2025

Lista de Medicamentos Cubiertos (Formulario): Texas

Molina Dual Options STAR+PLUS MMP

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Para obtener la información más reciente o si tiene otras preguntas, comuníquese con nosotros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local o puede visitar MolinaHealthcare.com/Duals

Molina Dual Options STAR+PLUS MMP | *Lista de medicamentos cubiertos* (Lista de medicamentos o Formulario) para 2025

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como la *Lista de medicamentos*). Le indica cuáles medicamentos recetados están cubiertos por el Plan Molina Dual Options STAR+PLUS MMP. En la *Lista de medicamentos*, también se indica si hay políticas o restricciones especiales sobre los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Los términos principales y sus definiciones aparecen en el último capítulo del *Manual del Miembro*.

Tabla de contenidos

A. Exenciones de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden obtener en Molina Dual Options STAR+PLUS MMP.

- Molina Dual Options STAR+PLUS MMP es un plan de salud con contratos con Medicare y Medicaid de Illinois para proporcionar los beneficios de ambos programas a las personas inscritas.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. Para obtener un intérprete, llámenos al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que habla en inglés puede ayudarle. Este es un servicio gratuito.

  Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

  我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (866) 856-8699 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的人士會為您提供協助。這是免費的服務。

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  Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanunganna maaaring mayroon ka tungkol sa aming health o drug plan. Para makakuha ng tagpagsalin, tawagan lang kami sa numerong (866) 856-8699, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Makatutulong sa iyo ang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

  Nous assurons gracieusement des services d’interprétariat afin de répondre à tout question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l’assistance d’un interprète, il suffit de nous appeler au (866) 856-8699, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

  Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (866) 856-8699, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Ai đó nói tiếng Việt có thể trợ giúp bạn. Đây là dịch vụ miễn phí.

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (866) 856-8699, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 (866) 856-8699, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의하시기 바랍니다. 한국어 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане покрытия лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру (866) 856-8699, телетайп: 711 с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам поможет специалист, говорящий на русском языке. Эта услуга предоставляется бесплатно.

نوفر خدمات الترجمة الفورية المجانية لإلجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة اﻷدوية لدينا. للحصول على مترجم فوري،كل ما عليك هو االتصال بنا على الرقم 8699-856 (866)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى االتصال على711:، من االثنين إلى الجمعة، من الساعة 8 صباحا حتى الساعة 8 مساء، بالتوقيت المحلي. ويمكن لشخص يتحدث اللغة العربية مساعدتك.تقدم هذه الخدمة مجانا.

Offriamo un servizio di interpretariato gratuito per rispondere a qualsiasi domanda sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, basta chiamarci al numero (866) 856-8699, TTY: 711, dal lunedì al venerdì, dalle 8.00 alle 20.00 ora locale. Una persona che parla italiano potrà aiutarti. Si tratta di un servizio gratuito.

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (866) 856-8699, TTY: 711, segunda – sexta, 8 a.m. até 8 p.m. horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (866) 856-8699, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (866) 856-8699,

TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polski. Ta usługa jest bezpłatna.

हम आपके स्वास्थ्य या ड्रग प्लान से जुड़े किसी भी प्रश्न के लिए आपकी सहायता करने के लिए निःशुल्क दुभाषिया सेवाएं प्रदान करते हैं। दुभाषिया को प्राप्त करने के लिए, बस हमें (866) 856-8699, TTY: 711, सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे स्थानीय समय पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता/सकती है। यह एक निःशुल्क सेवा है।

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、（866）856-8699（TTY：711）までお電話にてご連絡ください（営業時間：月～金、午前8時～午後8時）。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。

- Puede solicitar este documento sin costo alguno en otros formatos, como en sistema braille, en audio o en letra grande. Llame al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- Este documento está disponible de forma gratuita en español.
- Para solicitar materiales en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro, póngase en contacto con el Departamento de Servicios para Miembros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local.

B. Preguntas frecuentes (FAQ)

Encuentre las respuestas a las preguntas que tenga sobre la *Lista de medicamentos cubiertos.* Puede leer las preguntas más frecuentes para obtener más información o buscar una pregunta y ver su respuesta.

B1. ¿Qué medicamentos recetados se encuentran en la *Lista de medicamentos cubiertos*? (Llamamos a la *Lista de medicamentos cubiertos* "Lista de medicamentos").

Los medicamentos de la *Lista de medicamentos cubiertos* en la Sección C1 están cubiertos por Molina Dual Options STAR+PLUS MMP. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está incluida dentro de nuestra red si tenemos un contrato para trabajar con ellos y ofrecerle los servicios. Nos referimos a estas farmacias como "farmacias de la red".

- Molina Dual Options STAR+PLUS MMP cubrirá todos los medicamentos médicamente necesarios incluidos en la *Lista de medicamentos* si se cumplen las dos condiciones que se indican a continuación:

- Su médico u otra persona que le receta dice que los necesita para mejorar o mantenerse saludable.
- Usted surte la receta en las farmacias de la red de Molina Dual Options STAR+PLUS MMP.

- Es posible que Molina Dual Options STAR+PLUS MMP disponga de pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

También puede ver una lista actualizada de los medicamentos que tienen cobertura en nuestra página web en MolinaHealthcare.com/Duals o puede llamar al Departamento de Servicios para Miembros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local.

B2. ¿Se modifica alguna vez la *Lista de medicamentos*?

Sí, y Molina Dual Options STAR+PLUS MMP debe seguir las políticas de Medicare y Texas Medicaid cuando realiza cambios. Durante el año, podemos agregar o eliminar medicamentos a la *Lista de medicamentos*.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir solicitar o no autorización previa (PA) o aprobar un medicamento. (Una PA es el permiso otorgado por Molina Dual Options STAR+PLUS MMP antes de que usted pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que usted puede obtener (llamado límites de cantidad).
- Añadir o cambiar restricciones de terapia progresiva en un medicamento (terapia escalonada significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento).

Para obtener más información sobre estas políticas de medicamentos, consulte la pregunta B4.

Si está tomando un medicamento de Medicare Parte D que estaba cubierto al **principio** del año, generalmente no retiraremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que ocurra una de las siguientes situaciones:

- Se incorpore al mercado un nuevo medicamento más económico y que sea tan efectivo como alguno de los medicamentos que se encuentran en la Lista de medicamentos actual.
- Nos enteramos de que un medicamento no es seguro.
- Un medicamento es retirado del mercado.

Las preguntas B3 y B6 a continuación contienen más información sobre lo que ocurre cuando se modifica la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de Molina Dual Options STAR+PLUS MMP en MolinaHealthcare.com/Duals. Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar al Departamento de Servicios para Miembros para ver la *Lista de medicamentos* actualizada al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local.

B3. ¿Qué ocurre cuando hay un cambio en la *Lista de medicamentos*?

Algunos cambios a la *Lista de medicamentos* serán **inmediatos**. Por ejemplo:

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar inmediatamente los medicamentos de la *Lista de medicamentos* si los reemplazamos con otras versiones nuevas, pero el costo del nuevo medicamento seguirá siendo el mismo. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le avisemos antes de efectuar el cambio, pero le enviaremos información sobre los cambios específicos que hagamos cuando esto ocurra.
  - Podemos hacer estos cambios solo si el medicamento que estamos agregando:
    - es una nueva versión genérica de un medicamento de marca registrada, o
    - es una nueva versión biosimilar de los productos biológicos originales en la *Lista de medicamentos* (por ejemplo, agregar un biosimilar intercambiable que se pueda sustituir por un producto biológico original sin una nueva receta).

      Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la Sección B14.
  - Usted o su proveedor pueden solicitar una excepción a esos cambios. Le enviaremos una notificación con los pasos que puede tomar para una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) dice que un medicamento que usted está tomando no es seguro ni efectivo o el fabricante del medicamento retira un medicamento del

mercado, podemos retirarlo inmediatamente de la *Lista de medicamentos.* Si está tomando el medicamento, le enviaremos un aviso después de realizar el cambio. Hable con su médico u otra persona que le receta para encontrar una alternativa que sea segura para usted.

Es posible que hagamos otros cambios que afecten a los medicamentos que usted toma. Le diremos con anticipación acerca de estos otros cambios a la *Lista de medicamentos*. Estos cambios pueden ocurrir si:

- La FDA proporciona nuevas guías o hay nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la Lista de medicamentos al agregar un medicamento genérico que no es nuevo en el mercado, o
- eliminamos un producto biológico original al agregar un biosimilar, o
- cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando estos cambios se efectúen, realizaremos lo siguiente:

- Le avisaremos al menos 30 días antes de implementar el cambio en la *Lista de medicamentos* **o**
- Le avisaremos y le proporcionaremos un suministro de medicamentos de 31 días después de que solicite una renovación.

Esto le dará tiempo para hablar con su médico u otra persona que le receta. Esa persona podrá ayudarle a decidir lo siguiente:

- Si hay algún otro medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar, **o**
- Si debe pedir una excepción a estos cambios. Para conocer más sobre las excepciones, consulte la pregunta B10.

B4. ¿Existen restricciones o límites en la cobertura de los medicamentos o pasos necesarios que se deben seguir para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen políticas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otra persona que le receta deben seguir una serie de pasos para obtener el medicamento. Por ejemplo:

- **Autorización previa (PA) o aprobación previa:** Para algunos medicamentos, usted u otro recetador deben obtener una aprobación de Molina Dual Options

STAR+PLUS MMP antes de surtir su receta médica. Molina Dual Options STAR+PLUS MMP puede no cubrir el medicamento si no obtiene la aprobación.

- **Límites de cantidades:** Algunas veces, Molina Dual Options STAR+PLUS MMP limita la cantidad de un medicamento que puede recibir.
- **Terapia escalonada:** Algunas veces, Molina Dual Options STAR+PLUS MMP le solicita que realice terapia progresiva. Esto significa que tendrá que probar medicamentos en un orden determinado para el tratamiento de su enfermedad. Tendrá que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no funciona para tratar su enfermedad, entonces cubriremos el segundo.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta las tablas de la sección C1. También puede obtener más información en nuestro sitio web MolinaHealthcare.com/Duals. Publicamos documentos *en línea* en los que se explican nuestras restricciones de PA y terapia escalonada. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otra persona que le receta. Esta persona le podrá ayudar a decidir si hay algún otro medicamento similar en la *Lista de medicamentos* que usted pueda tomar en su lugar o si tiene que solicitar una excepción. Consulte las preguntas de la B10 a la B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que necesito tiene límites o si tengo que seguir algunos pasos necesarios para obtenerlo?

La tabla de medicamentos en la Sección C1 tiene una columna llamada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué ocurre si Molina Dual Options STAR+PLUS MMP cambia sus políticas sobre algunos medicamentos (por ejemplo, la autorización previa [PA], los límites de cantidad o las restricciones en la terapia progresiva)?

En algunos casos, le notificaremos con antelación si agregamos o cambiamos las condiciones sobre la PA, los límites de cantidad o las restricciones en la terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso previo y las situaciones en las que es posible que no le notifiquemos con anticipación los cambios de las políticas sobre los medicamentos de la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos maneras de encontrar un medicamento:

- Puede buscar alfabéticamente por el nombre del medicamento.

- Puede buscar por enfermedad.

Para buscar **alfabéticamente**, consulte el Índice de la sección de Medicamentos Cubiertos. Puede encontrarlo en la sección D.

Para buscar por **condición médica**, consulte la sección llamada “Medicamentos agrupados por condición médica” en la Sección C1. Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

B8. ¿Qué ocurre si el medicamento que necesito tomar no está incluido en la *Lista de medicamentos*?

Si no encuentra el medicamento en la *Lista de medicamentos,* llame al Departamento de Servicios para Miembros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local para obtener información. Si le informan que Molina Dual Options STAR+PLUS MMP no cubrirá el medicamento, puede tomar alguna de las siguientes medidas:

- Solicitar al Departamento de Servicios para Miembros una Lista de medicamentos que son similares al que tiene que tomar. A continuación, muestre la lista a su médico o recetador. Esta persona le puede recetar un medicamento que sea similar al que necesita tomar y que se encuentre en la *Lista de medicamentos*. **O bien,**

- Puede solicitarle al plan de salud que haga una excepción para cubrir su medicamento. Consulte las preguntas de la B10 a la B12 para obtener más información sobre las excepciones.

B9. ¿Qué ocurre si soy un miembro nuevo de Molina Dual Options STAR+PLUS MMP y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo problemas para obtenerlo?

Podemos ayudarle. Podemos cubrir el suministro temporal de 31 días de su medicamento durante los primeros 90 días de su membresía en Molina Dual Options STAR+ PLUS MMP. Esto le dará tiempo para hablar con su médico u otra persona que le receta. Esta persona le podrá ayudar a decidir si hay algún otro medicamento similar en la *Lista de medicamentos* que usted pueda tomar en su lugar o si tiene que solicitar una excepción.

Si la receta médica está escrita para menos días, permitiremos varias renovaciones hasta proveer un máximo de 31 días de medicamento.

Cubriremos un suministro de 31 días de su medicamento si se encuentra en una de las siguientes situaciones:

- Usted toma un medicamento que no está en nuestra *Lista de medicamentos*.

- Las políticas del plan de salud no le permiten obtener la cantidad solicitada por el recetador.
- Molina Dual Options STAR+PLUS MMP requiere PA.
- Está tomando un medicamento sujeto a una restricción de terapia escalonada.

Podemos ayudarle si se encuentra en una residencia para ancianos o en otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede obtener fácilmente el medicamento que necesita. Si usted ha estado en el plan durante más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato, tomaremos las siguientes medidas:

- Cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de si es un miembro nuevo de Molina Dual Options STAR+PLUS MMP.
- Esto es además del suministro temporal durante los primeros 90 días de su membresía en Molina Dual Options STAR+PLUS MMP.

Política de transición

Es posible que los miembros nuevos de nuestro plan estén tomando medicamentos que no están en nuestro formulario o que están sujetos a ciertas restricciones, como la autorización previa o la terapia progresiva. Los miembros actuales también pueden resultar afectados por los cambios en nuestro formulario de un año al otro. Los miembros deben hablar con sus doctores para decidir si deben cambiarse a otro medicamento cubierto o solicitar una excepción de formulario con el fin de obtener la cobertura del medicamento. Consulte el Manual del Miembro para obtener más información sobre cómo solicitar una excepción. Comuníquese con el Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a determinadas restricciones, como la autorización previa o la terapia progresiva, o si ya no estará en nuestro formulario del próximo año y usted necesita ayuda para reemplazarlo con un medicamento diferente cubierto o solicitar una excepción de formulario.

Durante el periodo en que los miembros consultan con sus doctores para determinar el curso de acción correcto, es posible que proporcionemos un suministro temporal del medicamento que no está en el formulario si esos miembros necesitan renovar el medicamento durante los primeros 90 días de la nueva membresía en nuestro plan para medicamentos de la Parte D (categorías 1 y 2). Si usted es un miembro actual afectado por un cambio en el formulario de un año al otro, proporcionaremos un suministro provisional del medicamento que no está en el formulario si necesita una renovación del medicamento durante los primeros 90 días del nuevo año del plan.

Cuando un miembro va a una farmacia de la red porque le proporcionamos un suministro provisional de un medicamento que no está en nuestro formulario, está sujeto a restricciones o tiene límites de cobertura (pero que de otro modo se considera un “medicamento Parte D”), cubriremos un suministro de 31 días (a menos que la receta esté hecha para menos días). Por lo

general, después de cubrir el suministro provisional de 31 días, no cubriremos nuevamente estos medicamentos como parte de nuestra política de transición.

Le enviaremos un aviso por escrito después de cubrir su suministro provisional. En este aviso, se explicarán los pasos que puede seguir para solicitar una excepción y cómo trabajar con su doctor para decidir si debe cambiar su medicamento por uno apropiado que sí esté cubierto.

Si un nuevo miembro es residente de un centro de atención a largo plazo (como una residencia para ancianos), cubriremos un suministro temporal de transición de 31 días (a menos que la receta esté escrita para menos días). Si es necesario, cubriremos más de una renovación de estos medicamentos durante los primeros 90 días en que se inscriba un nuevo miembro en nuestro plan. Si el residente ha estado inscrito en nuestro plan durante más de 90 días y necesita un medicamento que no se encuentra en nuestro formulario o está sujeto a otras restricciones, tales como una terapia progresiva o dosis limitada, cubriremos un suministro provisional de emergencia de 31 días de ese medicamento (a menos que tenga una receta médica por una cantidad menor de días) mientras el miembro tramita una excepción de formulario. Existen excepciones disponibles en situaciones en que usted experimenta un cambio en el nivel de atención que recibe, que también requiere que realice una transición desde un centro de tratamiento a otro. En dichas circunstancias, usted sería elegible para una excepción provisional de un surtido por única vez, aunque hayan pasado los primeros 90 días como miembro del plan.

B10. ¿Puedo solicitar una excepción para cubrir mi medicamento?

Sí. Puede solicitarle a Molina Dual Options STAR+PLUS MMP una excepción para que cubra un medicamento que no esté incluido en la Lista de Medicamentos.

También puede solicitarnos que cambiemos las políticas de su medicamento.

- Por ejemplo, Molina Dual Options STAR+PLUS MMP puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitar que cambiemos el límite y se otorgue más cobertura.
- Otros ejemplos: Puede solicitar que quitemos las restricciones de la terapia escalonada o los requisitos de PA.

B11. ¿Cómo puedo solicitar una excepción?

Si desea solicitar una excepción, llame al *Departamento de Servicios para Miembros*. Un representante del Departamento de Servicios para Miembros trabajará con usted y con su proveedor para solicitar una excepción. También puede leer el Capítulo 9 del *Manual del miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se requiere para obtener una excepción?

Después de que obtengamos una declaración de la persona que le receta que respalde su solicitud de una excepción, le informaremos nuestra decisión dentro de las 72 horas. La persona

que le receta puede llamar a Molina Dual Options STAR+PLUS MMP o enviar un fax con una declaración de respaldo al (866) 290-1309.

Si usted o la persona que le receta considera que su salud podría verse afectada por esperar 72 horas para recibir la resolución, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona que le receta respalda su solicitud, le informaremos de la resolución dentro de las 24 horas siguientes a la recepción de la declaración de apoyo de la persona que le receta.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos tienen los mismos principios activos que los medicamentos de marca registrada. Por lo general, cuestan menos que el medicamento de marca registrada y, en general, funcionan igual de bien. Por lo general, no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA). Existen medicamentos genéricos disponibles para muchos medicamentos de marca registrada. Los medicamentos genéricos generalmente se pueden sustituir por medicamentos de marca registrada en la farmacia sin una nueva receta, según las leyes estatales.

Molina Dual Options STAR+PLUS MMP cubre medicamentos de marca registrada y medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

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 más información sobre los tipos de medicamentos, consulte el Capítulo 5 del *Manual del Miembro*.

B15. ¿Qué son los medicamentos de venta libre (OTC)?

OTC es la sigla en inglés de “over-the-counter”, que significa “de venta libre”. Molina Dual Options STAR+PLUS MMP cubre algunos medicamentos OTC cuando son recetados por su proveedor.

Puede consultar la *Lista de medicamentos* de Molina Dual Options STAR+PLUS MMP para ver qué medicamentos OTC están cubiertos.

B16. ¿Cuál es mi copago?

Como miembro de Molina Dual Options STAR+PLUS MMP, no tiene copagos por los medicamentos recetados ni por los de venta libre, siempre que siga las políticas de Molina Dual Options STAR+PLUS MMP.

- Los medicamentos del nivel 1 son medicamentos genéricos. Para los medicamentos de la categoría 1, usted paga $0 de copago.
- Los medicamentos de categoría 2 son los medicamentos de marca. Para los medicamentos de la categoría 2, usted paga $0 de copago.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC) no cubiertos por Medicare. Para los medicamentos de la categoría 3, usted paga $0 de copago.

B17. ¿Qué son las categorías de medicamentos?

Las categorías son grupos de medicamentos en la misma Lista de medicamentos.

- Los medicamentos del nivel 1 son medicamentos genéricos.
- Los medicamentos de categoría 2 son los medicamentos de marca.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC) no cubiertos por Medicare.

Ningún nivel tiene copago.

C. Resumen de la *Lista de medicamentos cubiertos*

En la siguiente Lista de Medicamentos Cubiertos, se le ofrece información sobre los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos recetados. El índice enumera alfabéticamente todos los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., CIPRO) y los medicamentos genéricos están en minúscula cursiva (p. ej., ciprofloxacin).

En la columna de acciones necesarias, restricciones o límites de uso se informa si Molina Dual Options STAR+PLUS MMP tiene políticas de cobertura para su medicamento.

Nota: El símbolo _ junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. La cantidad que paga cuando surte una receta médica de este medicamento no se considera parte de los costos totales por medicamentos (es decir, la cantidad que paga no contribuye a su calificación para la cobertura catastrófica).

- Además, si obtiene Ayuda Adicional (Extra Help) para pagar sus recetas médicas, no recibirá dicho beneficio para pagar estos medicamentos. Para obtener más información sobre la Ayuda Adicional (Extra Help), consulte el cuadro a continuación.

> **Ayuda Extra** (Extra Help) es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir sus costos de medicamentos con receta de la Parte D de Medicare, como primas, deducibles y copagos. A este programa de ayuda adicional también se lo conoce como “Subsidio por bajos ingresos” o “LIS”.

- Estos medicamentos también tienen diferentes políticas para las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos nuestra decisión de cobertura y la cambiemos si usted cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted desea no tenía cobertura o ya no está cubierto por Medicare o Texas Medicaid.
- Si usted o su recetador no están de acuerdo con nuestra decisión, puede apelar. Para solicitar información sobre cómo apelar, llame al Departamento de Servicios para Miembros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. También puede leer el Capítulo 9 del *Manual del miembro* para aprender cómo apelar una decisión.

C1. Medicamentos agrupados por enfermedad

Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

A continuación, se indican los significados de los códigos que se utilizan en la columna “Acciones necesarias, restricciones o límites de uso”:

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 = Medicamento de Acceso Limitado (Limited Access Drug): 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.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine CAPS .6mg	$0(1)	QL (60 caps / 30 days)
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib CAPS 50mg, 100mg, 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
ibu TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	
naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
naproxen dr TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	$0(1)	
piroxicam CAPS 10mg, 20mg	$0(1)	
sulindac TABS 150mg, 200mg	$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	$0(1)	QL (4 patches / 28 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	$0(1)	QL (180 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	$0(1)	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	$0(2)	
oxycodone hcl CONC 100mg/5ml	$0(1)	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS, QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
ARIKAYCE SUSP 590mg/8.4ml	$0(2)	NDS, NM, PA
atovaquone SUSP 750mg/5ml	$0(1)	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	$0(1)	
CAYSTON SOLR 75mg	$0(2)	NDS, NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 900mg/6ml	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
IMPAVIDO CAPS 50mg	$0(2)	NDS, PA
ivermectin TABS 3mg	$0(1)	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	$0(2)	
meropenem SOLR 1gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	
polymyxin b sulfate SOLR 500000unit	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
praziquantel TABS 600mg	$0(1)	
pyrimethamine TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	$0(2)	NDS
sulfadiazine TABS 500mg	$0(2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
tinidazole TABS 250mg, 500mg	$0(1)	
TOBI PODHALER CAPS 28mg	$0(2)	NDS, NM, PA
tobramycin NEBU 300mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	$0(1)	
trimethoprim TABS 100mg	$0(1)	
vancomycin hcl CAPS 125mg	$0(1)	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	$0(1)	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	$0(2)	B/D
amphotericin b SOLR 50mg	$0(1)	B/D
amphotericin b liposome SUSR 50mg	$0(2)	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	$0(1)	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
flucytosine CAPS 250mg, 500mg	$0(2)	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	$0(1)	
griseofulvin ultramicrosize TABS 125mg, 250mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
itraconazole CAPS 100mg	$0(1)	PA
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(1)	
nystatin TABS 500000unit	$0(1)	
posaconazole SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	$0(1)	PA
voriconazole SUSR 40mg/ml	$0(2)	NDS, QL (600 mL / 28 days), PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days)
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	NM
APTIVUS CAPS 250mg	$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	NM
darunavir TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	$0(2)	NDS, NM
efavirenz TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	$0(2)	NDS, NM
FUZEON SOLR 90mg	$0(2)	NDS, NM
INTELENCE TABS 25mg	$0(2)	NM
ISENTRESS CHEW 25mg	$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	$0(1)	NM
NORVIR PACK 100mg	$0(2)	NM
PIFELTRO TABS 100mg	$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	$0(2)	NDS, NM
ritonavir TABS 100mg	$0(1)	NM
RUKOBIA TB12 600mg	$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml	$0(2)	NDS, NM
SUNLENCA TBPK 300mg	$0(2)	NDS, NM
tenofovir disoproxil fumarate TABS 300mg	$0(1)	NM
TIVICAY TABS 10mg	$0(2)	NM
TIVICAY TABS 25mg, 50mg	$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, NM
TYBOST TABS 150mg	$0(2)	NM
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
BIKTARVY TAB 30-120-15 MG	$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	$0(2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CIMDUO TAB 300-300	$0(2)	NDS, NM
COMPLERA TAB	$0(2)	NDS, NM
DELSTRIGO TAB	$0(2)	NDS, NM
DESCOVY TAB 120-15MG	$0(2)	NDS, NM
DESCOVY TAB 200/25MG	$0(2)	NDS, NM
DOVATO TAB 50-300MG	$0(2)	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(1)	NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$0(1)	NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM
TRIUMEQ PD TAB	$0(2)	NM
TRIUMEQ TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, NM, PA
TRECATOR TABS 250mg	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(1)	NM
BARACLUDE SOLN .05mg/ml	$0(2)	NDS, NM, ST
entecavir TABS .5mg, 1mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine (hbv) TABS 100mg	$0(1)	NM
LIVTENCITY TABS 200mg	$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	$0(1)	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml	$0(2)	NDS
valganciclovir hcl TABS 450mg	$0(1)	
VOSEVI TAB	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOFLUZA TBPK 40mg, 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg	$0(1)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	$0(2)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefotetan disodium SOLR 1gm, 2gm	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	$0(1)	
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
erythromycin lactobionate SOLR 500mg	$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	
ampicillin CAPS 500mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	$0(1)	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	$0(1)	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	$0(1)	
minocycline hcl CAPS 50mg, 75mg, 100mg	$0(1)	
NUZYRA SOLR 100mg	$0(2)	NDS, NM
NUZYRA TABS 150mg	$0(2)	NDS, QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	$0(1)	
tigecycline SOLR 50mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	$0(2)	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	$0(2)	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	$0(1)	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	$0(1)	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	$0(2)	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	$0(2)	NDS, B/D
cyclophosphamide SOLR 2gm	$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	$0(2)	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	$0(2)	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	$0(2)	NM
GLEOSTINE CAPS 100mg	$0(2)	NDS, NM
LEUKERAN TABS 2mg	$0(2)	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	$0(1)	B/D
oxaliplatin SOLR 100mg	$0(2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIMETABOLITES		
azacitidine SUSR 100mg	$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	$0(1)	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	$0(1)	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	$0(1)	B/D
INQOVI TAB 35-100MG	$0(2)	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	$0(2)	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	$0(2)	NDS, QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	$0(2)	NDS, NM
mercaptopurine TABS 50mg	$0(1)	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	$0(1)	B/D
ONUREG TABS 200mg, 300mg	$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM
TABLOID TABS 40mg	$0(2)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	$0(1)	
bicalutamide TABS 50mg	$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	$0(2)	NM, PA
ERLEADA TABS 60mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	$0(2)	NDS
exemestane TABS 25mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIRMAGON SOLR 80mg	$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	$0(2)	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS, NM
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	$0(2)	NDS, NM, PA
ORSERDU TABS 86mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(1)	PA
XTANDI CAPS 40mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bexarotene CAPS 75mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	$0(2)	NDS, B/D
hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
IWILFIN TABS 192mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, NM
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
paclitaxel inj 100mg	$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUGTYRO CAPS 160mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	$0(2)	NM, PA
bortezomib SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasatinib TABS 20mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KRAZATI TABS 200mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEKINIST TABS .5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	$0(2)	NDS, NM, PA
NERLYNX TABS 40mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
OGSIVEO TABS 50mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	$0(2)	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
pazopanib hcl TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	$0(2)	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVUFORJ TABS 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TECENTRIQ INJ HYBREZA	$0(2)	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	$0(2)	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	$0(2)	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CPSP 20mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	$0(2)	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, PA
ZOLINZA CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	$0(1)	
mesna TABS 400mg	$0(2)	NDS
MESNEX TABS 400mg	$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	$0(1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	$0(1)	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fosinopril sodium TABS 10mg, 20mg, 40mg	$0(1)	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	$0(1)	
moexipril hcl TABS 7.5mg, 15mg	$0(1)	
perindopril erbumine TABS 2mg, 4mg, 8mg	$0(1)	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	$0(1)	
trandolapril TABS 1mg, 2mg, 4mg	$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	$0(1)	
KERENDIA TABS 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	$0(1)	
prazosin hcl CAPS 1mg, 2mg, 5mg	$0(1)	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	$0(2)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	$0(2)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	$0(1)	PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
REPATHA SOSY 140mg/ml	$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	$0(2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REPATHA SURECLICK SOAJ 140mg/ml	$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	$0(1)	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	$0(1)	
dilt-xr CP24 120mg, 180mg, 240mg	$0(1)	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	$0(1)	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
felodipine TB24 2.5mg, 5mg, 10mg	$0(1)	
isradipine CAPS 2.5mg, 5mg	$0(1)	
nicardipine hcl CAPS 20mg, 30mg	$0(1)	
nifedipine TB24 30mg, 60mg, 90mg	$0(1)	
nimodipine CAPS 30mg	$0(1)	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl TABS 5mg	$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	$0(1)	
chlorthalidone TABS 25mg, 50mg	$0(1)	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	$0(1)	
furosemide inj SOLN 10mg/ml	$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	$0(1)	
indapamide TABS 1.25mg, 2.5mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methazolamide TABS 25mg, 50mg	$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	$0(1)	
clonidine hcl TABS .1mg, .2mg, .3mg	$0(1)	
CORLANOR SOLN 5mg/5ml	$0(2)	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	$0(1)	
digoxin TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	$0(1)	
guanfacine hcl TABS 1mg, 2mg	$0(2)	PA; PA applies if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
ivabradine hcl TABS 5mg, 7.5mg	$0(1)	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	$0(2)	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	$0(1)	
minoxidil TABS 2.5mg, 10mg	$0(1)	
ranolazine TB12 500mg, 1000mg	$0(1)	
VERQUVO TABS 2.5mg, 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	$0(1)	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NITRO-BID OINT 2%	$0(2)	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
alyq TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(1)	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	$0(1)	
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
AUVELITY TAB 45-105MG	$0(2)	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	$0(1)	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	$0(1)	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	
trimipramine maleate CAPS 25mg, 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	$0(2)	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
vilazodone hcl TABS 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	$0(2)	NDS, QL (14 caps / 14 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA applies if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone TABS 200mg	$0(1)	
INBRIJA CAPS 42mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS .5mg, 1mg	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(1)	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	$0(2)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(1)	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	$0(2)	NDS, QL (2 packs / year), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	$0(2)	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	$0(2)	NDS, QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	$0(1)	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	$0(1)	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	$0(2)	NDS, QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg	$0(1)	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	$0(1)	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	NDS, QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg	$0(1)	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	$0(1)	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	$0(1)	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
diazepam intensol CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, PA
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	$0(1)	QL (360 caps / 30 days)
gabapentin CAPS 400mg	$0(1)	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	$0(1)	
lacosamide TABS 50mg	$0(1)	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	$0(1)	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	$0(1)	QL (1200 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$0(1)	
LEVETIRACETAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	$0(2)	QL (10 buccal films / 30 days)
methsuximide CAPS 300mg	$0(1)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	QL (10 nasal units per 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
phenobarbital ELIX 20mg/5ml	$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA applies if 70 years and older
phenytek CAPS 200mg, 300mg	$0(1)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	$0(2)	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	$0(2)	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	$0(2)	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	$0(2)	QL (10 blister packs per 30 days)
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	$0(2)	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ZTALMY SUSP 50mg/ml	$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl (adhd) TB24 3mg	$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
methylphenidate hcl SOLN 5mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
tasimelteon CAPS 20mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zaleplon CAPS 5mg	$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zolpidem tartrate TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	$0(2)	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	$0(2)	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	$0(2)	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	$0(2)	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	$0(2)	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	$0(1)	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	$0(1)	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TB24 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	$0(2)	NDS, QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	$0(1)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	$0(1)	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	$0(2)	NDS, QL (16 pens / 365 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg	$0(1)	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	$0(1)	
carisoprodol TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	$0(1)	
methocarbamol TABS 500mg	$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
methocarbamol TABS 750mg	$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	$0(1)	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	$0(1)	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
NICOTROL INHALER INHA 10mg	$0(2)	
NICOTROL NS SOLN 10mg/ml	$0(2)	
varenicline tartrate TABS .5mg, 1mg	$0(1)	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	QL (2 packs / year)
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
depo-testosterone SOLN 100mg/ml, 200mg/ml	$0(1)	PA
methyltestosterone CAPS 10mg	$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
testosterone pump GEL 1.62%	$0(1)	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	$0(2)	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pioglitazone hcl-metformin hcl tab 15-500 mg	$0(1)	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	$0(1)	QL (90 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	$0(2)	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	$0(2)	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	$0(2)	QL (8 patches / 24 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEQUR SIMPL MIS INSERTER	$0(2)	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	$0(2)	
FIASP PENFILL SOCT 100unit/ml	$0(2)	
FIASP PUMPCART SOCT 100unit/ml	$0(2)	B/D
GAUZE PADS 2" X 2"	$0(2)	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	$0(2)	PA
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	$0(2)	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	$0(2)	QL (1 kit / year), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD 5 LB MIS PODS G6	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	$0(2)	
TRESIBA SOLN 100unit/ml	$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	$0(1)	ST
alendronate sodium TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
ibandronate sodium TABS 150mg	$0(1)	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risedronate sodium TBEC 35mg	$0(1)	ST
TERIPARATIDE SOPN 620mcg/2.48ml	$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	NDS
deferasirox TABS 90mg; TBSO 125mg	$0(1)	NM, PA
deferasirox TABS 180mg, 360mg	$0(2)	NM, PA
deferasirox TBSO 250mg, 500mg	$0(2)	NDS, NM, PA
kionex SUSP 15gm/60ml	$0(1)	
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps SUSP 15gm/60ml	$0(1)	
sps rectal SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
altavera	$0(1)	
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
amethyst	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chateal eq	$0(1)	
cryselle-28	$0(1)	
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	$0(2)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
dolishale	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	
elinest	$0(1)	
eluryng	$0(1)	
emzahh TABS .35mg	$0(1)	
enilloring	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0(1)	
falmina	$0(1)	
feirza 1.5/30	$0(1)	
feirza 1/20	$0(1)	
finzala	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
haloette	$0(1)	
heather TABS .35mg	$0(1)	
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	
introvale	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isibloom	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50	$0(1)	
kurvelo	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	
layolis fe	$0(1)	
lessina	$0(1)	
levonest	$0(1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0(1)	
levora 0.15/30-28	$0(1)	
LILETTA IUD 20.1mcg/day	$0(2)	NM
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loryna	$0(1)	
low-ogestrel	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
necon 0.5/35-28	$0(1)	
NEXPLANON IMPL 68mg	$0(2)	NM
nikki	$0(1)	
nora-be TABS .35mg	$0(1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone (contraceptive) TABS .35mg	$0(1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	
norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortrel 7/7/7	$0(1)	
nylia 1/35	$0(1)	
nylia 7/7/7	$0(1)	
ocella	$0(1)	
philith	$0(1)	
pimtrea	$0(1)	
portia-28	$0(1)	
reclipsen	$0(1)	
rivelsa	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	
tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
trivora-28	$0(1)	
turqoz	$0(1)	
tydemy	$0(1)	
valtya 1/50	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xarah fe	$0(1)	

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
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	$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	$0(1)	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem TABS 10mcg	$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	$0(2)	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	$0(1)	
fludrocortisone acetate TABS .1mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone TABS 5mg, 10mg, 20mg	$0(1)	
hydrocortisone sod succinate SOLR 100mg	$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D
prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	$0(2)	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, PA
betaine powder for oral solution	$0(2)	NDS, NM
cabergoline TABS .5mg	$0(1)	
carglumic acid TBSO 200mg	$0(2)	NDS, NM, PA
CERDELGA CAPS 84mg	$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	$0(2)	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	$0(2)	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	$0(2)	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	$0(2)	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	$0(2)	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	$0(2)	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	$0(2)	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	$0(1)	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	$0(2)	NDS, NM, PA
raloxifene hcl TABS 60mg	$0(1)	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	$0(2)	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, NM, PA
SYNAREL SOLN 2mg/ml	$0(2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VEOZAH TABS 45mg	$0(2)	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey TABS 5mg	$0(1)	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
progesterone CAPS 100mg, 200mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	$0(1)	B/D
calcitriol (oral) SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
magnesium oxide TABS 420mg	$0(3)	*
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
ondansetron TBDP 4mg, 8mg	$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg	$0(1)	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	$0(1)	QL (120 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	$0(1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
nizatidine CAPS 150mg, 300mg	$0(1)	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	
budesonide CPEP 3mg	$0(1)	QL (90 caps / 30 days), PA
budesonide TB24 9mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm	$0(1)	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	$0(1)	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	
LAXATIVES		
constulose SOLN 10gm/15ml	$0(1)	
enulose SOLN 10gm/15ml	$0(1)	
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
gavilyte-n/flavor pack	$0(1)	
generlac SOLN 10gm/15ml	$0(1)	
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
PLENVU SOL	$0(2)	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
alosetron hcl TABS 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	$0(1)	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	$0(1)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
GATTEX KIT 5mg	$0(2)	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	$0(1)	
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg, 25mg	$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	$0(1)	
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
VOWST CAP	$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000UNT	$0(2)	
ZENPEP CAP 40000UNT	$0(2)	
ZENPEP CAP 60000UNT	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
tadalafil TABS 5mg	$0(1)	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	$0(1)	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	$0(1)	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
metronidazole vaginal GEL .75%	$0(1)	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	$0(1)	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	$0(1)	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	$0(1)	
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
rivaroxaban TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
IRON		
ACCRUFER CAPS 30mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bprotected pedia iron SOLN 15mg/ml	$0(3)	*
CENTRATEX CAP	$0(3)	*
CORVITE 150 TAB	$0(3)	*
CORVITE FE TAB	$0(3)	*
cvs iron TABS 27mg, 325mg	$0(3)	*
cvs slow release iron TBCR 45mg	$0(3)	*
eq slow-release iron TBCR 45mg	$0(3)	*
eql iron supplement thera TABS 325mg	$0(3)	*
EZFE 200 CAPS 200mg	$0(3)	*
fe c tab	$0(3)	*
fe-vite iron SOLN 15mg/ml	$0(3)	*
FEOSOL BIFER TAB 28MG	$0(3)	*
ferate TABS 27mg	$0(3)	*
FERIVA TAB 21/7	$0(3)	*
ferosul TABS 325mg	$0(3)	*
FERRETTS TABS 325mg	$0(3)	*
FERRETTS IPS SOLN 40mg/15ml	$0(3)	*
ferrex 150 CAPS 150mg	$0(3)	*
ferric x-150 CAPS 150mg	$0(3)	*
FERRIMIN 150 TABS 150mg	$0(3)	*
ferrous fumarate TABS 324mg	$0(3)	*
ferrous gluconate TABS 27mg, 240mg, 324mg	$0(3)	*
FERROUS GLUCONATE TABS 324mg	$0(3)	*
ferrous sulfate SOLN 15mg/ml, 220mg/5ml, 300mg/5ml; TABS 65mg, 325mg; TBCR 45mg; TBEC 324mg, 325mg	$0(3)	*
FOLITAB 500 TAB	$0(3)	*
FUSION CAP	$0(3)	*
FUSION PLUS CAP	$0(3)	*
gnp iron TABS 200mg; TBCR 45mg	$0(3)	*
HEMOCYTE PLS CAP	$0(3)	*
iferex 150 CAPS 150mg	$0(3)	*
INFED SOLN 50mg/ml	$0(3)	*
INTEGRA CAP	$0(3)	*
INTEGRA F CAP	$0(3)	*
INTEGRA PLUS CAP	$0(3)	*
iron 27 TABS 240mg	$0(3)	*
iron 100/c	$0(3)	*
iron infant & toddler SOLN 15mg/ml	$0(3)	*
iron infant/toddler SOLN 15mg/ml	$0(3)	*
iron slow release TBCR 45mg	$0(3)	*

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
iron supplement SOLN 15mg/ml, 220mg/5ml	$0(3)	*
iron-vitamin c tab 100-250 mg	$0(3)	*
IROSPAN 24/6 MIS	$0(3)	*
kp ferrous gluconate TABS 324mg	$0(3)	*
kp ferrous sulfate TABS 325mg	$0(3)	*
NEPHRON FA TAB	$0(3)	*
nu-iron 150 CAPS 150mg	$0(3)	*
one vite ferrous sulfate SOLN 220mg/5ml	$0(3)	*
pc pediatric iron drops SOLN 15mg/ml	$0(3)	*
poly-iron 150 CAPS 150mg	$0(3)	*
poly-iron 150 forte	$0(3)	*
polysaccharide iron complex CAPS 150mg	$0(3)	*
PROFE CAPS 180mg	$0(3)	*
PROFERRIN ES TABS 12mg	$0(3)	*
PROFERRIN- TAB FORTE	$0(3)	*
PROTECTIRON TAB	$0(3)	*
ra high potency iron TABS 27mg	$0(3)	*
ra slow release iron TBCR 45mg	$0(3)	*
se-tan plus	$0(3)	*
slow release iron TBCR 45mg	$0(3)	*
SLOW RELEASE IRON TBCR 47.5mg	$0(3)	*
slow-release iron TBCR 45mg	$0(3)	*
sm iron slow release TBCR 45mg	$0(3)	*
sm slow release iron TBCR 45mg	$0(3)	*
sv iron TABS 325mg	$0(3)	*
TANDEM CAP	$0(3)	*
tandem plus	$0(3)	*
TARON FORTE CAP	$0(3)	*
true ferrous sulfate TBEC 324mg	$0(3)	*
wee care SUSP 15mg/1.25ml	$0(3)	*
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	$0(1)	
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	$0(2)	NDS, NM, PA
pentoxifylline TBCR 400mg	$0(1)	
sajazir SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	$0(2)	
SIKLOS TABS 1000mg	$0(2)	NDS
TAVNEOS CAPS 10mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA applies if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	$0(2)	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	$0(2)	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL SOLN 25mg/0.5ml	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	$0(2)	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	$0(2)	NDS, NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	$0(2)	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
JYLAMVO SOLN 2mg/ml	$0(2)	B/D
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	$0(2)	NDS, NM, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	$0(2)	B/D, NM
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D, NM
NULOJIX SOLR 250mg	$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	$0(2)	B/D, NM
REZUROCK TABS 200mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	$0(1)	
ACTHIB INJ	$0(1)	
ADACEL INJ	$0(1)	
AREXVY SUSR 120mcg/0.5ml	$0(1)	
BCG VACCINE SOLR 50mg	$0(1)	
BEXSERO INJ	$0(1)	
BOOSTRIX INJ	$0(1)	
DAPTACEL INJ	$0(1)	
DENGVAXIA SUS	$0(1)	
DIP/TET PED INJ 25-5LFU	$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	$0(1)	B/D
GARDASIL 9 INJ	$0(1)	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	$0(1)	B/D
HIBERIX SOLR 10mcg	$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	$0(1)	B/D
INFANRIX INJ	$0(1)	
IPOL INJ INACTIVE	$0(1)	
IXCHIQ INJ	$0(1)	
IXIARO INJ	$0(1)	
JYNNEOS SUSP .5ml	$0(1)	B/D
KINRIX INJ	$0(1)	
M-M-R II INJ	$0(1)	
MENACTRA INJ	$0(1)	
MENQUADFI INJ	$0(1)	
MENVEO INJ	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MENVEO SOL	$0(1)	
MRESVIA SUSY 50mcg/0.5ml	$0(1)	
PEDIARIX INJ 0.5ML	$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(1)	
PENBRAYA INJ	$0(1)	
PENTACEL INJ	$0(1)	
PRIORIX INJ	$0(1)	
PROQUAD INJ	$0(1)	
QUADRACEL INJ 0.5ML	$0(1)	
RABAVERT INJ	$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	$0(1)	B/D
ROTARIX SUS	$0(1)	
ROTATEQ SOL	$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(1)	
TRUMENBA INJ	$0(1)	
TWINRIX INJ	$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	$0(1)	
VARIVAX SUSR 1350pfu/0.5ml	$0(1)	
VAXCHORA SUS	$0(1)	
VIVOTIF CAP EC	$0(1)	
YF-VAX INJ	$0(1)	
MISCELLANEOUS		
MISCELLANEOUS		
SUSPENDOL-S LIQ	$0(3)	*
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
advantage care oral elect	$0(3)	*
cvs pediatric electrolyte	$0(3)	*
ELECTROLYTE POW	$0(3)	*
ENFAMIL SOL ENFALYTE	$0(3)	*
gnp pediatric electrolyte	$0(3)	*
goodsense electrolyte	$0(3)	*
h-e-b oral electrolyte so	$0(3)	*
HYDRALYTE POW ORANGE	$0(3)	*
HYDRALYTE SOL BERRY	$0(3)	*
HYDRALYTE SOL LEMONADE	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYDRALYTE SOL ORANGE	$0(3)	*
KINDERLYTE PAK	$0(3)	*
KINDERLYTE PAK PREMAX	$0(3)	*
KINDERLYTE SOL	$0(3)	*
KINDERLYTE SOL CHERRY	$0(3)	*
KINDERLYTE SOL FRUIT	$0(3)	*
KINDERLYTE SOL GRAPE	$0(3)	*
KINDERLYTE SOL LEM/LIME	$0(3)	*
KINDERLYTE SOL LEMON	$0(3)	*
KINDERLYTE SOL LEMONADE	$0(3)	*
KINDERLYTE SOL ORANGE	$0(3)	*
KINDERLYTE SOL PREMAX	$0(3)	*
KINDERLYTE SOL STRWBRY	$0(3)	*
oral electrolyte solution**	$0(3)	*
oralyte	$0(3)	*
pediatric electrolyte fre	$0(3)	*
ra pediatric electrolyte	$0(3)	*
sm pediatric electrolyte	$0(3)	*
TRUELYTE SOL	$0(3)	*
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
multiple electrolytes ph 5.5	$0(1)	
multiple electrolytes ph 7.4	$0(1)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	$0(1)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	
klor-con m15 TBCR 15meq	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
WESTAB PLUS TAB 27-1MG	$0(2)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	NDS, B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
MINERALS		
CAL CIT MAL/ TAB VITAMIND	$0(3)	*
CAL-MAG-ZINC TAB -D	$0(3)	*
calcium 500 +d	$0(3)	*
calcium 500 +d3	$0(3)	*
CALCIUM 500 CHW +D3	$0(3)	*
calcium 500+d	$0(3)	*
calcium 500+d3	$0(3)	*
calcium 500+d high potenc	$0(3)	*
calcium 500/d	$0(3)	*
calcium 600 TABS 600mg, 1500mg	$0(3)	*
calcium 600 + d	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium 600 high potency TABS 600mg	$0(3)	*
CALCIUM 600 TAB +D	$0(3)	*
calcium 600 with vitamin	$0(3)	*
calcium 600+d	$0(3)	*
calcium 600+d3	$0(3)	*
calcium 600+d3 plus miner	$0(3)	*
calcium 600+d high potenc	$0(3)	*
calcium 600+d plus minera	$0(3)	*
calcium 600/vitamin d	$0(3)	*
calcium 600/vitamin d3	$0(3)	*
calcium + vitamin d3	$0(3)	*
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	$0(3)	*
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	$0(3)	*
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	$0(3)	*
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	$0(3)	*
CALCIUM CARBONATE CHEW 500mg	$0(3)	*
calcium carbonate TABS 600mg, 1250mg	$0(3)	*
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	$0(3)	*
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	$0(3)	*
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	$0(3)	*
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	$0(3)	*
CALCIUM CHW 500-10	$0(3)	*
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	$0(3)	*
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	$0(3)	*
CALCIUM CIT/ TAB VIT D	$0(3)	*
calcium citrate TABS 200mg	$0(3)	*
calcium citrate + d	$0(3)	*
calcium citrate + d3 max	$0(3)	*
calcium citrate + d3 maxi	$0(3)	*
calcium citrate plus/magn	$0(3)	*
calcium citrate+d3	$0(3)	*
calcium citrate/d3	$0(3)	*
CALCIUM FOR WOMEN	$0(3)	*
calcium high potency TABS 1500mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium high potency + vi	$0(3)	*
calcium plus vitamin d	$0(3)	*
calcium plus vitamin d3	$0(3)	*
calcium+d3	$0(3)	*
calcium-magnesium-zinc tab 333-133-5 mg	$0(3)	*
CALCIUM/C/D CHW 500MG	$0(3)	*
CALCIUM/MAGN TAB 250-155	$0(3)	*
calcium/vitamin d3	$0(3)	*
CALCIUM/VITD CAP 600-400	$0(3)	*
CALTRATE 600 CHW 600-800	$0(3)	*
CALTRATE CHW 600-800	$0(3)	*
chewable calcium	$0(3)	*
CHEWABLE CALCIUM CHEW 500mg	$0(3)	*
CORAL CALCIU CAP 1000MG	$0(3)	*
cvs calcium	$0(3)	*
cvs calcium 600 & vitamin	$0(3)	*
cvs calcium 600 + d plus	$0(3)	*
cvs calcium 600+d	$0(3)	*
cvs calcium & vitamin d3	$0(3)	*
cvs magnesium TABS 500mg	$0(3)	*
cvs selenium TABS 200mcg	$0(3)	*
cvs zinc TABS 50mg	$0(3)	*
600+d3	$0(3)	*
eq calcium 500+d	$0(3)	*
eq calcium 600+d	$0(3)	*
eql calcium 600mg/vitamin	$0(3)	*
eql calcium citrate w/vit	$0(3)	*
eql calcium citrate/ vita	$0(3)	*
eql calcium/vitamin d	$0(3)	*
gnp calcium TABS 600mg	$0(3)	*
gnp calcium 500 +d3	$0(3)	*
gnp calcium 600 +d3	$0(3)	*
gnp calcium 600 +d3/miner	$0(3)	*
gnp calcium citrate +d3	$0(3)	*
gnp calcium citrate+d3 ma	$0(3)	*
kp calcium citrate+d	$0(3)	*
MAGNESIUM ELEMENTAL CAPS 300mg	$0(3)	*
magnesium lactate TBCR 7meq	$0(3)	*
MAGNESIUM OXIDE TABS 420mg	$0(3)	*
magnesium oxide (mg supplement) CAPS 500mg; TABS 500mg	$0(3)	*
MONOCAL TAB 3-250	$0(3)	*

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oceanic selenium TABS 50mcg, 200mcg	$0(3)	*
orazinc CAPS 220mg	$0(3)	*
ORAZINC TABS 110mg	$0(3)	*
os-cal calcium + d3	$0(3)	*
os-cal extra d3	$0(3)	*
oysco 500+d	$0(3)	*
OYST SHELL/D TAB 500MG	$0(3)	*
oyster shell TABS 500mg	$0(3)	*
oyster shell calcium + d3	$0(3)	*
oyster shell calcium plus	$0(3)	*
oyster shell calcium+d	$0(3)	*
oyster shell calcium/d3	$0(3)	*
oyster shell calcium/vita	$0(3)	*
phospha 250 neutral	$0(3)	*
phospho-trin 250 neutral	$0(3)	*
phospho-trin k500 TABS 500mg	$0(3)	*
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	$0(3)	*
pure calcium carbonate TABS 600mg	$0(3)	*
RA CA/BORON TAB	$0(3)	*
ra calcium 600 TABS 600mg	$0(3)	*
ra calcium 600 plus vitam	$0(3)	*
ra calcium 600/vit d/mine	$0(3)	*
ra calcium citrate plus v	$0(3)	*
ra hi cal	$0(3)	*
ra magnesium CAPS 500mg	$0(3)	*
ra natural magnesium	$0(3)	*
ra selenium natural TABS 200mcg	$0(3)	*
ra zinc TABS 50mg	$0(3)	*
selenium TABS 50mcg, 200mcg	$0(3)	*
SLOW-MAG TAB	$0(3)	*
SLOW-MAG TAB 71.5-119	$0(3)	*
sm calcium 600+d3	$0(3)	*
sm calcium 600/vitamin d	$0(3)	*
sm calcium citrate+vitami	$0(3)	*
sm calcium/vitamin d	$0(3)	*
sm magnesium TABS 250mg	$0(3)	*
sm zinc TABS 50mg	$0(3)	*
super calcium TABS 600mg	$0(3)	*
super calcium 600 + d3	$0(3)	*
super calcium 600+d3 400	$0(3)	*
ultra calcium + vitamin d	$0(3)	*
wes-phos 250 neutral	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZINC LOZG 10mg	$0(3)	*
zinc TABS 50mg	$0(3)	*
ZINC 15 TABS 66mg	$0(3)	*
zinc gluconate TABS 30mg, 50mg, 100mg	$0(3)	*
zinc sulfate CAPS 220mg; TABS 220mg	$0(3)	*
MISCELLANEOUS		
ENLYTE CAP	$0(3)	*
VITAMINS		
a thru z advanced	$0(3)	*
a thru z select	$0(3)	*
a thru z select 50+ advan	$0(3)	*
a thru z select advanced	$0(3)	*
a thru z select ultimate	$0(3)	*
a thru z ultimate mens	$0(3)	*
a-10000 CAPS 10000unit	$0(3)	*
abaneu-sl	$0(3)	*
ABC COMPLETE TAB SENIOR	$0(3)	*
actical	$0(3)	*
APETEX ELX	$0(3)	*
APETIGEN TAB PLUS	$0(3)	*
APETIGEN-PLS SOL	$0(3)	*
aqueous vitamin d infants LIQD 10mcg/ml	$0(3)	*
aqueous vitamin e SOLN 15mg/0.67ml	$0(3)	*
ASCORBIC ACD POW	$0(3)	*
ascorbic acid CHEW 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; TABS 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg	$0(3)	*
ascorbic acid chew tab 250 mg	$0(3)	*
ascorbic acid chew tab 500 mg	$0(3)	*
ascorbic acid tab 500 mg	$0(3)	*
ascorbic acid tab 1000 mg	$0(3)	*
ascorbic acid tab er 500 mg	$0(3)	*
b6 natural TABS 100mg	$0(3)	*
B COMPLEX/FO TAB	$0(3)	*
B-12 DOTS TBDP 500mcg	$0(3)	*
b-12 tr TBCR 1000mcg, 2000mcg	$0(3)	*
B-100 COMP TAB TR	$0(3)	*
b-complex formula 1	$0(3)	*
b-complex vitamin cap*	$0(3)	*
b-complex vitamin tab*	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
b-complex w/ c cap*	$0(3)	*
b-complex w/ c tab*	$0(3)	*
b-complex w/ folic acid cap*	$0(3)	*
b-complex w/ folic acid tab*	$0(3)	*
BACMIN TAB	$0(3)	*
balance b-50	$0(3)	*
balance b-100	$0(3)	*
beta carotene CAPS 25000unit	$0(3)	*
beta carotene provitamin CAPS 25000unit	$0(3)	*
BIOCAL CAP	$0(3)	*
biopetit	$0(3)	*
biotin CAPS 5000mcg; TABS 1000mcg	$0(3)	*
biotin/maximum strength CAPS 5000mcg	$0(3)	*
bprotected multi-vite	$0(3)	*
bprotected pedia d-vite LIQD 400unit/ml	$0(3)	*
c 500 TABS 500mg	$0(3)	*
c 1000 TABS 1000mg	$0(3)	*
C 1000/BIOFL CAP /R HIPS	$0(3)	*
c complex	$0(3)	*
c-250 TABS 250mg	$0(3)	*
c-500 CHEW 500mg; TABS 500mg	$0(3)	*
c-500 prolonged release TBCR 500mg	$0(3)	*
c-500/rose hips	$0(3)	*
c-1000 TABS 1000mg	$0(3)	*
c-1000 prolonged release TBCR 1000mg	$0(3)	*
c-1000/rose hips	$0(3)	*
c-chewable CHEW 500mg	$0(3)	*
calcidol SOLN 200mcg/ml	$0(3)	*
CENTRAVITES TAB 50 PLUS	$0(3)	*
CENTRUM SPEC TAB HEART	$0(3)	*
CENTRUM TAB MEN	$0(3)	*
CENTRUM TAB SILVER	$0(3)	*
CENTRUM TAB ULTRA	$0(3)	*
CEREFOLIN TAB	$0(3)	*
cerovite senior	$0(3)	*
CERTAVITE TAB SENIOR	$0(3)	*
CERTAVITE/ TAB ANTIOXID	$0(3)	*
certavite/antioxidants	$0(3)	*
cholecalciferol LIQD 400unit/ml	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
companion	$0(3)	*
corvita	$0(3)	*
CRANBERRY CAP URIN COM	$0(3)	*
cvs b1 TABS 100mg	$0(3)	*
cvs b6 TABS 100mg	$0(3)	*
cvs b12 LIQD 1000mcg/15ml	$0(3)	*
cvs b complex plus c	$0(3)	*
cvs b-1 TABS 100mg	$0(3)	*
cvs b-12 TABS 500mcg	$0(3)	*
CVS BETA CAROTENE CAPS 15mg	$0(3)	*
cvs biotin high potency TABS 1000mcg	$0(3)	*
cvs chewable c with rose	$0(3)	*
CVS HAIR/SKN TAB NAILS	$0(3)	*
cvs spectravite advanced	$0(3)	*
cvs spectravite men	$0(3)	*
cvs spectravite women	$0(3)	*
cvs spectravite women 50+	$0(3)	*
cvs vitamin a CAPS 8000unit	$0(3)	*
cvs vitamin b12 TABS 1000mcg	$0(3)	*
cvs vitamin b12 tr TBCR 1000mcg	$0(3)	*
cvs vitamin b-2 TABS 100mg	$0(3)	*
cvs vitamin b-12 TBCR 2000mcg	$0(3)	*
cvs vitamin b-12 tr TBCR 1000mcg	$0(3)	*
cvs vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
cvs vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
cvs vitamin e CAPS 180mg, 400unit	$0(3)	*
cyanocobalamin LIQD 1000mcg/15ml; SUBL 2500mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; TBCR 1000mcg, 2000mcg	$0(3)	*
d-vite pediatric LIQD 400unit/ml	$0(3)	*
daily value multivitamin	$0(3)	*
daily vite	$0(3)	*
daily vite multivitamin/i	$0(3)	*
DEKAS CAP ESSENTIA	$0(3)	*
DEKAS LIQ ESSENTIA	$0(3)	*
DEKAS PLUS CAP	$0(3)	*
DEKAS PLUS LIQ	$0(3)	*
dialyvite	$0(3)	*
dialyvite 800	$0(3)	*
DIALYVITE TAB 800/IRON	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIALYVITE TAB 3000	$0(3)	*
DIALYVITE TAB 5000	$0(3)	*
DIALYVITE TAB SUPREM D	$0(3)	*
DIALYVITE/ TAB ZINC	$0(3)	*
e400 CAPS 400unit	$0(3)	*
e-400 CAPS 400unit	$0(3)	*
e-oil OIL 100unt/0.25ml	$0(3)	*
ELFOLATE PLU TAB 3-35-2MG	$0(3)	*
endur-acin TBCR 250mg, 500mg	$0(3)	*
endur-c/rose hips TBCR 500mg, 1000mg	$0(3)	*
eq complete multivitamin	$0(3)	*
EQ COMPLETE TAB ADULT	$0(3)	*
EQ ONE DAILY TAB WOMENS	$0(3)	*
eq one daily womens healt	$0(3)	*
eql b complex 50	$0(3)	*
eql b-6 TABS 100mg	$0(3)	*
eql b-12 TABS 1000mcg	$0(3)	*
eql biotin CAPS 5000mcg	$0(3)	*
eql one daily womens	$0(3)	*
eql vitamin b-12 TABS 500mcg	$0(3)	*
eql vitamin c TABS 1000mg	$0(3)	*
eql vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
eql vitamin e CAPS 400unit	$0(3)	*
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	*
essentia	$0(3)	*
finest nutrition vitamin	$0(3)	*
flintstones complete	$0(3)	*
flintstones/my first	$0(3)	*
FLORIVA DRO PLUS	$0(3)	*
folbee	$0(3)	*
folbee plus	$0(3)	*
folbee plus cz	$0(3)	*
FOLBIC TAB	$0(3)	*
folic acid SOLN 5mg/ml; TABS 1mg	$0(3)	*
folplex 2.2	$0(3)	*
FOLTABS 800 TAB	$0(3)	*
FOLTANX TAB	$0(3)	*
FOLTRATE TAB	$0(3)	*
fruit c 500	$0(3)	*
fruity c CHEW 250mg	$0(3)	*
full spectrum b/vitamin c	$0(3)	*
gnp b-12 SUBL 2500mcg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp biotin CAPS 5000mcg	$0(3)	*
gnp childrens chewables/e	$0(3)	*
gnp essential one daily	$0(3)	*
gnp little ones childrens	$0(3)	*
gnp mega multi for men	$0(3)	*
gnp mega multi for women	$0(3)	*
gnp one daily mens health	$0(3)	*
gnp one daily womens heal	$0(3)	*
gnp vitamin a CAPS 10000unit	$0(3)	*
gnp vitamin b-1 TABS 100mg	$0(3)	*
gnp vitamin b-6 TABS 100mg	$0(3)	*
gnp vitamin b-12 TABS 500mcg	$0(3)	*
gnp vitamin b-12 prolonge TBCR 1000mcg	$0(3)	*
gnp vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
gnp vitamin c drops	$0(3)	*
gnp vitamin c pr TBCR 500mg	$0(3)	*
gnp vitamin c w/rose hips	$0(3)	*
gnp vitamin c/rose hips	$0(3)	*
gnp vitamin e CAPS 400unit	$0(3)	*
gnp vitamin e water dispe CAPS 400unit	$0(3)	*
GUMMI BEAR CHW MULTIVIT	$0(3)	*
HEALTHY KIDS CHW GUMMIES	$0(3)	*
HIGH POTENCY TAB MV/FA	$0(3)	*
ICAPS LUTEIN TAB ZEAXANTH	$0(3)	*
icaps mv	$0(3)	*
kobee	$0(3)	*
kp adults 50+ daily formu	$0(3)	*
kp b complex/c	$0(3)	*
kp niacin TABS 500mg	$0(3)	*
kp vitamin b-6 TABS 100mg	$0(3)	*
kp vitamin b-12 TABS 1000mcg	$0(3)	*
kp vitamin e CAPS 100unit	$0(3)	*
L-METHYL- TAB B6-B12	$0(3)	*
L-METHYL-MC TAB	$0(3)	*
LYSIPLEX LIQ PLUS	$0(3)	*
MEGA MULTI TAB MEN	$0(3)	*
mega multiple w/chelated	$0(3)	*
meijer c TABS 500mg	$0(3)	*
meribin CAPS 5mg	$0(3)	*
METAFOLBIC TAB	$0(3)	*
MG PLUS TAB PROTEIN	$0(3)	*
MTX SUPPORT TAB	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
multi complete/iron	$0(3)	*
MULTI VIT/FL DRO 0.5MG/ML	$0(3)	*
MULTI VITAMI TAB	$0(3)	*
MULTI VITAMN TAB MINERALS	$0(3)	*
multi-vit/iron/fluoride	$0(3)	*
multi-vitamin	$0(3)	*
multi-vitamin hp/minerals	$0(3)	*
multi-vitamins/iron	$0(3)	*
MULTI-VITE LIQ	$0(3)	*
multiple vitamin tab*	$0(3)	*
multiple vitamin/minerals	$0(3)	*
multiple vitamins w/ iron tab*	$0(3)	*
MULTIVIT/FL DRO 0.25MG	$0(3)	*
multivitamin & mineral	$0(3)	*
multivitamin adults 50+	$0(3)	*
MULTIVITAMIN TAB	$0(3)	*
multivitamin women 50+	$0(3)	*
MVW COMPLETE CAP D3000	$0(3)	*
MVW COMPLETE CAP D5000	$0(3)	*
MVW COMPLETE CAP FORMULAT	$0(3)	*
MVW COMPLETE CAP MINIS	$0(3)	*
MVW COMPLETE CHW BUBBLGUM	$0(3)	*
MVW COMPLETE CHW D3000	$0(3)	*
MVW COMPLETE CHW D5000	$0(3)	*
MVW COMPLETE CHW GRAPE	$0(3)	*
MVW COMPLETE CHW ORANGE	$0(3)	*
MVW COMPLETE DRO PEDIATRI	$0(3)	*
mynephron	$0(3)	*
natural c/rose hips TABS 1000mg	$0(3)	*
natural vitamin e CAPS 1000unit	$0(3)	*
NEPHPLEX RX TAB	$0(3)	*
nephro vitamins	$0(3)	*
nephro-vite	$0(3)	*
NEPHRONEX LIQ 0.9/5ML	$0(3)	*
niacin CPCR 250mg; TABS 50mg, 100mg, 500mg; TBCR 250mg, 500mg	$0(3)	*
niavasc TBCR 500mg	$0(3)	*
NIVA-FOL TAB	$0(3)	*
NUTRIVIT LIQ 800-15-1	$0(3)	*
ocutabs	$0(3)	*
ocutabs/lutein	$0(3)	*
OMNICAP TAB	$0(3)	*
ONCOVITE TAB	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
one daily complete	$0(3)	*
one daily for men 50+ adv	$0(3)	*
one daily for women	$0(3)	*
one daily for women 50+a	$0(3)	*
one daily maximum	$0(3)	*
one daily multivitamin/ir	$0(3)	*
one daily womens 50 plus	$0(3)	*
one daily womens 50+	$0(3)	*
one daily/iron/calcium	$0(3)	*
one daily/minerals	$0(3)	*
ONE-A-DAY TAB 50+ ADV	$0(3)	*
ONE-A-DAY TAB TEEN/HIM	$0(3)	*
one-a-day teen advantage	$0(3)	*
one-daily multi-vitamin	$0(3)	*
pc pediatric tri-vitamin	$0(3)	*
pediatric multiple vitamins w/ iron chew tab 15 mg*	$0(3)	*
pharmacist choice d-vitam LIQD 400unit/ml	$0(3)	*
phytonadione SOLN 10mg/ml; TABS 5mg	$0(3)	*
POLY-VI-SOL SOL 50MG/ML	$0(3)	*
POLY-VI-SOL SOL IRON	$0(3)	*
prevent	$0(3)	*
pureway-c TABS 500mg	$0(3)	*
pyridoxine hcl TABS 25mg, 50mg, 100mg	$0(3)	*
QUINTABS-M TAB	$0(3)	*
ra b-complex	$0(3)	*
RA B-COMPLEX TAB VIT C TR	$0(3)	*
ra b-complex with b-12	$0(3)	*
ra balanced b-50	$0(3)	*
ra balanced b-100	$0(3)	*
ra biotin CAPS 2500mcg	$0(3)	*
ra central-vite womens ma	$0(3)	*
ra niacin TABS 100mg, 500mg	$0(3)	*
ra one daily maximum	$0(3)	*
ra vitamin a CAPS 10000unit	$0(3)	*
ra vitamin b12 TBCR 2000mcg	$0(3)	*
ra vitamin b-1 TABS 100mg	$0(3)	*
ra vitamin b-6 TABS 50mg, 100mg	$0(3)	*
ra vitamin b-12 TABS 100mcg	$0(3)	*
ra vitamin b-12 tr TBCR 1000mcg	$0(3)	*
ra vitamin c TABS 250mg, 500mg	$0(3)	*
ra vitamin c tr TBCR 500mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ra vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
ra vitamin e CAPS 400unit	$0(3)	*
rena-vite	$0(3)	*
rena-vite rx	$0(3)	*
renal caps	$0(3)	*
renal vitamin	$0(3)	*
reno caps	$0(3)	*
riboflavin TABS 25mg, 50mg, 100mg	$0(3)	*
senior tabs	$0(3)	*
sentry	$0(3)	*
sentry senior	$0(3)	*
SENTRY TAB	$0(3)	*
SENTRY TAB SENIOR	$0(3)	*
sm b-complex	$0(3)	*
SM B-COMPLEX TAB /VIT C	$0(3)	*
sm biotin CAPS 5000mcg	$0(3)	*
sm chewable vitamin c	$0(3)	*
sm complete	$0(3)	*
sm complete 50+	$0(3)	*
sm complete 50+ ultimate	$0(3)	*
sm hair/skin/nails	$0(3)	*
sm multiple vitamins/iron	$0(3)	*
sm niacin cr TBCR 250mg	$0(3)	*
SM ONE DAILY TAB WOMENS	$0(3)	*
sm vitamin b1 TABS 100mg	$0(3)	*
sm vitamin b6 TABS 100mg	$0(3)	*
sm vitamin b12 TABS 500mcg	$0(3)	*
sm vitamin b12 tr TBCR 1000mcg, 2000mcg	$0(3)	*
sm vitamin b100 complex	$0(3)	*
sm vitamin b complex with	$0(3)	*
sm vitamin c TABS 500mg, 1000mg	$0(3)	*
sm vitamin c tr TBCR 500mg	$0(3)	*
soluvita e SOLN 15.8mg/0.7ml	$0(3)	*
SPECTRAVITE TAB	$0(3)	*
SPECTRAVITE TAB ADLT 50+	$0(3)	*
SPECTRAVITE TAB ADULTS	$0(3)	*
stress b/zinc	$0(3)	*
stress formula	$0(3)	*
stress formula/iron	$0(3)	*
stress formula/zinc	$0(3)	*
STROVITE ONE TAB	$0(3)	*
super b with c	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
super biotin CAPS 5000mcg	$0(3)	*
super quints b-50	$0(3)	*
super thera vite m	$0(3)	*
SUPERVITE LIQ	$0(3)	*
SUPPORT-500 CAP	$0(3)	*
sv vitamin b12 tr TBCR 1000mcg	$0(3)	*
TAB-A-VITE TAB IRON/BET	$0(3)	*
thera-tabs	$0(3)	*
therapeutic-m	$0(3)	*
theratrum complete	$0(3)	*
theratrum complete 50 plu	$0(3)	*
thiamine hcl TABS 50mg, 100mg, 250mg	$0(3)	*
tri-vite pediatric	$0(3)	*
triphrocaps	$0(3)	*
true vitamin b2 TABS 25mg, 50mg, 100mg	$0(3)	*
true vitamin b6 TABS 25mg, 50mg, 100mg	$0(3)	*
true vitamin b12 TABS 500mcg, 1000mcg	$0(3)	*
true vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
true vitamin e CAPS 180mg	$0(3)	*
v-c forte	$0(3)	*
vic-forte	$0(3)	*
virt-caps	$0(3)	*
VITAL-D RX TAB	$0(3)	*
vitalee	$0(3)	*
VITALETS CHW CHILD	$0(3)	*
vitamin a CAPS 8000unit, 10000unit	$0(3)	*
vitamin b complex/vitamin	$0(3)	*
vitamin b-12 tr TBCR 2000mcg	$0(3)	*
VITAMIN C CHW 500MG	$0(3)	*
vitamin c drops	$0(3)	*
VITAMIN C POW	$0(3)	*
VITAMIN C TR TBCR 1500mg	$0(3)	*
vitamin c/bioflavonoids/w	$0(3)	*
vitamin c/rose hips tr TBCR 500mg, 1000mg	$0(3)	*
vitamin d infant LIQD 10mcg/ml, 400unit/ml	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vitamin e CAPS 45mg, 100unit, 180mg, 200unit, 400unit, 1000unit; OIL 100unt/0.25ml; SOLN 15mg/0.67ml	$0(3)	*
vitamin e blend CAPS 400unit	$0(3)	*
vitamin e high potency CAPS 400unit	$0(3)	*
vitamin e/d-alpha natural CAPS 268mg	$0(3)	*
vitamin supplement e-400 CAPS 400unit	$0(3)	*
VITAMINS A/C/D/FLUORIDE	$0(3)	*
VITATRUM TAB	$0(3)	*
VITRUM TAB SENIOR	$0(3)	*
wescaps	$0(3)	*
WESTAB MAX	$0(3)	*
westab one	$0(3)	*
womens daily formula	$0(3)	*
womens daily formula/foli	$0(3)	*
YELETS TEEN TAB FORMULA	$0(3)	*
ZINC LOZ	$0(3)	*
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
neo-polycin hc ophth oint 1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	QL (12 mL / 30 days)
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin (ophth) SOLN .3%	$0(1)	
polycin ophth oint	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
XDEMVY SOLN .25%	$0(2)	NDS, NM, PA
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium (ophth) SOLN .07%, .075%	$0(1)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
loteprednol etabonate SUSP .2%	$0(1)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	$0(1)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .15%, .2%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0(1)	
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
ROCKLATAN DRO	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	$0(2)	
atropine sulfate (ophthalmic) SOLN 1%	$0(1)	
CYSTADROPS SOLN .37%	$0(2)	NDS, NM, PA
CYSTARAN SOLN .44%	$0(2)	NDS, NM, PA
EYSUVIS SUSP .25%	$0(2)	
MIEBO SOLN 1.338gm/ml	$0(2)	
proparacaine hcl SOLN .5%	$0(1)	
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
XIIDRA SOLN 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%	$0(1)	
cetirizine hcl SOLN 5mg/5ml	$0(1)	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	$0(2)	PA; PA applies if 70 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	$0(1)	QL (300 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levocetirizine dihydrochloride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
benzonatate CAPS 100mg, 200mg	$0(3)	*
guaifenesin-codeine soln 100-10 mg/5ml	$0(3)	*
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0(3)	*
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	$0(3)	*
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	$0(3)	*
hydromet	$0(3)	*
HYPERSAL NEBU 3.5%	$0(3)	*
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	*
promethazine-dm syrup 6.25-15 mg/5ml	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0(3)	*
sodium chloride (inhalant) NEBU .9%, 3%, 7%	$0(3)	*
TUXARIN ER TAB 54.3-8MG	$0(3)	*
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
ACE AERO CLD MIS ENHANCER	$0(3)	*
acetylcysteine SOLN 10%, 20%	$0(1)	B/D
ADULT MASK MIS LARGE	$0(3)	*
AERCHMBR PLS MIS INTERMED	$0(3)	*
AERCHMBR PLS MIS LRG MASK	$0(3)	*
AERCHMBR PLS MIS MED MASK	$0(3)	*
AERCHMBR PLS MIS SM MASK	$0(3)	*
AERCHMBR Z- MIS STAT PLS	$0(3)	*
AEROCHAMBER MIS CHAMBER	$0(3)	*
AEROCHAMBER MIS MTHPIECE	$0(3)	*
AEROCHAMBER MIS MV	$0(3)	*
AEROCHAMBER MIS PLUS	$0(3)	*
AEROTRC PLUS MIS	$0(3)	*
AEROVENT MIS PLUS	$0(3)	*
ALYFTREK TAB 4-20-50	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, PA
BREATHERITE MIS MDI CHMB	$0(3)	*
BRONCHITOL CAPS 40mg	$0(2)	NDS, QL (560 caps / 28 days), NM, PA
COMPACT SPAC MIS CHAMBER	$0(3)	*
COMPACT SPAC MIS LG MASK	$0(3)	*
COMPACT SPAC MIS MD MASK	$0(3)	*
COMPACT SPAC MIS SM MASK	$0(3)	*
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D
EASIVENT MIS	$0(3)	*
EASIVENT MIS MASK LG	$0(3)	*
EASIVENT MIS MASK MED	$0(3)	*
EASIVENT MIS MASK SM	$0(3)	*
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA SOSY 10mg/0.5ml, 30mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
FLEXICHAMBER MIS	$0(3)	*
FLEXICHAMBER MIS MASK LRG	$0(3)	*
FLEXICHAMBER MIS MASK SM	$0(3)	*
HOLD CHAMBER MIS ADLT LG	$0(3)	*
HOLD CHAMBER MIS MEDIUM	$0(3)	*
HOLD CHAMBER MIS SMALL	$0(3)	*
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LITETOUCH MIS MASK LG	$0(3)	*
LITETOUCH MIS MASK MD	$0(3)	*
LITETOUCH MIS MASK SM	$0(3)	*
MICROCHAMBER MIS	$0(3)	*
MICROSPACER MIS	$0(3)	*
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA LG	$0(3)	*
OPTICHAMBER MIS DIA MD	$0(3)	*
OPTICHAMBER MIS DIA SM	$0(3)	*
OPTICHAMBER MIS DIAMOND	$0(3)	*
ORKAMBI GRA 75-94MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	$0(3)	*
PROCARE MIS ADULT	$0(3)	*
PROCARE MIS CHILD	$0(3)	*
PROLASTIN-C SOLN 1000mg/20ml	$0(2)	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RITEFLO MIS	$0(3)	*
roflumilast TABS 250mcg	$0(1)	QL (56 tabs / year)
roflumilast TABS 500mcg	$0(1)	QL (30 tabs / 30 days)
SILICONE MSK MIS INFANT	$0(3)	*
SPACE CHAMBR MIS ANTI-STA	$0(3)	*
SPACE CHAMBR MIS LARGE	$0(3)	*
SPACE CHAMBR MIS MEDIUM	$0(3)	*
SPACE CHAMBR MIS SMALL	$0(3)	*
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	$0(1)	
TRIKAFTA PAK 59.5MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
VORTEX VALVE MIS CHAMBER	$0(3)	*
VORTEX/MASK MIS CHILDS	$0(3)	*
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	$0(2)	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	$0(2)	NDS, NM, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	$0(2)	QL (32 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
breyna	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	$0(2)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	$0(1)	QL (60 inhalations / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 mL / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	$0(1)	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	$0(1)	QL (30 gm / 30 days)
mupirocin OINT 2%	$0(1)	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	$0(1)	
ssd CREA 1%	$0(1)	
SULFAMYLON CREA 85mg/gm	$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	$0(1)	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	$0(1)	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
econazole nitrate CREA 1%	$0(1)	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	$0(1)	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene CREA .005%; OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	$0(2)	NDS, QL (120 gm / 30 days), PA
tazarotene CREA .05%, .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	$0(1)	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .01%	$0(1)	QL (60 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide CREA .025%; OINT .025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	$0(1)	QL (60 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	
hydrocortisone (topical) OINT 1%	$0(1)	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	$0(1)	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
triderm CREA .5%	$0(1)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	$0(1)	QL (60 mL / 30 days), PA
lidocaine OINT 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
COLEMAN INSECT REPELLENT/ AERO 25%	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COLEMN BOTAN LIQ INSECT	$0(3)	*
COLEMN INSEC LIQ SKINSMAR	$0(3)	*
COLEMN INSEC SPR SKINSMAR	$0(3)	*
CUTTER BACKWOODS AERO 25%; LIQD 25%	$0(3)	*
CUTTER BACKWOODS DRY AERO 25%	$0(3)	*
CUTTER LEMON LIQ EUCALYPT	$0(3)	*
diclofenac sodium (topical) SOLN 1.5%	$0(1)	QL (300 mL / 28 days)
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	$0(1)	
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
NATRAPEL 12-HOUR TICK & I AERO 20%	$0(3)	*
nitroglycerin (intra-anal) OINT .4%	$0(1)	QL (30 gm / 30 days)
OFF DEEP WOODS AERO 25%; LIQD 25%	$0(3)	*
OFF DEEP WOODS DRY AERO 25%	$0(3)	*
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%	$0(3)	*
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	$0(1)	QL (100 gm / 30 days), PA
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	$0(1)	
proctocort CREA 1%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
REPEL HUNTERS FORMULA AERO 25%	$0(3)	*
REPEL LEMON SPR INSECT	$0(3)	*
REPEL SPORTSMEN AERO 25%	$0(3)	*
REPEL SPORTSMEN DRY AERO 25%	$0(3)	*
REPEL SPORTSMEN MAX AERO 40%	$0(3)	*
SAWYER PREMIUM INSECT REP LIQD 20%	$0(3)	*

Puede encontrar información acerca del significado de los símbolos y las abreviaturas de esta tabla en la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days), PA
ULTRATHON INSECT REPELLEN AERO 25%	$0(3)	*
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	$0(1)	
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
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
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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FREESTYLE MIS READER	$0	PA
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

D. Índice de Medicamentos Cubiertos

Molina Dual Options STAR+PLUS MMP

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Para obtener la información más reciente o si tiene otras preguntas, comuníquese con nosotros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar MolinaHealthcare.com/Duals.