



## **Molina Medicare Complete Care (HMO D-SNP)**

**y**

## **Molina Medicare Complete Care Select (HMO D-SNP)**

### **Formulario 2025**

**(Lista de medicamentos cubiertos o**

**“Lista de medicamentos”):**

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

HPMS Approved Formulary File Submission ID 00025316

Este formulario se actualizó el 04/01/2025. Para obtener información actualizada, o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Complete Care y Molina Medicare Complete Care Select al (800) 665-3086, (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar

[MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)

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MHW Part #4564-2409

MHW-9/4/2024, HCA-9/11/2024 (41714)

04/01/2025



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

Cuando esta Lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando se mencionan las palabras “plan” o “nuestro plan”, se refiere a Molina Medicare Complete Care y Molina Medicare Complete Care Select.

En este documento, se incluye una Lista de medicamentos (formulario) de nuestro plan, la cual está vigente a partir del 04/01/2025. Para recibir una versión actualizada de la Lista de medicamentos (formulario), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparecen en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2025 y de vez en cuando durante el año.

## **¿Qué significa formulario de Molina Medicare Complete Care y Molina Medicare Complete Care Select?**

En este documento, usamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una Lista de medicamentos cubiertos seleccionados por nuestro plan con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, nuestro plan cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea medicamento necesario, la receta médica se surta en una farmacia de la red de plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

## **¿Puede cambiar el formulario?**

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nuestro plan puede agregar o eliminar medicamentos del formulario durante el año, moverlos a diferentes categorías de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare en la elaboración de estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí:

[MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

**Cambios que pueden afectarle este año:** En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar de inmediato un medicamento de marca de nuestro formulario si lo reemplazamos por una nueva versión de ese medicamento que aparecerá en la misma categoría de costos compartidos o en una categoría inferior, y con las mismas o menos restricciones. Cuando agregamos una nueva versión del medicamento, podemos decidir mantener el medicamento de marca o el producto biológico en nuestro formulario, pero inmediatamente pasarlo a una categoría de costo compartido diferente o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas nuevas versiones biosimilares de un producto

biológico original, que ya estaba en el formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si usted está tomando el medicamento de marca o un producto biológico original, es posible que no le avisemos antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que realizamos.

Si llevamos a cabo ese cambio, usted o el recetador puede solicitarnos hacer una excepción y continuar con la cobertura del medicamento que será cambiado. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Molina Medicare Complete Care y Molina Medicare Complete Care Select?”.

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

- **Medicamentos retirados del mercado.** Si el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento se retira de la venta por razones de seguridad o eficacia, podemos eliminarlo inmediatamente de nuestro formulario y luego notificar a los miembros que toman ese medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando el medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o cambiarlo a una categoría de costo compartido diferente, o ambos. Podemos hacer cambios según las nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad o restricciones en terapia escalonada a un medicamento, o movemos un medicamento a un nivel de costo compartido superior, debemos notificar del cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita una renovación del medicamento, puede recibir un suministro de 31 días del medicamento y un aviso del cambio.

Si realizamos estos otros cambios, usted o su recetador puede solicitarnos hacer una excepción y continuar con la cobertura del medicamento que está tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. Asimismo, también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario de Molina Medicare Complete Care y Molina Medicare Complete Care Select?”.

**Cambios que no le afectarán si está tomando el medicamento.** Por lo general, si está tomando un medicamento de nuestro formulario para el 2025 que estaba cubierto al principio del año, no reduciremos ni dejaremos de ofrecer la cobertura de ese medicamento durante el año de cobertura 2025, excepto según lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no le afecten. Sin embargo, el 1 de enero

del año siguiente, dichos cambios le afectarán, y es importante revisar el formulario del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente a partir del 04/01/2025. Para obtener información actualizada sobre los medicamentos que nuestro plan cubre, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

## **¿Cómo uso el formulario?**

Hay dos maneras de encontrar un medicamento en el formulario:

### **Enfermedad**

El formulario comienza en la página 6. Los medicamentos de este formulario se agrupan en categorías según el tipo de enfermedades que tratan normalmente. Por ejemplo, los medicamentos que se utilizan para tratar una enfermedad cardíaca se enumeran en la categoría Cardiovascular. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 6. Luego, busque en el nombre de la categoría que corresponda a su medicamento.

### **Orden alfabético**

Si no está seguro de en qué grupo debe buscar, busque su medicamento en el Índice que comienza en la página 89. En el Índice, se proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

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

Nuestro plan cubre medicamentos de marca registrada y medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y contiene el mismo principio activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos funcionan igual de bien y por lo general, tienen un precio menor que los medicamentos de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente se pueden sustituir por medicamentos de marca en la farmacia sin una nueva receta, según las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. En general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de Medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

## ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en relación con la cobertura. A continuación, se indican algunos de estos requisitos y límites:

- **Autorización Previa:** Nuestro plan exige que usted o su recetador obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de nuestro plan antes de surtir sus recetas médicas. Si no recibe la aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de Cantidad:** en el caso de ciertos medicamentos, nuestro plan limita la cantidad de medicamento que nuestro plan cubrirá. Por ejemplo, nuestro plan proporciona 30 comprimidos cada 30 días por receta de esomeprazol 40 mg. Esto puede sumarse al suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, es posible que nuestro plan no cubra el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces nuestro plan cubrirá el Medicamento B.

Puede consultar si su medicamento tiene requisitos o límites adicionales en el formulario al consultar la página 6. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio web. Publicamos documentos en línea en los que se explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a nuestro plan que haga una excepción a estas restricciones o límites, o que haga una excepción para una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección “¿Cómo solicito una excepción al formulario de Molina Medicare Complete Care y Molina Medicare Complete Care Select?” en la página 4 para obtener información sobre cómo solicitar una excepción.

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

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

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una Lista de medicamentos similares que nuestro plan cubre. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar cubierto por nuestro plan.
- Puede solicitarle a nuestro plan que haga una excepción y que cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al Formulario de Molina Medicare Complete Care y Molina Medicare Complete Care Select?

Puede solicitar a nuestro plan que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos que hagamos.

- Por ejemplo, puede solicitarnos que cubramos un medicamento, aunque no se encuentre en el formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede solicitar que no apliquemos una restricción de cobertura que incluya autorización previa, terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, en el caso de ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que otorguemos una mayor cobertura.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que este medicamento se encuentre en la categoría de medicamentos especializados. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.

Por lo general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o las restricciones de utilización adicionales son menos eficaces para tratar su afección o tienen efectos médicos adversos en usted.

Usted o su recetador debe comunicarse con nosotros para solicitar una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, su recetador deberá explicar las razones médicas que justifiquen por qué la requiere.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la obtención de la declaración de respaldo de su recetador. Puede solicitar una apelación acelerada (rápida) si usted cree, y nosotros estamos de acuerdo, que su salud se podría ver gravemente perjudicada si espera hasta 72 horas para recibir la decisión. Si estamos de acuerdo, o si su recetador solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos la declaración de respaldo de su recetador.

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

Como miembro nuevo o continuo en nuestro plan, podría estar tomando medicamentos que no están en nuestro formulario. O, es posible que esté tomando un medicamento que está en nuestro formulario pero que tiene una restricción en la cobertura, como una autorización previa. Debe hablar con su recetador acerca de la solicitud de una decisión de cobertura que demuestre que usted cumple los criterios de aprobación, debe hablar acerca del cambio a un medicamento alternativo que cubrimos o sobre la solicitud de una excepción del formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción adecuado en su caso, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que es miembro de nuestro plan.

Para cada medicamento que no esté en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro provisional de 31 días. Si su receta médica está escrita para menos días, permitiremos varias renovaciones con el objetivo de proveer hasta un máximo de 31 días de suministro del medicamento. Si la cobertura no está aprobada, después de su primer suministro de 31 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan durante un período inferior a 90 días.

Si es residente de un establecimiento de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para recibir medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras se presenta una excepción de formulario.

### **Para obtener más información**

Para obtener información más detallada acerca de su cobertura de medicamentos recetados de su plan, revise la Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

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

### **Molina Medicare Complete Care y Molina Medicare Complete Care Select Formulary**

En el formulario a continuación, se proporciona información de cobertura respecto a los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice que comienza en la página 89.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (p. ej., CIPRO) y los medicamentos genéricos aparecen en minúsculas y cursiva (p. ej., ciprofloxacina).

La información en la columna Requisitos/Límites indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

PA = autorización previa (prior authorization) (aprobación): debe obtener una aprobación para recibir este medicamento.

QL = Límites de Cantidad (Quantity Limits): la cantidad de medicamento que cubrirá el plan.

ST = Criterios de Terapia Escalonada (Step Therapy Criteria): debe probar otro medicamento antes de obtener este.

NM = Pedido sin Envío (Non-Mail Order): este medicamento no se puede adquirir por correo.

B/D = este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

LA = (Limited Access Drug) Medicamento de Acceso Limitado: es posible que este medicamento solo esté disponible en algunas farmacias.

\_ = Medicamentos no Incluidos en la Parte D o artículos OTC cubiertos por Medicaid.

NDS = (Non-Extended Days Supply) Suministro sin extensión de días: se limitará la cantidad de días de suministro que puede recibir.



**MOLINA\_CY25\_1T\_SNP\_PMOD eff 04/01/2025****Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

|  |   |                         |
|--|---|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | 1 |                         |
| <i>colchicine</i> CAPS .6mg                    | 1 | QL (60 caps / 30 days)  |
| <i>colchicine</i> TABS .6mg                    | 1 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |                         |
| MITIGARE CAPS .6mg                             | 1 | QL (60 caps / 30 days)  |
| <i>probenecid</i> TABS 500mg                   | 1 |                         |

**MISCELLANEOUS**

|   |   |     |
|---|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
|---|---|-----|

**NSAIDS**

|  |   |                         |
|--|---|-------------------------|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | 1 | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg  | 1 | QL (30 caps / 30 days)  |
| <i>diclofenac potassium</i> TABS 50mg  | 1 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                     | 1 |                         |
| <i>diflunisal</i> TABS 500mg   | 1 |                         |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1 |                         |
| <i>flurbiprofen</i> TABS 100mg   | 1 |                         |
| <i>ibu</i> TABS 400mg, 600mg, 800mg  | 1 |                         |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                      | 1 |                         |
| <i>meloxicam</i> TABS 7.5mg, 15mg  | 1 |                         |
| <i>nabumetone</i> TABS 500mg, 750mg  | 1 |                         |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | 1 |                         |
| <i>naproxen</i> TBEC 375mg   | 1 | QL (120 tabs / 30 days) |
| <i>naproxen dr</i> TBEC 500mg  | 1 | QL (90 tabs / 30 days)  |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                       | 1 |                         |
| <i>piroxicam</i> CAPS 10mg, 20mg   | 1 |                         |
| <i>sulindac</i> TABS 150mg, 200mg  | 1 |                         |

**OPIOID ANALGESICS, LONG-ACTING**

|  |   |                               |
|--|---|-------------------------------|
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr                                 | 1 | QL (4 patches / 28 days), PA  |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 1 | QL (10 patches / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg  | 1 | QL (30 tabs / 30 days), PA    |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg             | 1                | NDS, QL (30 tabs / 30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml                 | 1                | QL (450 mL / 30 days), PA       |
| <i>methadone hcl</i> TABS 5mg, 10mg                         | 1                | QL (90 tabs / 30 days), PA      |
| <i>methadone hydrochloride i</i> CONC 10mg/ml               | 1                | QL (90 mL / 30 days), PA        |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 1                | QL (90 tabs / 30 days), PA      |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg     | 1                | QL (60 tabs / 30 days), PA      |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                      |                  |                                 |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>          | 1                | QL (2700 mL / 30 days)          |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>               | 1                | QL (400 tabs / 30 days)         |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>               | 1                | QL (360 tabs / 30 days)         |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>               | 1                | QL (180 tabs / 30 days)         |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml             | 1                |                                 |
| <i>endocet tab 2.5-325mg</i>                                | 1                | QL (360 tabs / 30 days)         |
| <i>endocet tab 5-325mg</i>                                  | 1                | QL (360 tabs / 30 days)         |
| <i>endocet tab 7.5-325mg</i>                                | 1                | QL (240 tabs / 30 days)         |
| <i>endocet tab 10-325mg</i>                                 | 1                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>       | 1                | QL (2700 mL / 30 days)          |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>               | 1                | QL (240 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>             | 1                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>              | 1                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                 | 1                | QL (150 tabs / 30 days)         |
| <i>hydromorphone hcl</i> LIQD 1mg/ml                        | 1                | QL (600 mL / 30 days)           |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg                 | 1                | QL (180 tabs / 30 days)         |
| <i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml        | 1                | B/D                             |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml             | 1                | QL (900 mL / 30 days)           |
| <i>morphine sulfate</i> SOLN 100mg/5ml                      | 1                | QL (180 mL / 30 days)           |
| <i>morphine sulfate</i> TABS 15mg, 30mg                     | 1                | QL (180 tabs / 30 days)         |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                 | 1                |                                 |
| <i>oxycodone hcl</i> CONC 100mg/5ml                         | 1                | QL (180 mL / 30 days)           |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                           | 1                | QL (900 mL / 30 days)           |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg       | 1                | QL (180 tabs / 30 days)         |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>            | 1                | QL (360 tabs / 30 days)         |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>              | 1                | QL (360 tabs / 30 days)         |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>            | 1                | QL (240 tabs / 30 days)         |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>          | 1                | QL (180 tabs / 30 days)       |
| <i>tramadol hcl TABS 50mg</i>                            | 1                | QL (240 tabs / 30 days)       |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>            | 1                | QL (240 tabs / 30 days)       |
| <b>ANTI-INFECTIVES</b>                                   |                  |                               |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                   |                  |                               |
| <i>albendazole TABS 200mg</i>                            | 1                | NDS, QL (672 tabs / year), PA |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>          | 1                |                               |
| ARIKAYCE SUSP 590mg/8.4ml                                | 1                | NDS, NM, PA                   |
| <i>atovaquone SUSP 750mg/5ml</i>                         | 1                | QL (300 mL / 30 days), PA     |
| <i>aztreonam SOLR 1gm, 2gm</i>                           | 1                |                               |
| CAYSTON SOLR 75mg  | 1                | NDS, NM, PA                   |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>           | 1                |                               |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i> | 1                |                               |
| <i>clindamycin phosphate SOLN 900mg/6ml</i>              | 1                |                               |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>  | 1                |                               |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>  | 1                |                               |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>  | 1                |                               |
| CLINDMYC/NAC INJ 300/50ML                                | 1                |                               |
| CLINDMYC/NAC INJ 600/50ML                                | 1                |                               |
| CLINDMYC/NAC INJ 900/50ML                                | 1                |                               |
| <i>colistimethate sodium SOLR 150mg</i>                  | 1                |                               |
| <i>dapsone TABS 25mg, 100mg</i>                          | 1                |                               |
| DAPTOMYCIN SOLR 350mg                                    | 1                | NDS                           |
| <i>daptomycin SOLR 350mg, 500mg</i>                      | 1                | NDS                           |
| EMVERM CHEW 100mg  | 1                | NDS, QL (12 tabs / year)      |
| <i>ertapenem sodium SOLR 1gm</i>                         | 1                |                               |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                | 1                |                               |
| <i>gentamicin in saline inj 1 mg/ml</i>                  | 1                |                               |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                | 1                |                               |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                | 1                |                               |
| <i>gentamicin in saline inj 2 mg/ml</i>                  | 1                |                               |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>          | 1                |                               |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>   | 1                |                               |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i>   | 1                |                               |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| IMPAVIDO CAPS 50mg  | 1                | NDS, PA                         |
| ivermectin TABS 3mg   | 1                | QL (12 tabs / 90 days), PA      |
| linezolid SOLN 600mg/300ml                                      | 1                |                                 |
| linezolid SUSR 100mg/5ml  | 1                | NDS, QL (1800 mL / 30 days)     |
| linezolid TABS 600mg  | 1                | QL (60 tabs / 30 days)          |
| LINEZOLID INJ 2MG/ML  | 1                |                                 |
| meropenem SOLR 1gm, 500mg                                       | 1                |                                 |
| methenamine hippurate TABS 1gm                                  | 1                |                                 |
| metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg               | 1                |                                 |
| neomycin sulfate TABS 500mg                                     | 1                |                                 |
| nitazoxanide TABS 500mg   | 1                | NDS, QL (6 tabs / 30 days)      |
| nitrofurantoin macrocrystal CAPS 50mg, 100mg                    | 1                |                                 |
| nitrofurantoin monohyd macro CAPS 100mg                         | 1                |                                 |
| pentamidine isethionate inh SOLR 300mg                          | 1                | B/D                             |
| pentamidine isethionate inj SOLR 300mg                          | 1                |                                 |
| polymyxin b sulfate SOLR 500000unit                             | 1                |                                 |
| praziquantel TABS 600mg   | 1                |                                 |
| pyrimethamine TABS 25mg   | 1                | NDS, QL (90 tabs / 30 days), PA |
| streptomycin sulfate SOLR 1gm                                   | 1                | NDS                             |
| sulfadiazine TABS 500mg   | 1                | NDS                             |
| sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml             | 1                |                                 |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml                | 1                |                                 |
| sulfamethoxazole-trimethoprim tab 400-80 mg                     | 1                |                                 |
| sulfamethoxazole-trimethoprim tab 800-160 mg                    | 1                |                                 |
| tinidazole TABS 250mg, 500mg                                    | 1                |                                 |
| TOBI PODHALER CAPS 28mg   | 1                | NDS, NM, PA                     |
| tobramycin NEBU 300mg/5ml                                       | 1                | NDS, NM, PA                     |
| tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml  | 1                |                                 |
| trimethoprim TABS 100mg   | 1                |                                 |
| vancomycin hcl CAPS 125mg                                       | 1                | QL (80 caps / 180 days)         |
| vancomycin hcl CAPS 250mg                                       | 1                | QL (160 caps / 180 days)        |
| vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1                |                                 |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| VANCOMYCIN INJ 1 GM  | 1                |   |
| VANCOMYCIN INJ 500MG   | 1                |   |
| VANCOMYCIN INJ 750MG   | 1                |   |
| <b>ANTIFUNGALS</b>   |                  |   |
| ABELCET SUSP 5mg/ml  | 1                | B/D   |
| <i>amphotericin b</i> SOLR 50mg  | 1                | B/D   |
| <i>amphotericin b liposome</i> SUSR 50mg                                 | 1                | NDS, B/D  |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg                               | 1                |   |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1                |   |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>                         | 1                |   |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>                         | 1                |   |
| <i>flucytosine</i> CAPS 250mg, 500mg                                     | 1                | NDS, PA   |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg                 | 1                |   |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg                     | 1                |   |
| <i>itraconazole</i> CAPS 100mg   | 1                | PA  |
| <i>ketoconazole</i> TABS 200mg   | 1                | PA  |
| <i>miconazole sodium</i> SOLR 50mg, 100mg                                | 1                |   |
| <i>nystatin</i> TABS 500000unit  | 1                |   |
| <i>posaconazole</i> SUSP 40mg/ml   | 1                | NDS, QL (630 mL / 30 days), PA  |
| <i>posaconazole</i> TBEC 100mg   | 1                | NDS, QL (93 tabs / 30 days), PA   |
| <i>terbinafine hcl</i> TABS 250mg  | 1                | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| <i>voriconazole</i> SOLR 200mg   | 1                | PA  |
| <i>voriconazole</i> SUSR 40mg/ml   | 1                | NDS, QL (600 mL / 28 days), PA  |
| <i>voriconazole</i> TABS 50mg  | 1                | QL (480 tabs / 30 days)   |
| <i>voriconazole</i> TABS 200mg   | 1                | QL (120 tabs / 30 days)   |
| <b>ANTIMALARIALS</b>   |                  |   |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>                           | 1                |   |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>                           | 1                |   |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                           | 1                |   |
| COARTEM TAB 20-120MG   | 1                |   |
| <i>mefloquine hcl</i> TABS 250mg   | 1                |   |
| <i>primaquine phosphate</i> TABS 26.3mg                                  | 1                |   |
| PRIMAQUINE PHOSPHATE TABS 26.3mg   | 1                |   |
| <i>quinine sulfate</i> CAPS 324mg  | 1                | PA  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <b>ANTI-RETROVIRAL AGENTS</b>                           |                  |                                  |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg        | 1                | NM                               |
| APTIVUS CAPS 250mg                                      | 1                | NDS, NM                          |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg      | 1                | NM                               |
| <i>darunavir</i> TABS 600mg                             | 1                | NDS, QL (60 tabs / 30 days), NM  |
| <i>darunavir</i> TABS 800mg                             | 1                | NDS, QL (30 tabs / 30 days), NM  |
| EDURANT TABS 25mg                                       | 1                | NDS, NM                          |
| <i>efavirenz</i> TABS 600mg                             | 1                | NM                               |
| <i>emtricitabine</i> CAPS 200mg                         | 1                | NM                               |
| EMTRIVA SOLN 10mg/ml                                    | 1                | NM                               |
| <i>etravirine</i> TABS 100mg, 200mg                     | 1                | NDS, NM                          |
| <i>fosamprenavir calcium</i> TABS 700mg                 | 1                | NDS, NM                          |
| FUZEON SOLR 90mg  | 1                | NDS, NM                          |
| INTELENCE TABS 25mg                                     | 1                | NM                               |
| ISENTRESS CHEW 25mg                                     | 1                | NM                               |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg            | 1                | NDS, NM                          |
| ISENTRESS HD TABS 600mg                                 | 1                | NDS, NM                          |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg       | 1                | NM                               |
| <i>maraviroc</i> TABS 150mg, 300mg                      | 1                | NDS, NM                          |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1                | NM                               |
| NORVIR PACK 100mg                                       | 1                | NM                               |
| PIFELTRO TABS 100mg                                     | 1                | NDS, NM                          |
| PREZISTA SUSP 100mg/ml                                  | 1                | NDS, QL (400 mL / 30 days), NM   |
| PREZISTA TABS 75mg                                      | 1                | QL (480 tabs / 30 days), NM      |
| PREZISTA TABS 150mg                                     | 1                | NDS, QL (240 tabs / 30 days), NM |
| REYATAZ PACK 50mg                                       | 1                | NDS, NM                          |
| <i>ritonavir</i> TABS 100mg                             | 1                | NM                               |
| RUKOBIA TB12 600mg                                      | 1                | NDS, NM                          |
| SELZENTRY SOLN 20mg/ml                                  | 1                | NDS, NM                          |
| SUNLENCA TBPK 300mg                                     | 1                | NDS, NM                          |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg         | 1                | NM                               |
| TIVICAY TABS 10mg                                       | 1                | NM                               |
| TIVICAY TABS 25mg, 50mg                                 | 1                | NDS, NM                          |
| TIVICAY PD TBSO 5mg                                     | 1                | NDS, NM                          |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| TROGARZO SOLN 200mg/1.33ml  | 1                | NDS, NM                    |
| TYBOST TABS 150mg   | 1                | NM                         |
| VIRACEPT TABS 250mg, 625mg  | 1                | NDS, NM                    |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                     | 1                | NDS, NM                    |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg           | 1                | NM                         |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                          |                  |                            |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | 1                | NM                         |
| BIKTARVY TAB 30-120-15 MG   | 1                | NDS, NM                    |
| BIKTARVY TAB 50-200-25 MG   | 1                | NDS, NM                    |
| CIMDUO TAB 300-300  | 1                | NDS, NM                    |
| COMPLERA TAB  | 1                | NDS, NM                    |
| DELSTRIGO TAB   | 1                | NDS, NM                    |
| DESCOVY TAB 120-15MG  | 1                | NDS, NM                    |
| DESCOVY TAB 200/25MG  | 1                | NDS, NM                    |
| DOVATO TAB 50-300MG   | 1                | NDS, NM                    |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 1                | NDS, NM                    |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 1                | NDS, NM                    |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 1                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1                | NM                         |
| EVOTAZ TAB 300-150  | 1                | NDS, NM                    |
| GENVOYA TAB   | 1                | NDS, NM                    |
| JULUCA TAB 50-25MG  | 1                | NDS, NM                    |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 1                | NM                         |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 1                | NM                         |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 1                | NM                         |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 1                | NM                         |
| ODEFSEY TAB   | 1                | NDS, NM                    |
| PREZCOBIX TAB 800-150   | 1                | NDS, NM                    |
| STRIBILD TAB  | 1                | NDS, NM                    |
| SYMTUZA TAB   | 1                | NDS, NM                    |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| TRIUMEQ PD TAB   | 1                | NM                                   |
| TRIUMEQ TAB  | 1                | NDS, NM                              |
| <b>ANTITUBERCULAR AGENTS</b>                                   |                  |                                      |
| <i>cycloserine</i> CAPS 250mg                                  | 1                | NDS                                  |
| <i>ethambutol hcl</i> TABS 100mg, 400mg                        | 1                |                                      |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg              | 1                |                                      |
| PRIFTIN TABS 150mg   | 1                |                                      |
| <i>pyrazinamide</i> TABS 500mg                                 | 1                |                                      |
| <i>rifabutin</i> CAPS 150mg                                    | 1                |                                      |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                  | 1                |                                      |
| SIRTURO TABS 20mg, 100mg                                       | 1                | NDS, NM, PA                          |
| TRECTOR TABS 250mg   | 1                |                                      |
| <b>ANTIVIRALS</b>  |                  |                                      |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1                |                                      |
| <i>acyclovir sodium</i> SOLN 50mg/ml                           | 1                | B/D                                  |
| <i>adefovir dipivoxil</i> TABS 10mg                            | 1                | NM                                   |
| BARACLUDE SOLN .05mg/ml  | 1                | NDS, NM, ST                          |
| <i>entecavir</i> TABS .5mg, 1mg                                | 1                | NM                                   |
| EPCLUSA PAK 150-37.5   | 1                | NDS, NM, PA                          |
| EPCLUSA PAK 200-50MG   | 1                | NDS, NM, PA                          |
| EPCLUSA TAB 200-50MG   | 1                | NDS, NM, PA                          |
| EPCLUSA TAB 400-100  | 1                | NDS, NM, PA                          |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                    | 1                |                                      |
| <i>ganciclovir sodium</i> SOLR 500mg                           | 1                | B/D                                  |
| HARVONI PAK 33.75-150MG  | 1                | NDS, NM, PA                          |
| HARVONI PAK 45-200MG   | 1                | NDS, NM, PA                          |
| HARVONI TAB 45-200MG   | 1                | NDS, NM, PA                          |
| HARVONI TAB 90-400MG   | 1                | NDS, NM, PA                          |
| <i>lamivudine (hbv)</i> TABS 100mg                             | 1                | NM                                   |
| LIVTENCITY TABS 200mg  | 1                | NDS, QL (336 tabs / 28 days), NM, PA |
| MAVYRET PAK 50-20MG  | 1                | NDS, NM, PA                          |
| MAVYRET TAB 100-40MG   | 1                | NDS, NM, PA                          |
| <i>oseltamivir phosphate</i> CAPS 30mg                         | 1                | QL (168 caps / year)                 |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg                   | 1                | QL (84 caps / year)                  |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml                       | 1                | QL (1080 mL / year)                  |
| PAXLOVID TAB 150-100   | 1                | NDS, QL (40 tabs / 90 days)          |
| PAXLOVID TAB 300-100   | 1                | NDS, QL (60 tabs / 90 days)          |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                               | 1                | NDS, NM, PA                     |
| PREVYMIS TABS 240mg, 480mg  | 1                | NDS, QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister                                      | 1                | QL (6 inhalers / year)          |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg                   | 1                | NM                              |
| <i>rimantadine hydrochloride</i> TABS 100mg                             | 1                |                                 |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                                 | 1                |                                 |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                                  | 1                | NDS                             |
| <i>valganciclovir hcl</i> TABS 450mg                                    | 1                |                                 |
| VOSEVI TAB  | 1                | NDS, NM, PA                     |
| XOFLUZA TBPK 40mg, 80mg   | 1                | QL (1 tab / 180 days)           |
| <b>CEPHALOSPORINS</b>   |                  |                                 |
| <i>cefaclor</i> CAPS 250mg, 500mg                                       | 1                |                                 |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml                 | 1                |                                 |
| CEFAZOLIN SOLR 2gm, 3gm   | 1                |                                 |
| CEFAZOLIN INJ 1GM/50ML  | 1                |                                 |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg                 | 1                |                                 |
| CEFAZOLIN SOLN 2GM/100ML-4%   | 1                |                                 |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%   | 1                |                                 |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%   | 1                |                                 |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%  | 1                |                                 |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                   | 1                |                                 |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                       | 1                |                                 |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml                   | 1                |                                 |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm                                 | 1                |                                 |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                             | 1                |                                 |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1                |                                 |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg           | 1                |                                 |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                   | 1                |                                 |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg             | 1                |                                 |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                              | 1                |                                 |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                              | 1                |                                 |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml          | 1                |                                 |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm   | 1                |                            |
| TEFLARO SOLR 400mg, 600mg   | 1                | NDS                        |
| <b>ERYTHROMYCINS/MACROLIDES</b>   |                  |                            |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg                               | 1                |                            |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg  | 1                |                            |
| DIFICID SUSR 40mg/ml; TABS 200mg  | 1                | NDS                        |
| <i>e.e.s. 400</i> TABS 400mg  | 1                |                            |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg   | 1                |                            |
| ERYTHROCIN LACTOBIONATE SOLR 500mg  | 1                |                            |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg  | 1                |                            |
| <i>erythromycin ethylsuccinate</i> TABS 400mg   | 1                |                            |
| <i>erythromycin lactobionate</i> SOLR 500mg   | 1                |                            |
| <b>FLUOROQUINOLONES</b>   |                  |                            |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>  | 1                |                            |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>  | 1                |                            |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg   | 1                |                            |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg  | 1                |                            |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>  | 1                |                            |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>   | 1                |                            |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>   | 1                |                            |
| <i>moxifloxacin hcl</i> TABS 400mg  | 1                |                            |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>  | 1                |                            |
| <b>PENICILLINS</b>  |                  |                            |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1                |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>                                    | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>                                    | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>                          | 1                |                            |
| <i>ampicillin CAPS 500mg</i>   | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>                          | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>                              | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>                      | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>                          | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>                        | 1                |                            |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>                        | 1                |                            |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>                 | 1                |                            |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>  | 1                |                            |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>  | 1                |                            |
| <i>nafcillin sodium SOLR 10gm</i>  | 1                | NDS                        |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>  | 1                |                            |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>                             | 1                |                            |
| <i>penicillin g sodium SOLR 5000000unit</i>  | 1                |                            |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>               | 1                |                            |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>  | 1                |                            |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                      | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>                       | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                         | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>                       | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>                       | 1                |                            |
| <b>TETRACYCLINES</b>   |                  |                            |
| <i>doxy 100 SOLR 100mg</i>   | 1                |                            |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg              | 1                |                                    |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg  | 1                |                                    |
| NUZYRA SOLR 100mg  | 1                | NDS, NM                            |
| NUZYRA TABS 150mg  | 1                | NDS, QL (30 tabs / 14 days), NM    |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg  | 1                |                                    |
| <i>tigecycline</i> SOLR 50mg   | 1                | NDS                                |
| <b>ANTINEOPLASTIC AGENTS</b>   |                  |                                    |
| <b>ALKYLATING AGENTS</b>   |                  |                                    |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml   | 1                | NDS, B/D, NM                       |
| BENDEKA SOLN 100mg/4ml   | 1                | NDS, B/D, NM                       |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml                   | 1                | B/D                                |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                              | 1                | B/D                                |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg                               | 1                | B/D                                |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                       | 1                | NDS, B/D, NM                       |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml        | 1                | NDS, B/D                           |
| <i>cyclophosphamide</i> SOLR 2gm   | 1                | NDS, B/D                           |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg   | 1                | B/D                                |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml  | 1                | NDS, B/D                           |
| GLEOSTINE CAPS 10mg, 40mg  | 1                | NM                                 |
| GLEOSTINE CAPS 100mg   | 1                | NDS, NM                            |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg                   | 1                | B/D                                |
| <i>oxaliplatin</i> SOLR 100mg  | 1                | NDS, B/D                           |
| <b>ANTIMETABOLITES</b>   |                  |                                    |
| <i>azacitidine</i> SUSR 100mg  | 1                | NDS, B/D, NM                       |
| <i>cytarabine</i> SOLN 20mg/ml   | 1                | B/D                                |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                   | 1                | B/D                                |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 1                | B/D                                |
| INQOVI TAB 35-100MG  | 1                | NDS, QL (5 tabs / 28 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| LONSURF TAB 15-6.14  | 1                | NDS, QL (100 tabs / 28 days), NM, PA |
| LONSURF TAB 20-8.19  | 1                | NDS, QL (80 tabs / 28 days), NM, PA  |
| <i>mercaptopurine</i> TABS 50mg  | 1                |                                      |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1                | B/D                                  |
| ONUREG TABS 200mg, 300mg   | 1                | NDS, QL (14 tabs / 28 days), NM, PA  |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg              | 1                | NDS, B/D                             |
| PURIXAN SUSP 2000mg/100ml  | 1                | NDS, NM                              |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                    |                  |                                      |
| <i>abiraterone acetate</i> TABS 250mg                                    | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg                                    | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AKEEGA TAB 50/500MG  | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AKEEGA TAB 100/500   | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>anastrozole</i> TABS 1mg  | 1                |                                      |
| <i>bicalutamide</i> TABS 50mg  | 1                |                                      |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                    | 1                | NM, PA                               |
| ERLEADA TABS 60mg  | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| ERLEADA TABS 240mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| EULEXIN CAPS 125mg   | 1                | NDS                                  |
| <i>exemestane</i> TABS 25mg  | 1                |                                      |
| FIRMAGON SOLR 80mg   | 1                | NM, PA                               |
| FIRMAGON SOLR 120mg/vial   | 1                | NDS, NM, PA                          |
| <i>fulvestrant</i> SOSY 250mg/5ml  | 1                | NDS, B/D                             |
| <i>letrozole</i> TABS 2.5mg  | 1                |                                      |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                  | 1                | NM, PA                               |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg  | 1                | NDS, NM, PA                          |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg                                       | 1                | NDS, NM, PA                          |
| LYSODREN TABS 500mg  | 1                | NDS, NM                              |
| <i>megestrol acetate</i> TABS 20mg, 40mg                                 | 1                |                                      |
| <i>nilutamide</i> TABS 150mg   | 1                | NDS                                  |
| NUBEQA TABS 300mg  | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| ORGOVYX TABS 120mg   | 1                | NDS, NM, PA                          |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| ORSERDU TABS 86mg  | 1                | NDS, QL (90 tabs / 30 days), NM, PA    |
| ORSERDU TABS 345mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA    |
| SOLTAMOX SOLN 10mg/5ml   | 1                | NDS                                    |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                               | 1                |  |
| <i>toremifene citrate</i> TABS 60mg                                    | 1                | PA                                     |
| XTANDI CAPS 40mg   | 1                | NDS, QL (120 caps / 30 days), NM, PA   |
| XTANDI TABS 40mg   | 1                | NDS, QL (120 tabs / 30 days), NM, PA   |
| XTANDI TABS 80mg   | 1                | NDS, QL (60 tabs / 30 days), NM, PA    |
| <b>IMMUNOMODULATORS</b>  |                  |  |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                        | 1                | NDS, QL (28 caps / 28 days), NM, PA    |
| <i>lenalidomide</i> CAPS 20mg, 25mg                                    | 1                | NDS, QL (21 caps / 28 days), NM, PA    |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                       | 1                | NDS, QL (21 caps / 28 days), NM, PA    |
| THALOMID CAPS 50mg   | 1                | NDS, QL (84 caps / 28 days), NM, PA    |
| THALOMID CAPS 100mg  | 1                | NDS, QL (112 caps / 28 days), NM, PA   |
| THALOMID CAPS 150mg, 200mg   | 1                | NDS, QL (56 caps / 28 days), NM, PA    |
| <b>MISCELLANEOUS</b>   |                  |  |
| BESREMI SOSY 500mcg/ml   | 1                | NDS, QL (2 syringes / 28 days), NM, PA |
| <i>bexarotene</i> CAPS 75mg  | 1                | NDS, QL (300 caps / 30 days), NM, PA   |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                                     | 1                | B/D                                    |
| <i>doxorubicin hcl liposomal</i> SUSP 2mg/ml                           | 1                | NDS, B/D                               |
| <i>hydroxyurea</i> CAPS 500mg  | 1                |  |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 1                | B/D                                    |
| IWILFIN TABS 192mg   | 1                | NDS, QL (240 tabs / 30 days), NM, PA   |
| MATULANE CAPS 50mg   | 1                | NDS, NM                                |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                              | 1                | NDS                                    |
| WELIREG TABS 40mg  | 1                | NDS, QL (90 tabs / 30 days), NM, PA    |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <b>MITOTIC INHIBITORS</b>  |                  |                                      |
| <i>docetaxel</i> CONC 20mg/ml  | 1                | B/D                                  |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1                | NDS, B/D                             |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml        | 1                | NDS, B/D                             |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                                    | 1                | NDS, B/D, NM                         |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                          | 1                | B/D                                  |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                | 1                | B/D                                  |
| <i>paclitaxel inj</i> 100mg  | 1                | NDS, B/D, NM                         |
| <i>vincristine sulfate</i> SOLN 1mg/ml   | 1                | B/D                                  |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                             | 1                | B/D                                  |
| <b>MOLECULAR TARGET AGENTS</b>   |                  |                                      |
| ALECENSA CAPS 150mg  | 1                | NDS, QL (240 caps / 30 days), NM, PA |
| ALUNBRIG TABS 30mg   | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| ALUNBRIG TABS 90mg, 180mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ALUNBRIG PAK   | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| AUGTYRO CAPS 40mg  | 1                | NDS, QL (240 caps / 30 days), NM, PA |
| AUGTYRO CAPS 160mg   | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg                                   | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BALVERSA TABS 3mg  | 1                | NDS, QL (84 tabs / 28 days), NM, PA  |
| BALVERSA TABS 4mg  | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| BALVERSA TABS 5mg  | 1                | NDS, QL (28 tabs / 28 days), NM, PA  |
| BORTEZOMIB SOLR 1mg, 2.5mg   | 1                | NM, PA                               |
| <i>bortezomib</i> SOLR 3.5mg   | 1                | NDS, NM, PA                          |
| BOSULIF CAPS 50mg  | 1                | NDS, QL (360 caps / 30 days), NM, PA |
| BOSULIF CAPS 100mg   | 1                | NDS, QL (150 caps / 25 days), NM, PA |
| BOSULIF TABS 100mg   | 1                | NDS, QL (180 tabs / 30 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| BOSULIF TABS 400mg, 500mg                            | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BRAFTOVI CAPS 75mg                                   | 1                | NDS, QL (180 caps / 30 days), NM, PA |
| BRUKINSA CAPS 80mg                                   | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg                      | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| CALQUENCE CAPS 100mg                                 | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| CALQUENCE TABS 100mg                                 | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 100mg                                  | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 300mg                                  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| COMETRIQ (60MG DOSE) KIT 20mg                        | 1                | NDS, QL (84 caps / 28 days), NM, PA  |
| COMETRIQ KIT 100MG                                   | 1                | NDS, QL (56 caps / 28 days), NM, PA  |
| COMETRIQ KIT 140MG                                   | 1                | NDS, QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg                             | 1                | NDS, QL (56 caps / 28 days), NM, PA  |
| COTELLIC TABS 20mg                                   | 1                | NDS, QL (63 tabs / 28 days), NM, PA  |
| DANZITEN TABS 71mg, 95mg                             | 1                | NDS, QL (112 tabs / 28 days), NM, PA |
| <i>dasatinib</i> TABS 20mg                           | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| DAURISMO TABS 25mg                                   | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| DAURISMO TABS 100mg                                  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ERIVEDGE CAPS 150mg                                  | 1                | NDS, QL (30 caps / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 25mg                       | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 100mg, 150mg               | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg       | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-------------------------------------|------------------|--------------------------------------|
| <i>everolimus</i> TBSO 2mg          | 1                | NDS, QL (150 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg          | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 5mg          | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| FOTIVDA CAPS .89mg, 1.34mg          | 1                | NDS, QL (21 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 1mg                   | 1                | NDS, QL (84 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 5mg                   | 1                | NDS, QL (21 caps / 28 days), NM, PA  |
| GAVRETO CAPS 100mg                  | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg         | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| GILOTRIF TABS 20mg, 30mg, 40mg      | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| HERCEP HYLEC SOL 60-10000           | 1                | NDS, NM, PA                          |
| HERCEPTIN SOLR 150mg                | 1                | NDS, NM, PA                          |
| HERZUMA SOLR 150mg, 420mg           | 1                | NDS, NM, PA                          |
| IBRANCE CAPS 75mg, 100mg, 125mg     | 1                | NDS, QL (21 caps / 28 days), NM, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg     | 1                | NDS, QL (21 tabs / 28 days), NM, PA  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IDHIFA TABS 50mg, 100mg             | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 100mg | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 400mg | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| IMBRUVICA CAPS 70mg                 | 1                | NDS, QL (30 caps / 30 days), NM, PA  |
| IMBRUVICA CAPS 140mg                | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml              | 1                | NDS, QL (216 mL / 27 days), NM, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IMKELDI SOLN 80mg/ml                | 1                | NDS, QL (280 mL / 28 days), NM, PA   |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| INLYTA TABS 1mg                         | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg                         | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg                      | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| ITOVEBI TABS 3mg                        | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| ITOVEBI TABS 9mg                        | 1                | NDS, QL (28 tabs / 28 days), NM, PA  |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 50mg                      | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 100mg                     | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| KADCYLA SOLR 100mg, 160mg               | 1                | NDS, B/D, NM                         |
| KANJINTI SOLR 150mg, 420mg              | 1                | NDS, NM, PA                          |
| KEYTRUDA SOLN 100mg/4ml                 | 1                | NDS, NM, PA                          |
| KISQALI 200 DOSE TBPK 200mg             | 1                | NDS, QL (21 tabs / 28 days), NM, PA  |
| KISQALI 200 PAK FEMARA                  | 1                | NDS, QL (49 tabs / 28 days), NM, PA  |
| KISQALI 400 DOSE TBPK 200mg             | 1                | NDS, QL (42 tabs / 28 days), NM, PA  |
| KISQALI 400 PAK FEMARA                  | 1                | NDS, QL (70 tabs / 28 days), NM, PA  |
| KISQALI 600 DOSE TBPK 200mg             | 1                | NDS, QL (63 tabs / 28 days), NM, PA  |
| KISQALI 600 PAK FEMARA                  | 1                | NDS, QL (91 tabs / 28 days), NM, PA  |
| KOSELUGO CAPS 10mg                      | 1                | NDS, QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg                      | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg                      | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg  | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg                      | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| LAZCLUZE TABS 240mg                     | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-------------------------------------|------------------|--------------------------------------|
| LENVIMA 4 MG DAILY DOSE CPPK 4mg    | 1                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg    | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg  | 1                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg    | 1                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg  | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 14 MG                   | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 18 MG                   | 1                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA CAP 24 MG                   | 1                | NDS, QL (90 caps / 30 days), NM, PA  |
| LORBRENA TABS 25mg                  | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| LORBRENA TABS 100mg                 | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| LUMAKRAS TABS 120mg                 | 1                | NDS, QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg                 | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg                 | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| LYNPARZA TABS 100mg, 150mg          | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 1                | NDS, QL (84 tabs / 28 days), NM, PA  |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 1                | NDS, QL (112 tabs / 28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 1                | NDS, QL (140 tabs / 28 days), NM, PA |
| MEKINIST SOLR .05mg/ml              | 1                | NDS, QL (1260 mL / 30 days), NM, PA  |
| MEKINIST TABS 2mg                   | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| MEKINIST TABS .5mg                  | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| MEKTOVI TABS 15mg                   | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| MONJUVI SOLR 200mg                  | 1                | NDS, NM, PA                          |
| NERLYNX TABS 40mg                   | 1                | NDS, QL (180 tabs / 30 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|------------------------------------|------------------|--------------------------------------|
| NINLARO CAPS 2.3mg, 3mg, 4mg       | 1                | NDS, QL (3 caps / 28 days), NM, PA   |
| ODOMZO CAPS 200mg                  | 1                | NDS, QL (30 caps / 30 days), NM, PA  |
| OGIVRI SOLR 150mg, 420mg           | 1                | NDS, NM, PA                          |
| OGSIVEO TABS 50mg                  | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| OGSIVEO TABS 100mg, 150mg          | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| OJEMDA SUSR 25mg/ml                | 1                | NDS, QL (96 mL / 28 days), NM, PA    |
| OJEMDA TABS 100mg                  | 1                | NDS, QL (24 tabs / 28 days), NM, PA  |
| OJJAARA TABS 100mg, 150mg, 200mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ONTRUZANT SOLR 150mg, 420mg        | 1                | NDS, NM, PA                          |
| <i>pazopanib hcl</i> TABS 200mg    | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg   | 1                | NDS, QL (28 tabs / 28 days), NM, PA  |
| PHESGO SOL                         | 1                | NDS, NM, PA                          |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 1                | NDS, QL (28 tabs / 28 days), NM, PA  |
| PIQRAY 250MG TAB DOSE              | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| QINLOCK TABS 50mg                  | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| RETEVMO CAPS 40mg                  | 1                | NDS, QL (180 caps / 30 days), NM, PA |
| RETEVMO CAPS 80mg                  | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| RETEVMO TABS 40mg                  | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| RETEVMO TABS 80mg, 120mg, 160mg    | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| REVUFORJ TABS 110mg                | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| REVUFORJ TABS 160mg                | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| REZLIDHIA CAPS 150mg               | 1                | NDS, QL (60 caps / 30 days), NM, PA  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---|------------------|---|
| ROZLYTREK CAPS 100mg                                    | 1                | NDS, QL (180 caps / 30 days), NM, PA    |
| ROZLYTREK CAPS 200mg                                    | 1                | NDS, QL (90 caps / 30 days), NM, PA     |
| ROZLYTREK PACK 50mg                                     | 1                | NDS, QL (336 packets / 28 days), NM, PA |
| RUBRACA TABS 200mg, 250mg, 300mg                        | 1                | NDS, QL (120 tabs / 30 days), NM, PA    |
| RYDAPT CAPS 25mg  | 1                | NDS, QL (224 caps / 28 days), NM, PA    |
| SCSEMBLIX TABS 20mg                                     | 1                | NDS, QL (60 tabs / 30 days), NM, PA     |
| SCSEMBLIX TABS 40mg                                     | 1                | NDS, QL (300 tabs / 30 days), NM, PA    |
| SCSEMBLIX TABS 100mg                                    | 1                | NDS, QL (120 tabs / 30 days), NM, PA    |
| <i>sorafenib tosylate</i> TABS 200mg                    | 1                | NDS, QL (120 tabs / 30 days), NM, PA    |
| STIVARGA TABS 40mg                                      | 1                | NDS, QL (84 tabs / 28 days), NM, PA     |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 1                | NDS, QL (30 caps / 30 days), NM, PA     |
| TABRECTA TABS 150mg, 200mg                              | 1                | NDS, QL (112 tabs / 28 days), NM, PA    |
| TAFINLAR CAPS 50mg, 75mg                                | 1                | NDS, QL (120 caps / 30 days), NM, PA    |
| TAFINLAR TBSO 10mg                                      | 1                | NDS, QL (900 tabs / 30 days), NM, PA    |
| TAGRISSE TABS 40mg, 80mg                                | 1                | NDS, QL (30 tabs / 30 days), NM, PA     |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg             | 1                | NDS, QL (30 caps / 30 days), NM, PA     |
| TALZENNA CAPS .25mg                                     | 1                | NDS, QL (90 caps / 30 days), NM, PA     |
| TASIGNA CAPS 50mg                                       | 1                | NDS, QL (120 caps / 30 days), NM, PA    |
| TASIGNA CAPS 150mg, 200mg                               | 1                | NDS, QL (112 caps / 28 days), NM, PA    |
| TAZVERIK TABS 200mg                                     | 1                | NDS, QL (240 tabs / 30 days), NM, PA    |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                  | 1                | NDS, NM, PA                             |
| TECENTRIQ INJ HYBREZA                                   | 1                | NDS, QL (1 vial / 21 days), NM, PA      |
| TEPMETKO TABS 225mg                                     | 1                | NDS, QL (60 tabs / 30 days), NM, PA     |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| TIBSOVO TABS 250mg                          | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| TRAZIMERA SOLR 150mg, 420mg                 | 1                | NDS, NM, PA                          |
| TRUQAP TABS 160mg, 200mg                    | 1                | NDS, QL (64 tabs / 28 days), NM, PA  |
| TRUQAP TBPK 160mg, 200mg                    | 1                | NDS, QL (4 packs / 28 days), NM, PA  |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml         | 1                | NDS, NM, PA                          |
| TUKYSA TABS 50mg, 150mg                     | 1                | NDS, QL (120 tabs / 30 days), NM, PA |
| TURALIO CAPS 125mg                          | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg                | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| VENCLEXTA TABS 10mg                         | 1                | QL (112 tabs / 28 days), NM, PA      |
| VENCLEXTA TABS 50mg                         | 1                | NDS, QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg                        | 1                | NDS, QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK                      | 1                | NDS, QL (42 tabs / 28 days), NM, PA  |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg     | 1                | NDS, QL (56 tabs / 28 days), NM, PA  |
| VITRAKVI CAPS 25mg                          | 1                | NDS, QL (180 caps / 30 days), NM, PA |
| VITRAKVI CAPS 100mg                         | 1                | NDS, QL (60 caps / 30 days), NM, PA  |
| VITRAKVI SOLN 20mg/ml                       | 1                | NDS, QL (300 mL / 30 days), NM, PA   |
| VIZIMPRO TABS 15mg, 30mg, 45mg              | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| VONJO CAPS 100mg                            | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| VORANIGO TABS 10mg                          | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| VORANIGO TABS 40mg                          | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg        | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| XALKORI CPSP 20mg                           | 1                | NDS, QL (240 caps / 30 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| XALKORI CPSP 150mg   | 1                | NDS, QL (180 caps / 30 days), NM, PA |
| XOSPATA TABS 40mg  | 1                | NDS, QL (90 tabs / 30 days), NM, PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg   | 1                | NDS, QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg  | 1                | NDS, QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg   | 1                | NDS, QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg  | 1                | NDS, QL (24 tabs / 28 days), NM, PA  |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg   | 1                | NDS, QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg  | 1                | NDS, QL (32 tabs / 28 days), NM, PA  |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg  | 1                | NDS, QL (8 tabs / 28 days), NM, PA   |
| ZEJULA TABS 100mg, 200mg, 300mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ZELBORAF TABS 240mg  | 1                | NDS, QL (240 tabs / 30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml   | 1                | NDS, NM, PA                          |
| ZOLINZA CAPS 100mg   | 1                | NDS, QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| ZYKADIA TABS 150mg   | 1                | NDS, QL (84 tabs / 28 days), NM, PA  |
| <b>PROTECTIVE AGENTS</b>   |                  |                                      |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1                | B/D                                  |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | 1                |                                      |
| <i>mesna</i> TABS 400mg  | 1                | NDS                                  |
| MESNEX TABS 400mg  | 1                | NDS                                  |
| <b>CARDIOVASCULAR</b>  |                  |                                      |
| <b>ACE INHIBITOR COMBINATIONS</b>  |                  |                                      |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>                          | 1                | QL (30 caps / 30 days)               |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>                            | 1                | QL (30 caps / 30 days)               |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>                            | 1                | QL (30 caps / 30 days)               |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>                            | 1                | QL (30 caps / 30 days)               |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | 1                | QL (30 caps / 30 days)     |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | 1                | QL (30 caps / 30 days)     |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>          | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <b>ACE INHIBITORS</b>   |                  |                            |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                  | 1                |                            |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>                   | 1                |                            |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>              | 1                |                            |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>                    | 1                |                            |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>         | 1                |                            |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                             | 1                |                            |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>                    | 1                |                            |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                   | 1                |                            |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>                     | 1                |                            |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i>                            | 1                |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                           |                  |                            |
| <i>eplerenone TABS 25mg, 50mg</i>                                 | 1                |                            |
| <i>KERENDIA TABS 10mg, 20mg</i>                                   | 1                | QL (30 tabs / 30 days)     |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i>                      | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ALPHA BLOCKERS</b>   |                  |                            |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg                   | 1                |                            |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                              | 1                |                            |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                       | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>              |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg         | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg         | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg        | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg        | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab</i> 5-160 mg                   | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab</i> 5-320 mg                   | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab</i> 10-160 mg                  | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab</i> 10-320 mg                  | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg     | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg     | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg       | 1                | QL (30 tabs / 30 days)     |
| ENTRESTO CAP 6-6MG  | 1                | QL (240 caps / 30 days)    |
| ENTRESTO CAP 15-16MG  | 1                | QL (240 caps / 30 days)    |
| ENTRESTO TAB 24-26MG  | 1                | QL (60 tabs / 30 days)     |
| ENTRESTO TAB 49-51MG  | 1                | QL (60 tabs / 30 days)     |
| ENTRESTO TAB 97-103MG   | 1                | QL (60 tabs / 30 days)     |
| <i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg               | 1                | QL (60 tabs / 30 days)     |
| <i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg               | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium &amp; hydrochlorothiazide tab</i> 50-12.5 mg  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-12.5 mg | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-25 mg   | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg      | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg      | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg        | 1                | QL (30 tabs / 30 days)     |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>                   | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>                   | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>                     | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>                  | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-5 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-10 mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-5 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-10 mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>                               | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>                               | 1                | QL (60 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                                 | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                                 | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                                  | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                                  | 1                | QL (30 tabs / 30 days)     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>  |                  |                            |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                                    | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil TABS 32mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                                    | 1                |                            |
| <i>olmesartan medoxomil TABS 5mg</i>  | 1                | QL (60 tabs / 30 days)     |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan TABS 40mg, 80mg, 160mg</i>   | 1                | QL (60 tabs / 30 days)     |
| <i>valsartan TABS 320mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <b>ANTIARRHYTHMICS</b>  |                  |                            |
| <i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i> | 1                |                            |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                                     | 1                |                            |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                                       | 1                | NM                         |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                                   | 1                |                            |
| <i>MULTAQ TABS 400mg</i>  | 1                | QL (60 tabs / 30 days)     |
| <i>pacerone TABS 100mg, 200mg, 400mg</i>  | 1                |                            |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>           | 1                |                            |
| <i>quinidine sulfate TABS 200mg, 300mg</i>  | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg            | 1                |                            |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg         | 1                |                            |
| <b>ANTILIPEMICS, FIBRATES</b>                                |                  |                            |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg             | 1                |                            |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg        | 1                |                            |
| <i>gemfibrozil</i> TABS 600mg                                | 1                |                            |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>            |                  |                            |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg      | 1                | QL (30 tabs / 30 days)     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                      | 1                | QL (60 tabs / 30 days)     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg        | 1                | QL (30 tabs / 30 days)     |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg       | 1                | QL (30 tabs / 30 days)     |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg          | 1                | QL (30 tabs / 30 days)     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                           |                  |                            |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                | 1                |                            |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose          | 1                |                            |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg               | 1                |                            |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm           | 1                |                            |
| <i>ezetimibe</i> TABS 10mg                                   | 1                |                            |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| NEXLETOL TABS 180mg  | 1                | QL (30 tabs / 30 days)     |
| NEXLIZET TAB 180/10MG  | 1                | QL (30 tabs / 30 days)     |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 1                | QL (60 tabs / 30 days)     |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | 1                | PA                         |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | 1                |                            |
| REPATHA SOSY 140mg/ml  | 1                | NM, PA                     |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml                   | 1                | NM, PA                     |
| REPATHA SURECLICK SOAJ 140mg/ml                              | 1                | NM, PA                     |
| VASCEPA CAPS .5gm, 1gm                                       | 1                |                            |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                    |                  |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>            | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>   | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>  | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>  | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>   | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>   | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>  | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>  | 1                |                            |
| <b>BETA-BLOCKERS</b>   |                  |                            |
| <i>acebutolol hcl CAPS 200mg, 400mg</i>  | 1                |                            |
| <i>atenolol TABS 25mg, 50mg, 100mg</i>   | 1                |                            |
| <i>betaxolol hcl TABS 10mg, 20mg</i>   | 1                |                            |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i>  | 1                |                            |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>   | 1                |                            |
| <i>labetalol hcl TABS 100mg, 200mg, 300mg</i>  | 1                |                            |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>  | 1                |                            |
| <i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>  | 1                |                            |
| <i>nadolol TABS 20mg, 40mg, 80mg</i>   | 1                |                            |
| <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>nebivolol hcl TABS 20mg</i>   | 1                | QL (60 tabs / 30 days)     |
| <i>pindolol TABS 5mg, 10mg</i>   | 1                |                            |
| <i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i> | 1                |                            |
| <i>timolol maleate TABS 5mg, 10mg, 20mg</i>  | 1                |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>  |                  |                            |
| <i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>   | 1                |                            |
| <i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>   | 1                |                            |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i>  | 1                |                            |
| <i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>  | 1                |                            |
| <i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>   | 1                |                            |
| <i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>                        | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg  | 1                |                            |
| <i>isradipine</i> CAPS 2.5mg, 5mg  | 1                |                            |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg   | 1                |                            |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg  | 1                |                            |
| <i>nimodipine</i> CAPS 30mg  | 1                |                            |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg  | 1                |                            |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                |                            |
| <b>DIURETICS</b>   |                  |                            |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg   | 1                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>   | 1                |                            |
| <i>amiloride hcl</i> TABS 5mg  | 1                |                            |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg   | 1                |                            |
| <i>chlorthalidone</i> TABS 25mg, 50mg  | 1                |                            |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg  | 1                |                            |
| <i>furosemide inj</i> SOLN 10mg/ml   | 1                |                            |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg  | 1                |                            |
| <i>indapamide</i> TABS 1.25mg, 2.5mg   | 1                |                            |
| <i>methazolamide</i> TABS 25mg, 50mg   | 1                |                            |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg  | 1                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>   | 1                |                            |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg  | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>  | 1                |                            |
| <b>MISCELLANEOUS</b>   |                  |                            |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg  | 1                |                            |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr  | 1                |                            |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg   | 1                |                            |
| CORLANOR SOLN 5mg/5ml  | 1                | QL (450 mL / 30 days)      |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>digoxin</i> TABS 125mcg, 250mcg   | 1                | QL (30 tabs / 30 days)               |
| <i>droxidopa</i> CAPS 100mg  | 1                | NDS, QL (90 caps / 30 days), NM, PA  |
| <i>droxidopa</i> CAPS 200mg, 300mg   | 1                | NDS, QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml   | 1                |                                      |
| <i>guanfacine hcl</i> TABS 1mg, 2mg  | 1                | PA; PA applies if 70 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg                                    | 1                |                                      |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg  | 1                | QL (60 tabs / 30 days)               |
| <i>metyrosine</i> CAPS 250mg   | 1                | NDS, NM, PA                          |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg   | 1                |                                      |
| <i>minoxidil</i> TABS 2.5mg, 10mg  | 1                |                                      |
| <i>ranolazine</i> TB12 500mg, 1000mg   | 1                |                                      |
| VERQUVO TABS 2.5mg, 5mg, 10mg  | 1                | QL (30 tabs / 30 days), PA           |
| <b>NITRATES</b>  |                  |                                      |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg   | 1                |                                      |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg                                | 1                |                                      |
| NITRO-BID OINT 2%  | 1                |                                      |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1                |                                      |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>   |                  |                                      |
| <i>alyq</i> TABS 20mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>ambrisentan</i> TABS 5mg, 10mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TABS 62.5mg, 125mg   | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| OPSUMIT TABS 10mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg   | 1                | QL (360 tabs / 30 days), NM, PA      |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                | 1                | NDS, NM, PA                          |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| Drug Name  | Drug Tier | Requirements/Limits                    |
|--|-----------|--|
| <b>CENTRAL NERVOUS SYSTEM</b>  |           |  |
| <b>ANTIANKXIETY</b>  |           |  |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg                                 | 1         | QL (150 tabs / 30 days)                |
| <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg                        | 1         |  |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                            | 1         |  |
| <i>lorazepam</i> CONC 2mg/ml   | 1         | QL (150 mL / 30 days)                  |
| <i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml                                      | 1         |  |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg   | 1         | QL (150 tabs / 30 days)                |
| <i>lorazepam intensol</i> CONC 2mg/ml  | 1         | QL (150 mL / 30 days)                  |
| <b>ANTIDEMENTIA</b>  |           |  |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                            | 1         | QL (30 tabs / 30 days)                 |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                          | 1         |  |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg                         | 1         | QL (30 caps / 30 days)                 |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                                  | 1         | QL (200 mL / 30 days)                  |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg                          | 1         | QL (60 tabs / 30 days)                 |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | 1         | PA; PA applies if 29 years and younger |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>           | 1         | PA; PA applies if 29 years and younger |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>                      | 1         |  |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>                      | 1         |  |
| NAMZARIC CAP 7-10MG  | 1         |  |
| NAMZARIC CAP 14-10MG   | 1         |  |
| NAMZARIC CAP 21-10MG   | 1         |  |
| NAMZARIC CAP 28-10MG   | 1         |  |
| NAMZARIC CAP PACK  | 1         |  |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr                 | 1         | QL (30 patches / 30 days)              |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg                     | 1         | QL (60 caps / 30 days)                 |
| <b>ANTIDEPRESSANTS</b>   |           |  |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg           | 1         |  |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                               | 1         |  |
| AUVELITY TAB 45-105MG  | 1         | QL (60 tabs / 30 days), PA             |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| <i>bupropion hcl</i> TABS 75mg, 100mg   | 1                |                                       |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg;<br>TB24 150mg                  | 1                | QL (60 tabs / 30 days)                |
| <i>bupropion hcl</i> TB24 300mg   | 1                | QL (30 tabs / 30 days)                |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml;<br>TABS 10mg, 20mg, 40mg        | 1                |                                       |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                                 | 1                | PA                                    |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg,<br>75mg, 100mg, 150mg           | 1                |                                       |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg,<br>100mg                     | 1                | QL (30 tabs / 30 days)                |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg,<br>100mg, 150mg; CONC 10mg/ml | 1                |                                       |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg,<br>40mg, 60mg                              | 1                | QL (60 caps / 30 days),<br>PA         |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg                                   | 1                | QL (60 caps / 30 days)                |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                      | 1                | NDS, QL (30 patches /<br>30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS<br>5mg, 10mg, 20mg             | 1                |                                       |
| FETZIMA CP24 20mg, 40mg   | 1                | QL (60 caps / 30 days),<br>PA         |
| FETZIMA CP24 80mg, 120mg  | 1                | QL (30 caps / 30 days),<br>PA         |
| FETZIMA CAP TITRATIO  | 1                | QL (2 packs / year), PA               |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN<br>20mg/5ml                 | 1                |                                       |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                   | 1                |                                       |
| MARPLAN TABS 10mg   | 1                | QL (180 tabs / 30 days)               |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg;<br>TBDP 15mg, 30mg, 45mg     | 1                |                                       |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg,<br>200mg, 250mg                | 1                |                                       |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg,<br>75mg; SOLN 10mg/5ml        | 1                |                                       |
| <i>paroxetine hcl</i> SUSP 10mg/5ml   | 1                | QL (900 mL / 30 days),<br>PA          |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg,<br>40mg                          | 1                |                                       |
| <i>phenelzine sulfate</i> TABS 15mg   | 1                |                                       |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                       | 1                |                                       |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg,<br>50mg, 100mg                 | 1                |                                       |
| <i>tranylcypromine sulfate</i> TABS 10mg                                      | 1                |                                       |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg   | 1                |                                      |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg  | 1                | QL (120 caps / 30 days)              |
| <i>trimipramine maleate</i> CAPS 100mg   | 1                | QL (60 caps / 30 days)               |
| TRINTELLIX TABS 5mg, 10mg, 20mg  | 1                | QL (30 tabs / 30 days), PA           |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg;<br>TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1                |                                      |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg  | 1                | QL (30 tabs / 30 days)               |
| ZURZUVAE CAPS 20mg, 25mg   | 1                | NDS, QL (28 caps / 14 days), NM, PA  |
| ZURZUVAE CAPS 30mg   | 1                | NDS, QL (14 caps / 14 days), NM, PA  |
| <b>ANTIPARKINSONIAN AGENTS</b>   |                  |                                      |
| <i>amantadine hcl</i> CAPS 100mg   | 1                | QL (120 caps / 30 days)              |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg  | 1                |                                      |
| <i>benztropine mesylate</i> SOLN 1mg/ml  | 1                |                                      |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg  | 1                | PA; PA applies if 70 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                                       | 1                |                                      |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                                      | 1                |                                      |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                                      | 1                |                                      |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                                      | 1                |                                      |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>  | 1                |                                      |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>  | 1                |                                      |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>  | 1                |                                      |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>   | 1                |                                      |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>   | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                                 | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                                | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                                  | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                               | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                                | 1                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                                  | 1                |                                      |
| <i>entacapone</i> TABS 200mg   | 1                |                                      |
| INBRIJA CAPS 42mg  | 1                | NDS, QL (300 caps / 30 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg                                | 1                |                                      |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg   | 1                | QL (30 tabs / 30 days)               |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                                     | 1                |                                      |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg  | 1                |                                      |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg  | 1                | PA; PA applies if 70 years and older |
| <b>ANTIPSYCHOTICS</b>   |                  |                                      |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml   | 1                | NDS, QL (1 syringe / 56 days)        |
| ABILIFY MAINTENA PRSY 300mg, 400mg  | 1                | NDS, QL (1 syringe / 28 days)        |
| ABILIFY MAINTENA SRER 300mg, 400mg  | 1                | NDS, QL (1 injection / 28 days)      |
| <i>aripiprazole</i> SOLN 1mg/ml   | 1                | QL (900 mL / 30 days)                |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg   | 1                | QL (30 tabs / 30 days)               |
| <i>aripiprazole</i> TBDP 10mg, 15mg   | 1                | QL (60 tabs / 30 days), ST           |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml   | 1                | NDS, QL (1 syringe / 28 days)        |
| ARISTADA PRSY 1064mg/3.9ml  | 1                | NDS, QL (1 syringe / 56 days)        |
| ARISTADA INITIO PRSY 675mg/2.4ml  | 1                | NDS                                  |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg  | 1                | QL (60 tabs / 30 days)               |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg   | 1                | NDS, QL (30 caps / 30 days)          |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                |                                      |
| <i>clozapine</i> TABS 25mg, 50mg  | 1                |                                      |
| <i>clozapine</i> TABS 100mg   | 1                | QL (270 tabs / 30 days)              |
| <i>clozapine</i> TABS 200mg   | 1                | QL (120 tabs / 30 days)              |
| <i>clozapine</i> TBDP 12.5mg, 25mg  | 1                | PA                                   |
| <i>clozapine</i> TBDP 100mg   | 1                | QL (270 tabs / 30 days), PA          |
| <i>clozapine</i> TBDP 150mg   | 1                | QL (180 tabs / 30 days), PA          |
| <i>clozapine</i> TBDP 200mg   | 1                | QL (120 tabs / 30 days), PA          |
| COBENFY CAP 50-20MG   | 1                | NDS, QL (60 caps / 30 days), PA      |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| COBENFY CAP 100-20MG   | 1                | NDS, QL (60 caps / 30 days), PA     |
| COBENFY CAP 125-30MG   | 1                | NDS, QL (60 caps / 30 days), PA     |
| COBENFY STRT CAP PACK  | 1                | NDS, QL (2 packs / year), PA        |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg  | 1                | NDS, QL (60 tabs / 30 days), PA     |
| FANAPT PAK   | 1                | QL (2 packs / year), PA             |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml   | 1                |                                     |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1                |                                     |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg  | 1                |                                     |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml  | 1                |                                     |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml  | 1                |                                     |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml   | 1                | NDS, QL (1 injection / 180 days)    |
| INVEGA SUSTENNA SUSY 39mg/0.25ml   | 1                | QL (1 syringe / 28 days)            |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                           | 1                | NDS, QL (1 syringe / 28 days)       |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml                      | 1                | NDS, QL (1 syringe / 90 days)       |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg   | 1                |                                     |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg   | 1                | QL (30 tabs / 30 days)              |
| <i>lurasidone hcl</i> TABS 80mg  | 1                | QL (60 tabs / 30 days)              |
| LYBALVI TAB 5-10MG   | 1                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 10-10MG  | 1                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 15-10MG  | 1                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 20-10MG  | 1                | NDS, QL (30 tabs / 30 days)         |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg  | 1                |                                     |
| NUPLAZID CAPS 34mg   | 1                | NDS, QL (30 caps / 30 days), NM, PA |
| NUPLAZID TABS 10mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>olanzapine</i> SOLR 10mg                                  | 1                | QL (3 vials / 1 day)                |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg                      | 1                | QL (60 tabs / 30 days)              |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg                     | 1                | QL (30 tabs / 30 days)              |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg                       | 1                | QL (30 tabs / 30 days),<br>ST       |
| <i>olanzapine</i> TBDP 10mg                                  | 1                | QL (60 tabs / 30 days),<br>ST       |
| OPIPZA FILM 2mg, 5mg   | 1                | NDS, QL (30 films / 30<br>days), PA |
| OPIPZA FILM 10mg   | 1                | NDS, QL (90 films / 30<br>days), PA |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                     | 1                | QL (30 tabs / 30 days)              |
| <i>paliperidone</i> TB24 6mg                                 | 1                | QL (60 tabs / 30 days)              |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg                 | 1                |                                     |
| <i>pimozide</i> TABS 1mg, 2mg                                | 1                |                                     |
| <i>quetiapine fumarate</i> TABS 25mg                         | 1                | QL (180 tabs / 30 days)             |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg,<br>150mg, 200mg | 1                | QL (90 tabs / 30 days)              |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg                 | 1                | QL (60 tabs / 30 days)              |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg,<br>400mg        | 1                | QL (60 tabs / 30 days),<br>PA       |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg                 | 1                | QL (30 tabs / 30 days),<br>PA       |
| REXULTI TABS 3mg, 4mg  | 1                | NDS, QL (30 tabs / 30<br>days)      |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                           | 1                | NDS, QL (60 tabs / 30<br>days)      |
| <i>risperidone</i> SOLN 1mg/ml                               | 1                | QL (240 mL / 30 days)               |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg,<br>3mg, 4mg   | 1                |                                     |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                        | 1                | QL (60 tabs / 30 days),<br>ST       |
| <i>risperidone</i> TBDP 4mg                                  | 1                | QL (120 tabs / 30 days),<br>ST      |
| <i>risperidone</i> TBDP .25mg, .5mg                          | 1                | QL (90 tabs / 30 days),<br>ST       |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg            | 1                | QL (2 injections / 28<br>days)      |
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg            | 1                | NDS, QL (2 injections /<br>28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr,<br>7.6mg/24hr           | 1                | NDS, QL (30 patches /<br>30 days)   |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg,<br>100mg      | 1                |                                     |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|--|------------------|---|
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg  | 1                |   |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg  | 1                |   |
| VERSACLOZ SUSP 50mg/ml   | 1                | NDS, QL (600 mL / 30 days), PA                                |
| VRAYLAR CAPS 1.5mg   | 1                | NDS, QL (60 caps / 30 days)                                   |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg   | 1                | NDS, QL (30 caps / 30 days)                                   |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg   | 1                | QL (60 caps / 30 days)  |
| <i>ziprasidone mesylate</i> SOLR 20mg  | 1                | QL (6 injections / 3 days)                                    |
| <b>ANTISEIZURE AGENTS</b>  |                  |   |
| APTIOM TABS 200mg, 400mg   | 1                | NDS, QL (30 tabs / 30 days)                                   |
| APTIOM TABS 600mg, 800mg   | 1                | NDS, QL (60 tabs / 30 days)                                   |
| BRIVIACT SOLN 10mg/ml  | 1                | NDS, QL (600 mL / 30 days), PA                                |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg  | 1                | NDS, QL (60 tabs / 30 days), PA                               |
| <i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1                |   |
| <i>clobazam</i> SUSP 2.5mg/ml  | 1                | QL (480 mL / 30 days), PA                                     |
| <i>clobazam</i> TABS 10mg, 20mg  | 1                | QL (60 tabs / 30 days), PA                                    |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg   | 1                | QL (300 tabs / 30 days)                                       |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg  | 1                | QL (90 tabs / 30 days)  |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg  | 1                | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg  | 1                | NDS, QL (360 caps / 30 days), NM, PA                          |
| DIACOMIT CAPS 500mg  | 1                | NDS, QL (180 caps / 30 days), NM, PA                          |
| DIACOMIT PACK 250mg  | 1                | NDS, QL (360 packets / 30 days), NM, PA                       |
| DIACOMIT PACK 500mg  | 1                | NDS, QL (180 packets / 30 days), NM, PA                       |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>diazepam</i> SOLN 5mg/5ml   | 1                | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg  | 1                | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                           | 1                |  |
| <i>diazepam inj</i> SOLN 5mg/ml  | 1                |  |
| <i>diazepam intensol</i> CONC 5mg/ml   | 1                | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply   |
| DILANTIN CAPS 30mg   | 1                |  |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1                |  |
| EPIDIOLEX SOLN 100mg/ml  | 1                | NDS, QL (600 mL / 30 days), NM, PA   |
| <i>epitol</i> TABS 200mg   | 1                |  |
| EPRONTIA SOLN 25mg/ml  | 1                | QL (480 mL / 30 days), PA  |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml                                   | 1                |  |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg                               | 1                |  |
| FINTEPLA SOLN 2.2mg/ml   | 1                | NDS, QL (360 mL / 30 days), NM, PA   |
| FYCOMPA SUSP .5mg/ml   | 1                | NDS, QL (720 mL / 30 days), PA   |
| FYCOMPA TABS 2mg   | 1                | QL (60 tabs / 30 days), PA   |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg   | 1                | NDS, QL (30 tabs / 30 days), PA  |
| <i>gabapentin</i> CAPS 100mg, 300mg  | 1                | QL (360 caps / 30 days)  |
| <i>gabapentin</i> CAPS 400mg   | 1                | QL (270 caps / 30 days)  |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                                      | 1                | QL (2160 mL / 30 days)   |
| <i>gabapentin</i> TABS 600mg   | 1                | QL (180 tabs / 30 days)  |
| <i>gabapentin</i> TABS 800mg   | 1                | QL (120 tabs / 30 days)  |
| <i>lacosamide</i> SOLN 200mg/20ml  | 1                |  |
| <i>lacosamide</i> TABS 50mg  | 1                | QL (120 tabs / 30 days)  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|--|------------------|---|
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg   | 1                | QL (60 tabs / 30 days)  |
| <i>lacosamide oral</i> SOLN 10mg/ml  | 1                | QL (1200 mL / 30 days)  |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg                                  | 1                |   |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                                     | 1                | ST  |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 1                |   |
| LEVETIRACETAM TB3D 250mg   | 1                | QL (360 tabs / 30 days)                                       |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>                                       | 1                |   |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>                                      | 1                |   |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>                                      | 1                |   |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg  | 1                | QL (10 buccal films / 30 days)                                |
| <i>methsuximide</i> CAPS 300mg   | 1                |   |
| NAYZILAM SOLN 5mg/0.1ml  | 1                | QL (10 nasal units per 30 days)                               |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                                      | 1                |   |
| <i>phenobarbital</i> ELIX 20mg/5ml   | 1                | QL (1500 mL / 30 days), PA; PA applies if 70 years and older  |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg                  | 1                | QL (120 tabs / 30 days), PA; PA applies if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml   | 1                | PA; PA applies if 70 years and older                          |
| <i>phenytek</i> CAPS 200mg, 300mg  | 1                |   |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml   | 1                |   |
| <i>phenytoin sodium</i> SOLN 50mg/ml   | 1                |   |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg  | 1                |   |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg  | 1                | QL (120 caps / 30 days), PA                                   |
| <i>pregabalin</i> CAPS 200mg   | 1                | QL (90 caps / 30 days), PA                                    |
| <i>pregabalin</i> CAPS 225mg, 300mg  | 1                | QL (60 caps / 30 days), PA                                    |
| <i>pregabalin</i> SOLN 20mg/ml   | 1                | QL (900 mL / 30 days), PA                                     |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--|------------------|---|
| <i>primidone</i> TABS 50mg, 125mg, 250mg                               | 1                |   |
| <i>roweepra</i> TABS 500mg   | 1                |   |
| <i>rufinamide</i> SUSP 40mg/ml   | 1                | NDS, QL (2400 mL / 30 days), PA         |
| <i>rufinamide</i> TABS 200mg   | 1                | QL (480 tabs / 30 days), PA             |
| <i>rufinamide</i> TABS 400mg   | 1                | NDS, QL (240 tabs / 30 days), PA        |
| SPRITAM TB3D 250mg   | 1                | QL (360 tabs / 30 days)                 |
| SPRITAM TB3D 500mg   | 1                | QL (180 tabs / 30 days)                 |
| SPRITAM TB3D 750mg   | 1                | QL (120 tabs / 30 days)                 |
| SPRITAM TB3D 1000mg  | 1                | QL (90 tabs / 30 days)                  |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg                        | 1                |   |
| SYMPAZAN FILM 5mg, 10mg, 20mg  | 1                | NDS, QL (60 films / 30 days), PA        |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                         | 1                |   |
| <i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg | 1                |   |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                       | 1                |   |
| <i>valproic acid</i> CAPS 250mg  | 1                |   |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                                       | 1                | QL (10 blister packs per 30 days)       |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                                     | 1                | QL (10 blister packs per 30 days)       |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                                    | 1                | QL (10 blister packs per 30 days)       |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                                     | 1                | QL (10 blister packs per 30 days)       |
| <i>vigabatrin</i> PACK 500mg   | 1                | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigabatrin</i> TABS 500mg   | 1                | NDS, QL (180 tabs / 30 days), NM, PA    |
| <i>vigadrone</i> PACK 500mg  | 1                | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigadrone</i> TABS 500mg  | 1                | NDS, QL (180 tabs / 30 days), NM, PA    |
| VIGAFYDE SOLN 100mg/ml   | 1                | NDS, QL (900 mL / 30 days), NM, PA      |
| <i>vigpoder</i> PACK 500mg   | 1                | NDS, QL (180 packets / 30 days), NM, PA |
| XCOPRI TABS 25mg, 50mg, 100mg  | 1                | NDS, QL (30 tabs / 30 days)             |
| XCOPRI TABS 150mg, 200mg   | 1                | NDS, QL (60 tabs / 30 days)             |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| XCOPRI PAK 12.5-25                                     | 1                | QL (28 tabs / 28 days)              |
| XCOPRI PAK 50-100MG                                    | 1                | NDS, QL (28 tabs / 28 days)         |
| XCOPRI PAK 100-150                                     | 1                | NDS, QL (56 tabs / 28 days)         |
| XCOPRI PAK 150-200MG (MAINTENANCE)                     | 1                | NDS, QL (56 tabs / 28 days)         |
| XCOPRI PAK 150-200MG (TITRATION)                       | 1                | NDS, QL (28 tabs / 28 days)         |
| ZONISADE SUSP 100mg/5ml                                | 1                | NDS, QL (900 mL / 30 days), PA      |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg               | 1                |                                     |
| ZTALMY SUSP 50mg/ml                                    | 1                | NDS, QL (1100 mL / 30 days), NM, PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>        |                  |                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 1                | QL (30 caps / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | 1                | QL (60 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | 1                | QL (60 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | 1                | QL (60 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | 1                | QL (60 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | 1                | QL (60 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | 1                | QL (90 tabs / 30 days), PA          |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | 1                | QL (60 tabs / 30 days), PA          |
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg           | 1                | QL (120 caps / 30 days)             |
| <i>atomoxetine hcl</i> CAPS 40mg                       | 1                | QL (60 caps / 30 days)              |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg          | 1                | QL (30 caps / 30 days)              |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg                    | 1                | QL (120 tabs / 30 days), PA   |
| <i>dexmethylphenidate hcl</i> TABS 10mg                          | 1                | QL (60 tabs / 30 days), PA  |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg                  | 1                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older  |
| <i>guanfacine hcl (adhd)</i> TB24 3mg                            | 1                | QL (60 tabs / 30 days), PA; PA applies if 70 years and older  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg | 1                | QL (180 tabs / 30 days), PA   |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml                          | 1                | QL (1800 mL / 30 days), PA  |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml                         | 1                | QL (900 mL / 30 days), PA   |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg            | 1                | QL (90 tabs / 30 days), PA  |
| <b>HYPNOTICS</b>   |                  |   |
| DAYVIGO TABS 5mg, 10mg   | 1                | QL (30 tabs / 30 days)  |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg                         | 1                | QL (30 tabs / 30 days)  |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg                            | 1                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>tasimelteon</i> CAPS 20mg                                     | 1                | NDS, QL (30 caps / 30 days), NM, PA   |
| <i>temazepam</i> CAPS 7.5mg, 30mg                                | 1                | QL (30 caps / 30 days), PA; PA applies if 65 years and older  |
| <i>temazepam</i> CAPS 15mg                                       | 1                | QL (60 caps / 30 days), PA; PA applies if 65 years and older  |
| <i>zaleplon</i> CAPS 5mg   | 1                | QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>zaleplon</i> CAPS 10mg  | 1                | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>zolpidem tartrate</i> TABS 5mg, 10mg                                     | 1                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <b>MIGRAINE</b>   |                  |   |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml  | 1                | QL (1 pen / 30 days), NM, PA  |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                               | 1                | NDS   |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml                               | 1                | NDS, QL (8 mL / 30 days), PA  |
| EMGALITY SOAJ 120mg/ml  | 1                | QL (2 pens / 30 days), NM, PA   |
| EMGALITY SOSY 100mg/ml  | 1                | QL (3 syringes / 30 days), NM, PA   |
| EMGALITY SOSY 120mg/ml  | 1                | QL (2 syringes / 30 days), NM, PA   |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                                  | 1                | QL (40 tabs / 28 days), PA  |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                                      | 1                | QL (12 tabs / 30 days)  |
| NURTEC TBDP 75mg  | 1                | QL (16 tabs / 30 days), PA  |
| QULIPTA TABS 10mg, 30mg, 60mg   | 1                | QL (30 tabs / 30 days), PA  |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg                  | 1                | QL (18 tabs / 30 days)  |
| <i>sumatriptan</i> SOLN 5mg/act   | 1                | QL (24 units / 30 days)   |
| <i>sumatriptan</i> SOLN 20mg/act  | 1                | QL (12 units / 30 days)   |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml                 | 1                | QL (18 injections / 30 days)  |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | 1                | QL (12 injections / 30 days)  |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg                         | 1                | QL (12 tabs / 30 days)  |
| UBRELVY TABS 50mg, 100mg  | 1                | QL (16 tabs / 30 days), PA  |
| <b>MISCELLANEOUS</b>  |                  |   |
| AUSTEDO TABS 6mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA   |
| AUSTEDO TABS 9mg, 12mg  | 1                | NDS, QL (120 tabs / 30 days), NM, PA  |
| AUSTEDO XR TB24 6mg   | 1                | NDS, QL (90 tabs / 30 days), NM, PA   |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--|------------------|---|
| AUSTEDO XR TB24 12mg   | 1                | NDS, QL (120 tabs / 30 days), NM, PA    |
| AUSTEDO XR TB24 18mg, 24mg   | 1                | NDS, QL (60 tabs / 30 days), NM, PA     |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA     |
| AUSTEDO XR TAB TITR KIT  | 1                | NDS, QL (2 packs / year), NM, PA        |
| <i>lithium</i> SOLN 8meq/5ml   | 1                |   |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 1                |   |
| NUEDEXTA CAP 20-10MG   | 1                | NDS, QL (60 caps / 30 days), PA         |
| <i>pyridostigmine bromide</i> TABS 60mg  | 1                |   |
| <i>riluzole</i> TABS 50mg  | 1                |   |
| <i>tetrabenazine</i> TABS 12.5mg   | 1                | NDS, QL (90 tabs / 30 days), NM, PA     |
| <i>tetrabenazine</i> TABS 25mg   | 1                | NDS, QL (120 tabs / 30 days), NM, PA    |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |                  |   |
| BAFIERTAM CPDR 95mg  | 1                | NDS, QL (120 caps / 30 days), NM, PA    |
| BETASERON KIT .3mg   | 1                | NDS, QL (14 syringes / 28 days), NM, PA |
| COPAXONE SOSY 20mg/ml  | 1                | NDS, QL (30 syringes / 30 days), NM, PA |
| COPAXONE SOSY 40mg/ml  | 1                | NDS, QL (12 syringes / 28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg   | 1                | QL (60 tabs / 30 days), NM, PA          |
| <i> fingolimod hcl</i> CAPS .5mg   | 1                | NDS, QL (30 caps / 30 days), NM, PA     |
| <i>glatiramer acetate</i> SOSY 20mg/ml   | 1                | NDS, QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml   | 1                | NDS, QL (12 syringes / 28 days), NM, PA |
| <i>glatopa</i> SOSY 20mg/ml  | 1                | NDS, QL (30 syringes / 30 days), NM, PA |
| <i>glatopa</i> SOSY 40mg/ml  | 1                | NDS, QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml   | 1                | NDS, QL (16 pens / 365 days), NM, PA    |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>  |                  |   |
| <i>baclofen</i> TABS 5mg   | 1                | QL (90 tabs / 30 days)                  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>baclofen</i> TABS 10mg, 20mg                                     | 1                |  |
| <i>carisoprodol</i> TABS 350mg                                      | 1                | QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg                           | 1                | QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year  |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg                     | 1                |  |
| <i>methocarbamol</i> TABS 500mg                                     | 1                | QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>methocarbamol</i> TABS 750mg                                     | 1                | QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                 | 1                |  |
| <b>NARCOLEPSY/CATAPLEXY</b>   |                  |  |
| <i>armodafinil</i> TABS 50mg  | 1                | QL (60 tabs / 30 days), PA   |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                         | 1                | QL (30 tabs / 30 days), PA   |
| <i>modafinil</i> TABS 100mg   | 1                | QL (30 tabs / 30 days), PA   |
| <i>modafinil</i> TABS 200mg   | 1                | QL (60 tabs / 30 days), PA   |
| SODIUM OXYBATE SOLN 500mg/ml  | 1                | NDS, QL (540 mL / 30 days), NM, PA   |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                       |                  |  |
| <i>acamprosate calcium</i> TBEC 333mg                               | 1                |  |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                              | 1                | QL (90 tabs / 30 days)   |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1                | QL (90 films / 30 days)  |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 1                | QL (90 films / 30 days)  |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 1                | QL (90 films / 30 days)  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>                              | 1                | QL (60 films / 30 days)    |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>                              | 1                | QL (90 tabs / 30 days)     |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                                | 1                | QL (90 tabs / 30 days)     |
| <i>bupropion hcl (smoking deterrent) TB12 150mg</i>   | 1                | QL (60 tabs / 30 days)     |
| <i>disulfiram TABS 250mg, 500mg</i>   | 1                |                            |
| <i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i> | 1                |                            |
| <i>naltrexone hcl TABS 50mg</i>   | 1                |                            |
| <i>NICOTROL INHALER INHA 10mg</i>   | 1                |                            |
| <i>NICOTROL NS SOLN 10mg/ml</i>   | 1                |                            |
| <i>varenicline tartrate TABS .5mg, 1mg</i>  | 1                | QL (56 tabs / 28 days)     |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>                          | 1                | QL (2 packs / year)        |
| <i>VIVITROL SUSR 380mg</i>  | 1                | NDS, NM                    |

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

|   |   |                                  |
|---|---|----------------------------------|
| <i>danazol CAPS 50mg, 100mg, 200mg</i>                | 1 |                                  |
| <i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>      | 1 | PA                               |
| <i>methyltestosterone CAPS 10mg</i>                   | 1 | NDS, QL (600 caps / 30 days), PA |
| <i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>      | 1 | QL (300 gm / 30 days), PA        |
| <i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i> | 1 | PA                               |
| <i>testosterone enanthate SOLN 200mg/ml</i>           | 1 | PA                               |
| <i>testosterone pump GEL 1.62%</i>                    | 1 | QL (150 gm / 30 days), PA        |

### **ANTIDIABETICS**

|  |   |                         |
|--|---|-------------------------|
| <i>acarbose TABS 25mg, 50mg, 100mg</i> | 1 |                         |
| <i>FARXIGA TABS 5mg, 10mg</i>          | 1 | QL (30 tabs / 30 days)  |
| <i>glimepiride TABS 1mg, 2mg</i>       | 1 | QL (90 tabs / 30 days)  |
| <i>glimepiride TABS 4mg</i>            | 1 | QL (60 tabs / 30 days)  |
| <i>glipizide TABS 5mg</i>              | 1 | QL (240 tabs / 30 days) |
| <i>glipizide TABS 10mg</i>             | 1 | QL (120 tabs / 30 days) |
| <i>glipizide TB24 2.5mg, 5mg</i>       | 1 | QL (90 tabs / 30 days)  |
| <i>glipizide TB24 10mg</i>             | 1 | QL (60 tabs / 30 days)  |
| <i>glipizide xl TB24 2.5mg, 5mg</i>    | 1 | QL (90 tabs / 30 days)  |
| <i>glipizide xl TB24 10mg</i>          | 1 | QL (60 tabs / 30 days)  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|---|------------------|---|
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>   | 1                | QL (240 tabs / 30 days)                                   |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>   | 1                | QL (120 tabs / 30 days)                                   |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 1                | QL (120 tabs / 30 days)                                   |
| GLYXAMBI TAB 10-5 MG  | 1                | QL (30 tabs / 30 days)                                    |
| GLYXAMBI TAB 25-5 MG  | 1                | QL (30 tabs / 30 days)                                    |
| JANUMET TAB 50-500MG  | 1                | QL (60 tabs / 30 days)                                    |
| JANUMET TAB 50-1000   | 1                | QL (60 tabs / 30 days)                                    |
| JANUMET XR TAB 50-500MG   | 1                | QL (60 tabs / 30 days)                                    |
| JANUMET XR TAB 50-1000  | 1                | QL (60 tabs / 30 days)                                    |
| JANUMET XR TAB 100-1000   | 1                | QL (30 tabs / 30 days)                                    |
| JANUVIA TABS 25mg, 50mg, 100mg  | 1                | QL (30 tabs / 30 days)                                    |
| JARDIANCE TABS 10mg, 25mg   | 1                | QL (30 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-500  | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-850  | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-1000   | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 2.5-1000MG  | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 5-1000MG  | 1                | QL (30 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 500mg   | 1                | QL (150 tabs / 30 days)                                   |
| <i>metformin hcl</i> TABS 850mg   | 1                | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg  | 1                | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg   | 1                | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg   | 1                | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml,<br>15mg/0.5ml | 1                | QL (4 pens / 28 days),<br>PA                              |
| <i>nateglinide</i> TABS 60mg, 120mg   | 1                | QL (90 tabs / 30 days)                                    |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN<br>2mg/1.5ml   | 1                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/3ml  | 1                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml   | 1                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml   | 1                | QL (1 pen / 28 days), PA                                  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg   | 1                | QL (30 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>   | 1                | QL (90 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>   | 1                | QL (90 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg   | 1                | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg   | 1                | QL (120 tabs / 30 days)                                   |
| RYBELSUS TABS 3mg, 7mg, 14mg  | 1                | QL (30 tabs / 30 days),<br>PA                             |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| SYNJARDY TAB 5-500MG  | 1                | QL (120 tabs / 30 days)       |
| SYNJARDY TAB 5-1000MG   | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY TAB 12.5-500   | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY TAB 12.5-1000MG  | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY XR TAB 5-1000MG  | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY XR TAB 10-1000   | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY XR TAB 12.5-1000                                       | 1                | QL (60 tabs / 30 days)        |
| SYNJARDY XR TAB 25-1000   | 1                | QL (30 tabs / 30 days)        |
| TRADJENTA TABS 5mg  | 1                | QL (30 tabs / 30 days)        |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                            | 1                | QL (60 tabs / 30 days)        |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                             | 1                | QL (30 tabs / 30 days)        |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                         | 1                | QL (60 tabs / 30 days)        |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                             | 1                | QL (30 tabs / 30 days)        |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 1                | QL (4 pens / 28 days), PA     |
| XIGDUO XR TAB 2.5-1000  | 1                | QL (60 tabs / 30 days)        |
| XIGDUO XR TAB 5-500MG   | 1                | QL (60 tabs / 30 days)        |
| XIGDUO XR TAB 5-1000MG  | 1                | QL (60 tabs / 30 days)        |
| XIGDUO XR TAB 10-500MG  | 1                | QL (30 tabs / 30 days)        |
| XIGDUO XR TAB 10-1000   | 1                | QL (30 tabs / 30 days)        |
| <b>ANTIDIABETICS, INSULINS</b>                                  |                  |                               |
| ADMELOG SOLN 100unit/ml   | 1                |                               |
| ADMELOG SOLOSTAR SOPN 100unit/ml                                | 1                |                               |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY                             | 1                | PA                            |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                | 1                |                               |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)                                | 1                | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)                                | 1                | QL (8 patches / 24 days), PA  |
| CEQUR SIMPL MIS INSERTER  | 1                | QL (2 inserters / year), PA   |
| FIASP SOLN 100unit/ml   | 1                |                               |
| FIASP FLEXTOUCH SOPN 100unit/ml                                 | 1                |                               |
| FIASP PENFILL SOCT 100unit/ml                                   | 1                |                               |
| FIASP PUMPCART SOCT 100unit/ml                                  | 1                | B/D                           |
| GAUZE PADS 2" X 2"  | 1                | PA                            |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)                      | 1                | NDS, B/D                      |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml                         | 1                | NDS                           |
| INSULIN PEN NEEDLES: BD-EMBECTA                                 | 1                | PA                            |
| INSULIN SAFETY NEEDLES: BD-EMBECTA                              | 1                | PA                            |
| INSULIN SYRINGES: BD-EMBECTA                                    | 1                | PA                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------|------------------|----------------------------|
| NOVOLIN INJ 70/30                 | 1                | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP              | 1                | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml         | 1                | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 1                | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml         | 1                | (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 1                | (brand RELION not covered) |
| NOVOLOG SOLN 100unit/ml           | 1                | (brand RELION not covered) |
| NOVOLOG FLEXPEN SOPN 100unit/ml   | 1                | (brand RELION not covered) |
| NOVOLOG MIX INJ 70/30             | 1                | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN           | 1                | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml   | 1                | (brand RELION not covered) |
| OMNIPOD 5 DX KIT INT G7G6         | 1                | QL (1 kit / year), PA      |
| OMNIPOD 5 DX MIS POD G7G6         | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD 5 G7 KIT INTRO            | 1                | QL (1 kit / year), PA      |
| OMNIPOD 5 G7 MIS PODS             | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD 5 LB KIT INTRO G6         | 1                | QL (1 kit / year), PA      |
| OMNIPOD 5 LB MIS PODS G6          | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO            | 1                | QL (1 kit / year), PA      |
| OMNIPOD DASH MIS PODS             | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 10UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 15UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 20UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 25UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 30UNT/DY           | 1                | QL (15 pods / 30 days), PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| OMNIPOD GO KIT 35UNT/DY                                | 1                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 40UNT/DY                                | 1                | QL (15 pods / 30 days), PA    |
| OMNIPOD MIS CLASSIC                                    | 1                | QL (15 pods / 30 days), PA    |
| SOLIQUA INJ 100/33                                     | 1                | QL (5 pens / 25 days)         |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                    | 1                |                               |
| TOUJEO SOLOSTAR SOPN 300unit/ml                        | 1                |                               |
| TRESIBA SOLN 100unit/ml                                | 1                |                               |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml          | 1                |                               |
| XULTOPHY INJ 100/3.6                                   | 1                | QL (5 pens / 30 days)         |
| <b>CALCIUM REGULATORS</b>                              |                  |                               |
| <i>alendronate sodium</i> SOLN 70mg/75ml               | 1                | ST                            |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg        | 1                |                               |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act      | 1                | B/D                           |
| <i>ibandronate sodium</i> TABS 150mg                   | 1                | B/D                           |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                       | 1                | B/D                           |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml  | 1                | B/D                           |
| PROLIA SOSY 60mg/ml                                    | 1                | QL (1 syringe / 180 days), NM |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg        | 1                |                               |
| <i>risedronate sodium</i> TBEC 35mg                    | 1                | ST                            |
| TERIPARATIDE SOPN 620mcg/2.48ml                        | 1                | NDS, NM, PA                   |
| XGEVA SOLN 120mg/1.7ml                                 | 1                | NDS, NM, PA                   |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml    | 1                | B/D, NM                       |
| <b>CHELATING AGENTS</b>                                |                  |                               |
| CHEMET CAPS 100mg                                      | 1                | NDS                           |
| <i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg | 1                | NM, PA                        |
| <i>deferasirox</i> TBSO 250mg, 500mg                   | 1                | NDS, NM, PA                   |
| <i>kionex</i> SUSP 15gm/60ml                           | 1                |                               |
| LOKELMA PACK 5gm, 10gm                                 | 1                |                               |
| <i>penicillamine</i> TABS 250mg                        | 1                | NDS, NM                       |
| <i>sodium polystyrene sulfonate powder</i>             | 1                |                               |
| <i>sps</i> SUSP 15gm/60ml                              | 1                |                               |
| <i>sps rectal</i> SUSP 15gm/60ml                       | 1                |                               |
| <i>trientine hcl</i> CAPS 250mg                        | 1                | NDS, NM, PA                   |
| <b>CONTRACEPTIVES</b>                                  |                  |                               |
| <i>afirmelle</i>                                       | 1                |                               |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>altavera</i>  | 1                |                            |
| <i>alyacen 1/35</i>  | 1                |                            |
| <i>alyacen 7/7/7</i>   | 1                |                            |
| <i>amethia</i>   | 1                |                            |
| <i>amethyst</i>  | 1                |                            |
| <i>apri</i>  | 1                |                            |
| <i>aranelle</i>  | 1                |                            |
| <i>ashlyna</i>   | 1                |                            |
| <i>aubra eq</i>  | 1                |                            |
| <i>aurovela 1/20</i>   | 1                |                            |
| <i>aurovela 24 fe</i>  | 1                |                            |
| <i>aurovela fe 1.5/30</i>  | 1                |                            |
| <i>aurovela fe 1/20</i>  | 1                |                            |
| <i>aviane</i>  | 1                |                            |
| <i>ayuna</i>   | 1                |                            |
| <i>azurette</i>  | 1                |                            |
| <i>balziva</i>   | 1                |                            |
| <i>blisovi 24 fe</i>   | 1                |                            |
| <i>blisovi fe 1.5/30</i>   | 1                |                            |
| <i>briellyn</i>  | 1                |                            |
| <i>camila TABS .35mg</i>   | 1                |                            |
| <i>camrese</i>   | 1                |                            |
| <i>camrese lo</i>  | 1                |                            |
| <i>chateal eq</i>  | 1                |                            |
| <i>cryselle-28</i>   | 1                |                            |
| <i>cyred eq</i>  | 1                |                            |
| <i>dasetta 1/35</i>  | 1                |                            |
| <i>dasetta 7/7/7</i>   | 1                |                            |
| <i>daysee</i>  | 1                |                            |
| <i>deblitane TABS .35mg</i>  | 1                |                            |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                                   | 1                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-<br/>0.02/0.01 mg(21/5)</i> | 1                |                            |
| <i>dolishale</i>   | 1                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-<br/>0.02-0.451 mg</i>     | 1                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-<br/>0.03-0.451 mg</i>     | 1                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                          | 1                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                          | 1                |                            |
| <i>elinest</i>   | 1                |                            |
| <i>eluryng</i>   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>emzahh TABS .35mg</i>  | 1                |                            |
| <i>enilloring</i>   | 1                |                            |
| <i>enpresse-28</i>  | 1                |                            |
| <i>enskyce</i>  | 1                |                            |
| <i>errin TABS .35mg</i>   | 1                |                            |
| <i>estarylla</i>  | 1                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> | 1                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> | 1                |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>    | 1                |                            |
| <i>falmina</i>  | 1                |                            |
| <i>finzala</i>  | 1                |                            |
| <i>hailey 1.5/30</i>  | 1                |                            |
| <i>hailey 24 fe</i>   | 1                |                            |
| <i>haloette</i>   | 1                |                            |
| <i>heather TABS .35mg</i>   | 1                |                            |
| <i>iclevia</i>  | 1                |                            |
| <i>incassia TABS .35mg</i>  | 1                |                            |
| <i>introvale</i>  | 1                |                            |
| <i>isibloom</i>   | 1                |                            |
| <i>jasmiel</i>  | 1                |                            |
| <i>jolessa</i>  | 1                |                            |
| <i>juleber</i>  | 1                |                            |
| <i>junel 1.5/30</i>   | 1                |                            |
| <i>junel 1/20</i>   | 1                |                            |
| <i>junel fe 1.5/30</i>  | 1                |                            |
| <i>junel fe 1/20</i>  | 1                |                            |
| <i>junel fe 24</i>  | 1                |                            |
| <i>kaitlib fe</i>   | 1                |                            |
| <i>kariva</i>   | 1                |                            |
| <i>kelnor 1/35</i>  | 1                |                            |
| <i>kelnor 1/50</i>  | 1                |                            |
| <i>kurvelo</i>  | 1                |                            |
| <i>larin 1.5/30</i>   | 1                |                            |
| <i>larin 1/20</i>   | 1                |                            |
| <i>larin 24 fe</i>  | 1                |                            |
| <i>larin fe 1.5/30</i>  | 1                |                            |
| <i>larin fe 1/20</i>  | 1                |                            |
| <i>layolis fe</i>   | 1                |                            |
| <i>leena</i>  | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>lessina</i>  | 1                |                            |
| <i>levonest</i>   | 1                |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>        | 1                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>          | 1                |                            |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>         | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>         | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>                 | 1                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>                | 1                |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>             | 1                |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>              | 1                |                            |
| <i>levora 0.15/30-28</i>  | 1                |                            |
| LILETTA IUD 20.1mcg/day   | 1                | NM                         |
| <i>loestrin 1.5/30-21</i>   | 1                |                            |
| <i>loestrin 1/20-21</i>   | 1                |                            |
| <i>loestrin fe 1.5/30</i>   | 1                |                            |
| <i>loestrin fe 1/20</i>   | 1                |                            |
| <i>loryna</i>   | 1                |                            |
| <i>low-ogestrel</i>   | 1                |                            |
| <i>lutra</i>  | 1                |                            |
| <i>lyleq TABS .35mg</i>   | 1                |                            |
| <i>lyza TABS .35mg</i>  | 1                |                            |
| <i>marlissa</i>   | 1                |                            |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 1                |                            |
| <i>mibelas 24 fe</i>  | 1                |                            |
| <i>microgestin 1.5/30</i>   | 1                |                            |
| <i>microgestin 1/20</i>   | 1                |                            |
| <i>microgestin fe 1.5/30</i>  | 1                |                            |
| <i>microgestin fe 1/20</i>  | 1                |                            |
| <i>mili</i>   | 1                |                            |
| <i>mono-linyah</i>  | 1                |                            |
| <i>necon 0.5/35-28</i>  | 1                |                            |
| NEXPLANON IMPL 68mg   | 1                | NM                         |
| <i>nikki</i>  | 1                |                            |
| <i>nora-be TABS .35mg</i>   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1                |                            |
| <i>norethindrone (contraceptive) TABS .35mg</i>                        | 1                |                            |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>    | 1                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>       | 1                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>     | 1                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 1                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1                |                            |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>     | 1                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>     | 1                |                            |
| <i>norlyroc TABS .35mg</i>   | 1                |                            |
| <i>nortrel 0.5/35 (28)</i>   | 1                |                            |
| <i>nortrel 1/35 (21)</i>   | 1                |                            |
| <i>nortrel 1/35 (28)</i>   | 1                |                            |
| <i>nortrel 7/7/7</i>   | 1                |                            |
| <i>nylia 1/35</i>  | 1                |                            |
| <i>nylia 7/7/7</i>   | 1                |                            |
| <i>ocella</i>  | 1                |                            |
| <i>philith</i>   | 1                |                            |
| <i>pimtrea</i>   | 1                |                            |
| <i>portia-28</i>   | 1                |                            |
| <i>reclipsen</i>   | 1                |                            |
| <i>rivelsa</i>   | 1                |                            |
| <i>setlakin</i>  | 1                |                            |
| <i>sharobel TABS .35mg</i>   | 1                |                            |
| <i>simliya</i>   | 1                |                            |
| <i>simpesse</i>  | 1                |                            |
| <i>sprintec 28</i>   | 1                |                            |
| <i>sronyx</i>  | 1                |                            |
| <i>syeda</i>   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tarina 24 fe</i>   | 1                |                            |
| <i>tarina fe 1/20 eq</i>  | 1                |                            |
| <i>tilia fe</i>   | 1                |                            |
| <i>tri-estarylla</i>  | 1                |                            |
| <i>tri-legest fe</i>  | 1                |                            |
| <i>tri-linyah</i>   | 1                |                            |
| <i>tri-lo-estarylla</i>   | 1                |                            |
| <i>tri-lo-marzia</i>  | 1                |                            |
| <i>tri-lo-mili</i>  | 1                |                            |
| <i>tri-lo-sprintec</i>  | 1                |                            |
| <i>tri-mili</i>   | 1                |                            |
| <i>tri-nymyo</i>  | 1                |                            |
| <i>tri-sprintec</i>   | 1                |                            |
| <i>tri-vylibra</i>  | 1                |                            |
| <i>tri-vylibra lo</i>   | 1                |                            |
| <i>trivora-28</i>   | 1                |                            |
| <i>turqoz</i>   | 1                |                            |
| <i>tydemy</i>   | 1                |                            |
| <i>velivet</i>  | 1                |                            |
| <i>vestura</i>  | 1                |                            |
| <i>vienva</i>   | 1                |                            |
| <i>viorele</i>  | 1                |                            |
| <i>vyfemla</i>  | 1                |                            |
| <i>vylibra</i>  | 1                |                            |
| <i>wera</i>   | 1                |                            |
| <i>wymzya fe</i>  | 1                |                            |
| <i>xulane</i>   | 1                |                            |
| <i>zafemy</i>   | 1                |                            |
| <i>zovia 1/35</i>   | 1                |                            |
| <i>zumandimine</i>  | 1                |                            |
| <b>ESTROGENS</b>  |                  |                            |
| <i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>  | 1                |                            |
| <i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</i> | 1                |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>   | 1                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>   | 1                |                            |
| <i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml   | 1                |                            |
| <i>fyavolv tab 0.5mg-2.5mcg</i>   | 1                |                            |
| <i>fyavolv tab 1mg-5mcg</i>   | 1                |                            |
| <i>jinteli</i>  | 1                |                            |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                          | 1                |                            |
| <i>mimvey</i>   | 1                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>   | 1                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>   | 1                |                            |
| <i>yuvafem</i> TABS 10mcg   | 1                |                            |
| <b>GLUCOCORTICOIDS</b>  |                  |                            |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg            | 1                |                            |
| DEXAMETHASONE INTENSOL CONC 1mg/ml  | 1                |                            |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml | 1                |                            |
| <i>fludrocortisone acetate</i> TABS .1mg  | 1                |                            |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg  | 1                |                            |
| <i>hydrocortisone sod succinate</i> SOLR 100mg  | 1                |                            |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg   | 1                | B/D                        |
| <i>methylprednisolone</i> TBPK 4mg  | 1                |                            |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml   | 1                | B/D                        |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg   | 1                | B/D                        |
| <i>prednisolone</i> SOLN 15mg/5ml   | 1                | B/D                        |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml                                     | 1                | B/D                        |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                                    | 1                | B/D                        |
| <i>prednisone</i> TBPK 5mg, 10mg  | 1                |                            |
| PREDNISON INTENSOL CONC 5mg/ml  | 1                | B/D                        |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg  | 1                |                            |
| <b>GLUCOSE ELEVATING AGENTS</b>   |                  |                            |
| <i>diazoxide</i> SUSP 50mg/ml   | 1                | NDS                        |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml  | 1                |                                       |
| <b>MISCELLANEOUS</b>  |                  |                                       |
| ALDURAZYME SOLN 2.9mg/5ml   | 1                | NDS, NM, PA                           |
| <i>betaine powder for oral solution</i>   | 1                | NDS, NM                               |
| <i>cabergoline</i> TABS .5mg  | 1                |                                       |
| <i>carglumic acid</i> TBSO 200mg  | 1                | NDS, NM, PA                           |
| CERDELGA CAPS 84mg  | 1                | NDS, NM, PA                           |
| CEREZYME SOLR 400unit   | 1                | NDS, NM, PA                           |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg   | 1                | B/D, QL (60 tabs / 30 days), NM       |
| <i>cinacalcet hcl</i> TABS 90mg   | 1                | NDS, B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg   | 1                | NM, PA                                |
| <i>desmopressin acetate</i> SOLN 4mcg/ml  | 1                | NDS                                   |
| <i>desmopressin acetate</i> TABS .1mg, .2mg   | 1                |                                       |
| <i>desmopressin acetate spray</i> SOLN .01%   | 1                |                                       |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                                | 1                |                                       |
| FABRAZYME SOLR 5mg, 35mg  | 1                | NDS, NM, PA                           |
| GENOTROPIN CART 5mg, 12mg   | 1                | NDS, NM, PA                           |
| GENOTROPIN MINIQUICK PRSY .2mg  | 1                | NM, PA                                |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg        | 1                | NDS, NM, PA                           |
| INCRELEX SOLN 40mg/4ml  | 1                | NDS, NM, PA                           |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg   | 1                | NDS, NM, PA                           |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml  | 1                | NDS, NM, PA                           |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                    | 1                | B/D                                   |
| LUMIZYME SOLR 50mg  | 1                | NDS, NM, PA                           |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)                                     | 1                | NDS, NM, PA                           |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)  | 1                | NDS, NM, PA                           |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg)   | 1                | NDS, NM, PA                           |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg  | 1                | NDS, NM, PA                           |
| NAGLAZYME SOLN 1mg/ml   | 1                | NDS, NM, PA                           |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg   | 1                | NDS, NM, PA                           |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1                | NM, PA                                |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                    | 1                | NDS, NM, PA                           |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>raloxifene hcl</i> TABS 60mg   | 1                |                            |
| <i>sapropterin dihydrochloride</i> PACK 100mg,<br>500mg; TABS 100mg   | 1                | NDS, NM, PA                |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml   | 1                | NDS, NM, PA                |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS<br>500mg  | 1                | NDS, NM, PA                |
| SOMATULINE DEPOT SOLN 60mg/0.2ml,<br>90mg/0.3ml, 120mg/0.5ml  | 1                | NDS, NM, PA                |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg,<br>30mg   | 1                | NDS, NM, PA                |
| SYNAREL SOLN 2mg/ml   | 1                | NDS, PA                    |
| VEOZAH TABS 45mg  | 1                | PA                         |
| <b>PROGESTINS</b>   |                  |                            |
| <i>gallifrey</i> TABS 5mg   | 1                |                            |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg,<br>5mg, 10mg   | 1                |                            |
| <i>megestrol acetate</i> SUSP 40mg/ml   | 1                |                            |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml  | 1                | PA                         |
| <i>norethindrone acetate</i> TABS 5mg   | 1                |                            |
| <i>progesterone</i> CAPS 100mg, 200mg   | 1                |                            |
| <b>THYROID AGENTS</b>   |                  |                            |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg                     | 1                |                            |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg, 300mcg               | 1                |                            |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg,<br>75mcg, 88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                |                            |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg                      | 1                |                            |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg,<br>50mcg   | 1                |                            |
| <i>methimazole</i> TABS 5mg, 10mg   | 1                |                            |
| <i>propylthiouracil</i> TABS 50mg   | 1                |                            |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg, 137mcg,<br>150mcg, 175mcg, 200mcg, 300mcg                   | 1                |                            |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg, 137mcg, 150mcg,<br>175mcg, 200mcg, 300mcg            | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <b>VITAMIN D ANALOGS</b>  |                  |  |
| <i>calcitriol</i> CAPS .25mcg, .5mcg  | 1                | B/D  |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml   | 1                | B/D  |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg   | 1                | B/D  |
| <b>GASTROINTESTINAL</b>   |                  |  |
| <b>ANTIEMETICS</b>  |                  |  |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg  | 1                | B/D  |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                      | 1                | B/D  |
| <i>compro</i> SUPP 25mg   | 1                |  |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg   | 1                | B/D, QL (60 caps / 30 days)  |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml   | 1                |  |
| <i>granisetron hcl</i> TABS 1mg   | 1                | B/D  |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg  | 1                |  |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml;<br>TABS 5mg, 10mg                           | 1                |  |
| <i>ondansetron</i> TBP 4mg, 8mg   | 1                | B/D  |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml;<br>SOSY 4mg/2ml                             | 1                |  |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg,<br>8mg                                       | 1                | B/D  |
| <i>prochlorperazine</i> SUPP 25mg   | 1                |  |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml   | 1                |  |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg  | 1                |  |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml,<br>50mg/ml; TABS 12.5mg, 25mg, 50mg       | 1                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year                            |
| <i>scopolamine</i> PT72 1mg/3days   | 1                | QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <b>ANTISPASMODICS</b>   |                  |  |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml;<br>TABS 20mg                               | 1                |  |
| <i>glycopyrrolate</i> TABS 1mg  | 1                | QL (90 tabs / 30 days)   |
| <i>glycopyrrolate</i> TABS 2mg  | 1                | QL (120 tabs / 30 days)  |
| <b>H2-RECEPTOR ANTAGONISTS</b>  |                  |  |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml,<br>200mg/20ml; SUSR 40mg/5ml; TABS 20mg,<br>40mg | 1                |  |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>   | 1                |  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>nizatidine</i> CAPS 150mg, 300mg                                 | 1                |                                 |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                   |                  |                                 |
| <i>balsalazide disodium</i> CAPS 750mg                              | 1                |                                 |
| <i>budesonide</i> CPEP 3mg  | 1                | QL (90 caps / 30 days), PA      |
| <i>budesonide</i> TB24 9mg  | 1                | NDS, QL (30 tabs / 30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml                 | 1                |                                 |
| <i>mesalamine</i> CP24 .375gm                                       | 1                | QL (120 caps / 30 days)         |
| <i>mesalamine</i> CPDR 400mg  | 1                | QL (180 caps / 30 days)         |
| <i>mesalamine</i> ENEM 4gm  | 1                | QL (1680 mL / 28 days)          |
| <i>mesalamine</i> SUPP 1000mg                                       | 1                | QL (30 suppositories / 30 days) |
| <i>mesalamine</i> TBEC 1.2gm  | 1                | QL (120 tabs / 30 days)         |
| <i>mesalamine w/ cleanser</i> KIT 4gm                               | 1                | QL (28 bottles / 28 days)       |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg                         | 1                |                                 |
| <b>LAXATIVES</b>  |                  |                                 |
| <i>constulose</i> SOLN 10gm/15ml                                    | 1                |                                 |
| <i>enulose</i> SOLN 10gm/15ml                                       | 1                |                                 |
| <i>gavilyte-c</i>   | 1                |                                 |
| <i>gavilyte-g</i>   | 1                |                                 |
| <i>gavilyte-n/flavor pack</i>                                       | 1                |                                 |
| <i>generlac</i> SOLN 10gm/15ml                                      | 1                |                                 |
| <i>lactulose</i> SOLN 10gm/15ml                                     | 1                |                                 |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                    | 1                |                                 |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 1                |                                 |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1                |                                 |
| PLENVU SOL  | 1                |                                 |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 1                |                                 |
| <b>MISCELLANEOUS</b>  |                  |                                 |
| <i>alosetron hcl</i> TABS 1mg                                       | 1                | NDS, QL (60 tabs / 30 days), PA |
| <i>alosetron hcl</i> TABS .5mg                                      | 1                | QL (60 tabs / 30 days), PA      |
| CREON CAP 3000UNIT  | 1                |                                 |
| CREON CAP 6000UNIT  | 1                |                                 |
| CREON CAP 12000UNT  | 1                |                                 |
| CREON CAP 24000UNT  | 1                |                                 |
| CREON CAP 36000UNT  | 1                |                                 |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| <i>cromolyn sodium (mastocytosis) CONC</i><br>100mg/5ml | 1                |                                     |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>   | 1                |                                     |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>       | 1                |                                     |
| GATTEX KIT 5mg  | 1                | NDS, NM, PA                         |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                      | 1                | QL (30 caps / 30 days)              |
| <i>loperamide hcl</i> CAPS 2mg                          | 1                |                                     |
| <i>misoprostol</i> TABS 100mcg, 200mcg                  | 1                |                                     |
| MOVANTIK TABS 12.5mg, 25mg                              | 1                | QL (30 tabs / 30 days)              |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml                     | 1                | NDS, QL (28 syringes / 28 days), PA |
| <i>sucralfate</i> TABS 1gm                              | 1                |                                     |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg           | 1                |                                     |
| VOWST CAP   | 1                | NDS, QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg                                      | 1                | NDS, QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg                                      | 1                | NDS, PA                             |
| ZENPEP CAP 3000UNIT                                     | 1                |                                     |
| ZENPEP CAP 5000UNIT                                     | 1                |                                     |
| ZENPEP CAP 10000UNT                                     | 1                |                                     |
| ZENPEP CAP 15000UNT                                     | 1                |                                     |
| ZENPEP CAP 20000UNT                                     | 1                |                                     |
| ZENPEP CAP 25000UNT                                     | 1                |                                     |
| ZENPEP CAP 40000UNT                                     | 1                |                                     |
| ZENPEP CAP 60000UNT                                     | 1                |                                     |
| <b>PROTON PUMP INHIBITORS</b>                           |                  |                                     |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg           | 1                | QL (30 caps / 30 days), ST          |
| <i>lansoprazole</i> CPDR 15mg, 30mg                     | 1                | QL (60 caps / 30 days)              |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                 | 1                |                                     |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg   | 1                |                                     |
| <i>rabeprazole sodium</i> TBEC 20mg                     | 1                | QL (30 tabs / 30 days)              |
| <b>GENITOURINARY</b>                                    |                  |                                     |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                     |                  |                                     |
| <i>alfuzosin hcl</i> TB24 10mg                          | 1                | QL (30 tabs / 30 days)              |
| <i>dutasteride</i> CAPS .5mg                            | 1                | QL (30 caps / 30 days)              |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>        | 1                | QL (30 caps / 30 days)              |
| <i>finasteride</i> TABS 5mg                             | 1                | QL (30 tabs / 30 days)              |
| <i>tadalafil</i> TABS 5mg                               | 1                | QL (30 tabs / 30 days), PA          |
| <i>tamsulosin hcl</i> CAPS .4mg                         | 1                | QL (60 caps / 30 days)              |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <b>MISCELLANEOUS</b>  |                  |                               |
| <i>acetic acid</i> SOLN .25%  | 1                |                               |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg  | 1                |                               |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg  | 1                |                               |
| <b>URINARY ANTISPASMODICS</b>   |                  |                               |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg  | 1                | QL (30 tabs / 30 days)        |
| MYRBETRIQ SRER 8mg/ml   | 1                | QL (300 mL / 28 days)         |
| MYRBETRIQ TB24 25mg, 50mg   | 1                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml   | 1                | QL (600 mL / 30 days)         |
| <i>oxybutynin chloride</i> TABS 5mg   | 1                | QL (120 tabs / 30 days)       |
| <i>oxybutynin chloride</i> TB24 5mg   | 1                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg  | 1                | QL (60 tabs / 30 days)        |
| <i>solifenacin succinate</i> TABS 5mg, 10mg   | 1                | QL (30 tabs / 30 days)        |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg   | 1                | QL (30 caps / 30 days),<br>ST |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg   | 1                | QL (60 tabs / 30 days)        |
| <i>tropium chloride</i> TABS 20mg   | 1                | QL (60 tabs / 30 days)        |
| <b>VAGINAL ANTI-INFECTIVES</b>  |                  |                               |
| <i>clindamycin phosphate vaginal</i> CREA 2%  | 1                |                               |
| <i>metronidazole vaginal</i> GEL .75%   | 1                |                               |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg   | 1                |                               |
| <b>HEMATOLOGIC</b>  |                  |                               |
| <b>ANTICOAGULANTS</b>   |                  |                               |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg   | 1                | QL (60 caps / 30 days)        |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg   | 1                | QL (120 caps / 30 days)       |
| ELIQUIS TABS 2.5mg  | 1                | QL (60 tabs / 30 days)        |
| ELIQUIS TABS 5mg  | 1                | QL (74 tabs / 30 days)        |
| ELIQUIS STARTER PACK TBPK 5mg   | 1                | QL (74 tabs / 30 days)        |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1                |                               |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml   | 1                |                               |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml  | 1                | NDS                           |
| HEP SOD/NAACL INJ 25000UNT  | 1                |                               |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     | 1                | B/D                           |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg        | 1                |  |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1                |  |
| XARELTO SUSR 1mg/ml  | 1                | QL (620 mL / 30 days)                  |
| XARELTO TABS 2.5mg   | 1                | QL (60 tabs / 30 days)                 |
| XARELTO TABS 10mg, 15mg, 20mg  | 1                | QL (30 tabs / 30 days)                 |
| XARELTO STAR TAB 15/20MG   | 1                | QL (51 tabs / 30 days)                 |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |                  |  |
| FULPHILA SOSY 6mg/0.6ml  | 1                | NDS, QL (2 syringes / 28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml             | 1                | NM, PA                                 |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml                                      | 1                | NDS, NM, PA                            |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                       | 1                | NDS, NM, PA                            |
| <b>MISCELLANEOUS</b>   |                  |  |
| ALVAIZ TABS 9mg, 54mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA    |
| ALVAIZ TABS 18mg, 36mg   | 1                | NDS, QL (90 tabs / 30 days), NM, PA    |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg   | 1                |  |
| BERINERT KIT 500unit   | 1                | NDS, QL (24 boxes / 30 days), NM, PA   |
| <i>cilostazol</i> TABS 50mg, 100mg   | 1                |  |
| DOPTELET TABS 20mg   | 1                | NDS, NM, PA                            |
| HAEGARDA SOLR 2000unit   | 1                | NDS, QL (30 vials / 30 days), NM, PA   |
| HAEGARDA SOLR 3000unit   | 1                | NDS, QL (20 vials / 30 days), NM, PA   |
| <i>icatibant acetate</i> SOSY 30mg/3ml                                       | 1                | NDS, QL (9 syringes / 30 days), NM, PA |
| <i>l-glutamine (sickle cell)</i> PACK 5gm                                    | 1                | NDS, NM, PA                            |
| <i>pentoxifylline</i> TBCR 400mg   | 1                |  |
| <i>sajazir</i> SOSY 30mg/3ml   | 1                | NDS, QL (9 syringes / 30 days), NM, PA |
| SIKLOS TABS 100mg  | 1                |  |
| SIKLOS TABS 1000mg   | 1                | NDS                                    |
| TAVNEOS CAPS 10mg  | 1                | NDS, QL (180 caps / 30 days), NM, PA   |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg                          | 1                |  |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                       |                  |  |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>                            | 1                |  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| BRILINTA TABS 60mg, 90mg                  | 1                |                                      |
| <i>clopidogrel bisulfate</i> TABS 75mg    | 1                |                                      |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | 1                | PA; PA applies if 70 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg       | 1                |                                      |

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS**

|   |   |  |
|---|---|--|
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml   | 1 | NDS, QL (56 pens / 365 days), NM, PA     |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml | 1 | NDS, QL (56 syringes / 365 days), NM, PA |
| ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml | 1 | NDS, QL (2 packs / year), NM, PA         |
| COSENTYX SOLN 125mg/5ml                   | 1 | NDS, NM, PA                              |
| COSENTYX SOSY 75mg/0.5ml                  | 1 | NDS, QL (16 syringes / 365 days), NM, PA |
| COSENTYX SOSY 150mg/ml                    | 1 | NDS, QL (32 syringes / 365 days), NM, PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml     | 1 | NDS, QL (32 pens / 365 days), NM, PA     |
| COSENTYX UNOREADY SOAJ 300mg/2ml          | 1 | NDS, QL (16 pens / 365 days), NM, PA     |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml     | 1 | NDS, QL (4 pens / 28 days), NM, PA       |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml     | 1 | NDS, QL (4 syringes / 28 days), NM, PA   |
| ENBREL SOLN 25mg/0.5ml                    | 1 | NDS, QL (16 vials / 28 days), NM, PA     |
| ENBREL SOSY 25mg/0.5ml                    | 1 | NDS, QL (16 syringes / 28 days), NM, PA  |
| ENBREL SOSY 50mg/ml                       | 1 | NDS, QL (8 syringes / 28 days), NM, PA   |
| ENBREL MINI SOCT 50mg/ml                  | 1 | NDS, QL (8 cartridges / 28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml             | 1 | NDS, QL (8 pens / 28 days), NM, PA       |
| HUMIRA PSKT 10mg/0.1ml                    | 1 | NDS, QL (2 syringes / 28 days), NM, PA   |
| HUMIRA PSKT 20mg/0.2ml                    | 1 | NDS, QL (4 syringes / 28 days), NM, PA   |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml        | 1 | NDS, QL (6 syringes / 28 days), NM, PA   |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml    | 1 | NDS, QL (6 pens / 28 days), NM, PA       |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| HUMIRA PEN AJKT 80mg/0.8ml                 | 1                | NDS, QL (4 pens / 28 days), NM, PA       |
| HUMIRA PEN KIT PS/UV                       | 1                | NDS, QL (3 pens / 28 days), NM, PA       |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml  | 1                | NDS, QL (3 pens / 28 days), NM, PA       |
| HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml  | 1                | NDS, QL (4 pens / 28 days), NM, PA       |
| IDACIO (2 PEN) AJKT 40mg/0.8ml             | 1                | NDS, QL (56 pens / 365 days), NM, PA     |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml         | 1                | NDS, QL (56 syringes / 365 days), NM, PA |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml   | 1                | NDS, QL (2 packs / year), NM, PA         |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml | 1                | NDS, QL (2 packs / year), NM, PA         |
| INFLIXIMAB SOLR 100mg                      | 1                | NDS, NM, PA                              |
| REMICADE SOLR 100mg                        | 1                | NDS, NM, PA                              |
| RENFLEXIS SOLR 100mg                       | 1                | NDS, NM, PA                              |
| RINVOQ TB24 15mg, 30mg                     | 1                | NDS, QL (30 tabs / 30 days), NM, PA      |
| RINVOQ TB24 45mg                           | 1                | NDS, QL (168 tabs / year), NM, PA        |
| RINVOQ LQ SOLN 1mg/ml                      | 1                | NDS, QL (360 mL / 30 days), NM, PA       |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml      | 1                | NDS, QL (1 cartridge / 56 days), NM, PA  |
| SKYRIZI SOLN 600mg/10ml                    | 1                | NDS, NM, PA                              |
| SKYRIZI SOSY 150mg/ml                      | 1                | NDS, QL (6 syringes / 365 days), NM, PA  |
| SKYRIZI PEN SOAJ 150mg/ml                  | 1                | NDS, QL (6 pens / 365 days), NM, PA      |
| SOTYKTU TABS 6mg                           | 1                | NDS, QL (30 tabs / 30 days), NM, PA      |
| STELARA SOLN 45mg/0.5ml                    | 1                | NDS, QL (1 vial / 28 days), NM, PA       |
| STELARA SOLN 130mg/26ml                    | 1                | NDS, NM, PA                              |
| STELARA SOSY 45mg/0.5ml, 90mg/ml           | 1                | NDS, QL (1 syringe / 28 days), NM, PA    |
| TREMFYA SOAJ 100mg/ml, 200mg/2ml           | 1                | NDS, QL (1 pen / 28 days), NM, PA        |
| TREMFYA SOLN 200mg/20ml                    | 1                | NDS, NM, PA                              |
| TREMFYA SOSY 100mg/ml, 200mg/2ml           | 1                | NDS, QL (1 syringe / 28 days), NM, PA    |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| TYENNE SOAJ 162mg/0.9ml  | 1                | NDS, QL (4 pens / 28 days), NM, PA     |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml   | 1                | NDS, NM, PA                            |
| TYENNE SOSY 162mg/0.9ml  | 1                | NDS, QL (4 syringes / 28 days), NM, PA |
| VELSIPITY TABS 2mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA    |
| XELJANZ SOLN 1mg/ml  | 1                | NDS, QL (480 mL / 24 days), NM, PA     |
| XELJANZ TABS 5mg, 10mg   | 1                | NDS, QL (60 tabs / 30 days), NM, PA    |
| XELJANZ XR TB24 11mg, 22mg   | 1                | NDS, QL (30 tabs / 30 days), NM, PA    |
| <b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>  |                  |  |
| <i>hydroxychloroquine sulfate</i> TABS 200mg   | 1                |  |
| JYLAMVO SOLN 2mg/ml  | 1                | B/D                                    |
| <i>leflunomide</i> TABS 10mg, 20mg   | 1                | QL (30 tabs / 30 days)                 |
| <i>methotrexate sodium</i> TABS 2.5mg  | 1                |  |
| XATMEP SOLN 2.5mg/ml   | 1                | B/D                                    |
| <b><i>IMMUNOGLOBULINS</i></b>  |                  |  |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml   | 1                | NDS, NM, PA                            |
| BIVIGAM SOLN 5gm/50ml, 10%   | 1                | NDS, NM, PA                            |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml  | 1                | NDS, NM, PA                            |
| GAMASTAN INJ   | 1                | B/D, NM                                |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                         | 1                | NDS, NM, PA                            |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm   | 1                | NDS, NM, PA                            |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml   | 1                | NDS, NM, PA                            |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml                               | 1                | NDS, NM, PA                            |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                | 1                | NDS, NM, PA                            |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 1                | NDS, NM, PA                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml        | 1                | NDS, NM, PA                            |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                             | 1                | NDS, NM, PA                            |
| <b>IMMUNOMODULATORS</b>  |                  |  |
| ACTIMMUNE SOLN 100mcg/0.5ml  | 1                | NDS, NM, PA                            |
| ARCALYST SOLR 220mg  | 1                | NDS, NM, PA                            |
| <b>IMMUNOSUPPRESSANTS</b>  |                  |  |
| ASTAGRAF XL CP24 5mg   | 1                | NDS, B/D, NM                           |
| ASTAGRAF XL CP24 .5mg, 1mg   | 1                | B/D, NM                                |
| <i>azathioprine</i> TABS 50mg  | 1                | B/D                                    |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml  | 1                | NDS, QL (8 syringes / 28 days), NM, PA |
| BENLYSTA SOLR 120mg, 400mg   | 1                | NDS, NM, PA                            |
| <i>cyclosporine</i> CAPS 25mg, 100mg   | 1                | B/D, NM                                |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 1                | B/D, NM                                |
| <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg                     | 1                | NDS, B/D, NM                           |
| <i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml   | 1                | B/D, NM                                |
| <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg                                    | 1                | B/D, NM                                |
| <i>mycophenolate mofetil</i> SUSR 200mg/ml   | 1                | NDS, B/D, NM                           |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg  | 1                | B/D, NM                                |
| NULOJIX SOLR 250mg   | 1                | NDS, B/D, NM                           |
| PROGRAF PACK .2mg, 1mg   | 1                | B/D, NM                                |
| REZUROCK TABS 200mg  | 1                | NDS, QL (30 tabs / 30 days), NM, PA    |
| <i>sirolimus</i> SOLN 1mg/ml   | 1                | NDS, B/D, NM                           |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg   | 1                | B/D, NM                                |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg  | 1                | B/D, NM                                |
| <b>VACCINES</b>  |                  |  |
| ABRYSVO SOLR 120mcg/0.5ml  | 1                |  |
| ACTHIB INJ   | 1                |  |
| ADACEL INJ   | 1                |  |
| AREXVY SUSR 120mcg/0.5ml   | 1                |  |
| BCG VACCINE SOLR 50mg  | 1                |  |
| BEXSERO INJ  | 1                |  |
| BOOSTRIX INJ   | 1                |  |
| DAPTACEL INJ   | 1                |  |
| DENGVAXIA SUS  | 1                |  |
| DIP/TET PED INJ 25-5LFU  | 1                | B/D                                    |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml                          | 1                | B/D                        |
| GARDASIL 9 INJ   | 1                |                            |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml   | 1                |                            |
| HEPLISAV-B SOSY 20mcg/0.5ml  | 1                | B/D                        |
| HIBERIX SOLR 10mcg   | 1                |                            |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml                                     | 1                | B/D                        |
| INFANRIX INJ   | 1                |                            |
| IPOL INJ INACTIVE  | 1                |                            |
| IXCHIQ INJ   | 1                |                            |
| IXIARO INJ   | 1                |                            |
| JYNNEOS SUSP .5ml  | 1                | B/D                        |
| KINRIX INJ   | 1                |                            |
| M-M-R II INJ   | 1                |                            |
| MENACTRA INJ   | 1                |                            |
| MENQUADFI INJ  | 1                |                            |
| MENVEO INJ   | 1                |                            |
| MENVEO SOL   | 1                |                            |
| MRESVIA SUSY 50mcg/0.5ml   | 1                |                            |
| PEDIARIX INJ 0.5ML   | 1                |                            |
| PEDVAX HIB SUSP 7.5mcg/0.5ml   | 1                |                            |
| PENBRAYA INJ   | 1                |                            |
| PENTACEL INJ   | 1                |                            |
| PRIORIX INJ  | 1                |                            |
| PROQUAD INJ  | 1                |                            |
| QUADRACEL INJ 0.5ML  | 1                |                            |
| RABAVERT INJ   | 1                | B/D                        |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1                | B/D                        |
| ROTARIX SUS  | 1                |                            |
| ROTATEQ SOL  | 1                |                            |
| SHINGRIX SUSR 50mcg/0.5ml  | 1                | QL (2 vials per lifetime)  |
| TENIVAC INJ 5-2LF  | 1                | B/D                        |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 1                |                            |
| TRUMENBA INJ   | 1                |                            |
| TWINRIX INJ  | 1                |                            |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                                 | 1                |                            |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml   | 1                |                            |
| VARIVAX SUSR 1350pfu/0.5ml   | 1                |                            |
| VAXCHORA SUS   | 1                |                            |
| YF-VAX INJ   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**NUTRITIONAL/SUPPLEMENTS**

***ELECTROLYTES/MINERALS, INJECTABLE***

|   |   |  |
|---|---|--|
| D2.5W/NACL INJ 0.45%  | 1 |  |
| D10W/NACL INJ 0.2%  | 1 |  |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>   | 1 |  |
| <i>dextrose 5% in lactated ringers</i>  | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>  | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>  | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>  | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>   | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>  | 1 |  |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>  | 1 |  |
| ISOLYTE-P INJ /D5W  | 1 |  |
| ISOLYTE-S INJ PH 7.4  | 1 |  |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>                          | 1 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>                            | 1 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>                            | 1 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>                           | 1 |  |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>  | 1 |  |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>   | 1 |  |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>  | 1 |  |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>                          | 1 |  |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>                             | 1 |  |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                            | 1 |  |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>   | 1 |  |
| KCL/D5W/NACL INJ 0.3/0.9%   | 1 |  |
| <i>lactated ringer's solution</i>   | 1 |  |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml             | 1 |  |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | 1 |  |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>                                | 1 |  |
| <i>multiple electrolytes ph 5.5</i>   | 1 |  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>multiple electrolytes ph 7.4</i>   | 1                |                            |
| POT CHL 20MEQ/L IN NAACL 0.9% INJ   | 1                |                            |
| POT CHL 20MEQ/L IN NAACL 0.45% INJ  | 1                |                            |
| POT CHL 40MEQ/L IN NAACL 0.9% INJ   | 1                |                            |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 1                |                            |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>   | 1                |                            |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>  | 1                |                            |
| TPN ELECTROL INJ  | 1                | B/D                        |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>  |                  |                            |
| <i>klor-con PACK 20meq</i>  | 1                |                            |
| <i>klor-con 8 TBCR 8meq</i>   | 1                |                            |
| <i>klor-con 10 TBCR 10meq</i>   | 1                |                            |
| <i>klor-con m10 TBCR 10meq</i>  | 1                |                            |
| <i>klor-con m15 TBCR 15meq</i>  | 1                |                            |
| <i>klor-con m20 TBCR 20meq</i>  | 1                |                            |
| M-NATAL PLUS TAB  | 1                |                            |
| <i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>        | 1                |                            |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>                      | 1                |                            |
| PRENATAL TAB 27-1MG   | 1                |                            |
| PRENATAL TAB PLUS   | 1                |                            |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>  | 1                |                            |
| WESTAB PLUS TAB 27-1MG  | 1                |                            |
| <b><i>IV NUTRITION</i></b>  |                  |                            |
| CLINIMIX INJ 4.25/D5W   | 1                | B/D                        |
| CLINIMIX INJ 4.25/D10   | 1                | B/D                        |
| CLINIMIX INJ 5%/D15W  | 1                | B/D                        |
| CLINIMIX INJ 5%/D20W  | 1                | B/D                        |
| CLINIMIX INJ 6/5  | 1                | B/D                        |
| CLINIMIX INJ 8/10   | 1                | B/D                        |
| CLINIMIX INJ 8/14   | 1                | B/D                        |
| <i>clinisol sf 15%</i>  | 1                | B/D                        |
| CLINOLIPID EMU 20%  | 1                | B/D                        |
| <i>dextrose SOLN 5%, 10%</i>  | 1                |                            |
| <i>dextrose SOLN 50%, 70%</i>   | 1                | B/D                        |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml  | 1                | B/D                        |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|------------------|----------------------------|
| NUTRILIPID EMUL 20gm/100ml | 1                | B/D                        |
| <i>plenamine</i>           | 1                | B/D                        |
| PREMASOL SOL 10%           | 1                | NDS, B/D                   |
| PROSOL INJ 20%             | 1                | B/D                        |
| TRAVASOL INJ 10%           | 1                | B/D                        |
| TROPHAMINE INJ 10%         | 1                | B/D                        |

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

|  |   |  |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1 |  |
| <i>neo-polycin hc ophth oint 1%</i>                                | 1 |  |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 1 |  |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 |  |
| TOBRADEX OIN 0.3-0.1%  | 1 |  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 1 |  |
| ZYLET SUS 0.5-0.3%   | 1 |  |

### **ANTI-INFECTIVES**

|   |   |                      |
|---|---|----------------------|
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i>                      | 1 |                      |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1 |                      |
| BESIVANCE SUSP .6%  | 1 |                      |
| CILOXAN OINT .3%  | 1 |                      |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                           | 1 |                      |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                             | 1 |                      |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                | 1 |                      |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                          | 1 |                      |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                            | 1 | QL (12 mL / 30 days) |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>                  | 1 |                      |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1 |                      |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 |                      |
| <i>ofloxacin (ophth) SOLN .3%</i>                                   | 1 |                      |
| <i>polycin ophth oint</i>   | 1 |                      |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1 |                      |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>              | 1 |                      |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>tobramycin (ophth)</i> SOLN .3%                               | 1                |                            |
| <i>trifluridine</i> SOLN 1%                                      | 1                |                            |
| XDEMVI SOLN .25%   | 1                | NDS, NM, PA                |
| ZIRGAN GEL .15%  | 1                |                            |
| <b>ANTI-INFLAMMATORIES</b>                                       |                  |                            |
| <i>bromfenac sodium (ophth)</i> SOLN .07%, .075%                 | 1                |                            |
| <i>dexamethasone sodium phosphate (ophth)</i><br>SOLN .1%        | 1                |                            |
| <i>diclofenac sodium (ophth)</i> SOLN .1%                        | 1                |                            |
| <i>difluprednate</i> EMUL .05%                                   | 1                |                            |
| FLAREX SUSP .1%  | 1                |                            |
| <i>fluorometholone (ophth)</i> SUSP .1%                          | 1                |                            |
| <i>flurbiprofen sodium</i> SOLN .03%                             | 1                |                            |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%,<br>.5%           | 1                |                            |
| LOTEMAX OINT .5%   | 1                |                            |
| <i>loteprednol etabonate</i> SUSP .2%                            | 1                |                            |
| <i>prednisolone acetate (ophth)</i> SUSP 1%                      | 1                |                            |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                | 1                |                            |
| <b>ANTIALLERGICS</b>   |                  |                            |
| <i>azelastine hcl (ophth)</i> SOLN .05%                          | 1                |                            |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                           | 1                |                            |
| <b>ANTI GLAUCOMA</b>   |                  |                            |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                            | 1                |                            |
| BETOPTIC-S SUSP .25%   | 1                |                            |
| <i>brimonidine tartrate</i> SOLN .15%, .2%                       | 1                |                            |
| <i>brinzolamide</i> SUSP 1%                                      | 1                |                            |
| <i>carteolol hcl (ophth)</i> SOLN 1%                             | 1                |                            |
| COMBIGAN SOL 0.2/0.5%  | 1                |                            |
| <i>dorzolamide hcl</i> SOLN 2%                                   | 1                |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-<br>0.5%     | 1                |                            |
| <i>latanoprost</i> SOLN .005%                                    | 1                |                            |
| <i>levobunolol hcl</i> SOLN .5%                                  | 1                |                            |
| LUMIGAN SOLN .01%  | 1                |                            |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                           | 1                |                            |
| RHOPRESSA SOLN .02%  | 1                |                            |
| ROCKLATAN DRO  | 1                |                            |
| SIMBRINZA SUS 1-0.2%   | 1                |                            |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%;<br>SOLN .25%, .5% | 1                |                            |
| VYZULTA SOLN .024%   | 1                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <b>MISCELLANEOUS</b>  |           |                            |
| ATROPINE SULFATE SOLN 1%  | 1         |                            |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                      | 1         |                            |
| CYSTADROPS SOLN .37%  | 1         | NDS, NM, PA                |
| CYSTARAN SOLN .44%  | 1         | NDS, NM, PA                |
| EYSUVIS SUSP .25%   | 1         |                            |
| MIEBO SOLN 1.338gm/ml   | 1         |                            |
| <i>proparacaine hcl</i> SOLN .5%                                  | 1         |                            |
| RESTASIS EMUL .05%  | 1         |                            |
| RESTASIS MULTIDOSE EMUL .05%                                      | 1         |                            |
| XIIDRA SOLN 5%  | 1         |                            |
| <b>OTIC</b>   |           |                            |
| <b>OTIC AGENTS</b>  |           |                            |
| <i>acetic acid (otic)</i> SOLN 2%                                 | 1         |                            |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>             | 1         |                            |
| <i>flac</i> OIL .01%  | 1         |                            |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                     | 1         |                            |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 1         |                            |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1         |                            |
| <i>ofloxacin (otic)</i> SOLN .3%                                  | 1         |                            |
| <b>RESPIRATORY</b>  |           |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                  |           |                            |
| ANORO ELLIPT AER 62.5-25  | 1         | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG  | 1         | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE   | 1         | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)                      | 1         | QL (4 inhalers / 28 days)  |
| COMBIVENT AER 20-100  | 1         | QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>          | 1         | B/D                        |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                               | 1         | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                               | 1         | QL (60 blisters / 30 days) |
| <b>ANTICHOLINERGICS</b>   |           |                            |
| ATROVENT HFA AERS 17mcg/act                                       | 1         | QL (2 inhalers / 30 days)  |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| INCRUSE ELLIPTA AEPB 62.5mcg/inh  | 1                | QL (30 blisters / 30 days)  |
| <i>ipratropium bromide</i> SOLN .02%  | 1                | B/D   |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06%                          | 1                |   |
| <b>ANTIHISTAMINES</b>   |                  |   |
| <i>azelastine hcl</i> SOLN .1%  | 1                |   |
| <i>cetirizine hcl</i> SOLN 5mg/5ml  | 1                | QL (300 mL / 30 days)   |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg                            | 1                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                                     | 1                |   |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml                                | 1                | PA; PA applies if 70 years and older  |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg                 | 1                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg                                  | 1                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml                        | 1                | QL (300 mL / 30 days)   |
| <i>levocetirizine dihydrochloride</i> TABS 5mg                              | 1                | QL (30 tabs / 30 days)  |
| <b>BETA AGONISTS</b>  |                  |   |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 1                | QL (2 inhalers / 30 days); (generic of Proair HFA)                            |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 1                | QL (2 inhalers / 30 days); (generic of Proventil HFA)                         |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 1                | QL (2 inhalers / 30 days); (generic of Ventolin HFA)                          |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml     | 1                | B/D   |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg                        | 1                |   |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1                | B/D   |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                 | 1                | QL (2 inhalers / 30 days), ST   |
| SEREVENT DISKUS AEPB 50mcg/dose   | 1                | QL (60 inhalations / 30 days)   |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                     | 1                |  |
| VENTOLIN HFA AERS 108mcg/act                                   | 1                | QL (2 inhalers / 30 days)              |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act              | 1                | QL (6 inhalers / 30 days)              |
| <b>LEUKOTRIENE MODULATORS</b>                                  |                  |  |
| <i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg   | 1                |  |
| <i>zafirlukast</i> TABS 10mg, 20mg                             | 1                |  |
| <b>MISCELLANEOUS</b>   |                  |  |
| <i>acetylcysteine</i> SOLN 10%, 20%                            | 1                | B/D                                    |
| ALYFTREK TAB 4-20-50   | 1                | NDS, QL (84 tabs / 28 days), NM, PA    |
| ALYFTREK TAB 10-50-125   | 1                | NDS, QL (56 tabs / 28 days), NM, PA    |
| ARALAST NP SOLR 500mg, 1000mg                                  | 1                | NDS, NM, PA                            |
| BRONCHITOL CAPS 40mg   | 1                | NDS, QL (560 caps / 28 days), NM, PA   |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                           | 1                | B/D                                    |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml  | 1                | (generic of EpiPen)                    |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | 1                | (generic of Adrenaclick)               |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml                               | 1                | NDS, QL (1 syringe / 28 days), NM, PA  |
| FASENRA PEN SOAJ 30mg/ml                                       | 1                | NDS, QL (1 pen / 28 days), NM, PA      |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg                  | 1                | NDS, QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg  | 1                | NDS, QL (60 tabs / 30 days), NM, PA    |
| OFEV CAPS 100mg, 150mg   | 1                | NDS, QL (60 caps / 30 days), NM, PA    |
| ORKAMBI GRA 75-94MG  | 1                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 100-125  | 1                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188  | 1                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125  | 1                | NDS, QL (112 tabs / 28 days), NM, PA   |
| ORKAMBI TAB 200-125  | 1                | NDS, QL (112 tabs / 28 days), NM, PA   |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| <i>pirfenidone</i> CAPS 267mg  | 1                | NDS, QL (270 caps / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 267mg  | 1                | NDS, QL (270 tabs / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 534mg, 801mg   | 1                | NDS, QL (90 tabs / 30 days), NM, PA    |
| PROLASTIN-C SOLN 1000mg/20ml   | 1                | NDS, NM, PA                            |
| PULMOZYME SOLN 2.5mg/2.5ml   | 1                | NDS, NM, PA                            |
| <i>roflumilast</i> TABS 250mcg   | 1                | QL (56 tabs / year)                    |
| <i>roflumilast</i> TABS 500mcg   | 1                | QL (30 tabs / 30 days)                 |
| SYMDEKO TAB 50-75MG  | 1                | NDS, QL (56 tabs / 28 days), NM, PA    |
| SYMDEKO TAB 100-150  | 1                | NDS, QL (56 tabs / 28 days), NM, PA    |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg  | 1                |  |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1                |  |
| TRIKAFTA PAK 59.5MG  | 1                | NDS, QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA PAK 75MG  | 1                | NDS, QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA TAB 50-25-37.5MG & 75MG   | 1                | NDS, QL (84 tabs / 28 days), NM, PA    |
| TRIKAFTA TAB 100-50-75MG & 150MG   | 1                | NDS, QL (84 tabs / 28 days), NM, PA    |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml  | 1                | NDS, QL (4 pens / 28 days), NM, PA     |
| XOLAIR SOAJ 150mg/ml   | 1                | NDS, QL (8 pens / 28 days), NM, PA     |
| XOLAIR SOLR 150mg  | 1                | NDS, QL (8 vials / 28 days), NM, PA    |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml  | 1                | NDS, QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml   | 1                | NDS, QL (8 syringes / 28 days), NM, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg  | 1                | NDS, NM, PA                            |
| <b>NASAL STEROIDS</b>  |                  |  |
| <i>flunisolide (nasal)</i> SOLN .025%  | 1                | QL (3 bottles / 30 days)               |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act   | 1                | QL (1 bottle / 30 days)                |
| XHANCE EXHU 93mcg/act  | 1                | QL (32 mL / 30 days), PA               |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|---|------------------|---|
| <b>STEROID INHALANTS</b>  |                  |   |
| ALVESCO AERS 80mcg/act  | 1                | QL (3 inhalers / 30 days)                                   |
| ALVESCO AERS 160mcg/act   | 1                | QL (2 inhalers / 30 days)                                   |
| ARNUITY ELLIPTA AEPB 50mcg/act,<br>100mcg/act, 200mcg/act               | 1                | QL (30 inhalations / 30 days)                               |
| <i>budesonide (inhalation) SUSP .25mg/2ml,<br/>.5mg/2ml</i>             | 1                | B/D   |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                                |                  |   |
| ADVAIR HFA AER 45/21  | 1                | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 115/21   | 1                | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 230/21   | 1                | QL (1 inhaler / 30 days)                                    |
| AIRSUPRA AER 90-80MCG   | 1                | QL (3 inhalers / 30 days)                                   |
| BREO ELLIPTA INH 50-25MCG   | 1                | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 100-25   | 1                | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 200-25   | 1                | QL (60 blisters / 30 days)                                  |
| <i>breyana</i>  | 1                | QL (3 inhalers / 30 days)                                   |
| <i>budesonide-formoterol fumarate dihyd aerosol<br/>80-4.5 mcg/act</i>  | 1                | QL (3 inhalers / 30 days)                                   |
| <i>budesonide-formoterol fumarate dihyd aerosol<br/>160-4.5 mcg/act</i> | 1                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 50-5MCG  | 1                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 100-5MCG   | 1                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 200-5MCG   | 1                | QL (3 inhalers / 30 days)                                   |
| <i>fluticasone-salmeterol aer powder ba 100-50<br/>mcg/act</i>          | 1                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50<br/>mcg/act</i>          | 1                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50<br/>mcg/act</i>          | 1                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i>   | 1                | QL (60 inhalations / 30 days)                               |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>TOPICAL</b>   |                  |                            |
| <b>DERMATOLOGY, ACNE</b>   |                  |                            |
| <i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg                       | 1                | PA                         |
| <i>amnesteem</i> CAPS 10mg, 20mg, 40mg                           | 1                | PA                         |
| <i>benzoyl peroxide-erythromycin gel</i> 5-3%                    | 1                | QL (46.6 gm / 30 days)     |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                      | 1                | PA                         |
| <i>clindamycin phosphate (topical)</i> GEL 1%                    | 1                | QL (75 mL / 30 days)       |
| <i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%          | 1                | QL (60 mL / 30 days)       |
| <i>ery</i> PADS 2%   | 1                | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid)</i> GEL 2%                            | 1                | QL (60 gm / 30 days)       |
| <i>erythromycin (acne aid)</i> SOLN 2%                           | 1                | QL (60 mL / 30 days)       |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                  | 1                | PA                         |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%                      | 1                | QL (118 mL / 30 days)      |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%          | 1                | QL (45 gm / 30 days), PA   |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1%        | 1                | QL (75 gm / 30 days)       |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                      | 1                | PA                         |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                  |                  |                            |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%           | 1                | QL (30 gm / 30 days)       |
| <i>mupirocin</i> OINT 2%   | 1                | QL (220 gm / 30 days)      |
| <i>silver sulfadiazine</i> CREA 1%                               | 1                |                            |
| <i>ssd</i> CREA 1%   | 1                |                            |
| <i>SULFAMYLON</i> CREA 85mg/gm                                   | 1                | QL (453.6 gm / 30 days)    |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                  |                  |                            |
| <i>ciclopirox</i> SHAM 1%  | 1                | QL (120 mL / 30 days)      |
| <i>ciclopirox olamine</i> CREA .77%                              | 1                | QL (90 gm / 30 days)       |
| <i>ciclopirox olamine</i> SUSP .77%                              | 1                | QL (60 mL / 30 days)       |
| <i>clotrimazole (topical)</i> CREA 1%                            | 1                | QL (45 gm / 30 days)       |
| <i>clotrimazole (topical)</i> SOLN 1%                            | 1                | QL (60 mL / 30 days)       |
| <i>clotrimazole w/ betamethasone cream</i> 1-0.05%               | 1                | QL (45 gm / 30 days)       |
| <i>econazole nitrate</i> CREA 1%                                 | 1                | QL (85 gm / 30 days)       |
| <i>keconazole (topical)</i> CREA 2%                              | 1                | QL (60 gm / 30 days)       |
| <i>keconazole (topical)</i> SHAM 2%                              | 1                | QL (120 mL / 30 days)      |
| <i>klayesta</i> POWD 100000unit/gm                               | 1                | QL (60 gm / 30 days)       |
| <i>nyamyc</i> POWD 100000unit/gm                                 | 1                | QL (60 gm / 30 days)       |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 1                | QL (30 gm / 30 days)       |
| <i>nystatin (topical)</i> POWD 100000unit/gm                     | 1                | QL (60 gm / 30 days)       |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>nystop</i> POWD 100000unit/gm   | 1                | QL (60 gm / 30 days)              |
| <i>selenium sulfide</i> LOTN 2.5%  | 1                |                                   |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>   |                  |                                   |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                   | 1                | PA                                |
| <i>calcipotriene</i> CREA .005%; OINT .005%                                | 1                | QL (120 gm / 30 days),<br>PA      |
| <i>calcipotriene</i> SOLN .005%  | 1                | QL (120 mL / 30 days),<br>PA      |
| <i>calcitrene</i> OINT .005%   | 1                | QL (120 gm / 30 days),<br>PA      |
| ENSTILAR AER   | 1                | NDS, QL (120 gm / 30<br>days), PA |
| <i>tazarotene</i> CREA .05%, .1%   | 1                | QL (60 gm / 30 days),<br>PA       |
| TAZORAC CREA .05%  | 1                | QL (60 gm / 30 days),<br>PA       |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>  |                  |                                   |
| <i>ala-cort</i> CREA 1%  | 1                |                                   |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%                     | 1                | QL (60 gm / 30 days)              |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%           | 1                | QL (120 gm / 30 days)             |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%                      | 1                | QL (120 mL / 30 days)             |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% | 1                | QL (120 gm / 30 days)             |
| <i>betamethasone dipropionate augmented</i> LOTN .05%                      | 1                | QL (120 mL / 30 days)             |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%                           | 1                | QL (120 gm / 30 days)             |
| <i>betamethasone valerate</i> LOTN .1%                                     | 1                | QL (120 mL / 30 days)             |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%                | 1                | QL (60 gm / 30 days)              |
| <i>clobetasol propionate</i> SOLN .05%                                     | 1                | QL (50 mL / 30 days)              |
| <i>clobetasol propionate e</i> CREA .05%                                   | 1                | QL (60 gm / 30 days)              |
| <i>fluocinolone acetonide</i> CREA .01%                                    | 1                | QL (60 gm / 30 days)              |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025%                       | 1                | QL (120 gm / 30 days)             |
| <i>fluocinolone acetonide</i> OIL .01%                                     | 1                | QL (118.28 mL / 30<br>days)       |
| <i>fluocinolone acetonide</i> SOLN .01%                                    | 1                | QL (60 mL / 30 days)              |
| <i>fluocinonide</i> CREA .05%  | 1                | QL (120 gm / 30 days)             |
| <i>fluocinonide</i> GEL .05%; OINT .05%                                    | 1                | QL (60 gm / 30 days)              |
| <i>fluocinonide</i> SOLN .05%  | 1                | QL (60 mL / 30 days)              |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>fluocinonide emulsified base</i> CREA .05%                                  | 1                | QL (120 gm / 30 days)             |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                            | 1                |                                   |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%                             | 1                | QL (50 gm / 30 days)              |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%            | 1                |                                   |
| <i>hydrocortisone (topical)</i> OINT 1%  | 1                | QL (30 gm / 30 days)              |
| <i>hydrocortisone valerate</i> CREA .2%  | 1                | QL (60 gm / 30 days)              |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | 1                |                                   |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%                  | 1                | QL (454 gm / 30 days)             |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | 1                |                                   |
| <i>triderm</i> CREA .5%  | 1                | QL (454 gm / 30 days)             |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>  |                  |                                   |
| <i>glydo</i> PRSY 2%   | 1                | QL (60 mL / 30 days), PA          |
| <i>lidocaine</i> OINT 5%   | 1                | QL (50 gm / 30 days), PA          |
| <i>lidocaine</i> PTCH 5%   | 1                | QL (3 patches / 1 day), PA        |
| <i>lidocaine hcl</i> SOLN 4%   | 1                | QL (50 mL / 30 days), PA          |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%                                     | 1                | B/D, QL (30 gm / 30 days)         |
| <i>lidocan</i> PTCH 5%   | 1                | QL (3 patches / 1 day), PA        |
| <i>tridacaine ii</i> PTCH 5%   | 1                | QL (3 patches / 1 day), PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                     |                  |                                   |
| <i>bexarotene (topical)</i> GEL 1%   | 1                | NDS, QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%                                   | 1                | QL (300 mL / 28 days)             |
| <i>fluorouracil (topical)</i> CREA 5%  | 1                | QL (40 gm / 30 days)              |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                                      | 1                | QL (10 mL / 30 days)              |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%                                   | 1                |                                   |
| <i>imiquimod</i> CREA 5%   | 1                | QL (24 packets / 30 days)         |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%                       | 1                |                                   |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%                             | 1                | QL (45 gm / 30 days)              |
| <i>metronidazole (topical)</i> LOTN .75%                                       | 1                | QL (59 mL / 30 days)              |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>nitroglycerin (intra-anal)</i> OINT .4%              | 1                | QL (30 gm / 30 days)              |
| PANRETIN GEL .1%  | 1                | NDS, QL (60 gm / 30 days), PA     |
| <i>pimecrolimus</i> CREA 1%                             | 1                | QL (100 gm / 30 days), PA         |
| <i>podofilox</i> SOLN .5%                               | 1                | QL (7 mL / 28 days)               |
| <i>procto-med hc</i> CREA 2.5%                          | 1                |                                   |
| <i>proctocort</i> CREA 1%                               | 1                |                                   |
| <i>proctosol hc</i> CREA 2.5%                           | 1                |                                   |
| <i>proctozone-hc</i> CREA 2.5%                          | 1                |                                   |
| <i>tacrolimus (topical)</i> OINT .03%, .1%              | 1                | QL (100 gm / 30 days), PA         |
| VALCHLOR GEL .016%                                      | 1                | NDS, QL (60 gm / 30 days), NM, PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>          |                  |                                   |
| <i>malathion</i> LOTN .5%                               | 1                | QL (59 mL / 30 days)              |
| <i>permethrin</i> CREA 5%                               | 1                | QL (60 gm / 30 days)              |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                   |                  |                                   |
| REGRANEX GEL .01%                                       | 1                | NDS, QL (30 gm / 30 days), PA     |
| SANTYL OINT 250unit/gm                                  | 1                | QL (180 gm / 30 days)             |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%           | 1                |                                   |
| <i>water for irrigation, sterile irrigation soln</i>    | 1                |                                   |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                       |                  |                                   |
| <i>cevimeline hcl</i> CAPS 30mg                         | 1                |                                   |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1                |                                   |
| <i>clotrimazole</i> TROC 10mg                           | 1                | QL (150 lozenges / 30 days)       |
| <i>kourzeq</i> PSTE .1%                                 | 1                |                                   |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%             | 1                |                                   |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml       | 1                |                                   |
| <i>periogard</i> SOLN .12%                              | 1                |                                   |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg           | 1                |                                   |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%         | 1                |                                   |
| <b>_PART B</b>  |                  |                                   |
| <b>DIABETIC METERS AND TEST STRIPS</b>                  |                  |                                   |
| DEXCOM G6 MIS RECEIVER                                  | 0                | PA                                |
| DEXCOM G6 MIS SENSOR                                    | 0                | PA                                |
| DEXCOM G6 MIS TRANSMIT                                  | 0                | PA                                |
| DEXCOM G7 MIS RECEIVER                                  | 0                | PA                                |
| DEXCOM G7 MIS SENSOR                                    | 0                | PA                                |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| FREESTY LIBR KIT 2 SENSOR | 0                | PA                         |
| FREESTY LIBR KIT 3 SENSOR | 0                | PA                         |
| FREESTY LIBR KIT SENSOR   | 0                | PA                         |
| FREESTY LIBR MIS 2 READER | 0                | PA                         |
| FREESTY LIBR MIS 3 READER | 0                | PA                         |
| FREESTYLE MIS READER      | 0                | PA                         |
| TRUE METRIX KIT AIR       | 0                |                            |
| TRUE METRIX KIT METER     | 0                |                            |
| TRUE METRIX STRIPS        | 0                |                            |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 6.

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| <i>acetaminophen w/</i>         |    | <i>albendazole</i> .....        | 9  | 20 mg .....                    | 30 |
| <i>codeine tab 300-15</i>       |    | <i>albuterol sulfate</i> .....  | 80 | <i>amlodipine besylate-</i>    |    |
| <i>mg</i> .....                 | 8  | <i>alclometasone</i>            |    | <i>benazepril hcl cap 10-</i>  |    |
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| 34                              | 16                              | <i>400unt-10000unt op</i>     |
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Molina Healthcare es un plan C-SNP, D-SNP y HMO con un contrato de Medicare. Los planes D-SNP tienen un contrato con el programa estatal de Medicaid. La inscripción depende de la renovación del contrato.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 Oceangate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

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

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

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-665-3086 (TTY: 711).

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-665-3086. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-665-3086. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-665-3086。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 1-800-665-3086。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-665-3086. 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 1-800-665-3086. 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 1-800-665-3086 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 1-800-665-3086. 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 1-800-665-3086 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 1-800-665-3086. 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 1-800-665-3086. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-665-3086 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-665-3086. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-665-3086. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-3086. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-665-3086. 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、1-800-665-3086 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。

**Navajo:** Nihí t'áá jiiik'eh ata' halne'í bee áka'anída'awo'í nihee hólqáko nihi ats'íís át'éhígíí doodago azeé' bił ha'dít'éhí baq̄h nida'ídikiid nee hólq̄qgo bee náhane' yee nił halne' dooleeł. Ata' halne'í ła' nídiilteehgo, kohjį 1-866-440-0127 nihich'į' hodíilnih. T'áá hááshį'į' Diné bizaad yee yáłti'ígíí nika'adoolwoł. Díí éí t'áá jiiik'eh bee áka'aná'awo'í át'é.

**Ukrainian:** Ми надаємо безкоштовні послуги перекладача, який допоможе отримати відповіді на будь-які запитання про наш план медичного страхування або план покриття ліків. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-800-665-3086. Вам допоможе людина, яка розмовляє українською мовою. Ця послуга надається безкоштовно.

**Khmer:** យើងមានសេវាកម្មបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាពឬផ្តារបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ 1-800-665-3086។ អ្នកដែលចេះភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

**Amharic:** ስለ የጤና ወይም የመድኃኒት መድሃኒት ምርትና ሽጭት ለሚሰጡት የሚሰጡ ማንኛውንም ጥያቄ መመለስ የሚያስችል ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ በስልክ ቁጥር 1-800-665-3086 ላይ ይደውሉልን። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ በነፃ የቀረበ አገልግሎት ነው።

**Cushite:** Waa'ee karoora fayyaa ykn qorichaa keenya ilaalchisee gaaffii qabdan kamiyyuu deebisuuf tajaajila afaan hiikaa bilisaa qabna. Afaan hiikaa argachuuf, 1-800-665-3086 irratti nuuf bilbilaa. Namni Afaan Oromoo dubbatu isin gargaaruu danda'a. Kun tajaajila bilisaa ta'eedha.

**Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਲਈ, ਸਾਨੂੰ ਸਿਰਫ਼ 1-800-665-3086 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Laotian:** ພວກເຮົາມີການບໍລິການບາຍພາສາພຣີເລີ່ມຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບບາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-800-665-3086. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການໂດຍບໍ່ເສຍຄ່າ.





Este formulario se actualizó el 04/01/2025. Para obtener información actualizada, o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Complete Care y Molina Medicare Complete Care Select al (800) 665-3086, (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)