MG	Quantity Limit: 8 EA Per 28 Days

**Xpovio (80 MG Twice Weekly)**

Xpovio (80 MG Twice Weekly)	Quantity Limit: 32 EA Per 28 Days
-----------------------------	-----------------------------------

**Xtandi**

Xtandi Oral Capsule	Quantity Limit: 4 EA Per 1 Day
Xtandi Oral Tablet 40 MG	Quantity Limit: 4 EA Per 1 Day
Xtandi Oral Tablet 80 MG	Quantity Limit: 2 EA Per 1 Day

**Xyrem**

Xyrem	Quantity Limit: 540 ML Per 30 Days
-------	------------------------------------

**Yonsa**

Yonsa	Quantity Limit: 4 EA Per 1 Day
-------	--------------------------------

**Zaleplon**

Zaleplon	Quantity Limit: 90 EA Per 365 Days
----------	------------------------------------

**Zebutal**

Zebutal Oral Capsule 50-325-40 MG	Quantity Limit: 6 EA Per 1 Day
-----------------------------------	--------------------------------

**Zejula**

Zejula Oral Capsule	Quantity Limit: 3 EA Per 1 Day
Zejula Oral Tablet	Quantity Limit: 1 EA Per 1 Day

**Zelboraf**

Zelboraf	Quantity Limit: 8 EA Per 1 Day
----------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 72



**Zolinza**

Zolinza	Quantity Limit: 4 EA Per 1 Day
---------	--------------------------------

**ZOLMitriptan**

ZOLMitriptan Oral Tablet	Quantity Limit: 18 EA Per 30 Days
--------------------------	-----------------------------------

**Zolpidem Tartrate ER**

Zolpidem Tartrate ER	Quantity Limit: 90 EA Per 365 Days
----------------------	------------------------------------

**Zolpidem Tartrate**

Zolpidem Tartrate Oral Tablet	Quantity Limit: 90 EA Per 365 Days
-------------------------------	------------------------------------

**Zonisade**

Zonisade	Quantity Limit: 30 ML Per 1 Day
----------	---------------------------------

**Zurzuvae**

Zurzuvae Oral Capsule 20 MG, 25 MG	Quantity Limit: 28 EA Per 365 Days
Zurzuvae Oral Capsule 30 MG	Quantity Limit: 14 EA Per 365 Days

**Zydelig**

Zydelig	Quantity Limit: 2 EA Per 1 Day
---------	--------------------------------

**Zykadia**

Zykadia Oral Tablet	Quantity Limit: 3 EA Per 1 Day
---------------------	--------------------------------

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 73

## Index

### A

Abacavir Sulfate.....	2
Abacavir Sulfate-lamiVUDine.....	2
Abilify MyCite.....	2
Abilify MyCite Maintenance Kit.....	2
Abilify MyCite Starter Kit.....	2
Abiraterone Acetate.....	2
Acetaminophen-Codeine.....	3
Acetaminophen-Codeine #2.....	2
Acetaminophen-Codeine #3.....	3
Acetaminophen-Codeine #4.....	3
Actemra.....	3
Actemra ACTPen.....	3
Acyclovir.....	3
Adempas.....	3
Advair HFA.....	3
Aimovig.....	4
Akeega.....	4
Alecensa.....	4
Aliskiren Fumarate.....	4
Almotriptan Malate.....	4
Alogliptin Benzoate.....	4
Alogliptin-metFORMIN HCl.....	4
Alogliptin-Pioglitazone.....	4
Alosetron HCl.....	5
ALPRAZolam.....	5
Alunbrig.....	5
Alyq.....	5
Ambrisentan.....	5
Amphetamine-Dextroamphet ER.....	5
Amphetamine-Dextroamphetamine.....	6
Androderm.....	6
Anoro Ellipta.....	6
Apokyn.....	6
Apomorphine HCl.....	6
Aprepitant.....	6
Aptiom.....	6
ARIPiprazole.....	6
Armodafinil.....	7
Arnuity Ellipta.....	7
Asenapine Maleate.....	7
Aspirin-Dipyridamole ER.....	7

Atazanavir Sulfate.....	7
Atomoxetine HCl.....	7
Augtyro.....	7
Austedo.....	7
Austedo XR.....	8
Auvelity.....	8
Avonex Pen.....	8
Avonex Prefilled.....	8
Ayvakit.....	8

### B

Balversa.....	8
Belsomra.....	8
Benlysta.....	9
Besremi.....	9
Bosentan.....	9
Bosulif.....	9
Braftovi.....	9
Brilinta.....	9
Briviact.....	9
Brukinsa.....	10
Buprenorphine HCl.....	10
Buprenorphine HCl-Naloxone HCl.....	10
buPROPion HCl ER (XL).....	10
Butalbital-APAP-Caffeine.....	10
Butalbital-Aspirin-Caffeine.....	10

### C

Cabometyx.....	11
Calquence.....	11
Caplyta.....	11
Celecoxib.....	11
Chantix.....	11
Chantix Continuing Month Pak.....	11
chlordiazepOXIDE HCl.....	11
Cinacalcet HCl.....	11
CloBAZam.....	12
clonazepAM.....	12
cloNIDine.....	12
CloNIDine HCl.....	12
Clorazepate Dipotassium.....	12
Coartem.....	12
Combivent Respimat.....	12
Complera.....	12

Y0055\_MPC092233\_SPAN\_NSR\_C\_09232022

Número de identificación de la lista de medicamentos 00024541

Versión 021

Fecha la última actualización: 06/20/2024Página | 74

Copiktra.....	13	EPINEPHrine.....	19
Corlanor.....	13	Eprontia.....	19
Cotellic.....	13	Ergotamine-Caffeine.....	19
Cyclobenzaprine HCl.....	13	Erivedge.....	19
cycloSPORINE.....	13	Erleada.....	19
<b>D</b>		Erlotinib HCl.....	20
Dabigatran Etexilate Mesylate.....	13	Escitalopram Oxalate.....	20
Dalfampridine ER.....	13	Esgic.....	20
Darunavir.....	13	Esomeprazole Magnesium.....	20
Daurismo.....	14	Eszopiclone.....	20
DayVigo.....	14	Etravirine.....	20
Denavir.....	14	Everolimus.....	20
Descovy.....	14	Evotaz.....	21
Desvenlafaxine ER.....	14	Exel Comfort Point Pen Needle.....	21
Desvenlafaxine Succinate ER.....	14	Exkivity.....	21
Dexedrine.....	14	<b>F</b>	
Dexmethylphenidate HCl.....	14	Fanapt.....	21
Dexmethylphenidate HCl ER.....	15	Farxiga.....	21
Dextroamphetamine Sulfate.....	15	Farydak.....	21
Dextroamphetamine Sulfate ER.....	15	Febuxostat.....	21
diazePAM.....	15	FentaNYL.....	22
Dificid.....	15	FentaNYL Citrate.....	21
Dihydroergotamine Mesylate.....	15	Fetzima.....	22
Donepezil HCl.....	16	Fiasp.....	22
Dovato.....	16	Fiasp FlexTouch.....	22
Drizalma Sprinkle.....	16	Fiasp PenFill.....	22
Dronabinol.....	16	Fiasp PumpCart.....	22
Droxidopa.....	16	Fintepla.....	22
DULoxetine HCl.....	16	Firdapse.....	22
Dupixent.....	17	Firmagon.....	23
Duramorph.....	17	Firmagon (240 MG Dose).....	23
<b>E</b>		Flurazepam HCl.....	23
Edurant.....	17	Forteo.....	23
Efavirenz.....	17	Fotivda.....	23
Efavirenz-Emtricitab-Tenofo DF.....	17	Frovatriptan Succinate.....	23
Efavirenz-Emtricitab-Tenofovir.....	17	Fruzaqla.....	23
Eliquis.....	17	Fycompa.....	24
Emtricitabine-Tenofovir DF.....	18	<b>G</b>	
Enbrel.....	18	Galantamine Hydrobromide ER.....	24
Endari.....	18	Gavreto.....	24
Endocet.....	18	Gefitinib.....	24
Enoxaparin Sodium.....	18	Genvoya.....	24
Entecavir.....	19	Gilotrif.....	24
Entresto.....	19	Glatopa.....	24

Glimepiride .....	25	Jylamvo .....	30
glipiZIDE .....	25	<b>K</b>	
glipiZIDE ER .....	25	Kalydeco .....	30
glipiZIDE-metFORMIN HCl.....	25	Kerendia.....	31
Granisetron HCl.....	25	Kisqali (200 MG Dose).....	31
guanFACINE HCl ER.....	25	Kisqali (400 MG Dose).....	31
<b>H</b>		Kisqali (600 MG Dose).....	31
HumuLIN R U-500 (CONCENTRATED)25		Kisqali 200 Dose.....	31
HumuLIN R U-500 KwikPen .....	26	Kisqali 400 Dose.....	31
HYDROcodone-Acetaminophen .....	26	Kisqali 600 Dose.....	31
Hydrocodone-Ibuprofen.....	26	Kisqali Femara (200 MG Dose).....	31
HYDROmorphone HCl .....	26	Kisqali Femara (400 MG Dose).....	32
<b>I</b>		Kisqali Femara (600 MG Dose).....	32
Ibandronate Sodium .....	26	Krazati.....	32
Ibrance.....	26	<b>L</b>	
Iclusig.....	26	Lacosamide .....	32
Icosapent Ethyl.....	27	Lagevrio .....	32
IDHIFA .....	27	Lansoprazole .....	32
Imatinib Mesylate .....	27	Lapatinib Ditosylate.....	32
Imbruvica .....	27	Lenalidomide .....	32
Inlyta .....	27	Lenvima (10 MG Daily Dose) .....	33
Inqovi .....	27	Lenvima (12 MG Daily Dose) .....	33
Inrebic .....	27	Lenvima (14 MG Daily Dose) .....	33
Insulin Asp Prot & Asp FlexPen.....	28	Lenvima (18 MG Daily Dose) .....	33
Insulin Aspart.....	28	Lenvima (20 MG Daily Dose) .....	33
Insulin Aspart FlexPen.....	28	Lenvima (24 MG Daily Dose) .....	33
Insulin Aspart PenFill .....	28	Lenvima (4 MG Daily Dose) .....	33
Insulin Aspart Prot & Aspart .....	28	Lenvima (8 MG Daily Dose) .....	33
Insulin Glargine-yfgn.....	28	Levemir .....	34
Invega Hafyera.....	28	Levemir FlexPen.....	34
Invokamet .....	29	Levemir FlexTouch.....	34
Invokamet XR.....	29	Lidocaine.....	34
Invokana.....	29	Lidocaine HCl.....	34
Isentress.....	29	Lidocaine-Prilocaine .....	34
Isentress HD.....	29	Linezolid .....	34
Itraconazole.....	29	Linzess .....	34
Iwilfin.....	29	Lisdexamfetamine Dimesylate.....	35
<b>J</b>		Lonsurf.....	35
Jakafi .....	29	Lopinavir-Ritonavir .....	35
Janumet .....	30	LORazepam .....	35
Janumet XR.....	30	Lorbrena.....	35
Januvia .....	30	Lorcet .....	35
Jaypirca .....	30	Lorcet HD .....	35
Juluca .....	30	Lorcet Plus .....	36

Lortab .....	36	NovoLIN 70/30 ReliOn .....	42
Lubiprostone .....	36	NovoLIN N .....	42
Lumakras .....	36	NovoLIN N FlexPen .....	42
Lurasidone HCl .....	36	NovoLIN N FlexPen ReliOn .....	42
Lybalvi .....	36	NovoLIN N ReliOn .....	42
Lynparza .....	36	NovoLIN R .....	42
Lytgobi (12 MG Daily Dose) .....	37	NovoLIN R FlexPen .....	43
Lytgobi (16 MG Daily Dose) .....	37	NovoLIN R FlexPen ReliOn .....	43
Lytgobi (20 MG Daily Dose) .....	37	NovoLIN R ReliOn .....	43
<b>M</b>		NovoLOG FlexPen ReliOn .....	43
Maraviroc .....	37	NovoLOG Mix 70/30 ReliOn .....	43
Mavyret .....	37	NovoLOG ReliOn .....	43
Mekinist .....	37	Nubeqa .....	43
Mektovi .....	37	Nuedexta .....	43
Mesalamine .....	38	Nuplazid .....	44
Mesalamine ER .....	37, 38	<b>O</b>	
metFORMIN HCl .....	38	Odefsey .....	44
metFORMIN HCl ER .....	38	Odomzo .....	44
Methadone HCl .....	38	Ofev .....	44
Methylphenidate HCl .....	39	Ogsiveo .....	44
Methylphenidate HCl ER .....	39	Ojjaara .....	44
Methylphenidate HCl ER (CD) .....	38	OLANZapine .....	44
Methylphenidate HCl ER (OSM) .....	39	Omega-3-acid Ethyl Esters .....	44
miFEPRIStone .....	39	Omeprazole .....	45
Molnupiravir .....	39	Omnipod 5 G6 Intro (Gen 5) .....	45
Montelukast Sodium .....	39	Omnipod 5 G6 Pods (Gen 5) .....	45
Morphine Sulfate .....	40	Omnipod DASH Pods (Gen 4) .....	45
Morphine Sulfate (PF) .....	40	Onureg .....	45
Morphine Sulfate ER .....	40	Opsumit .....	45
Mounjaro .....	40	Orencia .....	45
Movantik .....	40	Orencia ClickJect .....	45
Multaq .....	40	Orkambi .....	46
Myrbetriq .....	40	Orserdu .....	46
<b>N</b>		Oseltamivir Phosphate .....	46
Naratriptan HCl .....	41	Osphena .....	46
Nayzilam .....	41	Otezla .....	46
Nerlynx .....	41	oxyCODONE HCl .....	46
Neupro .....	41	Oxycodone-Acetaminophen .....	46
Nicotrol NS .....	41	Ozempic (0.25 or 0.5 MG/DOSE) .....	47
Ninlaro .....	41	Ozempic (1 MG/DOSE) .....	47
Nitroglycerin .....	41	Ozempic (2 MG/DOSE) .....	47
NovoLIN 70/30 .....	41	<b>P</b>	
NovoLIN 70/30 FlexPen .....	42	Paliperidone ER .....	47
NovoLIN 70/30 FlexPen Relion .....	42	Pantoprazole Sodium .....	47

Paxlovid (150/100).....	47	Rezurock .....	53
Paxlovid (300/100).....	47	Rezvoglar KwikPen .....	53
PAZOPanib HCl .....	48	Rinvoq.....	53
Pemazyre.....	48	Ritonavir .....	54
Penciclovir .....	48	Rivastigmine .....	54
Pentasa .....	48	Rivastigmine Tartrate.....	54
Pifeltro.....	48	Rizatriptan Benzoate.....	54
Pioglitazone HCl.....	48	Roflumilast.....	54
Pioglitazone HCl-Glimepiride .....	48	Rozlytrek.....	54
Pioglitazone HCl-metFORMIN HCl .....	48	Rubraca .....	54
Piqray (200 MG Daily Dose).....	49	Rybelsus.....	54
Piqray (250 MG Daily Dose).....	49	Rydapt.....	55
Piqray (300 MG Daily Dose).....	49	<b>S</b>	
Pirfenidone .....	49	Scemblix .....	55
Pomalyst.....	49	Scopolamine.....	55
Posaconazole.....	49	Secuado .....	55
Prasugrel HCl.....	49	Selzentry .....	55
Pregabalin .....	50	Serevent Diskus .....	55
Pregabalin ER .....	49	Signifor .....	55
Prevymis .....	50	Sildenafil Citrate .....	55
Prezcobix.....	50	Skyrizi .....	56
Prezista.....	50	Skyrizi (150 MG Dose).....	56
Prolia.....	50	Skyrizi Pen .....	56
Promacta .....	50	Sofosbuvir-Velpatasvir .....	56
<b>Q</b>		Solifenacin Succinate.....	56
Qinlock.....	51	Somavert .....	56
QuiNINE Sulfate.....	51	SORafenib Tosylate.....	56
<b>R</b>		Spiriva HandiHaler .....	57
RABEprazole Sodium.....	51	Spiriva Respimat.....	57
Ramelteon .....	51	Spritam.....	57
Ranolazine ER .....	51	Sprycel .....	57
Rasagiline Mesylate .....	51	Stiolto Respimat.....	57
Rebif.....	52	Stivarga .....	57
Rebif Rebidose.....	51	Stribild.....	57
Rebif Rebidose Titration Pack .....	51	SUMatriptan.....	57
Rebif Titration Pack .....	52	SUMatriptan Succinate .....	58
Relistor.....	52	SUMatriptan Succinate Refill.....	58
Repaglinide-metFORMIN HCl.....	52	SUNItinib Malate.....	58
Restasis Multidose .....	52	Sunlenca.....	58
Retacrit.....	52	Symbicort.....	58
Retevmo .....	53	Symdeko .....	59
Rexulti.....	53	Sympazan.....	59
Reyvow .....	53	Symtuza.....	59
Rezlidhia .....	53		

<b>T</b>		<b>U</b>	
Tabrecta.....	59	Ukoniq.....	65
Tacrolimus .....	59	Uptravi .....	65
Tadalafil (PAH) .....	59	Uptravi Titration .....	65
Tafinlar.....	59	<b>V</b>	
Tagrisso.....	59	valGANciclovir HCl.....	65
Talzenna.....	60	Valtoco 10 MG Dose .....	65
Tasigna.....	60	Valtoco 15 MG Dose .....	65
Tasimelteon.....	60	Valtoco 20 MG Dose .....	65
Tazverik .....	60	Valtoco 5 MG Dose .....	66
Temazepam .....	60	Vanflyta.....	66
Tenofovir Disoproxil Fumarate .....	60	Varenicline Tartrate .....	66
Tepmetko .....	60	Venclexta .....	66
Terbinafine HCl .....	61	Venclexta Starting Pack .....	66
Teriflunomide .....	61	Venlafaxine HCl ER .....	66, 67
Teriparatide (Recombinant) .....	61	Ventavis .....	67
Testosterone .....	61	Verquvo.....	67
Tetrabenazine.....	61	Verzenio.....	67
Thalomid.....	61	Victoza .....	67
Tibsovo .....	62	Vilazodone HCl .....	67
Tolterodine Tartrate ER .....	62	Viread.....	67
Toremifene Citrate .....	62	Vitrakvi .....	67
Tradjenta .....	62	Vizimpro .....	68
traMADol HCl .....	62	Vonjo.....	68
traMADol HCl ER .....	62	Voriconazole.....	68
Trelegy Ellipta .....	62	Vraylar .....	68
Tresiba.....	63	Vyndaqel.....	68
Tresiba FlexTouch .....	63	<b>W</b>	
Triazolam .....	63	Welireg.....	68
Trientine HCl .....	63	<b>X</b>	
Triklo.....	63	Xalkori .....	68
Trintellix .....	63	Xarelto.....	69
Triumeq PD.....	63	Xarelto Starter Pack .....	69
Trospium Chloride ER.....	63	Xcopri .....	69
Trulicity.....	64	Xcopri (250 MG Daily Dose) .....	69
Truqap.....	64	Xcopri (350 MG Daily Dose) .....	69
Truseltiq (100MG Daily Dose).....	64	Xeljanz .....	69
Truseltiq (125MG Daily Dose).....	64	Xeljanz XR.....	69
Truseltiq (50MG Daily Dose).....	64	Xermelo.....	70
Truseltiq (75MG Daily Dose).....	64	Xifaxan.....	70
Tukysa.....	64	Xigduo XR .....	70
Turalio.....	64	Xiidra .....	70
Tymlos .....	65	Xospata .....	70
		Xpovio (100 MG Once Weekly).....	70

Xpovio (40 MG Once Weekly).....	70, 71	Zebutal .....	72
Xpovio (40 MG Twice Weekly) .....	71	Zejula .....	72
Xpovio (60 MG Once Weekly).....	71	Zelboraf.....	72
Xpovio (60 MG Twice Weekly).....	71	Zolinza .....	73
Xpovio (80 MG Once Weekly).....	71	ZOLMitriptan.....	73
Xpovio (80 MG Twice Weekly).....	71	Zolpidem Tartrate .....	73
Xtandi.....	72	Zolpidem Tartrate ER .....	73
Xyrem .....	72	Zonisade.....	73
<b>Y</b>		Zurzuvae .....	73
Yonsa .....	72	Zydelig.....	73
<b>Z</b>		Zykadia .....	73
Zaleplon .....	72		



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1- 855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo (Diné):** Díí ats'íís dóó azee' bínda'í díłkidgo, Dinék'ehjí yadałti'iigi ła' bich'í' hadíídzih. Béésh bee hane'é t'áá jíík'e be' hódíílnih, 1-855-592-7737 (TTY: 711).

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagotang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugano panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-592-7737 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारा 4ाTV याT दवाT का या जनाT क बारा मँ आपका ककसा भा ँ क जवाTब दना क िाTाTए हमारा पाTसय. दा, भािाकयाT सा वाए उिापाह. एक दा, भाTिाकयाT ँाT™ करना क िाकए, बस हमँ 1-855-592-7737 (TTY: 711) पर फा न करँ . का ई DFiाT4 जा कहला ब िााTाT हआपका मदद कर सकताT हआ . यह एक मा, 4 सा वाT हआ .

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jisrele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。