



# 2024 Formulario

## (Lista de los medicamentos cubiertos) Texas

### **Molina Dual Options STAR+PLUS MMP**

Envío de archivos de formulario aprobados por HPMS 00024168, Versión 11

Actualizada el: **05/01/2024**

Para obtener información más reciente o si tiene otras preguntas, llame al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local o visite [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)

- **Mensaje importante sobre lo que debe pagar por las vacunas:** Algunas vacunas son consideradas beneficios médicos y otras están contempladas dentro de los medicamentos de la Parte D. Nuestro plan cubre la mayoría de las vacunas de la Parte D, sin costo alguno para usted.



# Molina Dual Options STAR+PLUS MMP | *Lista de medicamentos cubiertos* de 2024 (Formulario)

## Introducción

Este documento se llama la *Lista de medicamentos cubiertos* (también conocido como Lista de medicamentos). Le informa sobre cuáles de sus medicamentos de receta están cubiertos por Molina Dual Options STAR+PLUS MMP. La Lista de medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Los términos clave y sus definiciones se encuentran en el último capítulo del *Manual del miembro*.

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**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

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## A. Declaraciones requeridas

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

- ❖ Molina Dual Options STAR+PLUS MMP es un plan de salud que tiene contratos con Medicare y Medicaid de Texas para proporcionar los beneficios de ambos programas a las personas inscritas.
- ❖ ATENCIÓN: Si habla español, hay servicios de asistencia de idioma disponibles para usted sin cargo. Llame al (866) 856-8699, TTY al 711, lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. La llamada es gratuita.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.

### ❖ CHINESE

注意：如果您說中文，您可以獲得免費的語言協助服務。請撥打(866) 856-8699，電傳打字機 (TTY)：711，服務時間為：週一至週五，當地時間上午 8 a.m. 至晚上 8 p.m.。此為免付費電話。

### ❖ TAGALOG

ATENSYON: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na mga libreng serbisyo ng tulong sa wika. Tumawag sa (866) 856-8699, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Libre ang tawag.

### ❖ FRENCH

ATTENTION: si vous ne parlez pas français, des services d'assistance linguistique sont mis à votre disposition gratuitement. Appelez le (866) 856-8699, ATS: 711, du lundi au vendredi, de 8 heures à 20 heures, heure locale. L'appel est gratuit.

### ❖ VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Gọi theo số (866) 856-8699, TTY: 711, thứ Hai - thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi này miễn phí.

### ❖ GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufen Sie uns an unter: (866) 856-8699, TTY: 711, Montag bis Freitag, 8:00 bis 20:00 Uhr Ortszeit. Der Anruf ist kostenlos.



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

## ❖ KOREAN

참고: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. (866) 856-8699번 또는 TTY 711번으로 월요일~금요일, 오전 8시~오후 8시 (현지 시간 기준) 에 연락해 주시기 바랍니다. 통화는 무료입니다.

## ❖ RUSSIAN

ВНИМАНИЕ! Если вы говорите на русском языке, вам бесплатно доступны услуги переводчика. Звоните по номеру (866) 856-8699, телетайп: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.

## ❖ ARABIC

تنبيه: إذا كنت تتحدث اللغة العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم (866) 856-8699، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)/أجهزة الاتصال للصم والبكم (TDD)، يمكنهم الاتصال على الرقم 711 من الإثنين إلى الجمعة، من الساعة 8 صباحاً إلى 8 مساءً، بالتوقيت القياسي الشرقي. هذا الاتصال مجاني.

## ❖ ITALIAN

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiami il numero (866) 856-8699, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00, ora locale. La chiamata è gratuita.

## ❖ PORTUGUESE

ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência no idioma. Ligue para o número (866) 856-8699, TTY: 711, de segunda a sexta-feira, das 08:00 às 22:00, hora local. A chamada é gratuita.

## ❖ FRENCH CREOLE

ATANSYON: Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (866) 856-8699, TTY: 711, Lendi – Vandredi, 8 a.m. a 8 p.m. lè lokal. Apèl la gratis.

## ❖ POLISH

UWAGA: jeśli mówisz w języku polski, możesz skorzystać z bezpłatnych usług językowych. Zadzwoń pod numer (866) 856-8699, TTY: 711. Połączenia można wykonywać od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Połączenie jest bezpłatne.

## ❖ HINDI



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएँ, आपके लिए निःशुल्क उपलब्ध हैं. (866) 856-8699 पर कॉल करें, TTY: 711, सोमवार-शुक्रवार, सुबह 8 बजे से रात 8 बजे तक स्थानीय समय ; पर. कॉल निःशुल्क है.

## ❖ JAPANESE

- ❖ 注目：日本語を話す場合は、言語支援サービスを無料でご利用いただけます。月曜日から金曜日の午前 8 時～午後 8 時（現地時間）に、（866）856-8699、TTY：711 までお電話ください。通話は無料です。
- ❖ Usted puede obtener este documento gratis en otros formatos, por ejemplo, en letra grande, en braille o en audio. Llame al (866) 856-8699, TTY al 711, lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. La llamada es gratuita.
- ❖ Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad, religión, género, sexo, edad, discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamos, antecedentes médicos, información genética, evidencia de asegurabilidad ni ubicación geográfica.
- ❖ Para presentar una solicitud permanente de materiales en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro, comuníquese 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.

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## B. Preguntas frecuentes (FAQ)

Aquí encontrará las respuestas a las preguntas que pueda tener sobre esta *Lista de medicamentos cubiertos*. Para obtener más información o buscar preguntas y respuestas, usted puede leer todas las Preguntas frecuentes.

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### B1. ¿Qué medicamentos de receta se encuentran en la *Lista de medicamentos cubiertos*? (Llamamos “Lista de medicamentos” a la *Lista de medicamentos cubiertos* para abreviar.)

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 16 son los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ellos para que pueda trabajar con nosotros y pueda proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

- Molina Dual Options STAR+PLUS MMP cubrirá todos los medicamentos médicamente necesarios de la Lista de medicamentos, si:



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

- su médico u otro profesional autorizado dice que usted los necesita para mejorar o para seguir sano, **y**
- usted surte la receta en una farmacia de la red de Molina Dual Options STAR+PLUS MMP.
- Molina Dual Options STAR+PLUS MMP podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (consulte la pregunta B4 abajo).

Usted podrá acceder también a una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals) o llamando a Servicios al miembro al (866) 856-8699, TTY: 711.

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## **B2. ¿La Lista de medicamentos cambia alguna vez?**

Sí, y Molina Dual Options STAR+PLUS MMP debe seguir las reglas de Medicare y Texas Medicaid cuando realice cambios. Podríamos agregar o quitar medicamentos de la Lista de Medicamentos durante el año.

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

- decidir requerir o no requerir autorización previa (PA) o aprobación para algún medicamento. (La PA es el permiso de Molina Dual Options STAR+PLUS MMP antes de que usted pueda obtener un medicamento.)
- aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límite de cantidad)
- agregar o cambiar restricciones a la terapia escalonada de un medicamento (Terapia escalonada significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información acerca de estas restricciones, consulte la pregunta B4.

Si está tomando un medicamento de la Parte D de Medicare que fue cubierto al **principio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- salga al mercado un medicamento nuevo y más barato que funcione tan bien como un medicamento en la Lista de medicamentos actual, **o**
- nos demos cuenta de que un medicamento no es seguro, **o**
- un medicamento sea retirado del mercado.

Las preguntas B3 y B6 de abajo contienen más información sobre lo que sucederá cuando la Lista de medicamentos cambie.



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- Usted siempre puede leer la Lista de medicamentos actualizada de Molina Dual Options STAR+PLUS MMP en Internet, en [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).
- También puede llamar a Servicios al miembro para revisar la Lista de medicamentos actual al (866) 856-8699, TTY: 711.

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### **B3. ¿Qué sucederá cuando haya un cambio en la Lista de medicamentos?**

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

- **Un nuevo medicamento genérico está disponible.** A veces, sale al mercado un medicamento genérico nuevo que funciona tan bien como un medicamento que existe en la Lista de medicamentos actual. Cuando eso ocurre, podemos eliminar el medicamento de marca y añadir el nuevo medicamento genérico, pero su gasto para el medicamento nuevo seguirá siendo el mismo. Cuando agregamos un nuevo medicamento genérico, podemos también decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas de cobertura o sus límites.
  - Es posible que no le informemos antes de hacer este cambio, pero le enviaremos información sobre el cambio específico una vez realizado.
  - Usted o su proveedor pueden pedir una “excepción” de estos cambios. Le mandaremos un aviso con los pasos que puede tomar para pedir una excepción. Para obtener más información sobre las excepciones, consulte la pregunta B10.
- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento que usted está tomando no es seguro o si el fabricante del medicamento lo retira del mercado, lo eliminaremos de la Lista de medicamentos. Le avisaremos del cambio si usted está tomando el medicamento. Hable con su doctor u otro recetador para encontrar una alternativa que sea segura para usted.

**Es posible que hagamos otros cambios que pueden afectar a los medicamentos que usted toma.** Le informaremos por adelantado sobre estos cambios en la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee nuevas guías o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**:
  - reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente **o**
  - cambiamos las reglas de cobertura o los límites para el medicamento de marca.



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Cuando sucedan estos cambios:

- le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos o
- le informaremos y le proporcionaremos un suministro para 31 días del medicamento luego de que usted solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico u otro profesional autorizado, que pueden ayudarlo a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o
- Si tiene que pedir una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

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#### **B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para obtener ciertos medicamentos?**

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites de cantidad que usted puede obtener. En algunos casos, usted o su médico u otro profesional autorizado tendrán que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Autorización previa (PA) o aprobación:** Para algunos medicamentos, usted, su médico u otro profesional de la salud deben obtener una PA de Molina Dual Options STAR+PLUS MMP antes de surtir su receta. Molina Dual Options STAR+PLUS MMP podría no cubrir el medicamento si usted no consigue la aprobación.
- **Límites de cantidad:** A veces Molina Dual Options STAR+PLUS MMP limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** A veces Molina Dual Options STAR+PLUS MMP exige que usted siga una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos para su enfermedad en un cierto orden. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Para averiguar si su medicamento tiene algún requisito o límite adicional, consulte la tabla de las páginas 16 - 140. Usted también puede obtener más información visitando nuestro sitio web en [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals). Tenemos en Internet documentos que nuestras restricciones de PA y de terapia escalonada. También puede pedirnos que le enviemos una copia.

Usted puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro profesional autorizado. Ellos podrán ayudarlo a decidir si hay algún otro medicamento



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similar en la Lista de medicamentos que usted puede tomar en su lugar o si tiene que pedir una excepción. Para obtener más información sobre las excepciones, consulte las preguntas B10 - B12.

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### **B5. ¿Cómo sé si el medicamento que quiero tiene límites o si tengo que hacer algo para obtenerlo?**

La tabla de medicamentos de la página 16 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

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### **B6. ¿Qué sucederá si Molina Dual Options STAR+PLUS MMP cambia las reglas sobre cómo cubre algunos medicamentos (por ejemplo, requisitos de autorización previa (PA) o aprobación, límites de cantidad o restricciones de terapia escalonada)?**

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de PA, límites de cantidad y restricciones de terapia escalonada a un medicamento. Para obtener más información sobre este aviso por adelantado y sobre las situaciones en las cuales no le notificaremos por adelantado cuando cambiemos nuestras reglas sobre medicamentos en la Lista de medicamentos, consulte la pregunta B3.

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

Hay dos maneras de encontrar un medicamento:

- Puede buscarlo por orden alfabético, por el nombre del medicamento o
- Puede buscar por enfermedad.

Para buscar **por orden alfabético**, consulte la Sección de Índice alfabético de medicamentos cubiertos. Usted puede encontrarlo en la página 140.

Para buscar **por enfermedad**, busque la sección titulada “Medicamentos agrupados por tipos de enfermedades” de la página 16. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Ahí encontrará los medicamentos que traten enfermedades del corazón.

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### **B8. ¿Qué pasará si el medicamento que quiero tomar no está en la Lista de medicamentos?**

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al (866) 856-8699, TTY: 711 y pregunte por él. Si se entera de que Molina Dual Options STAR+PLUS MMP no cubrirá el medicamento, usted puede hacer lo siguiente:

- Pedir a Servicios al miembro una lista de medicamentos similares al que quiere tomar. Luego, muestre la lista a su médico u otro profesional autorizado. Este



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

podrá recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. **O**

- Pedir al plan de salud que haga una excepción para cubrir su medicamento. Para obtener más información sobre las excepciones, consulte las preguntas B10 - B12.

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**B9. ¿Qué pasará 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 obtener mi medicamento?**

Podemos ayudarle. Podríamos cubrir su medicamento temporariamente con un suministro de 31 días de su medicamento durante los primeros 90 días que usted sea miembro de Molina Dual Options STAR+PLUS MMP . Esto le dará tiempo para hablar con su médico u otro profesional autorizado. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o si tiene que pedir una excepción.

Si su receta es para menos días, permitiremos varios resurtidos para proporcionarle hasta un máximo de 31 días de medicamento.

Cubriremos un suministro de 31 días de su medicamento si:

- usted está tomando algún medicamento que no está en nuestra Lista de medicamentos **O**
- las reglas del plan de salud no le permiten obtener la cantidad recetada por su profesional autorizado **O**
- el medicamento requiere PA de Molina Dual Options STAR+PLUS MMP **O**
- usted toma algún medicamento que forma parte de una restricción de terapia escalonada.

Si usted está en un hogar para personas de la tercera edad u otro centro de cuidado 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, podemos ayudarle. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidado a largo plazo, y necesita su suministro de inmediato:

- Le cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), aunque sea o no sea un nuevo miembro de Molina Dual Options STAR+PLUS MMP .
- Esto es adicional al suministro temporal durante sus primeros 90 días que sea un miembro de Molina Dual Options STAR+PLUS MMP.

Política de transición



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

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 año del plan nuevo.

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 hacia 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.

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### **B10. ¿Puedo pedir al plan que haga una excepción para cubrir mi medicamento?**

Sí. Usted puede pedirle a Molina Dual Options STAR+PLUS MMP que haga una excepción para cubrir su medicamento si no está en la Lista de medicamentos.

Usted también puede pedirnos un cambio a las reglas de su medicamento.

- Por ejemplo, Molina Dual Options STAR+PLUS MMP podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos que quitemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos que quitemos las restricciones de terapia escalonada o los requisitos de PA.

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### **B11. ¿Cómo puedo pedir una excepción?**

Para pedir una excepción, llame a Un representante de Servicios al miembro trabajará con usted y su proveedor para ayudarle a pedir una excepción. Para obtener más información sobre excepciones, también puede consultar el Capítulo 9 del *Manual del miembro*.

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### **B12. ¿Cuánto tiempo lleva obtener una excepción?**

Tras recibir una declaración de su profesional autorizado apoyando su petición de una excepción, le comunicaremos nuestra decisión al respecto en un plazo de 72 horas. Su recetador puede llamar a Molina Dual Options STAR+PLUS MMP o enviar por fax la declaración de apoyo al (866) 290-1309.

Si usted o su profesional autorizado piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada (una decisión más rápida). Si su profesional autorizado apoya su petición, le daremos una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su profesional autorizado.

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### **B13. ¿Qué son los medicamentos genéricos?**

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidas. Los medicamentos genéricos son aprobados por la Administración de Alimentos y Medicamentos (FDA).

Molina Dual Options STAR+PLUS MMP cubre tanto medicamentos de marca como medicamentos genéricos.



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

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**B14. ¿Molina Dual Options STAR+PLUS MMP cubre algún producto de venta sin receta médica que no sea un medicamento?**

Molina Dual Options STAR+PLUS MMP cubre algunos productos de venta sin receta médica que no son medicamentos cuando son recetados por su proveedor.

Usted puede leer la Lista de medicamentos de Molina Dual Options STAR+PLUS MMP para saber qué productos de venta sin receta médica que no son medicamentos están cubiertos.

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**B15. ¿Cuánto es mi copago?**

Como miembro de Molina Dual Options STAR+PLUS MMP, usted no tiene copagos por medicamentos de receta y medicamentos de venta sin receta médica, siempre y cuando siga las reglas de Molina Dual Options STAR+PLUS MMP.

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**B16. ¿Qué son los niveles de medicamentos?**

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos.

*Plans must provide a description of each of their drug tiers and the types of drugs (e.g., generic, brand, and/or OTC) in each tier.*

- Los medicamentos de Nivel 1 son medicamentos genéricos. Para los medicamentos del Nivel 1, usted paga un copago de \$0.
- Los medicamentos de Nivel 2 son medicamentos de marca. Para los medicamentos del Nivel 2, usted paga un copago de \$0.
- Los medicamentos del Nivel 3 son medicamentos que no son de Medicare Rx/de venta libre (OTC). Para los medicamentos del Nivel 3, usted paga un copago de \$0.

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**C. Resumen de la *Lista de medicamentos cubiertos***

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Si usted tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página 140. El índice alfabético enumera todos los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (p. ej.: CIPRO) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: ciprofloxacin).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si Molina Dual Options STAR+PLUS MMP tiene alguna regla para cubrir su medicamento.



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

**Nota:** El símbolo \_ junto a un medicamento significa que el medicamento no es un “Medicamento de la Parte D”. La cantidad que usted paga cuando surta una receta de este medicamento no cuenta en el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para cumplir con los requisitos para la cobertura catastrófica).

- Además, si recibe Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más información sobre Ayuda adicional, por favor consulte la información en el recuadro de abajo.

**Ayuda adicional** es un programa de Medicare que ayuda a personas de ingresos y recursos limitados a reducir sus gastos en medicamentos de receta de la Parte D de Medicare, como primas, deducibles y copagos. Ayuda adicional también se llama “Subsidio por bajos ingresos” o “LIS”.

- Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Texas Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar, llame a Servicios al miembro al (866) 856-8699, TTY: 711. Usted también puede enterarse de cómo apelar una decisión en el Capítulo 9 del *Manual del miembro*.

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## C1. Medicamentos agrupados por tipos de enfermedades

Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Ahí encontrará los medicamentos que traten enfermedades del corazón.



**Si tiene preguntas**, llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

Estos son los significados de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

PA = Autorización previa (aprobación): debe tener aprobación antes de poder obtener este medicamento.

QL = Límites de cantidad: la cantidad del medicamento que cubrirá el plan.

ST = Criterios de terapia escalonada: debe probar otro medicamento antes de poder obtener este.

NM = Pedido no por correo: este medicamento no se puede surtir mediante pedido por correo.

B/D = Este medicamento puede estar cubierto por la Parte B o D de Medicare, según las circunstancias.

LA = Medicamento de acceso limitado: este medicamento puede estar disponible solo en ciertas farmacias.

( ) = Medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por Medicaid.

NDS = Suministro de días no extendidos: estará limitado a la cantidad de días de suministro que puede recibir.



**MOLINA\_TX\_CY24\_2T\_MMP eff 05/01/2024**

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

**ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION****GOUT - DRUGS TO TREAT GOUT**

|                                                |        |                         |
|------------------------------------------------|--------|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | \$0(1) |                         |
| <i>colchicine</i> TABS .6mg                    | \$0(1) | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | \$0(1) |                         |
| MITIGARE CAPS .6mg                             | \$0(2) | QL (60 caps / 30 days)  |
| <i>probenecid</i> TABS 500mg                   | \$0(1) |                         |

**MISCELLANEOUS**

|                                                    |        |       |
|----------------------------------------------------|--------|-------|
| <i>acetaminophen</i> SUPP 120mg, 650mg; TABS 325mg | \$0(3) | NM; * |
| <i>adult aspirin regimen</i> TBEC 81mg             | \$0(3) | NM; * |
| <i>aspirin</i> CHEW 81mg; TABS 325mg               | \$0(3) | NM; * |
| <i>aspirin adult low dose</i> TBEC 81mg            | \$0(3) | NM; * |
| <i>aspirin low dose</i> CHEW 81mg; TBEC 81mg       | \$0(3) | NM; * |
| <i>ed-apap</i> LIQD 160mg/5ml                      | \$0(3) | NM; * |
| <i>effervescent antacid/pain</i>                   | \$0(3) | NM; * |
| <i>m-pap</i> LIQD 160mg/5ml                        | \$0(3) | NM; * |
| <i>mapap</i> CAPS 500mg                            | \$0(3) | NM; * |
| <i>mapap arthritis pain</i> TBCR 650mg             | \$0(3) | NM; * |
| <i>mapap childrens</i> CHEW 80mg                   | \$0(3) | NM; * |
| <i>menstrual pain relief mul</i>                   | \$0(3) | NM; * |
| <i>migraine relief</i>                             | \$0(3) | NM; * |

**NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION**

|                                                                                |        |                         |
|--------------------------------------------------------------------------------|--------|-------------------------|
| <i>all day pain relief</i> TABS 220mg                                          | \$0(3) | NM; *                   |
| <i>all day relief</i> TABS 220mg                                               | \$0(3) | NM; *                   |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | \$0(1) | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg                                                    | \$0(1) | QL (30 caps / 30 days)  |
| <i>childrens ibuprofen</i> SUSP 100mg/5ml                                      | \$0(3) | NM; *                   |
| <i>diclofenac potassium</i> TABS 50mg                                          | \$0(1) | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                     | \$0(1) |                         |
| <i>diflunisal</i> TABS 500mg                                                   | \$0(1) |                         |
| <i>ec-naproxen</i> TBEC 375mg                                                  | \$0(1) | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg                                                  | \$0(1) | QL (90 tabs / 30 days)  |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | \$0(1) |                         |
| <i>flurbiprofen</i> TABS 100mg                                                 | \$0(1) |                         |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>gnp ibuprofen</i> TABS 200mg                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>goodsense ibuprofen</i> TABS 200mg                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>goodsense ibuprofen child</i> SUSP<br>100mg/5ml                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>goodsense ibuprofen infan</i> SUSP<br>50mg/1.25ml                                                             | \$0(3)                                                  | NM; *                                                          |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                                                              | \$0(1)                                                  |                                                                |
| <i>ibuprofen</i> CAPS 200mg; TABS 200mg                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS<br>400mg, 600mg, 800mg                                                     | \$0(1)                                                  |                                                                |
| <i>ibuprofen childrens</i> SUSP 100mg/5ml                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>ibuprofen infants</i> SUSP 50mg/1.25ml                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>ibuprofen junior strength</i> CHEW<br>100mg                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>infants ibuprofen</i> SUSP 50mg/1.25ml                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                                                                | \$0(1)                                                  |                                                                |
| <i>nabumetone</i> TABS 500mg, 750mg                                                                              | \$0(1)                                                  |                                                                |
| <i>naproxen</i> TABS 250mg, 375mg,<br>500mg                                                                      | \$0(1)                                                  |                                                                |
| <i>naproxen</i> TBEC 375mg                                                                                       | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>naproxen</i> TBEC 500mg                                                                                       | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>naproxen sodium</i> TABS 275mg,<br>550mg                                                                      | \$0(1)                                                  |                                                                |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                                 | \$0(1)                                                  |                                                                |
| <i>qc naproxen sodium</i> TABS 220mg                                                                             | \$0(3)                                                  | NM; *                                                          |
| <i>sm ibuprofen</i> TABS 200mg                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>sulindac</i> TABS 150mg, 200mg                                                                                | \$0(1)                                                  |                                                                |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                            |                                                         |                                                                |
| <i>buprenorphine</i> PTWK 5mcg/hr,<br>7.5mcg/hr, 10mcg/hr, 15mcg/hr,<br>20mcg/hr                                 | \$0(1)                                                  | QL (4 patches / 28<br>days), PA                                |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr,<br>37.5mcg/hr, 50mcg/hr, 62.5mcg/hr,<br>75mcg/hr, 87.5mcg/hr, 100mcg/hr | \$0(1)                                                  | QL (10 patches / 30<br>days), PA                               |
| <i>hydrocodone bitartrate</i> T24A 20mg,<br>30mg, 40mg, 60mg                                                     | \$0(1)                                                  | QL (30 tabs / 30 days),<br>PA                                  |
| <i>hydrocodone bitartrate</i> T24A 80mg,<br>100mg, 120mg                                                         | \$0(2)                                                  | QL (30 tabs / 30 days),<br>PA                                  |
| <i>HYSINGLA ER</i> T24A 20mg, 30mg,<br>40mg, 60mg, 80mg, 100mg, 120mg                                            | \$0(2)                                                  | QL (30 tabs / 30 days),<br>PA                                  |
| <i>methadone hcl</i> SOLN 5mg/5ml,<br>10mg/5ml                                                                   | \$0(1)                                                  | QL (450 mL / 30 days),<br>PA                                   |
| <i>methadone hcl</i> TABS 5mg, 10mg                                                                              | \$0(1)                                                  | QL (90 tabs / 30 days),<br>PA                                  |

| <b>Drug Name<br/>(By Medical Condition)</b>                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>methadone hydrochloride i</i> CONC<br>10mg/ml                             | \$0(1)                                                  | QL (90 mL / 30 days),<br>PA                                    |
| <i>morphine sulfate</i> TBCR 15mg, 30mg,<br>60mg, 100mg, 200mg               | \$0(1)                                                  | QL (90 tabs / 30 days),<br>PA                                  |
| OXYCONTIN T12A 10mg, 15mg,<br>20mg, 30mg, 40mg, 60mg, 80mg                   | \$0(2)                                                  | QL (60 tabs / 30 days),<br>PA                                  |
| <b><i>OPIOID ANALGESICS, SHORT-ACTING</i></b>                                |                                                         |                                                                |
| <i>acetaminophen w/ codeine soln</i> 120-<br>12 mg/5ml                       | \$0(1)                                                  | QL (2700 mL / 30 days)                                         |
| <i>acetaminophen w/ codeine tab</i> 300-15<br>mg                             | \$0(1)                                                  | QL (400 tabs / 30 days)                                        |
| <i>acetaminophen w/ codeine tab</i> 300-30<br>mg                             | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| <i>acetaminophen w/ codeine tab</i> 300-60<br>mg                             | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>butorphanol tartrate</i> SOLN 1mg/ml,<br>2mg/ml                           | \$0(2)                                                  |                                                                |
| <i>endocet tab</i> 2.5-325mg                                                 | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| <i>endocet tab</i> 5-325mg                                                   | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| <i>endocet tab</i> 7.5-325mg                                                 | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>endocet tab</i> 10-325mg                                                  | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>fentanyl citrate</i> LPOP 200mcg                                          | \$0(1)                                                  | QL (120 lozenges / 30<br>days), PA                             |
| <i>fentanyl citrate</i> LPOP 400mcg,<br>600mcg, 800mcg, 1200mcg, 1600mcg     | \$0(2)                                                  | NDS, QL (120 lozenges /<br>30 days), PA                        |
| <i>hydrocodone-acetaminophen soln</i> 7.5-<br>325 mg/15ml                    | \$0(1)                                                  | QL (2700 mL / 30 days)                                         |
| <i>hydrocodone-acetaminophen tab</i> 5-<br>325 mg                            | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>hydrocodone-acetaminophen tab</i> 7.5-<br>325 mg                          | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>hydrocodone-acetaminophen tab</i> 10-<br>325 mg                           | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200<br>mg                               | \$0(1)                                                  | QL (150 tabs / 30 days)                                        |
| <i>hydromorphone hcl</i> LIQD 1mg/ml                                         | \$0(1)                                                  | QL (600 mL / 30 days)                                          |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg,<br>8mg                               | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| MORPHINE SULFATE SOLN 2mg/ml,<br>4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml,<br>50mg/ml | \$0(2)                                                  | B/D                                                            |
| <i>morphine sulfate</i> SOLN 4mg/ml,<br>8mg/ml, 10mg/ml                      | \$0(2)                                                  | B/D                                                            |

| <b>Drug Name<br/>(By Medical Condition)</b>                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>morphine sulfate</i> SOLN 10mg/5ml,<br>20mg/5ml             | \$0(1)                                                  | QL (900 mL / 30 days)                                          |
| <i>morphine sulfate</i> SOLN 20mg/ml                           | \$0(1)                                                  | QL (180 mL / 30 days)                                          |
| <i>morphine sulfate</i> TABS 15mg, 30mg                        | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| MORPHINE SULFATE/SODIUM C SOLN<br>1mg/ml                       | \$0(2)                                                  | B/D                                                            |
| <i>nalbuphine hcl</i> SOLN 10mg/ml,<br>20mg/ml                 | \$0(2)                                                  |                                                                |
| <i>oxycodone hcl</i> CAPS 5mg                                  | \$0(1)                                                  | QL (180 caps / 30 days)                                        |
| <i>oxycodone hcl</i> CONC 100mg/5ml                            | \$0(1)                                                  | QL (180 mL / 30 days)                                          |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                              | \$0(1)                                                  | QL (900 mL / 30 days)                                          |
| <i>oxycodone hcl</i> TABS 5mg, 10mg,<br>15mg, 20mg, 30mg       | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 2.5-<br/>325 mg</i>          | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 5-<br/>325 mg</i>            | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 7.5-<br/>325 mg</i>          | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 10-<br/>325 mg</i>           | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>tramadol hcl</i> TABS 50mg                                  | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>tramadol-acetaminophen tab 37.5-<br/>325 mg</i>             | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <b>ANESTHETICS - DRUGS FOR NUMBING</b>                         |                                                         |                                                                |
| <b>LOCAL ANESTHETICS</b>                                       |                                                         |                                                                |
| <i>lidocaine hcl (local anesth.)</i> SOLN<br>.5%, 1%, 1.5%, 2% | \$0(1)                                                  | B/D                                                            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>             |                                                         |                                                                |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                         |                                                         |                                                                |
| <i>albendazole</i> TABS 200mg                                  | \$0(2)                                                  | NDS, QL (672 tabs /<br>year), PA                               |
| <i>amikacin sulfate</i> SOLN 1gm/4ml,<br>500mg/2ml             | \$0(1)                                                  |                                                                |
| <i>atovaquone</i> SUSP 750mg/5ml                               | \$0(1)                                                  |                                                                |
| <i>aztreonam</i> SOLR 1gm, 2gm                                 | \$0(1)                                                  |                                                                |
| CAYSTON SOLR 75mg                                              | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg,<br>300mg              | \$0(1)                                                  |                                                                |
| <i>clindamycin palmitate hydrochloride</i><br>SOLR 75mg/5ml    | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>clindamycin phosphate</i> SOLN<br>600mg/4ml, 900mg/6ml,<br>9000mg/60ml | \$0(1)                                                  |                                                                |
| <i>clindamycin phosphate in d5w iv soln</i><br>300 mg/50ml                | \$0(1)                                                  |                                                                |
| <i>clindamycin phosphate in d5w iv soln</i><br>600 mg/50ml                | \$0(1)                                                  |                                                                |
| <i>clindamycin phosphate in d5w iv soln</i><br>900 mg/50ml                | \$0(1)                                                  |                                                                |
| CLINDMYC/NAC INJ 300/50ML                                                 | \$0(2)                                                  |                                                                |
| CLINDMYC/NAC INJ 600/50ML                                                 | \$0(2)                                                  |                                                                |
| CLINDMYC/NAC INJ 900/50ML                                                 | \$0(2)                                                  |                                                                |
| <i>colistimethate sodium</i> SOLR 150mg                                   | \$0(1)                                                  |                                                                |
| <i>dapsone</i> TABS 25mg, 100mg                                           | \$0(1)                                                  |                                                                |
| DAPTOMYCIN SOLR 350mg                                                     | \$0(2)                                                  | NDS                                                            |
| <i>daptomycin</i> SOLR 350mg, 500mg                                       | \$0(2)                                                  | NDS                                                            |
| EMVERM CHEW 100mg                                                         | \$0(2)                                                  | NDS, QL (12 tabs /<br>year)                                    |
| <i>ertapenem sodium</i> SOLR 1gm                                          | \$0(1)                                                  |                                                                |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                                 | \$0(1)                                                  |                                                                |
| <i>gentamicin in saline inj 1 mg/ml</i>                                   | \$0(1)                                                  |                                                                |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                 | \$0(1)                                                  |                                                                |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                 | \$0(1)                                                  |                                                                |
| <i>gentamicin in saline inj 2 mg/ml</i>                                   | \$0(1)                                                  |                                                                |
| <i>gentamicin sulfate</i> SOLN 10mg/ml,<br>40mg/ml                        | \$0(1)                                                  |                                                                |
| <i>imipenem-cilastatin intravenous for</i><br><i>soln 250 mg</i>          | \$0(1)                                                  |                                                                |
| <i>imipenem-cilastatin intravenous for</i><br><i>soln 500 mg</i>          | \$0(1)                                                  |                                                                |
| <i>ivermectin</i> TABS 3mg                                                | \$0(1)                                                  | QL (12 tabs / 90 days),<br>PA                                  |
| <i>linezolid</i> SOLN 600mg/300ml                                         | \$0(1)                                                  |                                                                |
| <i>linezolid</i> SUSR 100mg/5ml                                           | \$0(2)                                                  | NDS, QL (1800 mL / 30<br>days)                                 |
| <i>linezolid</i> TABS 600mg                                               | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| LINEZOLID INJ 2MG/ML                                                      | \$0(1)                                                  |                                                                |
| <i>meropenem</i> SOLR 1gm, 500mg                                          | \$0(1)                                                  |                                                                |
| <i>methenamine hippurate</i> TABS 1gm                                     | \$0(1)                                                  |                                                                |
| <i>metronidazole</i> SOLN 500mg/100ml;<br>TABS 250mg, 500mg               | \$0(1)                                                  |                                                                |
| <i>neomycin sulfate</i> TABS 500mg                                        | \$0(1)                                                  |                                                                |
| <i>nitazoxanide</i> TABS 500mg                                            | \$0(2)                                                  | NDS, QL (6 tabs / 30<br>days)                                  |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>nitrofurantoin macrocrystal</i> CAPS<br>50mg, 100mg                         | \$0(2)                                                  |                                                                |
| <i>nitrofurantoin monohyd macro</i> CAPS<br>100mg                              | \$0(2)                                                  |                                                                |
| <i>pentamidine isethionate inh</i> SOLR<br>300mg                               | \$0(1)                                                  | B/D                                                            |
| <i>pentamidine isethionate inj</i> SOLR<br>300mg                               | \$0(1)                                                  |                                                                |
| <i>praziquantel</i> TABS 600mg                                                 | \$0(1)                                                  |                                                                |
| SIVEXTRO SOLR 200mg; TABS<br>200mg                                             | \$0(2)                                                  | NDS                                                            |
| <i>streptomycin sulfate</i> SOLR 1gm                                           | \$0(2)                                                  | NDS                                                            |
| <i>sulfadiazine</i> TABS 500mg                                                 | \$0(2)                                                  | NDS                                                            |
| <i>sulfamethoxazole-trimethoprim iv soln</i><br>400-80 mg/5ml                  | \$0(1)                                                  |                                                                |
| <i>sulfamethoxazole-trimethoprim susp</i><br>200-40 mg/5ml                     | \$0(1)                                                  |                                                                |
| <i>sulfamethoxazole-trimethoprim tab</i><br>400-80 mg                          | \$0(1)                                                  |                                                                |
| <i>sulfamethoxazole-trimethoprim tab</i><br>800-160 mg                         | \$0(1)                                                  |                                                                |
| <i>tinidazole</i> TABS 250mg, 500mg                                            | \$0(1)                                                  |                                                                |
| <i>tobramycin</i> NEBU 300mg/5ml                                               | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>tobramycin sulfate</i> SOLN<br>1.2gm/30ml, 10mg/ml, 40mg/ml,<br>80mg/2ml    | \$0(1)                                                  |                                                                |
| <i>trimethoprim</i> TABS 100mg                                                 | \$0(1)                                                  |                                                                |
| <i>vancomycin hcl</i> CAPS 125mg                                               | \$0(1)                                                  | QL (80 caps / 180 days)                                        |
| <i>vancomycin hcl</i> CAPS 250mg                                               | \$0(1)                                                  | QL (160 caps / 180<br>days)                                    |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm,<br>10gm, 500mg, 750mg                     | \$0(1)                                                  |                                                                |
| VANCOMYCIN INJ 1 GM                                                            | \$0(2)                                                  |                                                                |
| VANCOMYCIN INJ 500MG                                                           | \$0(2)                                                  |                                                                |
| VANCOMYCIN INJ 750MG                                                           | \$0(2)                                                  |                                                                |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>                          |                                                         |                                                                |
| ABELCET SUSP 5mg/ml                                                            | \$0(2)                                                  | B/D                                                            |
| <i>amphotericin b</i> SOLR 50mg                                                | \$0(1)                                                  | B/D                                                            |
| <i>amphotericin b liposome</i> SUSR 50mg                                       | \$0(2)                                                  | NDS, B/D                                                       |
| <i>caspofungin acetate</i> SOLR 50mg,<br>70mg                                  | \$0(1)                                                  |                                                                |
| <i>fluconazole</i> SUSR 10mg/ml,<br>40mg/ml; TABS 50mg, 100mg,<br>150mg, 200mg | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                         | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>                    | \$0(1)                                                  |                                                                |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>                    | \$0(1)                                                  |                                                                |
| <i>flucytosine CAPS 250mg, 500mg</i>                                | \$0(2)                                                  | NDS, PA                                                        |
| <i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>            | \$0(1)                                                  |                                                                |
| <i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>                | \$0(1)                                                  |                                                                |
| <i>itraconazole CAPS 100mg</i>                                      | \$0(1)                                                  | PA                                                             |
| <i>ketoconazole TABS 200mg</i>                                      | \$0(1)                                                  | PA                                                             |
| <i>miconazole sodium SOLR 50mg, 100mg</i>                           | \$0(2)                                                  | NDS                                                            |
| <i>nystatin TABS 500000unit</i>                                     | \$0(1)                                                  |                                                                |
| <i>posaconazole SUSP 40mg/ml</i>                                    | \$0(2)                                                  | NDS, QL (630 mL / 30 days), PA                                 |
| <i>posaconazole TBEC 100mg</i>                                      | \$0(2)                                                  | NDS, QL (93 tabs / 30 days), PA                                |
| <i>terbinafine hcl TABS 250mg</i>                                   | \$0(1)                                                  | QL (90 tabs / year)                                            |
| <i>voriconazole SOLR 200mg</i>                                      | \$0(1)                                                  | PA                                                             |
| <i>voriconazole SUSP 40mg/ml</i>                                    | \$0(2)                                                  | NDS, PA                                                        |
| <i>voriconazole TABS 50mg</i>                                       | \$0(1)                                                  | QL (480 tabs / 30 days), PA                                    |
| <i>voriconazole TABS 200mg</i>                                      | \$0(1)                                                  | QL (120 tabs / 30 days), PA                                    |
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                       |                                                         |                                                                |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>                      | \$0(1)                                                  |                                                                |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>                      | \$0(1)                                                  |                                                                |
| <i>chloroquine phosphate TABS 250mg, 500mg</i>                      | \$0(1)                                                  |                                                                |
| <i>COARTEM TAB 20-120MG</i>                                         | \$0(2)                                                  |                                                                |
| <i>mefloquine hcl TABS 250mg</i>                                    | \$0(1)                                                  |                                                                |
| <i>primaquine phosphate TABS 26.3mg</i>                             | \$0(1)                                                  |                                                                |
| <i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>                             | \$0(2)                                                  |                                                                |
| <i>quinine sulfate CAPS 324mg</i>                                   | \$0(1)                                                  | PA                                                             |
| <b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b> |                                                         |                                                                |
| <i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>                    | \$0(1)                                                  | NM                                                             |
| <i>APTIVUS CAPS 250mg</i>                                           | \$0(2)                                                  | NDS, NM                                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg      | \$0(1)                                                  | NM                                                             |
| <i>darunavir</i> TABS 600mg                             | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM                                |
| <i>darunavir</i> TABS 800mg                             | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM                                |
| EDURANT TABS 25mg                                       | \$0(2)                                                  | NDS, NM                                                        |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg           | \$0(1)                                                  | NM                                                             |
| <i>emtricitabine</i> CAPS 200mg                         | \$0(1)                                                  | NM                                                             |
| EMTRIVA SOLN 10mg/ml                                    | \$0(2)                                                  | NM                                                             |
| <i>etravirine</i> TABS 100mg, 200mg                     | \$0(2)                                                  | NDS, NM                                                        |
| <i>fosamprenavir calcium</i> TABS 700mg                 | \$0(2)                                                  | NDS, NM                                                        |
| FUZEON SOLR 90mg                                        | \$0(2)                                                  | NDS, NM, LA                                                    |
| 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                                                        |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg       | \$0(1)                                                  | NM                                                             |
| LEXIVA SUSP 50mg/ml                                     | \$0(2)                                                  | NM                                                             |
| <i>maraviroc</i> TABS 150mg, 300mg                      | \$0(2)                                                  | NDS, NM                                                        |
| <i>nevirapine</i> 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                                                        |
| <i>ritonavir</i> TABS 100mg                             | \$0(1)                                                  | NM                                                             |
| RUKOBIA TB12 600mg                                      | \$0(2)                                                  | NDS, NM                                                        |
| SELZENTRY SOLN 20mg/ml; TABS 75mg                       | \$0(2)                                                  | NDS, NM                                                        |
| SELZENTRY TABS 25mg                                     | \$0(2)                                                  | NM                                                             |
| SUNLENCA TBPK 300mg                                     | \$0(2)                                                  | NDS, NM, LA                                                    |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg         | \$0(1)                                                  | NM                                                             |
| TIVICAY TABS 10mg                                       | \$0(2)                                                  | NM                                                             |
| TIVICAY TABS 25mg, 50mg                                 | \$0(2)                                                  | NDS, NM                                                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                     | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| TIVICAY PD TBSO 5mg                                                             | \$0(2)                                                  | NDS, NM                                                        |
| TROGARZO SOLN 200mg/1.33ml                                                      | \$0(2)                                                  | NDS, NM, LA                                                    |
| 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                                                             |
| <b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b> |                                                         |                                                                |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                               | \$0(1)                                                  | NM                                                             |
| BIKTARVY TAB 30-120-15 MG                                                       | \$0(2)                                                  | NDS, NM                                                        |
| BIKTARVY TAB 50-200-25 MG                                                       | \$0(2)                                                  | NDS, NM                                                        |
| 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, QL (30 tabs / 30 days), NM                                |
| DESCOVY TAB 200/25MG                                                            | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM                                |
| DOVATO TAB 50-300MG                                                             | \$0(2)                                                  | NDS, NM                                                        |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>                  | \$0(2)                                                  | NDS, NM                                                        |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>                     | \$0(2)                                                  | NDS, NM                                                        |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>                     | \$0(2)                                                  | NDS, NM                                                        |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>               | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM                                |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>               | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM                                |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>               | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM                                |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>               | \$0(1)                                                  | QL (30 tabs / 30 days), NM                                     |
| EVOTAZ TAB 300-150                                                              | \$0(2)                                                  | NDS, NM                                                        |
| GENVOYA TAB                                                                     | \$0(2)                                                  | NDS, NM                                                        |
| JULUCA TAB 50-25MG                                                              | \$0(2)                                                  | NDS, NM                                                        |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                                     | \$0(1)                                                  | NM                                                             |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>                    | \$0(1)                                                  | NM                                                             |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>lopinavir-ritonavir tab 100-25 mg</i>                       | \$0(1)                                                  | NM                                                             |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                       | \$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)                                                  | NDS, NM                                                        |
| TRIUMEQ TAB                                                    | \$0(2)                                                  | NDS, NM                                                        |
| TRIZIVIR TAB                                                   | \$0(2)                                                  | NDS, NM                                                        |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>     |                                                         |                                                                |
| <i>cycloserine</i> CAPS 250mg                                  | \$0(2)                                                  | NDS                                                            |
| <i>ethambutol hcl</i> TABS 100mg, 400mg                        | \$0(1)                                                  |                                                                |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg              | \$0(1)                                                  |                                                                |
| PRIFTIN TABS 150mg                                             | \$0(2)                                                  |                                                                |
| <i>pyrazinamide</i> TABS 500mg                                 | \$0(1)                                                  |                                                                |
| <i>rifabutin</i> CAPS 150mg                                    | \$0(1)                                                  |                                                                |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                  | \$0(1)                                                  |                                                                |
| SIRTURO TABS 20mg, 100mg                                       | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| TRECTOR TABS 250mg                                             | \$0(2)                                                  |                                                                |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>            |                                                         |                                                                |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | \$0(1)                                                  |                                                                |
| <i>acyclovir sodium</i> SOLN 50mg/ml                           | \$0(1)                                                  | B/D                                                            |
| <i>adefovir dipivoxil</i> TABS 10mg                            | \$0(1)                                                  | NM                                                             |
| BARACLUDE SOLN .05mg/ml                                        | \$0(2)                                                  | NDS, NM                                                        |
| <i>entecavir</i> 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                                                    |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                    | \$0(1)                                                  |                                                                |
| <i>ganciclovir sodium</i> 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                                                    |
| <i>lamivudine (hbv)</i> TABS 100mg                             | \$0(1)                                                  | NM                                                             |
| MAVYRET PAK 50-20MG                                            | \$0(2)                                                  | NDS, NM, PA                                                    |
| MAVYRET TAB 100-40MG                                           | \$0(2)                                                  | NDS, NM, PA                                                    |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>oseltamivir phosphate</i> CAPS 30mg                   | \$0(1)                                                  | QL (168 caps / year)                                           |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg             | \$0(1)                                                  | QL (84 caps / year)                                            |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml                 | \$0(1)                                                  | QL (1080 mL / year)                                            |
| PAXLOVID TAB 150-100                                     | \$0(2)                                                  | QL (40 tabs / 30 days);<br>\$0 Cost Share                      |
| PAXLOVID TAB 300-100                                     | \$0(2)                                                  | QL (60 tabs / 30 days);<br>\$0 Cost Share                      |
| 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)                                         |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg    | \$0(1)                                                  | NM                                                             |
| <i>rimantadine hydrochloride</i> TABS 100mg              | \$0(1)                                                  |                                                                |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                  | \$0(1)                                                  |                                                                |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                   | \$0(2)                                                  | NDS                                                            |
| <i>valganciclovir hcl</i> TABS 450mg                     | \$0(1)                                                  |                                                                |
| VEMLIDY TABS 25mg                                        | \$0(2)                                                  | NDS, NM                                                        |
| VOSEVI TAB                                               | \$0(2)                                                  | NDS, NM, PA                                                    |
| XOFLUZA TBPK 40mg, 80mg                                  | \$0(2)                                                  | QL (1 tab / 180 days)                                          |
| <b><i>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</i></b> |                                                         |                                                                |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml        | \$0(1)                                                  |                                                                |
| CEFACTOR ER TB12 500mg                                   | \$0(2)                                                  |                                                                |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml  | \$0(1)                                                  |                                                                |
| CEFAZOLIN SOLR 2gm, 3gm                                  | \$0(2)                                                  |                                                                |
| CEFAZOLIN INJ 1GM/50ML                                   | \$0(2)                                                  |                                                                |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg  | \$0(1)                                                  |                                                                |
| CEFAZOLIN SOLN 2GM/100ML-4%                              | \$0(2)                                                  |                                                                |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml    | \$0(1)                                                  |                                                                |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                        | \$0(1)                                                  |                                                                |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml    | \$0(1)                                                  |                                                                |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm              | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>cefepodoxime proxetil</i> SUSR<br>50mg/5ml, 100mg/5ml; TABS 100mg,<br>200mg                         | \$0(1)                                                  |                                                                |
| <i>cefprozil</i> SUSR 125mg/5ml,<br>250mg/5ml; TABS 250mg, 500mg                                       | \$0(1)                                                  |                                                                |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                                                  | \$0(1)                                                  |                                                                |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm,<br>10gm, 250mg, 500mg                                         | \$0(1)                                                  |                                                                |
| <i>cefuroxime axetil</i> TABS 250mg,<br>500mg                                                          | \$0(1)                                                  |                                                                |
| <i>cefuroxime sodium</i> SOLR 1.5gm,<br>750mg                                                          | \$0(1)                                                  |                                                                |
| <i>cephalexin</i> CAPS 250mg, 500mg;<br>SUSR 125mg/5ml, 250mg/5ml                                      | \$0(1)                                                  |                                                                |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                      | \$0(1)                                                  |                                                                |
| TEFLARO SOLR 400mg, 600mg                                                                              | \$0(2)                                                  | NDS                                                            |
| <b><i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i></b>                                     |                                                         |                                                                |
| <i>azithromycin</i> PACK 1gm; SOLR<br>500mg; SUSR 100mg/5ml,<br>200mg/5ml; TABS 250mg, 500mg,<br>600mg | \$0(1)                                                  |                                                                |
| <i>clarithromycin</i> SUSR 125mg/5ml,<br>250mg/5ml; TABS 250mg, 500mg;<br>TB24 500mg                   | \$0(1)                                                  |                                                                |
| DIFICID SUSR 40mg/ml; TABS<br>200mg                                                                    | \$0(2)                                                  | NDS                                                            |
| <i>e.e.s. 400</i> TABS 400mg                                                                           | \$0(1)                                                  |                                                                |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg                                                                | \$0(1)                                                  |                                                                |
| ERYTHROCIN LACTOBIONATE SOLR<br>500mg                                                                  | \$0(2)                                                  |                                                                |
| <i>erythrocine stearate</i> TABS 250mg                                                                 | \$0(1)                                                  |                                                                |
| <i>erythromycin base</i> CPEP 250mg;<br>TABS 250mg, 500mg; TBEC 250mg,<br>333mg, 500mg                 | \$0(1)                                                  |                                                                |
| <i>erythromycin ethylsuccinate</i> TABS<br>400mg                                                       | \$0(1)                                                  |                                                                |
| <i>erythromycin lactobionate</i> SOLR<br>500mg                                                         | \$0(1)                                                  |                                                                |
| <b><i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i></b>                                             |                                                         |                                                                |
| CIPRO SUSR 500mg/5ml                                                                                   | \$0(2)                                                  |                                                                |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                                                               | \$0(1)                                                  |                                                                |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                                                               | \$0(1)                                                  |                                                                |
| <i>ciprofloxacin hcl</i> TABS 250mg,<br>500mg, 750mg                                                   | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                 | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>                                                                  | \$0(1)                                                  |                                                                |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>                                                                              | \$0(1)                                                  |                                                                |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                                                                             | \$0(1)                                                  |                                                                |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                                                                             | \$0(1)                                                  |                                                                |
| <i>moxifloxacin hcl TABS 400mg</i>                                                                                          | \$0(1)                                                  |                                                                |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>                                                            | \$0(1)                                                  |                                                                |
| <b><i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i></b>                                                                       |                                                         |                                                                |
| <i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i> | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>                                                                 | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>                                                                   | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>                                                             | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>                                                             | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>                                                               | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>                                                             | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>                                                                       | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>                                                                       | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>                                                                       | \$0(1)                                                  |                                                                |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>                                                             | \$0(1)                                                  |                                                                |
| <i>ampicillin CAPS 500mg</i>                                                                                                | \$0(1)                                                  |                                                                |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>                                                             | \$0(1)                                                  |                                                                |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>                                                                 | \$0(1)                                                  |                                                                |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>                                                         | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>                          | \$0(1)                                                  |                                                                |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>                        | \$0(1)                                                  |                                                                |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>                        | \$0(1)                                                  |                                                                |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>                 | \$0(2)                                                  |                                                                |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>                                            | \$0(1)                                                  |                                                                |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>                                                    | \$0(1)                                                  |                                                                |
| <i>nafcillin sodium SOLR 10gm</i>                                                        | \$0(2)                                                  | NDS                                                            |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>                                              | \$0(1)                                                  |                                                                |
| <i>PEN GK/DEXTR INJ 40000/ML</i>                                                         | \$0(2)                                                  |                                                                |
| <i>PEN GK/DEXTR INJ 60000/ML</i>                                                         | \$0(2)                                                  |                                                                |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>                             | \$0(1)                                                  |                                                                |
| <i>penicillin g sodium SOLR 5000000unit</i>                                              | \$0(1)                                                  |                                                                |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>               | \$0(1)                                                  |                                                                |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>                                          | \$0(1)                                                  |                                                                |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                      | \$0(1)                                                  |                                                                |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>                       | \$0(1)                                                  |                                                                |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                         | \$0(1)                                                  |                                                                |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>                       | \$0(1)                                                  |                                                                |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>                       | \$0(1)                                                  |                                                                |
| <b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>                                         |                                                         |                                                                |
| <i>doxy 100 SOLR 100mg</i>                                                               | \$0(1)                                                  |                                                                |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | \$0(1)                                                  |                                                                |
| <i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>                | \$0(1)                                                  |                                                                |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>                                            | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| NUZYRA SOLR 100mg; TABS 150mg                                                                | \$0(2)                                                  | NDS, NM, LA                                                    |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                                                    | \$0(1)                                                  | PA                                                             |
| <i>tigecycline</i> SOLR 50mg                                                                 | \$0(2)                                                  | NDS                                                            |
| <b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>                                         |                                                         |                                                                |
| <b>ALKYLATING AGENTS</b>                                                                     |                                                         |                                                                |
| BENDEKA SOLN 100mg/4ml                                                                       | \$0(2)                                                  | NDS, B/D, NM, LA                                               |
| <i>carboplatin</i> SOLN 50mg/5ml,<br>150mg/15ml, 450mg/45ml,<br>600mg/60ml                   | \$0(1)                                                  | B/D                                                            |
| <i>cisplatin</i> SOLN 50mg/50ml,<br>100mg/100ml, 200mg/200ml                                 | \$0(1)                                                  | B/D                                                            |
| <i>cyclophosphamide</i> CAPS 25mg,<br>50mg; SOLR 1gm, 500mg                                  | \$0(1)                                                  | B/D                                                            |
| CYCLOPHOSPHAMIDE SOLN<br>1gm/5ml, 500mg/2.5ml, 500mg/ml                                      | \$0(2)                                                  | NDS, B/D                                                       |
| <i>cyclophosphamide</i> SOLR 2gm                                                             | \$0(2)                                                  | NDS, B/D                                                       |
| CYCLOPHOSPHAMIDE TABS 25mg,<br>50mg                                                          | \$0(2)                                                  | B/D                                                            |
| CYCLOPHOSPHAMIDE MONOHYDR<br>SOLN 2gm/10ml                                                   | \$0(2)                                                  | NDS, B/D                                                       |
| GLEOSTINE CAPS 10mg, 40mg                                                                    | \$0(2)                                                  | NM                                                             |
| GLEOSTINE CAPS 100mg                                                                         | \$0(2)                                                  | NDS, NM                                                        |
| LEUKERAN TABS 2mg                                                                            | \$0(2)                                                  | NDS                                                            |
| <i>oxaliplatin</i> SOLN 50mg/10ml,<br>100mg/20ml, 200mg/40ml; SOLR<br>50mg                   | \$0(1)                                                  | B/D                                                            |
| <i>oxaliplatin</i> SOLR 100mg                                                                | \$0(2)                                                  | NDS, B/D                                                       |
| <i>paraplatin</i> SOLN 1000mg/100ml                                                          | \$0(1)                                                  | B/D                                                            |
| <b>ANTIBIOTICS</b>                                                                           |                                                         |                                                                |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                                                           | \$0(1)                                                  | B/D                                                            |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml                                                  | \$0(2)                                                  | NDS, B/D                                                       |
| ELLENCES SOLN 50mg/25ml,<br>200mg/100ml                                                      | \$0(2)                                                  | B/D                                                            |
| <b>ANTIMETABOLITES</b>                                                                       |                                                         |                                                                |
| <i>azacitidine</i> SUSR 100mg                                                                | \$0(2)                                                  | NDS, B/D, NM                                                   |
| <i>cytarabine</i> SOLN 20mg/ml                                                               | \$0(1)                                                  | B/D                                                            |
| <i>fluorouracil</i> SOLN 1gm/20ml,<br>2.5gm/50ml, 5gm/100ml,<br>500mg/10ml                   | \$0(1)                                                  | B/D                                                            |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml,<br>2gm/52.6ml, 200mg/5.26ml; SOLR<br>1gm, 2gm, 200mg | \$0(1)                                                  | B/D                                                            |

| <b>Drug Name<br/>(By Medical Condition)</b>                                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| INQOVI TAB 35-100MG                                                            | \$0(2)                                                  | NDS, QL (5 tabs / 28 days), NM, LA, PA                         |
| LONSURF TAB 15-6.14                                                            | \$0(2)                                                  | NDS, QL (100 tabs / 28 days), NM, LA, PA                       |
| LONSURF TAB 20-8.19                                                            | \$0(2)                                                  | NDS, QL (80 tabs / 28 days), NM, LA, PA                        |
| <i>mercaptopurine</i> TABS 50mg                                                | \$0(1)                                                  |                                                                |
| <i>methotrexate sodium</i> SOLN<br>1gm/40ml, 50mg/2ml, 250mg/10ml;<br>SOLR 1gm | \$0(1)                                                  | B/D                                                            |
| ONUREG TABS 200mg, 300mg                                                       | \$0(2)                                                  | NDS, QL (14 tabs / 28 days), NM, LA, PA                        |
| <i>pemetrexed disodium</i> SOLR 100mg,<br>500mg, 750mg, 1000mg                 | \$0(2)                                                  | NDS, B/D                                                       |
| PURIXAN SUSP 2000mg/100ml                                                      | \$0(2)                                                  | NDS, NM, LA                                                    |
| TABLOID TABS 40mg                                                              | \$0(2)                                                  |                                                                |
| <b><i>HORMONAL ANTINEOPLASTIC AGENTS</i></b>                                   |                                                         |                                                                |
| <i>abiraterone acetate</i> TABS 250mg                                          | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, PA                           |
| <i>abiraterone acetate</i> 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, LA, PA                        |
| AKEEGA TAB 100/500                                                             | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| <i>anastrozole</i> TABS 1mg                                                    | \$0(1)                                                  |                                                                |
| <i>bicalutamide</i> TABS 50mg                                                  | \$0(1)                                                  |                                                                |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg,<br>45mg                                       | \$0(2)                                                  | NM, PA                                                         |
| ERLEADA TABS 60mg                                                              | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| ERLEADA TABS 240mg                                                             | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| EULEXIN CAPS 125mg                                                             | \$0(2)                                                  | NDS                                                            |
| <i>exemestane</i> TABS 25mg                                                    | \$0(1)                                                  |                                                                |
| FIRMAGON SOLR 80mg                                                             | \$0(2)                                                  | NM, PA                                                         |
| FIRMAGON SOLR 120mg/vial                                                       | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>fulvestrant</i> SOSY 250mg/5ml                                              | \$0(2)                                                  | NDS, B/D                                                       |
| <i>letrozole</i> TABS 2.5mg                                                    | \$0(1)                                                  |                                                                |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                        | \$0(1)                                                  | NM, PA                                                         |
| LUPRON DEPOT (1-MONTH) KIT<br>3.75mg                                           | \$0(2)                                                  | NDS, NM, PA                                                    |
| LUPRON DEPOT (3-MONTH) KIT<br>11.25mg                                          | \$0(2)                                                  | NDS, NM, PA                                                    |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| LYSODREN TABS 500mg                                                    | \$0(2)                                                  | NDS, NM, LA                                                    |
| <i>megestrol acetate</i> TABS 20mg, 40mg                               | \$0(2)                                                  |                                                                |
| <i>nilutamide</i> TABS 150mg                                           | \$0(2)                                                  | NDS                                                            |
| NUBEQA TABS 300mg                                                      | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| ORGOVYX TABS 120mg                                                     | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| ORSERDU TABS 86mg                                                      | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| ORSERDU TABS 345mg                                                     | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| SOLTAMOX SOLN 10mg/5ml                                                 | \$0(2)                                                  | NDS                                                            |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                               | \$0(1)                                                  |                                                                |
| <i>toremifene citrate</i> TABS 60mg                                    | \$0(1)                                                  |                                                                |
| XTANDI CAPS 40mg                                                       | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| XTANDI TABS 40mg                                                       | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| XTANDI TABS 80mg                                                       | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| <b>IMMUNOMODULATORS</b>                                                |                                                         |                                                                |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                        | \$0(2)                                                  | NDS, QL (28 caps / 28 days), NM, LA, PA                        |
| <i>lenalidomide</i> CAPS 20mg, 25mg                                    | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                       | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg                                   | \$0(2)                                                  | NDS, QL (28 caps / 28 days), NM, LA, PA                        |
| REVLIMID CAPS 20mg, 25mg                                               | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| THALOMID CAPS 50mg, 100mg                                              | \$0(2)                                                  | NDS, QL (28 caps / 28 days), NM, LA, PA                        |
| THALOMID CAPS 150mg, 200mg                                             | \$0(2)                                                  | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| <b>MISCELLANEOUS</b>                                                   |                                                         |                                                                |
| BESREMI SOSY 500mcg/ml                                                 | \$0(2)                                                  | NDS, QL (2 syringes / 28 days), NM, LA, PA                     |
| <i>bexarotene</i> CAPS 75mg                                            | \$0(2)                                                  | NDS, QL (300 caps / 30 days), NM, PA                           |
| <i>hydroxyurea</i> CAPS 500mg                                          | \$0(1)                                                  |                                                                |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | \$0(1)                                                  | B/D                                                            |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| IWILFIN TABS 192mg                                                             | \$0(2)                                                  | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| KISQALI 200 PAK FEMARA                                                         | \$0(2)                                                  | NDS, QL (49 tabs / 28 days), NM, PA                            |
| KISQALI 400 PAK FEMARA                                                         | \$0(2)                                                  | NDS, QL (70 tabs / 28 days), NM, PA                            |
| KISQALI 600 PAK FEMARA                                                         | \$0(2)                                                  | NDS, QL (91 tabs / 28 days), NM, PA                            |
| MATULANE CAPS 50mg                                                             | \$0(2)                                                  | NDS, NM, LA                                                    |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                      | \$0(2)                                                  | NDS                                                            |
| WELIREG TABS 40mg                                                              | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| <b>MITOTIC INHIBITORS</b>                                                      |                                                         |                                                                |
| <i>docetaxel</i> CONC 20mg/ml                                                  | \$0(1)                                                  | B/D                                                            |
| <i>docetaxel</i> 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                                                       |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                          | \$0(1)                                                  | B/D                                                            |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                | \$0(1)                                                  | B/D                                                            |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i>                   | \$0(2)                                                  | NDS, B/D, NM                                                   |
| <i>vincristine sulfate</i> SOLN 1mg/ml                                         | \$0(1)                                                  | B/D                                                            |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                             | \$0(1)                                                  | B/D                                                            |
| <b>MOLECULAR TARGET AGENTS</b>                                                 |                                                         |                                                                |
| ALECENSA CAPS 150mg                                                            | \$0(2)                                                  | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| ALUNBRIG TABS 30mg                                                             | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| ALUNBRIG TABS 90mg, 180mg                                                      | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ALUNBRIG PAK                                                                   | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| AUGTYRO CAPS 40mg                                                              | \$0(2)                                                  | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg                                   | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| BALVERSA TABS 3mg                                                              | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| BALVERSA TABS 4mg                           | \$0(2)                                                  | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| BALVERSA TABS 5mg                           | \$0(2)                                                  | NDS, QL (28 tabs / 28 days), NM, LA, PA                        |
| BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg           | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>bortezomib</i> 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, LA, PA                       |
| BRUKINSA CAPS 80mg                          | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| CABOMETYX TABS 20mg, 40mg, 60mg             | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| CALQUENCE CAPS 100mg                        | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| CALQUENCE TABS 100mg                        | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| CAPRELSA TABS 100mg                         | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| CAPRELSA TABS 300mg                         | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| COMETRIQ (60MG DOSE) KIT 20mg               | \$0(2)                                                  | NDS, QL (84 caps / 28 days), NM, LA, PA                        |
| COMETRIQ KIT 100MG                          | \$0(2)                                                  | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| COMETRIQ KIT 140MG                          | \$0(2)                                                  | NDS, QL (112 caps / 28 days), NM, LA, PA                       |
| COPIKTRA CAPS 15mg, 25mg                    | \$0(2)                                                  | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| COTELLIC TABS 20mg                          | \$0(2)                                                  | NDS, QL (63 tabs / 28 days), NM, LA, PA                        |
| DAURISMO TABS 25mg                          | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| DAURISMO TABS 100mg                         | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ERIVEDGE CAPS 150mg                         | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, LA, PA                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>erlotinib hcl</i> TABS 25mg                 | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>erlotinib hcl</i> TABS 100mg, 150mg         | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TBSO 2mg                     | \$0(2)                                                  | NDS, QL (150 tabs / 30 days), NM, PA                           |
| <i>everolimus</i> TBSO 3mg                     | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TBSO 5mg                     | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, PA                            |
| EXKIVITY CAPS 40mg                             | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| FOTIVDA CAPS .89mg, 1.34mg                     | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| FRUZAQLA CAPS 1mg                              | \$0(2)                                                  | NDS, QL (84 caps / 28 days), NM, LA, PA                        |
| FRUZAQLA CAPS 5mg                              | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| GAVRETO CAPS 100mg                             | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| <i>gefitinib</i> TABS 250mg                    | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, PA                            |
| GILOTRIF TABS 20mg, 30mg, 40mg                 | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| HERCEP HYLEC SOL 60-10000                      | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| HERCEPTIN SOLR 150mg                           | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| HERZUMA SOLR 150mg, 420mg                      | \$0(2)                                                  | NDS, NM, PA                                                    |
| IBRANCE CAPS 75mg, 100mg, 125mg                | \$0(2)                                                  | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| IBRANCE TABS 75mg, 100mg, 125mg                | \$0(2)                                                  | NDS, QL (21 tabs / 28 days), NM, LA, PA                        |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg            | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| IDHIFA TABS 50mg, 100mg                        | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| <i>imatinib mesylate</i> TABS 100mg            | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>imatinib mesylate</i> TABS 400mg            | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, PA                            |
| IMBRUVICA CAPS 70mg                            | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| IMBRUVICA CAPS 140mg                           | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| IMBRUVICA SUSP 70mg/ml                      | \$0(2)                                                  | NDS, QL (216 mL / 27 days), NM, LA, PA                         |
| IMBRUVICA TABS 140mg, 280mg, 420mg          | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| INLYTA TABS 1mg                             | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| INLYTA TABS 5mg                             | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| INREBIC CAPS 100mg                          | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg     | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| JAYPIRCA TABS 50mg                          | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| JAYPIRCA TABS 100mg                         | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| KADCYLA SOLR 100mg, 160mg                   | \$0(2)                                                  | NDS, B/D, NM, LA                                               |
| KANJINTI SOLR 150mg, 420mg                  | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| KEYTRUDA SOLN 100mg/4ml                     | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| KISQALI 200 DOSE TBP 200mg                  | \$0(2)                                                  | NDS, QL (21 tabs / 28 days), NM, PA                            |
| KISQALI 400 DOSE TBP 200mg                  | \$0(2)                                                  | NDS, QL (42 tabs / 28 days), NM, PA                            |
| KISQALI 600 DOSE TBP 200mg                  | \$0(2)                                                  | NDS, QL (63 tabs / 28 days), NM, PA                            |
| KOSELUGO CAPS 10mg                          | \$0(2)                                                  | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| KOSELUGO CAPS 25mg                          | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| KRAZATI TABS 200mg                          | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| <i>lapatinib ditosylate</i> TABS 250mg      | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, PA                           |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg            | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg            | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg          | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| LENVIMA 12MG DAILY DOSE CPPK 4mg            | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg          | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| LENVIMA CAP 14 MG                           | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| LENVIMA CAP 18 MG                           | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LENVIMA CAP 24 MG                           | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LORBRENA TABS 25mg                          | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| LORBRENA TABS 100mg                         | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| LUMAKRAS TABS 120mg                         | \$0(2)                                                  | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| LUMAKRAS TABS 320mg                         | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| LYNPARZA TABS 100mg, 150mg                  | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| LYTGOBI (12 MG DAILY DOSE) TBPk 4mg         | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| LYTGOBI (16 MG DAILY DOSE) TBPk 4mg         | \$0(2)                                                  | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| LYTGOBI (20 MG DAILY DOSE) TBPk 4mg         | \$0(2)                                                  | NDS, QL (140 tabs / 28 days), NM, LA, PA                       |
| MEKINIST SOLR .05mg/ml                      | \$0(2)                                                  | NDS, QL (1260 mL / 30 days), NM, LA, PA                        |
| MEKINIST TABS 2mg                           | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| MEKINIST TABS .5mg                          | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| MEKTOVI TABS 15mg                           | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| MONJUVI SOLR 200mg                          | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| NERLYNX TABS 40mg                           | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| NEXAVAR TABS 200mg                          | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, 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, LA, PA                        |
| OGIVRI SOLR 150mg                           | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| OGIVRI INJ 420MG                            | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| OGSIVEO TABS 50mg                           | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| OJJAARA TABS 100mg, 150mg, 200mg            | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ONTRUZANT SOLR 150mg, 420mg                 | \$0(2)                                                  | NDS, NM, LA, PA                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>pazopanib hcl</i> 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, LA, PA                        |
| PHESGO SOL                                              | \$0(2)                                                  | NDS, NM, LA, 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, LA, PA                        |
| RETEVMO CAPS 40mg                                       | \$0(2)                                                  | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| RETEVMO CAPS 80mg                                       | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| REZLIDHIA CAPS 150mg                                    | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| ROZLYTREK CAPS 100mg                                    | \$0(2)                                                  | NDS, QL (150 caps / 30 days), NM, LA, PA                       |
| ROZLYTREK CAPS 200mg                                    | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| ROZLYTREK PACK 50mg                                     | \$0(2)                                                  | NDS, QL (336 packets / 28 days), NM, LA, PA                    |
| RUBRACA TABS 200mg, 250mg, 300mg                        | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, 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                           |
| <i>sorafenib tosylate</i> TABS 200mg                    | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, PA                           |
| SPRYCEL TABS 20mg                                       | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg             | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, PA                            |
| STIVARGA TABS 40mg                                      | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| <i>sunitinib malate</i> 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                           |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| TAFINLAR CAPS 50mg, 75mg                    | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| TAFINLAR TBSO 10mg                          | \$0(2)                                                  | NDS, QL (900 tabs / 30 days), NM, LA, PA                       |
| TAGRISSO TABS 40mg, 80mg                    | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| TALZENNA CAPS .25mg                         | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, 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, LA, PA                       |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml      | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| TEPMETKO TABS 225mg                         | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| TIBSOVO TABS 250mg                          | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| TRAZIMERA SOLR 150mg, 420mg                 | \$0(2)                                                  | NDS, NM, PA                                                    |
| TRUQAP TABS 160mg, 200mg                    | \$0(2)                                                  | NDS, QL (64 tabs / 28 days), NM, LA, 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, LA, PA                       |
| TURALIO CAPS 125mg                          | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| VANFLYTA TABS 17.7mg, 26.5mg                | \$0(2)                                                  | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| VENCLEXTA TABS 10mg                         | \$0(2)                                                  | QL (112 tabs / 28 days), NM, LA, PA                            |
| VENCLEXTA TABS 50mg                         | \$0(2)                                                  | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| VENCLEXTA TABS 100mg                        | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| VENCLEXTA TAB START PK                      | \$0(2)                                                  | NDS, QL (42 tabs / 28 days), NM, LA, PA                        |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg     | \$0(2)                                                  | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| VITRAKVI CAPS 25mg                          | \$0(2)                                                  | NDS, QL (180 caps / 30 days), NM, LA, PA                       |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| VITRAKVI CAPS 100mg                         | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| VITRAKVI SOLN 20mg/ml                       | \$0(2)                                                  | NDS, QL (300 mL / 30 days), NM, LA, PA                         |
| VIZIMPRO TABS 15mg, 30mg, 45mg              | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| VONJO CAPS 100mg                            | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg        | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| XALKORI CPSP 20mg                           | \$0(2)                                                  | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| XALKORI CPSP 150mg                          | \$0(2)                                                  | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| XOSPATA TABS 40mg                           | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| XPOVIO 40 MG ONCE WEEKLY TBPk 40mg          | \$0(2)                                                  | NDS, QL (4 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 40 MG TWICE WEEKLY TBPk 40mg         | \$0(2)                                                  | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 60 MG ONCE WEEKLY TBPk 60mg          | \$0(2)                                                  | NDS, QL (4 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 60 MG TWICE WEEKLY TBPk 20mg         | \$0(2)                                                  | NDS, QL (24 tabs / 28 days), NM, LA, PA                        |
| XPOVIO 80 MG ONCE WEEKLY TBPk 40mg          | \$0(2)                                                  | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 80 MG TWICE WEEKLY TBPk 20mg         | \$0(2)                                                  | NDS, QL (32 tabs / 28 days), NM, LA, PA                        |
| XPOVIO 100 MG ONCE WEEKLY TBPk 50mg         | \$0(2)                                                  | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| ZEJULA CAPS 100mg                           | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| ZEJULA TABS 100mg, 200mg, 300mg             | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ZELBORAF TABS 240mg                         | \$0(2)                                                  | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml          | \$0(2)                                                  | NDS, NM, LA, 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, LA, PA                        |
| ZYKADIA TABS 150mg                          | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

### ***PROTECTIVE AGENTS***

|                                                                                        |        |     |
|----------------------------------------------------------------------------------------|--------|-----|
| <i>leucovorin calcium SOLN</i><br>500mg/50ml; SOLR 50mg, 100mg,<br>200mg, 350mg, 500mg | \$0(1) | B/D |
| <i>leucovorin calcium TABS</i> 5mg, 10mg,<br>15mg, 25mg                                | \$0(1) |     |
| MESNEX TABS 400mg                                                                      | \$0(2) | NDS |

### **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

#### ***ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE***

|                                                                            |        |                        |
|----------------------------------------------------------------------------|--------|------------------------|
| <i>amlodipine besylate-benazepril hcl cap</i><br>2.5-10 mg                 | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap</i><br>5-10 mg                   | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap</i><br>5-20 mg                   | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap</i><br>5-40 mg                   | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap</i><br>10-20 mg                  | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap</i><br>10-40 mg                  | \$0(1) | QL (30 caps / 30 days) |
| <i>benazepril &amp; hydrochlorothiazide tab</i><br>5-6.25mg                | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab</i><br>10-12.5 mg              | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab</i><br>20-12.5 mg              | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab</i><br>20-25 mg                | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab</i><br>25-15 mg                 | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab</i><br>25-25 mg                 | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab</i><br>50-15 mg                 | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab</i><br>50-25 mg                 | \$0(1) |                        |
| <i>enalapril maleate &amp;</i><br><i>hydrochlorothiazide tab</i> 5-12.5 mg | \$0(1) |                        |
| <i>enalapril maleate &amp;</i><br><i>hydrochlorothiazide tab</i> 10-25 mg  | \$0(1) |                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>            | \$0(1)                                                  |                                                                |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>            | \$0(1)                                                  |                                                                |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>                   | \$0(1)                                                  |                                                                |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>                   | \$0(1)                                                  |                                                                |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>                     | \$0(1)                                                  |                                                                |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |                                                         |                                                                |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                             | \$0(1)                                                  |                                                                |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>                              | \$0(1)                                                  |                                                                |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>                         | \$0(1)                                                  |                                                                |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>                               | \$0(1)                                                  |                                                                |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>                    | \$0(1)                                                  |                                                                |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                                        | \$0(1)                                                  |                                                                |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>                               | \$0(1)                                                  |                                                                |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                              | \$0(1)                                                  |                                                                |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>                                | \$0(1)                                                  |                                                                |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i>                                       | \$0(1)                                                  |                                                                |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b> |                                                         |                                                                |
| <i>eplerenone TABS 25mg, 50mg</i>                                            | \$0(1)                                                  |                                                                |
| <i>KERENDIA TABS 10mg, 20mg</i>                                              | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i>                                 | \$0(1)                                                  |                                                                |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |                                                         |                                                                |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>                            | \$0(1)                                                  |                                                                |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>                                       | \$0(1)                                                  |                                                                |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>                                | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS  
TO TREAT HIGH BLOOD PRESSURE**

|                                                                         |        |                        |
|-------------------------------------------------------------------------|--------|------------------------|
| <i>amlodipine besylate-olmesartan<br/>medoxomil tab 5-20 mg</i>         | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan<br/>medoxomil tab 5-40 mg</i>         | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan<br/>medoxomil tab 10-20 mg</i>        | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan<br/>medoxomil tab 10-40 mg</i>        | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 5-<br/>160 mg</i>                  | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 5-<br/>320 mg</i>                  | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 10-<br/>160 mg</i>                 | \$0(1) | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 10-<br/>320 mg</i>                 | \$0(1) | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-<br/>hydrochlorothiazide tab 16-12.5 mg</i>    | \$0(1) | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil-<br/>hydrochlorothiazide tab 32-12.5 mg</i>    | \$0(1) | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-<br/>hydrochlorothiazide tab 32-25 mg</i>      | \$0(1) | QL (30 tabs / 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) |
| <i>irbesartan-hydrochlorothiazide tab<br/>150-12.5 mg</i>               | \$0(1) | QL (60 tabs / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab<br/>300-12.5 mg</i>               | \$0(1) | QL (30 tabs / 30 days) |
| <i>losartan potassium &amp;<br/>hydrochlorothiazide tab 50-12.5 mg</i>  | \$0(1) |                        |
| <i>losartan potassium &amp;<br/>hydrochlorothiazide tab 100-12.5 mg</i> | \$0(1) |                        |
| <i>losartan potassium &amp;<br/>hydrochlorothiazide tab 100-25 mg</i>   | \$0(1) |                        |
| <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab 20-12.5 mg</i>     | \$0(1) | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab 40-12.5 mg</i>     | \$0(1) | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab 40-25 mg</i>       | \$0(1) | QL (30 tabs / 30 days) |

| <b>Drug Name<br/>(By Medical Condition)</b>                                         | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab 20-5-12.5 mg</i>              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab 40-5-12.5 mg</i>              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab 40-5-25 mg</i>                | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab 40-10-12.5<br/>mg</i>         | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab 40-10-25 mg</i>               | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                                           | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                                          | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                                           | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                                          | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab<br/>40-12.5 mg</i>                           | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab<br/>80-12.5 mg</i>                           | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab<br/>80-25 mg</i>                             | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 80-<br/>12.5 mg</i>                            | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab<br/>160-12.5 mg</i>                            | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab<br/>160-25 mg</i>                              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab<br/>320-12.5 mg</i>                            | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab<br/>320-25 mg</i>                              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH<br/>BLOOD PRESSURE</b> |                                                         |                                                                |
| <i>candesartan cilexetil TABS 4mg,<br/>8mg, 16mg</i>                                | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>candesartan cilexetil TABS 32mg</i>                                              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>irbesartan TABS 75mg, 150mg,<br/>300mg</i>                                       | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>losartan potassium TABS 25mg,<br/>50mg, 100mg</i>                                | \$0(1)                                                  |                                                                |
| <i>olmesartan medoxomil TABS 5mg</i>                                                | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>olmesartan medoxomil TABS 20mg,<br/>40mg</i>                                     | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>                                            | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>valsartan</i> TABS 40mg, 80mg, 160mg                                                 | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>valsartan</i> TABS 320mg                                                             | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>                                  |                                                         |                                                                |
| <i>amiodarone hcl</i> SOLN 50mg/ml,<br>900mg/18ml; TABS 100mg, 200mg,<br>400mg          | \$0(1)                                                  |                                                                |
| <i>disopyramide phosphate</i> CAPS<br>100mg, 150mg                                      | \$0(2)                                                  |                                                                |
| <i>dofetilide</i> CAPS 125mcg, 250mcg,<br>500mcg                                        | \$0(1)                                                  | NM                                                             |
| <i>flecainide acetate</i> TABS 50mg,<br>100mg, 150mg                                    | \$0(1)                                                  |                                                                |
| MULTAQ TABS 400mg                                                                       | \$0(2)                                                  |                                                                |
| NORPACE CR CP12 100mg, 150mg                                                            | \$0(2)                                                  |                                                                |
| <i>pacerone</i> TABS 100mg, 200mg,<br>400mg                                             | \$0(1)                                                  |                                                                |
| <i>propafenone hcl</i> CP12 225mg,<br>325mg, 425mg; TABS 150mg,<br>225mg, 300mg         | \$0(1)                                                  |                                                                |
| <i>quinidine sulfate</i> TABS 200mg,<br>300mg                                           | \$0(1)                                                  |                                                                |
| <i>sorine</i> TABS 80mg, 120mg, 160mg,<br>240mg                                         | \$0(1)                                                  |                                                                |
| <i>sotalol hcl</i> TABS 80mg, 120mg,<br>160mg, 240mg                                    | \$0(1)                                                  |                                                                |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg,<br>120mg, 160mg                                | \$0(1)                                                  |                                                                |
| <b>ANTILIPEMICS, FIBRATES</b>                                                           |                                                         |                                                                |
| <i>fenofibrate</i> TABS 48mg, 54mg,<br>145mg, 160mg                                     | \$0(1)                                                  |                                                                |
| <i>fenofibrate micronized</i> CAPS 67mg,<br>134mg, 200mg                                | \$0(1)                                                  |                                                                |
| <i>gemfibrozil</i> TABS 600mg                                                           | \$0(1)                                                  |                                                                |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO<br/>TREAT HIGH CHOLESTEROL</b> |                                                         |                                                                |
| <i>atorvastatin calcium</i> TABS 10mg,<br>20mg, 40mg, 80mg                              | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                                                 | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>pravastatin sodium</i> TABS 10mg,<br>20mg, 40mg, 80mg                                | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>rosuvastatin calcium</i> TABS 5mg,<br>10mg, 20mg, 40mg                               | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg,<br>40mg, 80mg                                  | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

**ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

|                                                              |        |                        |
|--------------------------------------------------------------|--------|------------------------|
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                | \$0(1) |                        |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose          | \$0(1) |                        |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg               | \$0(1) |                        |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm           | \$0(1) |                        |
| <i>ezetimibe</i> TABS 10mg                                   | \$0(1) |                        |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | \$0(1) | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | \$0(1) | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | \$0(1) | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | \$0(1) | QL (30 tabs / 30 days) |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | \$0(1) | QL (60 tabs / 30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | \$0(1) | PA                     |
| <i>prevalite</i> 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                 |
| 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**

|                                                             |        |  |
|-------------------------------------------------------------|--------|--|
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | \$0(1) |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | \$0(1) |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | \$0(1) |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | \$0(1) |  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | \$0(1) |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>    | \$0(1) |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | \$0(1) |  |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>metoprolol &amp; hydrochlorothiazide tab<br/>100-50 mg</i>                                                                | \$0(1)                                                  |                                                                |
| <b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND<br/>HEART CONDITIONS</b>                                           |                                                         |                                                                |
| <i>acebutolol hcl CAPS 200mg, 400mg</i>                                                                                      | \$0(1)                                                  |                                                                |
| <i>atenolol TABS 25mg, 50mg, 100mg</i>                                                                                       | \$0(1)                                                  |                                                                |
| <i>betaxolol hcl TABS 10mg, 20mg</i>                                                                                         | \$0(1)                                                  |                                                                |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i>                                                                                    | \$0(1)                                                  |                                                                |
| <i>carvedilol TABS 3.125mg, 6.25mg,<br/>12.5mg, 25mg</i>                                                                     | \$0(1)                                                  |                                                                |
| <i>labetalol hcl TABS 100mg, 200mg,<br/>300mg</i>                                                                            | \$0(1)                                                  |                                                                |
| <i>metoprolol succinate TB24 25mg,<br/>50mg, 100mg, 200mg</i>                                                                | \$0(1)                                                  |                                                                |
| <i>metoprolol tartrate SOLN 5mg/5ml;<br/>TABS 25mg, 50mg, 100mg</i>                                                          | \$0(1)                                                  |                                                                |
| <i>nadolol TABS 20mg, 40mg, 80mg</i>                                                                                         | \$0(1)                                                  |                                                                |
| <i>nebivolol hcl TABS 2.5mg, 5mg,<br/>10mg</i>                                                                               | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>nebivolol hcl TABS 20mg</i>                                                                                               | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>pindolol TABS 5mg, 10mg</i>                                                                                               | \$0(1)                                                  |                                                                |
| <i>propranolol hcl CP24 60mg, 80mg,<br/>120mg, 160mg; SOLN 20mg/5ml,<br/>40mg/5ml; TABS 10mg, 20mg, 40mg,<br/>60mg, 80mg</i> | \$0(1)                                                  |                                                                |
| <i>timolol maleate TABS 5mg, 10mg,<br/>20mg</i>                                                                              | \$0(1)                                                  |                                                                |
| <b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD<br/>PRESSURE AND HEART CONDITIONS</b>                                |                                                         |                                                                |
| <i>amlodipine besylate TABS 2.5mg,<br/>5mg, 10mg</i>                                                                         | \$0(1)                                                  |                                                                |
| <i>cartia xt CP24 120mg, 180mg,<br/>240mg, 300mg</i>                                                                         | \$0(1)                                                  |                                                                |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i>                                                                                      | \$0(1)                                                  |                                                                |
| <i>diltiazem hcl CP12 60mg, 90mg,<br/>120mg; SOLN 25mg/5ml,<br/>50mg/10ml, 125mg/25ml; TABS<br/>30mg, 60mg, 90mg, 120mg</i>  | \$0(1)                                                  |                                                                |
| <i>diltiazem hcl coated beads CP24<br/>120mg, 180mg, 240mg, 300mg,<br/>360mg</i>                                             | \$0(1)                                                  |                                                                |
| <i>diltiazem hcl extended release beads<br/>CP24 120mg, 180mg, 240mg, 300mg,<br/>360mg, 420mg</i>                            | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                                                                | \$0(1)                                                  |                                                                |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                                                      | \$0(1)                                                  |                                                                |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                                                                 | \$0(1)                                                  |                                                                |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                                                                | \$0(1)                                                  |                                                                |
| <i>nimodipine</i> CAPS 30mg                                                                                                                            | \$0(1)                                                  |                                                                |
| NYMALIZE SOLN 6mg/ml                                                                                                                                   | \$0(2)                                                  | NDS                                                            |
| <i>taztia xt</i> CP24 120mg, 180mg,<br>240mg, 300mg, 360mg                                                                                             | \$0(1)                                                  |                                                                |
| <i>tiadylt er</i> CP24 120mg, 180mg,<br>240mg, 300mg, 360mg, 420mg                                                                                     | \$0(1)                                                  |                                                                |
| <i>verapamil hcl</i> CP24 100mg, 120mg,<br>180mg, 200mg, 240mg, 300mg,<br>360mg; SOLN 2.5mg/ml; TABS 40mg,<br>80mg, 120mg; TBCR 120mg, 180mg,<br>240mg | \$0(1)                                                  |                                                                |
| <b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>                                                                                                     |                                                         |                                                                |
| <i>acetazolamide</i> CP12 500mg; TABS<br>125mg, 250mg                                                                                                  | \$0(1)                                                  |                                                                |
| <i>amiloride &amp; hydrochlorothiazide tab 5-<br/>50 mg</i>                                                                                            | \$0(1)                                                  |                                                                |
| <i>amiloride hcl</i> TABS 5mg                                                                                                                          | \$0(1)                                                  |                                                                |
| <i>bumetanide</i> SOLN .25mg/ml; TABS<br>.5mg, 1mg, 2mg                                                                                                | \$0(1)                                                  |                                                                |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                                                                                  | \$0(1)                                                  |                                                                |
| <i>furosemide</i> SOLN 10mg/ml,<br>40mg/5ml; TABS 20mg, 40mg, 80mg                                                                                     | \$0(1)                                                  |                                                                |
| <i>furosemide inj</i> SOLN 10mg/ml                                                                                                                     | \$0(1)                                                  |                                                                |
| <i>hydrochlorothiazide</i> CAPS 12.5mg;<br>TABS 12.5mg, 25mg, 50mg                                                                                     | \$0(1)                                                  |                                                                |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                                                                                                   | \$0(1)                                                  |                                                                |
| <i>methazolamide</i> TABS 25mg, 50mg                                                                                                                   | \$0(1)                                                  |                                                                |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                                                                                                | \$0(1)                                                  |                                                                |
| <i>spironolactone &amp; hydrochlorothiazide<br/>tab 25-25 mg</i>                                                                                       | \$0(1)                                                  |                                                                |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg,<br>100mg                                                                                                        | \$0(1)                                                  |                                                                |
| <i>triamterene &amp; hydrochlorothiazide cap<br/>37.5-25 mg</i>                                                                                        | \$0(1)                                                  |                                                                |
| <i>triamterene &amp; hydrochlorothiazide tab<br/>37.5-25 mg</i>                                                                                        | \$0(1)                                                  |                                                                |
| <i>triamterene &amp; hydrochlorothiazide tab<br/>75-50 mg</i>                                                                                          | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

### **MISCELLANEOUS**

|                                                                   |        |                                      |
|-------------------------------------------------------------------|--------|--------------------------------------|
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                       | \$0(1) |                                      |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr             | \$0(1) |                                      |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                        | \$0(1) |                                      |
| CORLANOR SOLN 5mg/5ml                                             | \$0(2) | QL (450 mL / 30 days)                |
| CORLANOR TABS 5mg, 7.5mg                                          | \$0(2) | QL (60 tabs / 30 days)               |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                            | \$0(1) |                                      |
| <i>digoxin</i> TABS 125mcg, 250mcg                                | \$0(1) | QL (30 tabs / 30 days)               |
| <i>droxidopa</i> CAPS 100mg                                       | \$0(2) | NDS, QL (90 caps / 30 days), NM, PA  |
| <i>droxidopa</i> CAPS 200mg, 300mg                                | \$0(2) | NDS, QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml                      | \$0(1) |                                      |
| <i>guanfacine hcl</i> TABS 1mg, 2mg                               | \$0(2) | PA; PA if 70 years and older         |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | \$0(1) |                                      |
| <i>metyrosine</i> CAPS 250mg                                      | \$0(2) | NDS, PA                              |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                        | \$0(1) |                                      |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                 | \$0(1) |                                      |
| <i>ranolazine</i> TB12 500mg, 1000mg                              | \$0(1) |                                      |
| VERQUVO TABS 2.5mg, 5mg, 10mg                                     | \$0(2) | QL (30 tabs / 30 days)               |

### **NITRATES - DRUGS TO TREAT HEART CONDITIONS**

|                                                                                                      |        |  |
|------------------------------------------------------------------------------------------------------|--------|--|
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                                               | \$0(1) |  |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg                                | \$0(1) |  |
| NITRO-BID OINT 2%                                                                                    | \$0(2) |  |
| <i>nitroglycerin</i> 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**

|                                           |        |                                         |
|-------------------------------------------|--------|-----------------------------------------|
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | \$0(2) | NDS, QL (90 tabs / 30 days), NM, LA, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg         | \$0(2) | NDS, QL (30 tabs / 30 days), NM, LA, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg        | \$0(2) | NDS, QL (60 tabs / 30 days), NM, LA, PA |

| <b>Drug Name<br/>(By Medical Condition)</b>                           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| OPSUMIT TABS 10mg                                                     | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg          | \$0(1)                                                  | QL (360 tabs / 30 days), NM, PA                                |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml                                      | \$0(2)                                                  | NDS, NM, LA, PA                                                |

## **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

### **ANTIANXIETY - DRUGS TO TREAT ANXIETY**

|                                                        |        |                         |
|--------------------------------------------------------|--------|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg           | \$0(1) | QL (150 tabs / 30 days) |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | \$0(1) |                         |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg      | \$0(1) |                         |
| <i>lorazepam</i> CONC 2mg/ml                           | \$0(1) | QL (150 mL / 30 days)   |
| <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml                   | \$0(1) |                         |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg                   | \$0(1) | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml                  | \$0(1) | QL (150 mL / 30 days)   |

### **ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS**

|                                                                              |        |                                        |
|------------------------------------------------------------------------------|--------|----------------------------------------|
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                            | \$0(1) | QL (30 tabs / 30 days)                 |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                          | \$0(1) |                                        |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg                         | \$0(1) | QL (30 caps / 30 days)                 |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                                  | \$0(1) | QL (200 mL / 30 days)                  |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg                          | \$0(1) | QL (60 tabs / 30 days)                 |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | \$0(1) | PA; PA applies if 29 years and younger |
| <i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack               | \$0(2) | PA; PA applies if 29 years and younger |
| 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) |                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>rivastigmine</i> PT24 4.6mg/24hr,<br>9.5mg/24hr, 13.3mg/24hr                  | \$0(1)                                                  | QL (30 patches / 30<br>days)                                   |
| <i>rivastigmine tartrate</i> CAPS 1.5mg,<br>3mg, 4.5mg, 6mg                      | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>                               |                                                         |                                                                |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg,<br>50mg, 75mg, 100mg, 150mg            | \$0(2)                                                  |                                                                |
| <i>amoxapine</i> TABS 25mg, 50mg,<br>100mg, 150mg                                | \$0(2)                                                  |                                                                |
| AUVELITY TAB 45-105MG                                                            | \$0(2)                                                  | QL (60 tabs / 30 days),<br>PA                                  |
| <i>bupropion hcl</i> TABS 75mg, 100mg                                            | \$0(1)                                                  |                                                                |
| <i>bupropion hcl</i> TB12 100mg, 150mg,<br>200mg; TB24 150mg                     | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>bupropion hcl</i> TB24 300mg                                                  | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>citalopram hydrobromide</i> SOLN<br>10mg/5ml; TABS 10mg, 20mg, 40mg           | \$0(1)                                                  |                                                                |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg,<br>75mg                                 | \$0(2)                                                  | PA                                                             |
| <i>desipramine hcl</i> TABS 10mg, 25mg,<br>50mg, 75mg, 100mg, 150mg              | \$0(2)                                                  |                                                                |
| <i>desvenlafaxine succinate</i> TB24 25mg,<br>50mg, 100mg                        | \$0(1)                                                  | QL (30 tabs / 30 days),<br>PA                                  |
| <i>doxepin hcl</i> CAPS 10mg, 25mg,<br>50mg, 75mg, 100mg, 150mg; CONC<br>10mg/ml | \$0(2)                                                  |                                                                |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg,<br>60mg                                   | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| EMSAM PT24 6mg/24hr, 9mg/24hr,<br>12mg/24hr                                      | \$0(2)                                                  | NDS, QL (30 patches /<br>30 days), PA                          |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml;<br>TABS 5mg, 10mg, 20mg                | \$0(1)                                                  |                                                                |
| FETZIMA CP24 20mg, 40mg                                                          | \$0(2)                                                  | QL (60 caps / 30 days),<br>PA                                  |
| FETZIMA CP24 80mg, 120mg                                                         | \$0(2)                                                  | QL (30 caps / 30 days),<br>PA                                  |
| FETZIMA CAP TITRATIO                                                             | \$0(2)                                                  | QL (2 packs / year), PA                                        |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg,<br>40mg; SOLN 20mg/5ml                    | \$0(1)                                                  |                                                                |
| <i>imipramine hcl</i> TABS 10mg, 25mg,<br>50mg                                   | \$0(2)                                                  |                                                                |
| MARPLAN TABS 10mg                                                                | \$0(2)                                                  | QL (180 tabs / 30 days)                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                                           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg                | \$0(1)                                                  |                                                                |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                           | \$0(1)                                                  |                                                                |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml                   | \$0(2)                                                  |                                                                |
| <i>paroxetine hcl</i> SUSP 10mg/5ml                                                   | \$0(2)                                                  | QL (900 mL / 30 days), PA                                      |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg                                     | \$0(2)                                                  |                                                                |
| <i>phenelzine sulfate</i> TABS 15mg                                                   | \$0(1)                                                  |                                                                |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                               | \$0(2)                                                  |                                                                |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg                            | \$0(1)                                                  |                                                                |
| <i>tranylcypromine sulfate</i> TABS 10mg                                              | \$0(1)                                                  |                                                                |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                                          | \$0(1)                                                  |                                                                |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg                                           | \$0(2)                                                  | QL (120 caps / 30 days)                                        |
| <i>trimipramine maleate</i> CAPS 100mg                                                | \$0(2)                                                  | QL (60 caps / 30 days)                                         |
| TRINTELLIX TABS 5mg, 10mg, 20mg                                                       | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | \$0(1)                                                  |                                                                |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                                           | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| ZURZUVAE CAPS 20mg, 25mg                                                              | \$0(2)                                                  | NDS, QL (28 caps / 14 days), NM, LA, PA                        |
| ZURZUVAE CAPS 30mg                                                                    | \$0(2)                                                  | NDS, QL (14 caps / 14 days), NM, LA, PA                        |

### **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

|                                                     |        |                              |
|-----------------------------------------------------|--------|------------------------------|
| <i>amantadine hcl</i> CAPS 100mg                    | \$0(1) | QL (120 caps / 30 days)      |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg     | \$0(1) |                              |
| <i>benztropine mesylate</i> SOLN 1mg/ml             | \$0(1) |                              |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg     | \$0(2) | PA; PA if 70 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg  | \$0(1) |                              |
| <i>carb/levo orally disintegrating tab</i> 10-100mg | \$0(1) |                              |

| <b>Drug Name<br/>(By Medical Condition)</b>                                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>carb/levo orally disintegrating tab 25-100mg</i>                            | \$0(1)                                                  |                                                                |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                            | \$0(1)                                                  |                                                                |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                                  | \$0(1)                                                  |                                                                |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                                  | \$0(1)                                                  |                                                                |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                  | \$0(1)                                                  |                                                                |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                               | \$0(1)                                                  |                                                                |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                               | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                       | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                      | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                        | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                     | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                      | \$0(1)                                                  |                                                                |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                        | \$0(1)                                                  |                                                                |
| <i>entacapone TABS 200mg</i>                                                   | \$0(1)                                                  |                                                                |
| INBRIJA CAPS 42mg                                                              | \$0(2)                                                  | NDS, QL (300 caps / 30 days), NM, LA, PA                       |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr         | \$0(2)                                                  |                                                                |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | \$0(1)                                                  |                                                                |
| <i>rasagiline mesylate TABS .5mg, 1mg</i>                                      | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>      | \$0(1)                                                  |                                                                |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i>                                       | \$0(1)                                                  |                                                                |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>                         | \$0(2)                                                  | PA; PA if 70 years and older                                   |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>                               |                                                         |                                                                |
| 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)                                |
| <i>aripiprazole SOLN 1mg/ml</i>                                                | \$0(1)                                                  | QL (900 mL / 30 days)                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg                                                     | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>aripiprazole</i> TBDP 10mg, 15mg                                                                           | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| 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                                                            |
| <i>asenapine maleate</i> 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)                                    |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | \$0(1)                                                  |                                                                |
| <i>clozapine</i> TABS 25mg, 50mg                                                                              | \$0(1)                                                  |                                                                |
| <i>clozapine</i> TABS 100mg                                                                                   | \$0(1)                                                  | QL (270 tabs / 30 days)                                        |
| <i>clozapine</i> TABS 200mg                                                                                   | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                            | \$0(1)                                                  | PA                                                             |
| <i>clozapine</i> TBDP 100mg                                                                                   | \$0(1)                                                  | QL (270 tabs / 30 days), PA                                    |
| <i>clozapine</i> TBDP 150mg                                                                                   | \$0(1)                                                  | QL (180 tabs / 30 days), PA                                    |
| <i>clozapine</i> TBDP 200mg                                                                                   | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), PA                               |
| 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                                        |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                                    | \$0(1)                                                  |                                                                |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg                | \$0(1)                                                  |                                                                |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                                       | \$0(1)                                                  |                                                                |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml                                                           | \$0(1)                                                  |                                                                |
| <i>haloperidol lactate</i> 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)                                       |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                     | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| INVEGA SUSTENNA SUSY<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml      | \$0(2)                                                  | NDS, QL (1 syringe / 28<br>days)                               |
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml | \$0(2)                                                  | NDS, QL (1 syringe / 90<br>days)                               |
| <i>loxapine succinate</i> CAPS 5mg, 10mg,<br>25mg, 50mg                         | \$0(1)                                                  |                                                                |
| <i>lurasidone hcl</i> TABS 20mg, 40mg,<br>60mg, 120mg                           | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>lurasidone hcl</i> TABS 80mg                                                 | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>molindone hcl</i> TABS 5mg, 10mg,<br>25mg                                    | \$0(1)                                                  |                                                                |
| NUPLAZID CAPS 34mg                                                              | \$0(2)                                                  | NDS, QL (30 caps / 30<br>days), NM, LA, PA                     |
| NUPLAZID TABS 10mg                                                              | \$0(2)                                                  | NDS, QL (30 tabs / 30<br>days), NM, LA, PA                     |
| <i>olanzapine</i> SOLR 10mg                                                     | \$0(1)                                                  | QL (3 vials / 1 day)                                           |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg;<br>TBDP 10mg                           | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>olanzapine</i> TABS 7.5mg, 15mg,<br>20mg; TBDP 5mg, 15mg, 20mg               | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                                        | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>paliperidone</i> TB24 6mg                                                    | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg,<br>16mg                                 | \$0(1)                                                  |                                                                |
| PERSERIS PRSY 90mg, 120mg                                                       | \$0(2)                                                  | NDS, QL (1 syringe / 30<br>days)                               |
| <i>pimozide</i> TABS 1mg, 2mg                                                   | \$0(1)                                                  |                                                                |
| <i>quetiapine fumarate</i> TABS 25mg                                            | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>quetiapine fumarate</i> TABS 50mg,<br>100mg, 150mg, 200mg                    | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>quetiapine fumarate</i> TABS 300mg,<br>400mg                                 | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>quetiapine fumarate</i> TB24 50mg,<br>300mg, 400mg                           | \$0(1)                                                  | QL (60 tabs / 30 days),<br>PA                                  |
| <i>quetiapine fumarate</i> TB24 150mg,<br>200mg                                 | \$0(1)                                                  | QL (30 tabs / 30 days),<br>PA                                  |
| REXULTI TABS 3mg, 4mg                                                           | \$0(2)                                                  | NDS, QL (30 tabs / 30<br>days)                                 |
| REXULTI TABS .25mg, .5mg, 1mg,<br>2mg                                           | \$0(2)                                                  | NDS, QL (60 tabs / 30<br>days)                                 |
| <i>risperidone</i> SOLN 1mg/ml                                                  | \$0(1)                                                  | QL (240 mL / 30 days)                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | \$0(1)                                                  |                                                                |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                   | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>risperidone</i> TBDP 4mg                             | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>risperidone</i> TBDP .25mg, .5mg                     | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg       | \$0(1)                                                  | QL (2 injections / 28 days)                                    |
| <i>risperidone microspheres</i> 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)                                 |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg    | \$0(1)                                                  |                                                                |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg             | \$0(1)                                                  |                                                                |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg     | \$0(1)                                                  |                                                                |
| 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)                                    |
| VRAYLAR CAP 1.5-3MG                                     | \$0(2)                                                  | QL (2 packs / year)                                            |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg      | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| <i>ziprasidone mesylate</i> SOLR 20mg                   | \$0(1)                                                  | QL (6 injections / 3 days)                                     |
| ZYPREXA RELPREVV SUSR 210mg, 300mg                      | \$0(2)                                                  | NDS, QL (2 vials / 28 days), NM, PA                            |
| ZYPREXA RELPREVV SUSR 405mg                             | \$0(2)                                                  | NDS, QL (1 vial / 28 days), NM, PA                             |
| <b>ANTISEIZURE AGENTS</b>                               |                                                         |                                                                |
| 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 SOLN 50mg/5ml                                  | \$0(2)                                                  | PA                                                             |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg             | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), PA                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b>                                                    |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>carbamazepine</i> CHEW 100mg; CP12<br>100mg, 200mg, 300mg; SUSP<br>100mg/5ml; TABS 200mg; TB12<br>100mg, 200mg, 400mg | \$0(1)                                                  |                                                                                                                   |
| <i>clobazam</i> SUSP 2.5mg/ml                                                                                            | \$0(1)                                                  | QL (480 mL / 30 days),<br>PA                                                                                      |
| <i>clobazam</i> TABS 10mg, 20mg                                                                                          | \$0(1)                                                  | QL (60 tabs / 30 days),<br>PA                                                                                     |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg                                                                                     | \$0(1)                                                  | QL (300 tabs / 30 days)                                                                                           |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP<br>.125mg, .25mg, .5mg, 1mg                                                       | \$0(1)                                                  | QL (90 tabs / 30 days)                                                                                            |
| <i>clorazepate dipotassium</i> TABS<br>3.75mg, 7.5mg, 15mg                                                               | \$0(1)                                                  | QL (180 tabs / 30 days),<br>PA; PA if 65 years and<br>older                                                       |
| DIACOMIT CAPS 250mg                                                                                                      | \$0(2)                                                  | NDS, QL (360 caps / 30<br>days), NM, LA, PA                                                                       |
| DIACOMIT CAPS 500mg                                                                                                      | \$0(2)                                                  | NDS, QL (180 caps / 30<br>days), NM, LA, PA                                                                       |
| DIACOMIT PACK 250mg                                                                                                      | \$0(2)                                                  | NDS, QL (360 packets /<br>30 days), NM, LA, PA                                                                    |
| DIACOMIT PACK 500mg                                                                                                      | \$0(2)                                                  | NDS, QL (180 packets /<br>30 days), NM, LA, PA                                                                    |
| <i>diazepam</i> SOLN 5mg/5ml                                                                                             | \$0(1)                                                  | QL (1200 mL / 30 days),<br>PA; PA applies if 65<br>years and older after a 5<br>day supply in a calendar<br>year  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                                                                                      | \$0(1)                                                  | QL (120 tabs / 30 days),<br>PA; PA applies if 65<br>years and older after a 5<br>day supply in a calendar<br>year |
| <i>diazepam (anticonvulsant)</i> GEL<br>2.5mg, 10mg, 20mg                                                                | \$0(1)                                                  |                                                                                                                   |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                          | \$0(1)                                                  |                                                                                                                   |
| <i>diazepam intensol</i> CONC 5mg/ml                                                                                     | \$0(1)                                                  | QL (240 mL / 30 days),<br>PA; PA applies if 65<br>years and older after a 5<br>day supply in a calendar<br>year   |
| DILANTIN CAPS 30mg, 100mg                                                                                                | \$0(2)                                                  |                                                                                                                   |
| DILANTIN INFATABS CHEW 50mg                                                                                              | \$0(2)                                                  |                                                                                                                   |
| DILANTIN-125 SUSP 125mg/5ml                                                                                              | \$0(2)                                                  |                                                                                                                   |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>divalproex sodium</i> CSDR 125mg;<br>TB24 250mg, 500mg; TBEC 125mg,<br>250mg, 500mg                                  | \$0(1)                                                  |                                                                |
| EPIDIOLEX SOLN 100mg/ml                                                                                                 | \$0(2)                                                  | NDS, QL (600 mL / 30<br>days), NM, LA, PA                      |
| <i>epitol</i> TABS 200mg                                                                                                | \$0(1)                                                  |                                                                |
| EPRONTIA SOLN 25mg/ml                                                                                                   | \$0(2)                                                  | QL (480 mL / 30 days),<br>PA                                   |
| <i>ethosuximide</i> CAPS 250mg; SOLN<br>250mg/5ml                                                                       | \$0(1)                                                  |                                                                |
| <i>felbamate</i> SUSP 600mg/5ml                                                                                         | \$0(2)                                                  | NDS                                                            |
| <i>felbamate</i> TABS 400mg, 600mg                                                                                      | \$0(1)                                                  |                                                                |
| FINTEPLA SOLN 2.2mg/ml                                                                                                  | \$0(2)                                                  | NDS, QL (360 mL / 30<br>days), NM, LA, PA                      |
| FYCOMPA SUSP .5mg/ml                                                                                                    | \$0(2)                                                  | NDS, QL (720 mL / 30<br>days), PA                              |
| FYCOMPA TABS 2mg                                                                                                        | \$0(2)                                                  | QL (60 tabs / 30 days),<br>PA                                  |
| FYCOMPA TABS 4mg, 6mg, 8mg,<br>10mg, 12mg                                                                               | \$0(2)                                                  | NDS, QL (30 tabs / 30<br>days), PA                             |
| <i>gabapentin</i> CAPS 100mg, 300mg,<br>400mg                                                                           | \$0(1)                                                  | QL (180 caps / 30 days)                                        |
| <i>gabapentin</i> SOLN 250mg/5ml,<br>300mg/6ml                                                                          | \$0(1)                                                  | QL (2160 mL / 30 days)                                         |
| <i>gabapentin</i> TABS 600mg                                                                                            | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| <i>gabapentin</i> TABS 800mg                                                                                            | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>lacosamide</i> SOLN 200mg/20ml                                                                                       | \$0(1)                                                  |                                                                |
| <i>lacosamide</i> TABS 50mg                                                                                             | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>lacosamide</i> TABS 100mg, 150mg,<br>200mg                                                                           | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>lacosamide oral</i> SOLN 10mg/ml                                                                                     | \$0(1)                                                  | QL (1200 mL / 30 days)                                         |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS<br>25mg, 100mg, 150mg, 200mg; TB24<br>25mg, 50mg, 100mg, 200mg, 250mg,<br>300mg | \$0(1)                                                  |                                                                |
| <i>levetiracetam</i> SOLN 100mg/ml,<br>500mg/5ml; TABS 250mg, 500mg,<br>750mg, 1000mg; TB24 500mg,<br>750mg             | \$0(1)                                                  |                                                                |
| <i>levetiracetam in sodium chloride iv<br/>soln 500 mg/100ml</i>                                                        | \$0(1)                                                  |                                                                |
| <i>levetiracetam in sodium chloride iv<br/>soln 1000 mg/100ml</i>                                                       | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>                             | \$0(1)                                                  |                                                                |
| <i>methsuximide CAPS 300mg</i>                                                            | \$0(1)                                                  |                                                                |
| <i>NAYZILAM SOLN 5mg/0.1ml</i>                                                            | \$0(2)                                                  |                                                                |
| <i>oxcarbazepine SUSP 300mg/5ml;<br/>TABS 150mg, 300mg, 600mg</i>                         | \$0(1)                                                  |                                                                |
| <i>phenobarbital ELIX 20mg/5ml</i>                                                        | \$0(2)                                                  | QL (1500 mL / 30 days),<br>PA; PA if 70 years and<br>older     |
| <i>phenobarbital TABS 15mg, 16.2mg,<br/>30mg, 32.4mg, 60mg, 64.8mg,<br/>97.2mg, 100mg</i> | \$0(2)                                                  | QL (120 tabs / 30 days),<br>PA; PA if 70 years and<br>older    |
| <i>phenobarbital sodium SOLN<br/>65mg/ml, 130mg/ml</i>                                    | \$0(2)                                                  | PA; PA if 70 years and<br>older                                |
| <i>phenytek CAPS 200mg, 300mg</i>                                                         | \$0(1)                                                  |                                                                |
| <i>phenytoin CHEW 50mg; SUSP<br/>125mg/5ml</i>                                            | \$0(1)                                                  |                                                                |
| <i>phenytoin sodium SOLN 50mg/ml</i>                                                      | \$0(1)                                                  |                                                                |
| <i>phenytoin sodium extended CAPS<br/>100mg, 200mg, 300mg</i>                             | \$0(1)                                                  |                                                                |
| <i>pregabalin CAPS 25mg, 50mg, 75mg,<br/>100mg, 150mg</i>                                 | \$0(1)                                                  | QL (120 caps / 30<br>days), PA                                 |
| <i>pregabalin CAPS 200mg</i>                                                              | \$0(1)                                                  | QL (90 caps / 30 days),<br>PA                                  |
| <i>pregabalin CAPS 225mg, 300mg</i>                                                       | \$0(1)                                                  | QL (60 caps / 30 days),<br>PA                                  |
| <i>pregabalin SOLN 20mg/ml</i>                                                            | \$0(1)                                                  | QL (900 mL / 30 days),<br>PA                                   |
| <i>primidone TABS 50mg, 125mg,<br/>250mg</i>                                              | \$0(1)                                                  |                                                                |
| <i>roweepra TABS 500mg</i>                                                                | \$0(1)                                                  |                                                                |
| <i>rufinamide SUSP 40mg/ml</i>                                                            | \$0(2)                                                  | NDS, QL (2400 mL / 30<br>days), PA                             |
| <i>rufinamide TABS 200mg</i>                                                              | \$0(1)                                                  | QL (480 tabs / 30 days),<br>PA                                 |
| <i>rufinamide TABS 400mg</i>                                                              | \$0(2)                                                  | NDS, QL (240 tabs / 30<br>days), PA                            |
| <i>SPRITAM TB3D 250mg</i>                                                                 | \$0(2)                                                  | QL (360 tabs / 30 days)                                        |
| <i>SPRITAM TB3D 500mg</i>                                                                 | \$0(2)                                                  | QL (180 tabs / 30 days)                                        |
| <i>SPRITAM TB3D 750mg</i>                                                                 | \$0(2)                                                  | QL (120 tabs / 30 days)                                        |
| <i>SPRITAM TB3D 1000mg</i>                                                                | \$0(2)                                                  | QL (90 tabs / 30 days)                                         |
| <i>subvenite TABS 25mg, 100mg,<br/>150mg, 200mg</i>                                       | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| SYMPAZAN FILM 5mg, 10mg, 20mg                                    | \$0(2)                                                  | NDS, QL (60 films / 30 days), PA                               |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                   | \$0(1)                                                  |                                                                |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | \$0(1)                                                  |                                                                |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                 | \$0(1)                                                  |                                                                |
| <i>valproic acid</i> CAPS 250mg                                  | \$0(1)                                                  |                                                                |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                                 | \$0(2)                                                  |                                                                |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                               | \$0(2)                                                  |                                                                |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                              | \$0(2)                                                  |                                                                |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                               | \$0(2)                                                  |                                                                |
| <i>vigabatrin</i> PACK 500mg                                     | \$0(2)                                                  | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| <i>vigabatrin</i> TABS 500mg                                     | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| <i>vigadrone</i> PACK 500mg                                      | \$0(2)                                                  | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| <i>vigadrone</i> TABS 500mg                                      | \$0(2)                                                  | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| <i>vigpoder</i> PACK 500mg                                       | \$0(2)                                                  | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| XCOPRI TABS 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)                                         |
| 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                                 |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg                         | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| ZTALMY SUSP 50mg/ml                                                   | \$0(2)                                                  | NDS, QL (1100 mL / 30 days), NM, LA, PA                        |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b> |                                                         |                                                                |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>                 | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>                | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>                | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>                | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>                | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>                | \$0(1)                                                  | QL (30 caps / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>                         | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>                       | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>                        | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>                      | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>                        | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>                        | \$0(1)                                                  | QL (90 tabs / 30 days), PA                                     |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>                        | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>                          | \$0(1)                                                  | QL (120 caps / 30 days)                                        |
| <i>atomoxetine hcl CAPS 40mg</i>                                      | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>                         | \$0(1)                                                  | QL (30 caps / 30 days)                                         |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>                         | \$0(1)                                                  | QL (120 tabs / 30 days), PA                                    |
| <i>dexmethylphenidate hcl TABS 10mg</i>                               | \$0(1)                                                  | QL (60 tabs / 30 days), PA                                     |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>                       | \$0(2)                                                  | QL (30 tabs / 30 days), PA; PA if 70 years and older           |

| <b>Drug Name<br/>(By Medical Condition)</b>              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b>                                                    |
|----------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>guanfacine hcl (adhd)</i> TB24 3mg                    | \$0(2)                                                  | QL (60 tabs / 30 days),<br>PA; PA if 70 years and<br>older                                                        |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml                  | \$0(1)                                                  | QL (1800 mL / 30 days),<br>PA                                                                                     |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml                 | \$0(1)                                                  | QL (900 mL / 30 days),<br>PA                                                                                      |
| <i>methylphenidate hcl</i> TABS 5mg,<br>10mg             | \$0(1)                                                  | QL (180 tabs / 30 days),<br>PA                                                                                    |
| <i>methylphenidate hcl</i> TABS 20mg;<br>TBCR 10mg, 20mg | \$0(1)                                                  | QL (90 tabs / 30 days),<br>PA                                                                                     |
| <b><i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i></b>        |                                                         |                                                                                                                   |
| DAYVIGO TABS 5mg, 10mg                                   | \$0(2)                                                  | QL (30 tabs / 30 days)                                                                                            |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg                 | \$0(1)                                                  | QL (30 tabs / 30 days)                                                                                            |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg                    | \$0(2)                                                  | QL (30 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <i>tasimelteon</i> CAPS 20mg                             | \$0(2)                                                  | NDS, QL (30 caps / 30<br>days), NM, PA                                                                            |
| <i>temazepam</i> CAPS 7.5mg, 30mg                        | \$0(1)                                                  | QL (30 caps / 30 days),<br>PA; PA if 65 years and<br>older                                                        |
| <i>temazepam</i> CAPS 15mg                               | \$0(1)                                                  | QL (60 caps / 30 days),<br>PA; PA if 65 years and<br>older                                                        |
| <i>zaleplon</i> CAPS 5mg                                 | \$0(2)                                                  | QL (30 caps / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <i>zaleplon</i> CAPS 10mg                                | \$0(2)                                                  | QL (60 caps / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg                  | \$0(2)                                                  | QL (30 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <b><i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i></b> |                                                         |                                                                                                                   |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                           | \$0(2)                                                  | QL (1 pen / 30 days),<br>NM, PA                                                                                   |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                                    | \$0(2)                                                  | NDS                                                            |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml                                    | \$0(2)                                                  | NDS, QL (8 mL / 30 days), PA                                   |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                                       | \$0(1)                                                  | QL (40 tabs / 28 days), PA                                     |
| <i>naratriptan hcl</i> 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                                     |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg                       | \$0(1)                                                  | QL (18 tabs / 30 days)                                         |
| <i>sumatriptan</i> SOLN 5mg/act                                                  | \$0(1)                                                  | QL (24 units / 30 days)                                        |
| <i>sumatriptan</i> SOLN 20mg/act                                                 | \$0(1)                                                  | QL (12 units / 30 days)                                        |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml                      | \$0(1)                                                  | QL (18 injections / 30 days)                                   |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml      | \$0(1)                                                  | QL (12 injections / 30 days)                                   |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg                              | \$0(1)                                                  | QL (12 tabs / 30 days)                                         |
| UBRELVY TABS 50mg, 100mg                                                         | \$0(2)                                                  | QL (16 tabs / 30 days), PA                                     |
| <b>MISCELLANEOUS</b>                                                             |                                                         |                                                                |
| AUSTEDO TABS 6mg                                                                 | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| AUSTEDO TABS 9mg, 12mg                                                           | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| AUSTEDO XR TB24 6mg                                                              | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| AUSTEDO XR TB24 12mg                                                             | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, PA                           |
| AUSTEDO XR TB24 24mg                                                             | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, PA                            |
| AUSTEDO XR TAB TITR KIT                                                          | \$0(2)                                                  | NDS, QL (2 packs / year), NM, PA                               |
| <i>lithium</i> SOLN 8meq/5ml                                                     | \$0(2)                                                  |                                                                |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | \$0(1)                                                  |                                                                |
| NUEDEXTA CAP 20-10MG                                                             | \$0(2)                                                  | QL (60 caps / 30 days), PA                                     |
| <i>pyridostigmine bromide</i> TABS 60mg                                          | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                          | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b>                                         |
|----------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <i>riluzole</i> TABS 50mg                                            | \$0(1)                                                  |                                                                                                        |
| <i>tetrabenazine</i> TABS 12.5mg                                     | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                                                                    |
| <i>tetrabenazine</i> TABS 25mg                                       | \$0(2)                                                  | NDS, QL (120 tabs / 30 days), NM, PA                                                                   |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b> |                                                         |                                                                                                        |
| BAFIERTAM CPDR 95mg                                                  | \$0(2)                                                  | NDS, QL (120 caps / 30 days), NM, LA, PA                                                               |
| BETASERON KIT .3mg                                                   | \$0(2)                                                  | NDS, QL (14 syringes / 28 days), NM, PA                                                                |
| <i>dalfampridine</i> TB12 10mg                                       | \$0(1)                                                  | QL (60 tabs / 30 days), NM, PA                                                                         |
| <i>fingolimod hcl</i> CAPS .5mg                                      | \$0(2)                                                  | NDS, QL (30 caps / 30 days), NM, PA                                                                    |
| <i>glatiramer acetate</i> SOSY 20mg/ml                               | \$0(2)                                                  | NDS, QL (30 syringes / 30 days), NM, PA                                                                |
| <i>glatiramer acetate</i> SOSY 40mg/ml                               | \$0(2)                                                  | NDS, QL (12 syringes / 28 days), NM, PA                                                                |
| <i>glatopa</i> SOSY 20mg/ml                                          | \$0(2)                                                  | NDS, QL (30 syringes / 30 days), NM, PA                                                                |
| <i>glatopa</i> SOSY 40mg/ml                                          | \$0(2)                                                  | NDS, QL (12 syringes / 28 days), NM, PA                                                                |
| KESIMPTA SOAJ 20mg/0.4ml                                             | \$0(2)                                                  | NDS, QL (16 pens / year), NM, LA, PA                                                                   |
| <b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b> |                                                         |                                                                                                        |
| <i>baclofen</i> TABS 5mg                                             | \$0(1)                                                  | QL (90 tabs / 30 days)                                                                                 |
| <i>baclofen</i> TABS 10mg, 20mg                                      | \$0(1)                                                  |                                                                                                        |
| <i>carisoprodol</i> 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 |
| <i>cyclobenzaprine hcl</i> 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  |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg                      | \$0(1)                                                  |                                                                                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                                   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b>                                                     |
|-------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <i>methocarbamol</i> TABS 500mg                                               | \$0(2)                                                  | QL (360 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year |
| <i>methocarbamol</i> TABS 750mg                                               | \$0(2)                                                  | QL (240 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                           | \$0(1)                                                  |                                                                                                                    |
| <b><i>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</i></b>                |                                                         |                                                                                                                    |
| <i>armodafinil</i> TABS 50mg                                                  | \$0(1)                                                  | QL (60 tabs / 30 days),<br>PA                                                                                      |
| <i>armodafinil</i> TABS 150mg, 200mg,<br>250mg                                | \$0(1)                                                  | QL (30 tabs / 30 days),<br>PA                                                                                      |
| <i>modafinil</i> TABS 100mg                                                   | \$0(1)                                                  | QL (30 tabs / 30 days),<br>PA                                                                                      |
| <i>modafinil</i> TABS 200mg                                                   | \$0(1)                                                  | QL (60 tabs / 30 days),<br>PA                                                                                      |
| SODIUM OXYBATE SOLN 500mg/ml                                                  | \$0(2)                                                  | NDS, QL (540 mL / 30<br>days), NM, LA, PA                                                                          |
| <b><i>PSYCHOTHERAPEUTIC-MISC</i></b>                                          |                                                         |                                                                                                                    |
| <i>acamprosate calcium</i> TBEC 333mg                                         | \$0(1)                                                  |                                                                                                                    |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                                        | \$0(1)                                                  | QL (90 tabs / 30 days),<br>PA                                                                                      |
| <i>buprenorphine hcl-naloxone hcl sl film</i><br><i>2-0.5 mg (base equiv)</i> | \$0(1)                                                  | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film</i><br><i>4-1 mg (base equiv)</i>   | \$0(1)                                                  | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film</i><br><i>8-2 mg (base equiv)</i>   | \$0(1)                                                  | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film</i><br><i>12-3 mg (base equiv)</i>  | \$0(1)                                                  | QL (60 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl tab</i><br><i>2-0.5 mg (base equiv)</i>  | \$0(1)                                                  | QL (90 tabs / 30 days)                                                                                             |
| <i>buprenorphine hcl-naloxone hcl sl tab</i><br><i>8-2 mg (base equiv)</i>    | \$0(1)                                                  | QL (90 tabs / 30 days)                                                                                             |
| <i>bupropion hcl (smoking deterrent)</i><br>TB12 150mg                        | \$0(1)                                                  | QL (60 tabs / 30 days)                                                                                             |
| <i>caffeine</i> TABS 200mg                                                    | \$0(3)                                                  | NM; *                                                                                                              |
| <i>disulfiram</i> TABS 250mg, 500mg                                           | \$0(1)                                                  |                                                                                                                    |
| <i>goodsense nicotine</i> LOZG 2mg                                            | \$0(3)                                                  | NM; *                                                                                                              |
| <i>ibuprofen pm</i>                                                           | \$0(3)                                                  | NM; *                                                                                                              |

| <b>Drug Name<br/>(By Medical Condition)</b>                                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | \$0(1)                                                  |                                                                |
| <i>naltrexone hcl</i> TABS 50mg                                                        | \$0(1)                                                  |                                                                |
| <i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr                                    | \$0(3)                                                  | NM; *                                                          |
| <i>nicotine mini lozenge</i> LOZG 2mg, 4mg                                             | \$0(3)                                                  | NM; *                                                          |
| <i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg                                 | \$0(3)                                                  | NM; *                                                          |
| <i>nicotine polacrilex mini</i> LOZG 2mg                                               | \$0(3)                                                  | NM; *                                                          |
| NICOTINE SYS KIT TRANSDER                                                              | \$0(3)                                                  | NM; *                                                          |
| <i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr                   | \$0(3)                                                  | NM; *                                                          |
| NICOTROL INHALER INHA 10mg                                                             | \$0(2)                                                  |                                                                |
| NICOTROL NS SOLN 10mg/ml                                                               | \$0(2)                                                  |                                                                |
| <i>qc pain reliever pm extra</i>                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>sleep aid</i> LIQD 50mg/30ml                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>sleep-aid</i> CAPS 25mg, 50mg; TABS 25mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>varenicline tartrate</i> TABS .5mg, 1mg                                             | \$0(1)                                                  | QL (56 tabs / 28 days), PA                                     |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>                 | \$0(1)                                                  | QL (2 packs / year), PA                                        |
| VIVITROL SUSR 380mg                                                                    | \$0(2)                                                  | NDS, NM                                                        |
| <b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>         |                                                         |                                                                |
| <b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>                                     |                                                         |                                                                |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                                       | \$0(1)                                                  | PA                                                             |
| <i>methyletestosterone</i> CAPS 10mg                                                   | \$0(2)                                                  | NDS, QL (600 caps / 30 days), PA                               |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm                                       | \$0(1)                                                  | QL (300 gm / 30 days), PA                                      |
| <i>testosterone</i> GEL 1.62%                                                          | \$0(1)                                                  | QL (150 gm / 30 days), PA                                      |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml                                  | \$0(1)                                                  | PA                                                             |
| <i>testosterone enanthate</i> SOLN 200mg/ml                                            | \$0(1)                                                  | PA                                                             |
| <b>ANTIDIABETICS</b>                                                                   |                                                         |                                                                |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                                                 | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| BYDUREON BCISE AUIJ 2mg/0.85ml                    | \$0(2)                                                  | QL (4 pens / 28 days),<br>PA                                   |
| BYETTA SOPN 5mcg/0.02ml,<br>10mcg/0.04ml          | \$0(2)                                                  | QL (1 pen / 30 days), PA                                       |
| FARXIGA TABS 5mg, 10mg                            | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| <i>glimepiride</i> TABS 1mg, 2mg                  | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>glimepiride</i> TABS 4mg                       | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>glipizide</i> TABS 5mg                         | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>glipizide</i> TABS 10mg                        | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>glipizide</i> TB24 2.5mg, 5mg                  | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>glipizide</i> TB24 10mg                        | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>glipizide xl</i> TB24 2.5mg, 5mg               | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>glipizide xl</i> TB24 10mg                     | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>glipizide-metformin hcl tab 2.5-250<br/>mg</i> | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>glipizide-metformin hcl tab 2.5-500<br/>mg</i> | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>glipizide-metformin hcl tab 5-500 mg</i>       | \$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)                                         |
| <i>metformin hcl</i> TABS 500mg                   | \$0(1)                                                  | QL (150 tabs / 30 days)                                        |
| <i>metformin hcl</i> TABS 850mg                   | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>metformin hcl</i> TABS 1000mg                  | \$0(1)                                                  | QL (75 tabs / 30 days)                                         |
| <i>metformin hcl</i> TB24 500mg                   | \$0(1)                                                  | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)      |
| <i>metformin hcl</i> TB24 750mg                   | \$0(1)                                                  | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)       |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| MOUNJARO SOPN 2.5mg/0.5ml,<br>5mg/0.5ml, 7.5mg/0.5ml,<br>10mg/0.5ml, 12.5mg/0.5ml,<br>15mg/0.5ml | \$0(2)                                                  | QL (4 pens / 28 days),<br>PA                                   |
| <i>nateglinide</i> TABS 60mg, 120mg                                                              | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN 2mg/1.5ml                                                  | \$0(2)                                                  | QL (1 pen / 28 days), PA                                       |
| OZEMPIC (0.25 OR 0.5MG/DOSE)<br>SOPN 2mg/3ml                                                     | \$0(2)                                                  | QL (1 pen / 28 days), PA                                       |
| OZEMPIC (1MG/DOSE) SOPN<br>4mg/3ml                                                               | \$0(2)                                                  | QL (1 pen / 28 days), PA                                       |
| OZEMPIC (2MG/DOSE) SOPN<br>8mg/3ml                                                               | \$0(2)                                                  | QL (1 pen / 28 days), PA                                       |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg,<br>45mg                                                 | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>pioglitazone hcl-metformin hcl tab 15-<br/>500 mg</i>                                         | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>pioglitazone hcl-metformin hcl tab 15-<br/>850 mg</i>                                         | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>repaglinide</i> TABS 2mg                                                                      | \$0(1)                                                  | QL (240 tabs / 30 days)                                        |
| <i>repaglinide</i> TABS .5mg, 1mg                                                                | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| RYBELSUS TABS 3mg, 7mg, 14mg                                                                     | \$0(2)                                                  | QL (30 tabs / 30 days),<br>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-<br>1000MG                                                         | \$0(2)                                                  | QL (60 tabs / 30 days)                                         |
| TRIJARDY XR TAB ER 24HR 10-5-<br>1000MG                                                          | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-<br>1000MG                                                      | \$0(2)                                                  | QL (60 tabs / 30 days)                                         |
| TRIJARDY XR TAB ER 24HR 25-5-<br>1000MG                                                          | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| TRULICITY SOPN .75mg/0.5ml,<br>1.5mg/0.5ml, 3mg/0.5ml,<br>4.5mg/0.5ml                            | \$0(2)                                                  | QL (4 pens / 28 days),<br>PA                                   |
| XIGDUO XR TAB 2.5-1000                                                                           | \$0(2)                                                  | QL (60 tabs / 30 days)                                         |

| <b>Drug Name<br/>(By Medical Condition)</b>  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| 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)                                         |
| <b><i>ANTIDIABETICS, INSULINS</i></b>        |                                                         |                                                                |
| ADMELOG SOLN 100unit/ml                      | \$0(2)                                                  |                                                                |
| ADMELOG SOLOSTAR SOPN<br>100unit/ml          | \$0(2)                                                  |                                                                |
| BASAGLAR KWIKPEN SOPN<br>100unit/ml          | \$0(2)                                                  |                                                                |
| BD ALCOHOL SWABS                             | \$0(2)                                                  |                                                                |
| 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)                                                  |                                                                |
| HUMULIN R U-500 (CONCENTR SOLN<br>500unit/ml | \$0(2)                                                  | NDS, B/D                                                       |
| HUMULIN R U-500 KWIKPEN SOPN<br>500unit/ml   | \$0(2)                                                  | NDS                                                            |
| INSULIN PEN NEEDLES: BD/NOVO                 | \$0(2)                                                  |                                                                |
| INSULIN SAFETY NEEDLES                       | \$0(2)                                                  |                                                                |
| INSULIN SYRINGES: BD                         | \$0(2)                                                  |                                                                |
| LANTUS SOLN 100unit/ml                       | \$0(2)                                                  |                                                                |
| LANTUS SOLOSTAR SOPN 100unit/ml              | \$0(2)                                                  |                                                                |
| 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<br>100unit/ml         | \$0(2)                                                  | (brand RELION not covered)                                     |
| NOVOLIN R SOLN 100unit/ml                    | \$0(2)                                                  | (brand RELION not covered)                                     |
| NOVOLIN R FLEXPEN SOPN<br>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)                                     |
| OMNIPOD 5 G6 KIT INTRO                       | \$0(2)                                                  | QL (1 kit / year), PA                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| OMNIPOD 5 G6 MIS PODS                                                 | \$0(2)                                                  | QL (15 pods / 30 days),<br>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),<br>PA                                  |
| OMNIPOD DASH KIT INTRO                                                | \$0(2)                                                  | QL (1 kit / year), PA                                          |
| OMNIPOD DASH MIS PODS                                                 | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 10UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 15UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 20UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 25UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 30UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 35UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD GO KIT 40UNT/DY                                               | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| OMNIPOD MIS CLASSIC                                                   | \$0(2)                                                  | QL (15 pods / 30 days),<br>PA                                  |
| SOLIQUA INJ 100/33                                                    | \$0(2)                                                  | QL (5 pens / 25 days)                                          |
| TOUJEO MAX SOLOSTAR SOPN<br>300unit/ml                                | \$0(2)                                                  |                                                                |
| TOUJEO SOLOSTAR SOPN 300unit/ml                                       | \$0(2)                                                  |                                                                |
| TRESIBA SOLN 100unit/ml                                               | \$0(2)                                                  |                                                                |
| TRESIBA FLEXTOUCH SOPN<br>100unit/ml, 200unit/ml                      | \$0(2)                                                  |                                                                |
| V-GO 20 KIT                                                           | \$0(2)                                                  | QL (30 devices / 30<br>days), PA                               |
| V-GO 30 KIT                                                           | \$0(2)                                                  | QL (30 devices / 30<br>days), PA                               |
| V-GO 40 KIT                                                           | \$0(2)                                                  | QL (30 devices / 30<br>days), PA                               |
| XULTOPHY INJ 100/3.6                                                  | \$0(2)                                                  | QL (5 pens / 30 days)                                          |
| <b><i>CALCIUM REGULATORS</i></b>                                      |                                                         |                                                                |
| <i>alendronate sodium</i> SOLN<br>70mg/75ml; TABS 10mg, 35mg,<br>70mg | \$0(1)                                                  |                                                                |
| <i>calcitonin (salmon) spray</i> SOLN<br>200unit/act                  | \$0(1)                                                  | B/D                                                            |

| <b>Drug Name<br/>(By Medical Condition)</b>                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ibandronate sodium</i> TABS 150mg                              | \$0(1)                                                  | B/D                                                            |
| NATPARA CART 25mcg, 50mcg,<br>75mcg, 100mcg                       | \$0(2)                                                  | NDS, LA, PA                                                    |
| PAMIDRONATE DISODIUM SOLN<br>6mg/ml                               | \$0(2)                                                  | B/D                                                            |
| <i>pamidronate disodium</i> SOLN<br>30mg/10ml, 90mg/10ml          | \$0(1)                                                  | B/D                                                            |
| PROLIA SOSY 60mg/ml                                               | \$0(2)                                                  | QL (1 syringe / 180<br>days), NM                               |
| <i>risedronate sodium</i> TABS 5mg,<br>35mg, 150mg; TBEC 35mg     | \$0(1)                                                  |                                                                |
| TERIPARATIDE SOPN 620mcg/2.48ml                                   | \$0(2)                                                  | NDS, NM, PA                                                    |
| XGEVA SOLN 120mg/1.7ml                                            | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>zoledronic acid</i> CONC 4mg/5ml;<br>SOLN 4mg/100ml, 5mg/100ml | \$0(1)                                                  | B/D, NM                                                        |
| <b>CHELATING AGENTS</b>                                           |                                                         |                                                                |
| CHEMET CAPS 100mg                                                 | \$0(2)                                                  | NDS                                                            |
| <i>deferasirox</i> PACK 90mg, 180mg,<br>360mg; TABS 180mg, 360mg  | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>deferasirox</i> TABS 90mg                                      | \$0(1)                                                  | NM, PA                                                         |
| LOKELMA PACK 5gm, 10gm                                            | \$0(2)                                                  |                                                                |
| <i>penicillamine</i> TABS 250mg                                   | \$0(2)                                                  | NDS, NM                                                        |
| <i>sodium polystyrene sulfonate powder</i>                        | \$0(1)                                                  |                                                                |
| <i>sps</i> SUSP 15gm/60ml                                         | \$0(1)                                                  |                                                                |
| <i>trientine hcl</i> CAPS 250mg                                   | \$0(2)                                                  | NDS, NM, PA                                                    |
| VELTASSA PACK 8.4gm, 16.8gm,<br>25.2gm                            | \$0(2)                                                  |                                                                |
| <b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>                   |                                                         |                                                                |
| <i>afirmelle</i>                                                  | \$0(1)                                                  |                                                                |
| <i>altavera</i>                                                   | \$0(1)                                                  |                                                                |
| <i>alyacen 1/35</i>                                               | \$0(1)                                                  |                                                                |
| <i>alyacen 7/7/7</i>                                              | \$0(1)                                                  |                                                                |
| <i>amethia</i>                                                    | \$0(1)                                                  |                                                                |
| <i>apri</i>                                                       | \$0(1)                                                  |                                                                |
| <i>aranelle</i>                                                   | \$0(1)                                                  |                                                                |
| <i>ashlyna</i>                                                    | \$0(1)                                                  |                                                                |
| <i>aubra eq</i>                                                   | \$0(1)                                                  |                                                                |
| <i>aurovela 1/20</i>                                              | \$0(1)                                                  |                                                                |
| <i>aurovela 24 fe</i>                                             | \$0(1)                                                  |                                                                |
| <i>aurovela fe 1.5/30</i>                                         | \$0(1)                                                  |                                                                |
| <i>aurovela fe 1/20</i>                                           | \$0(1)                                                  |                                                                |
| <i>aviane</i>                                                     | \$0(1)                                                  |                                                                |
| <i>ayuna</i>                                                      | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                 | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>azurette</i>                                                             | \$0(1)                                                  |                                                                |
| <i>balziva</i>                                                              | \$0(1)                                                  |                                                                |
| <i>blisovi 24 fe</i>                                                        | \$0(1)                                                  |                                                                |
| <i>blisovi fe 1.5/30</i>                                                    | \$0(1)                                                  |                                                                |
| <i>briellyn</i>                                                             | \$0(1)                                                  |                                                                |
| <i>camila TABS .35mg</i>                                                    | \$0(1)                                                  |                                                                |
| <i>camrese</i>                                                              | \$0(1)                                                  |                                                                |
| <i>camrese lo</i>                                                           | \$0(1)                                                  |                                                                |
| <i>chateal eq</i>                                                           | \$0(1)                                                  |                                                                |
| <i>cryselle-28</i>                                                          | \$0(1)                                                  |                                                                |
| <i>cyred eq</i>                                                             | \$0(1)                                                  |                                                                |
| <i>dasetta 1/35</i>                                                         | \$0(1)                                                  |                                                                |
| <i>dasetta 7/7/7</i>                                                        | \$0(1)                                                  |                                                                |
| <i>daysee</i>                                                               | \$0(1)                                                  |                                                                |
| <i>deblitane TABS .35mg</i>                                                 | \$0(1)                                                  |                                                                |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                                  | \$0(2)                                                  |                                                                |
| <i>desogest-eth estrad &amp; eth estrad tab<br/>0.15-0.02/0.01 mg(21/5)</i> | \$0(1)                                                  |                                                                |
| <i>desogestrel &amp; ethinyl estradiol tab<br/>0.15 mg-30 mcg</i>           | \$0(1)                                                  |                                                                |
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.03-0.451 mg</i>    | \$0(1)                                                  |                                                                |
| <i>drospirenone-ethinyl estradiol tab 3-<br/>0.02 mg</i>                    | \$0(1)                                                  |                                                                |
| <i>drospirenone-ethinyl estradiol tab 3-<br/>0.03 mg</i>                    | \$0(1)                                                  |                                                                |
| <i>econtra ez TABS 1.5mg</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>elinest</i>                                                              | \$0(1)                                                  |                                                                |
| <i>eluryng</i>                                                              | \$0(1)                                                  |                                                                |
| <i>enilloring</i>                                                           | \$0(1)                                                  |                                                                |
| <i>enpresse-28</i>                                                          | \$0(1)                                                  |                                                                |
| <i>enskyce</i>                                                              | \$0(1)                                                  |                                                                |
| <i>errin TABS .35mg</i>                                                     | \$0(1)                                                  |                                                                |
| <i>estarylla</i>                                                            | \$0(1)                                                  |                                                                |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-35 mcg</i>     | \$0(1)                                                  |                                                                |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-50 mcg</i>     | \$0(1)                                                  |                                                                |
| <i>etonogestrel-ethinyl estradiol va ring<br/>0.12-0.015 mg/24hr</i>        | \$0(1)                                                  |                                                                |
| <i>falmina</i>                                                              | \$0(1)                                                  |                                                                |
| <i>finzala</i>                                                              | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>hailey 1.5/30</i>                                                         | \$0(1)                                                  |                                                                |
| <i>hailey 24 fe</i>                                                          | \$0(1)                                                  |                                                                |
| <i>haloette</i>                                                              | \$0(1)                                                  |                                                                |
| <i>heather TABS .35mg</i>                                                    | \$0(1)                                                  |                                                                |
| <i>iclevia</i>                                                               | \$0(1)                                                  |                                                                |
| <i>incassia TABS .35mg</i>                                                   | \$0(1)                                                  |                                                                |
| <i>introvale</i>                                                             | \$0(1)                                                  |                                                                |
| <i>isibloom</i>                                                              | \$0(1)                                                  |                                                                |
| <i>jasmiel</i>                                                               | \$0(1)                                                  |                                                                |
| <i>jolessa</i>                                                               | \$0(1)                                                  |                                                                |
| <i>juleber</i>                                                               | \$0(1)                                                  |                                                                |
| <i>junel 1.5/30</i>                                                          | \$0(1)                                                  |                                                                |
| <i>junel 1/20</i>                                                            | \$0(1)                                                  |                                                                |
| <i>junel fe 1.5/30</i>                                                       | \$0(1)                                                  |                                                                |
| <i>junel fe 1/20</i>                                                         | \$0(1)                                                  |                                                                |
| <i>junel fe 24</i>                                                           | \$0(1)                                                  |                                                                |
| <i>kaitlib fe</i>                                                            | \$0(1)                                                  |                                                                |
| <i>kariva</i>                                                                | \$0(1)                                                  |                                                                |
| <i>kelnor 1/35</i>                                                           | \$0(1)                                                  |                                                                |
| <i>kelnor 1/50</i>                                                           | \$0(1)                                                  |                                                                |
| <i>kurvelo</i>                                                               | \$0(1)                                                  |                                                                |
| <i>larin 1.5/30</i>                                                          | \$0(1)                                                  |                                                                |
| <i>larin 1/20</i>                                                            | \$0(1)                                                  |                                                                |
| <i>larin 24 fe</i>                                                           | \$0(1)                                                  |                                                                |
| <i>larin fe 1.5/30</i>                                                       | \$0(1)                                                  |                                                                |
| <i>larin fe 1/20</i>                                                         | \$0(1)                                                  |                                                                |
| <i>layolis fe</i>                                                            | \$0(1)                                                  |                                                                |
| <i>leena</i>                                                                 | \$0(1)                                                  |                                                                |
| <i>lessina</i>                                                               | \$0(1)                                                  |                                                                |
| <i>levonest</i>                                                              | \$0(1)                                                  |                                                                |
| <i>levonor-eth est tab 0.15-<br/>0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i> | \$0(1)                                                  |                                                                |
| <i>levonorg-eth est tab 0.1-0.02mg(84)<br/>&amp; eth est tab 0.01mg(7)</i>   | \$0(1)                                                  |                                                                |
| <i>levonorg-eth est tab 0.15-0.03mg(84)<br/>&amp; eth est tab 0.01mg(7)</i>  | \$0(1)                                                  |                                                                |
| <i>levonorgestrel &amp; ethinyl estradiol (91-<br/>day) tab 0.15-0.03 mg</i> | \$0(1)                                                  |                                                                |
| <i>levonorgestrel &amp; ethinyl estradiol tab<br/>0.1 mg-20 mcg</i>          | \$0(1)                                                  |                                                                |
| <i>levonorgestrel &amp; ethinyl estradiol tab<br/>0.15 mg-30 mcg</i>         | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                     | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>levonorgestrel (emergency oc) TABS 1.5mg</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>             | \$0(1)                                                  |                                                                |
| <i>levora 0.15/30-28</i>                                                        | \$0(1)                                                  |                                                                |
| <i>loestrin 1.5/30-21</i>                                                       | \$0(1)                                                  |                                                                |
| <i>loestrin 1/20-21</i>                                                         | \$0(1)                                                  |                                                                |
| <i>loestrin fe 1.5/30</i>                                                       | \$0(1)                                                  |                                                                |
| <i>loestrin fe 1/20</i>                                                         | \$0(1)                                                  |                                                                |
| <i>loryna</i>                                                                   | \$0(1)                                                  |                                                                |
| <i>low-ogestrel</i>                                                             | \$0(1)                                                  |                                                                |
| <i>lutra</i>                                                                    | \$0(1)                                                  |                                                                |
| <i>lyleq TABS .35mg</i>                                                         | \$0(1)                                                  |                                                                |
| <i>lyza TABS .35mg</i>                                                          | \$0(1)                                                  |                                                                |
| <i>marlissa</i>                                                                 | \$0(1)                                                  |                                                                |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | \$0(1)                                                  |                                                                |
| <i>mibelas 24 fe</i>                                                            | \$0(1)                                                  |                                                                |
| <i>microgestin 1.5/30</i>                                                       | \$0(1)                                                  |                                                                |
| <i>microgestin 1/20</i>                                                         | \$0(1)                                                  |                                                                |
| <i>microgestin 24 fe</i>                                                        | \$0(1)                                                  |                                                                |
| <i>microgestin fe 1.5/30</i>                                                    | \$0(1)                                                  |                                                                |
| <i>microgestin fe 1/20</i>                                                      | \$0(1)                                                  |                                                                |
| <i>mili</i>                                                                     | \$0(1)                                                  |                                                                |
| <i>mono-lynyah</i>                                                              | \$0(1)                                                  |                                                                |
| <i>my way TABS 1.5mg</i>                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>necon 0.5/35-28</i>                                                          | \$0(1)                                                  |                                                                |
| <i>new day TABS 1.5mg</i>                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>nikki</i>                                                                    | \$0(1)                                                  |                                                                |
| <i>nora-be TABS .35mg</i>                                                       | \$0(1)                                                  |                                                                |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>                 | \$0(1)                                                  |                                                                |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>          | \$0(1)                                                  |                                                                |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>          | \$0(1)                                                  |                                                                |
| <i>norethindrone (contraceptive) TABS .35mg</i>                                 | \$0(1)                                                  |                                                                |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>             | \$0(1)                                                  |                                                                |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>norethindrone ace &amp; ethinyl estradiol<br/>tab 1.5 mg-30 mcg</i>   | \$0(1)                                                  |                                                                |
| <i>norethindrone ace &amp; ethinyl estradiol-<br/>fe tab 1 mg-20 mcg</i> | \$0(1)                                                  |                                                                |
| <i>norethindrone ace-eth estradiol-fe<br/>chew tab 1 mg-20 mcg (24)</i>  | \$0(1)                                                  |                                                                |
| <i>norgestimate &amp; ethinyl estradiol tab<br/>0.25 mg-35 mcg</i>       | \$0(1)                                                  |                                                                |
| <i>norgestimate-eth estrad tab 0.18-<br/>25/0.215-25/0.25-25 mg-mcg</i>  | \$0(1)                                                  |                                                                |
| <i>norgestimate-eth estrad tab 0.18-<br/>35/0.215-35/0.25-35 mg-mcg</i>  | \$0(1)                                                  |                                                                |
| <i>norlyroc TABS .35mg</i>                                               | \$0(1)                                                  |                                                                |
| <i>nortrel 0.5/35 (28)</i>                                               | \$0(1)                                                  |                                                                |
| <i>nortrel 1/35 (21)</i>                                                 | \$0(1)                                                  |                                                                |
| <i>nortrel 1/35 (28)</i>                                                 | \$0(1)                                                  |                                                                |
| <i>nortrel 7/7/7</i>                                                     | \$0(1)                                                  |                                                                |
| <i>nylia 1/35</i>                                                        | \$0(1)                                                  |                                                                |
| <i>nylia 7/7/7</i>                                                       | \$0(1)                                                  |                                                                |
| <i>nymyo</i>                                                             | \$0(1)                                                  |                                                                |
| <i>ocella</i>                                                            | \$0(1)                                                  |                                                                |
| <i>opcicon one-step TABS 1.5mg</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>philith</i>                                                           | \$0(1)                                                  |                                                                |
| <i>pimtrea</i>                                                           | \$0(1)                                                  |                                                                |
| <i>portia-28</i>                                                         | \$0(1)                                                  |                                                                |
| <i>reclipsen</i>                                                         | \$0(1)                                                  |                                                                |
| <i>rivelsa</i>                                                           | \$0(1)                                                  |                                                                |
| <i>setlakin</i>                                                          | \$0(1)                                                  |                                                                |
| <i>sharobel TABS .35mg</i>                                               | \$0(1)                                                  |                                                                |
| <i>simliya</i>                                                           | \$0(1)                                                  |                                                                |
| <i>simpesse</i>                                                          | \$0(1)                                                  |                                                                |
| <i>sprintec 28</i>                                                       | \$0(1)                                                  |                                                                |
| <i>sronyx</i>                                                            | \$0(1)                                                  |                                                                |
| <i>syeda</i>                                                             | \$0(1)                                                  |                                                                |
| <i>tarina 24 fe</i>                                                      | \$0(1)                                                  |                                                                |
| <i>tarina fe 1/20 eq</i>                                                 | \$0(1)                                                  |                                                                |
| <i>tilia fe</i>                                                          | \$0(1)                                                  |                                                                |
| <i>tri-estarylla</i>                                                     | \$0(1)                                                  |                                                                |
| <i>tri-legest fe</i>                                                     | \$0(1)                                                  |                                                                |
| <i>tri-linyah</i>                                                        | \$0(1)                                                  |                                                                |
| <i>tri-lo-estarylla</i>                                                  | \$0(1)                                                  |                                                                |
| <i>tri-lo-marzia</i>                                                     | \$0(1)                                                  |                                                                |
| <i>tri-lo-mili</i>                                                       | \$0(1)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                                                                                               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>tri-lo-sprintec</i>                                                                                                                                                                                    | \$0(1)                                                  |                                                                |
| <i>tri-mili</i>                                                                                                                                                                                           | \$0(1)                                                  |                                                                |
| <i>tri-nymyo</i>                                                                                                                                                                                          | \$0(1)                                                  |                                                                |
| <i>tri-sprintec</i>                                                                                                                                                                                       | \$0(1)                                                  |                                                                |
| <i>tri-vylibra</i>                                                                                                                                                                                        | \$0(1)                                                  |                                                                |
| <i>tri-vylibra lo</i>                                                                                                                                                                                     | \$0(1)                                                  |                                                                |
| <i>trivora-28</i>                                                                                                                                                                                         | \$0(1)                                                  |                                                                |
| <i>turqoz</i>                                                                                                                                                                                             | \$0(1)                                                  |                                                                |
| <i>tydemy</i>                                                                                                                                                                                             | \$0(1)                                                  |                                                                |
| <i>velivet</i>                                                                                                                                                                                            | \$0(1)                                                  |                                                                |
| <i>vestura</i>                                                                                                                                                                                            | \$0(1)                                                  |                                                                |
| <i>vienva</i>                                                                                                                                                                                             | \$0(1)                                                  |                                                                |
| <i>viorele</i>                                                                                                                                                                                            | \$0(1)                                                  |                                                                |
| <i>vyfemla</i>                                                                                                                                                                                            | \$0(1)                                                  |                                                                |
| <i>vylibra</i>                                                                                                                                                                                            | \$0(1)                                                  |                                                                |
| <i>wera</i>                                                                                                                                                                                               | \$0(1)                                                  |                                                                |
| <i>wymzya fe</i>                                                                                                                                                                                          | \$0(1)                                                  |                                                                |
| <i>xulane</i>                                                                                                                                                                                             | \$0(1)                                                  |                                                                |
| <i>zafemy</i>                                                                                                                                                                                             | \$0(1)                                                  |                                                                |
| <i>zovia 1/35</i>                                                                                                                                                                                         | \$0(1)                                                  |                                                                |
| <i>zumandimine</i>                                                                                                                                                                                        | \$0(1)                                                  |                                                                |
| <b>ENDOMETRIOSIS</b>                                                                                                                                                                                      |                                                         |                                                                |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                                                                                                                                    | \$0(1)                                                  |                                                                |
| SYNAREL SOLN 2mg/ml                                                                                                                                                                                       | \$0(2)                                                  | NDS, PA                                                        |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                                                                                                                      |                                                         |                                                                |
| <i>amabelz tab 0.5-0.1mg</i>                                                                                                                                                                              | \$0(2)                                                  |                                                                |
| <i>dotti</i> PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr                                                                                                                      | \$0(2)                                                  |                                                                |
| <i>estradiol</i> PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr; PTWK<br>.025mg/24hr, .05mg/24hr,<br>.06mg/24hr, .075mg/24hr,<br>.1mg/24hr, 37.5mcg/24hr; TABS<br>.5mg, 1mg, 2mg | \$0(2)                                                  |                                                                |
| <i>estradiol &amp; norethindrone acetate tab<br/>0.5-0.1 mg</i>                                                                                                                                           | \$0(2)                                                  |                                                                |
| <i>estradiol &amp; norethindrone acetate tab<br/>1-0.5 mg</i>                                                                                                                                             | \$0(2)                                                  |                                                                |
| <i>estradiol vaginal</i> CREA .1mg/gm;<br>TABS 10mcg                                                                                                                                                      | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                          | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>estradiol valerate</i> OIL 10mg/ml,<br>20mg/ml, 40mg/ml                                           | \$0(1)                                                  |                                                                |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                      | \$0(2)                                                  |                                                                |
| <i>fyavolv tab 1mg-5mcg</i>                                                                          | \$0(2)                                                  |                                                                |
| <i>jinteli</i>                                                                                       | \$0(2)                                                  |                                                                |
| <i>lyllana</i> PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr               | \$0(2)                                                  |                                                                |
| <i>mimvey</i>                                                                                        | \$0(2)                                                  |                                                                |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 0.5 mg-2.5 mcg</i>                                | \$0(2)                                                  |                                                                |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 1 mg-5 mcg</i>                                    | \$0(2)                                                  |                                                                |
| <i>yuvaferm</i> TABS 10mcg                                                                           | \$0(1)                                                  |                                                                |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>                                        |                                                         |                                                                |
| <i>dexamethasone</i> ELIX .5mg/5ml;<br>SOLN .5mg/5ml; TABS .5mg, .75mg,<br>1mg, 1.5mg, 2mg, 4mg, 6mg | \$0(1)                                                  | B/D                                                            |
| DEXAMETHASONE INTENSOL CONC<br>1mg/ml                                                                | \$0(2)                                                  | B/D                                                            |
| <i>dexamethasone sodium phosphate</i><br>SOLN 4mg/ml, 10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml   | \$0(1)                                                  |                                                                |
| <i>fludrocortisone acetate</i> TABS .1mg                                                             | \$0(1)                                                  |                                                                |
| <i>hydrocortisone</i> TABS 5mg, 10mg,<br>20mg                                                        | \$0(1)                                                  |                                                                |
| <i>methylprednisolone</i> TABS 4mg, 8mg,<br>16mg, 32mg                                               | \$0(1)                                                  | B/D                                                            |
| <i>methylprednisolone</i> TBPK 4mg                                                                   | \$0(1)                                                  |                                                                |
| <i>methylprednisolone acetate</i> SUSP<br>40mg/ml, 80mg/ml                                           | \$0(1)                                                  | B/D                                                            |
| <i>methylprednisolone sod succ</i> SOLR<br>40mg, 125mg, 1000mg                                       | \$0(1)                                                  | B/D                                                            |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                    | \$0(1)                                                  | B/D                                                            |
| <i>prednisolone sodium phosphate</i> SOLN<br>5mg/5ml, 15mg/5ml, 25mg/5ml                             | \$0(1)                                                  | B/D                                                            |
| <i>prednisone</i> SOLN 5mg/5ml; TABS<br>1mg, 2.5mg, 5mg, 10mg, 20mg,<br>50mg                         | \$0(1)                                                  | B/D                                                            |
| <i>prednisone</i> TBPK 5mg, 10mg                                                                     | \$0(1)                                                  |                                                                |
| PREDNISONE INTENSOL CONC<br>5mg/ml                                                                   | \$0(2)                                                  | B/D                                                            |
| SOLU-CORTEF SOLR 100mg, 250mg,<br>500mg, 1000mg                                                      | \$0(2)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <b><i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i></b> |                                                         |                                                                |
| <i>diazoxide</i> SUSP 50mg/ml                                           | \$0(2)                                                  | NDS                                                            |
| GVOKE HYPOPEN 2-PACK SOAJ<br>.5mg/0.1ml, 1mg/0.2ml                      | \$0(2)                                                  |                                                                |
| GVOKE KIT SOLN 1mg/0.2ml                                                | \$0(2)                                                  |                                                                |
| GVOKE PFS SOSY 1mg/0.2ml                                                | \$0(2)                                                  |                                                                |
| <b><i>MISCELLANEOUS</i></b>                                             |                                                         |                                                                |
| ACCU-CHEK KIT FASTCLIX                                                  | \$0(3)                                                  | NM; *                                                          |
| ACCU-CHEK KIT SOFTCLIX                                                  | \$0(3)                                                  | NM; *                                                          |
| ACTI-LANCE MIS 28G                                                      | \$0(3)                                                  | NM; *                                                          |
| ACTI-LANCE MIS LITE 28G                                                 | \$0(3)                                                  | NM; *                                                          |
| ACTI-LANCE MIS SPEC 17G                                                 | \$0(3)                                                  | NM; *                                                          |
| ACTI-LANCE MIS UNIV 23G                                                 | \$0(3)                                                  | NM; *                                                          |
| ADJ LANCING MIS DEVICE                                                  | \$0(3)                                                  | NM; *                                                          |
| ADV LANCING MIS DEVICE                                                  | \$0(3)                                                  | NM; *                                                          |
| ADV TRAVEL MIS LANC 28G                                                 | \$0(3)                                                  | NM; *                                                          |
| ADVCATE SAFE MIS LANC 26G                                               | \$0(3)                                                  | NM; *                                                          |
| ADVOCATE MIS LANC 30G                                                   | \$0(3)                                                  | NM; *                                                          |
| ADVOCATE MIS LANC DEV                                                   | \$0(3)                                                  | NM; *                                                          |
| ADVOCATE MIS LANCETS                                                    | \$0(3)                                                  | NM; *                                                          |
| AGAMATRIX MIS 33G                                                       | \$0(3)                                                  | NM; *                                                          |
| ALDURAZYME SOLN 2.9mg/5ml                                               | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| AQUALANCE MIS 30G                                                       | \$0(3)                                                  | NM; *                                                          |
| ASSURE CMFRT MIS 28G                                                    | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS 21G                                                    | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS 28G                                                    | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS LOW FLOW                                               | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS MICRO                                                  | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS SAFE 25G                                               | \$0(3)                                                  | NM; *                                                          |
| ASSURE LANCE MIS SAFE 30G                                               | \$0(3)                                                  | NM; *                                                          |
| ASSURE PLUS MIS HIGH 18G                                                | \$0(3)                                                  | NM; *                                                          |
| ASSURE PLUS MIS LOW 25G                                                 | \$0(3)                                                  | NM; *                                                          |
| ASSURE PLUS MIS MCRO 28G                                                | \$0(3)                                                  | NM; *                                                          |
| ASSURE PLUS MIS NORM 21G                                                | \$0(3)                                                  | NM; *                                                          |
| ASSURE PLUS MIS PEDIATRI                                                | \$0(3)                                                  | NM; *                                                          |
| AUTO-LANCET MIS MINI                                                    | \$0(3)                                                  | NM; *                                                          |
| AUTOLET IMPR MIS LANC DEV                                               | \$0(3)                                                  | NM; *                                                          |
| AUTOLET LANC MIS DEVICE                                                 | \$0(3)                                                  | NM; *                                                          |
| AUTOLET PLUS MIS                                                        | \$0(3)                                                  | NM; *                                                          |
| AUTOLET PLUS MIS LANC DEV                                               | \$0(3)                                                  | NM; *                                                          |
| BD LANCET UF MIS 30G                                                    | \$0(3)                                                  | NM; *                                                          |
| BD LANCET UF MIS 33G                                                    | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| BD MICROTAIN MIS LANCETS                                 | \$0(3)                                                  | NM; *                                                          |
| <i>betaine powder for oral solution</i>                  | \$0(2)                                                  | NDS, NM, LA                                                    |
| <i>cabergoline</i> TABS .5mg                             | \$0(1)                                                  |                                                                |
| CAREONE ADV MIS LANCING                                  | \$0(3)                                                  | NM; *                                                          |
| CAREONE LANC MIS 30G                                     | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS EJECTOR                                    | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS LANC 26G                                   | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS LANC 28G                                   | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS TWIST 28                                   | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS TWIST 30                                   | \$0(3)                                                  | NM; *                                                          |
| CARETOUCH MIS TWIST 33                                   | \$0(3)                                                  | NM; *                                                          |
| <i>carglumic acid</i> TBSO 200mg                         | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| CERDELGA CAPS 84mg                                       | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| CEREZYME SOLR 400unit                                    | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg                    | \$0(1)                                                  | B/D, QL (60 tabs / 30 days), NM                                |
| <i>cinacalcet hcl</i> TABS 90mg                          | \$0(2)                                                  | NDS, B/D, QL (120 tabs / 30 days), NM                          |
| CLEVER CHECK MIS                                         | \$0(3)                                                  | NM; *                                                          |
| CLEVER CHECK MIS 30G                                     | \$0(3)                                                  | NM; *                                                          |
| COAGUCHEK MIS LANCETS                                    | \$0(3)                                                  | NM; *                                                          |
| COMFORT ASSU MIS LANC 28G                                | \$0(3)                                                  | NM; *                                                          |
| COMFORT ASSU MIS LANC 33G                                | \$0(3)                                                  | NM; *                                                          |
| COMFORT EZ MIS 23G                                       | \$0(3)                                                  | NM; *                                                          |
| COMFORT EZ MIS 28G                                       | \$0(3)                                                  | NM; *                                                          |
| COMFORT MIS LANCETS                                      | \$0(3)                                                  | NM; *                                                          |
| COMFORTOUCH MIS LANCET                                   | \$0(3)                                                  | NM; *                                                          |
| CVS LANCETS MIS 30G                                      | \$0(3)                                                  | NM; *                                                          |
| CVS LANCETS MIS 33G                                      | \$0(3)                                                  | NM; *                                                          |
| CVS LANCETS MIS THIN 26G                                 | \$0(3)                                                  | NM; *                                                          |
| CVS LANCETS MIS THIN 30G                                 | \$0(3)                                                  | NM; *                                                          |
| CVS LANCETS MIS THIN 33G                                 | \$0(3)                                                  | NM; *                                                          |
| CVS LANCING MIS DEVICE                                   | \$0(3)                                                  | NM; *                                                          |
| CYSTAGON CAPS 50mg, 150mg                                | \$0(2)                                                  | NM, LA, PA                                                     |
| <i>desmopressin acetate</i> SOLN 4mcg/ml                 | \$0(2)                                                  | NDS                                                            |
| <i>desmopressin acetate</i> TABS .1mg, .2mg              | \$0(1)                                                  |                                                                |
| <i>desmopressin acetate spray</i> SOLN .01%              | \$0(1)                                                  |                                                                |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | \$0(1)                                                  |                                                                |
| DROPLET GENT MIS LANCING                                 | \$0(3)                                                  | NM; *                                                          |
| DROPLET LANC MIS 30G                                     | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| DROPLET LANC MIS DEVICE                                                                      | \$0(3)                                                  | NM; *                                                          |
| DROPLET PERS MIS LANC 30G                                                                    | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS 21G                                                                             | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS 21G COLR                                                                        | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS 30G                                                                             | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS 32G COLR                                                                        | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS LANC 21G                                                                        | \$0(3)                                                  | NM; *                                                          |
| E-Z JECT MIS THIN 26G                                                                        | \$0(3)                                                  | NM; *                                                          |
| E-ZJECT LANC MIS 33G                                                                         | \$0(3)                                                  | NM; *                                                          |
| EASY COMFORT MIS 30G                                                                         | \$0(3)                                                  | NM; *                                                          |
| EASY COMFORT MIS LANC/30G                                                                    | \$0(3)                                                  | NM; *                                                          |
| EASY COMFORT MIS TWIST                                                                       | \$0(3)                                                  | NM; *                                                          |
| EASY MINI MIS EJECT                                                                          | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS                                                                               | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS /EJECTOR                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/21G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/23G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/26G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/28G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/30G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/32G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EASY TOUCH MIS LANC/33G                                                                      | \$0(3)                                                  | NM; *                                                          |
| EMBRACE LANC MIS 21G                                                                         | \$0(3)                                                  | NM; *                                                          |
| EMBRACE LANC MIS 28G                                                                         | \$0(3)                                                  | NM; *                                                          |
| EMBRACE LANC MIS /EJECTOR                                                                    | \$0(3)                                                  | NM; *                                                          |
| EMBRACE LANC MIS THIN 30G                                                                    | \$0(3)                                                  | NM; *                                                          |
| EQL LANCETS MIS 33G COLR                                                                     | \$0(3)                                                  | NM; *                                                          |
| EZ-LETS 26G MIS LANCETS                                                                      | \$0(3)                                                  | NM; *                                                          |
| FABRAZYME SOLR 5mg, 35mg                                                                     | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| FASTCLIX MIS LANCETS                                                                         | \$0(3)                                                  | NM; *                                                          |
| FIFTY50 SAFE MIS LANCETS                                                                     | \$0(3)                                                  | NM; *                                                          |
| FINE 30 MIS                                                                                  | \$0(3)                                                  | NM; *                                                          |
| FINGERSTIX MIS LANCETS                                                                       | \$0(3)                                                  | NM; *                                                          |
| FORA LANCETS MIS 30G                                                                         | \$0(3)                                                  | NM; *                                                          |
| FORA MIS LANCETS                                                                             | \$0(3)                                                  | NM; *                                                          |
| FORA MIS LANCING                                                                             | \$0(3)                                                  | NM; *                                                          |
| FREESTYLE MIS LANCETS                                                                        | \$0(3)                                                  | NM; *                                                          |
| GENOTROPIN CART 5mg, 12mg                                                                    | \$0(2)                                                  | NDS, NM, PA                                                    |
| GENOTROPIN MINIQUICK PRSY .2mg,<br>.4mg, .6mg, .8mg, 1mg, 1.2mg,<br>1.4mg, 1.6mg, 1.8mg, 2mg | \$0(2)                                                  | NDS, NM, PA                                                    |
| GENTEEL MIS LANCETS                                                                          | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| GLOBAL 28G MIS LANCETS                        | \$0(3)                                                  | NM; *                                                          |
| GLOBAL 30G MIS LANCETS                        | \$0(3)                                                  | NM; *                                                          |
| GLOBAL LANC MIS DEVICE                        | \$0(3)                                                  | NM; *                                                          |
| GLUCOCOM MIS 28G                              | \$0(3)                                                  | NM; *                                                          |
| GLUCOCOM MIS 30G                              | \$0(3)                                                  | NM; *                                                          |
| GLUCOCOM MIS 33G                              | \$0(3)                                                  | NM; *                                                          |
| GNP LANCETS MIS 21G                           | \$0(3)                                                  | NM; *                                                          |
| GNP LANCETS MIS 33G                           | \$0(3)                                                  | NM; *                                                          |
| GNP LANCETS MIS THIN 26G                      | \$0(3)                                                  | NM; *                                                          |
| GNP LANCING MIS DEVICE                        | \$0(3)                                                  | NM; *                                                          |
| GOJJI LANCET MIS 30G                          | \$0(3)                                                  | NM; *                                                          |
| GOJJI MIS LANC DEV                            | \$0(3)                                                  | NM; *                                                          |
| GOODSENSE MIS LANC 26G                        | \$0(3)                                                  | NM; *                                                          |
| GOODSENSE MIS LANC 30G                        | \$0(3)                                                  | NM; *                                                          |
| GOODSENSE MIS LANC 33G                        | \$0(3)                                                  | NM; *                                                          |
| HC LANCING MIS DEVICE                         | \$0(3)                                                  | NM; *                                                          |
| HLTHY ACCNTS MIS LANC 30G                     | \$0(3)                                                  | NM; *                                                          |
| HYPOLANCE KIT LANCING                         | \$0(3)                                                  | NM; *                                                          |
| INCONTROL MIS LANC 28G                        | \$0(3)                                                  | NM; *                                                          |
| INCONTROL MIS LANC 30G                        | \$0(3)                                                  | NM; *                                                          |
| INCONTROL MIS LANC 33G                        | \$0(3)                                                  | NM; *                                                          |
| INCONTROL MIS LANC DEV                        | \$0(3)                                                  | NM; *                                                          |
| INCRELEX SOLN 40mg/4ml                        | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| IOSAT TABS 65mg, 130mg                        | \$0(3)                                                  | NM; *                                                          |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| KORLYM TABS 300mg                             | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| KROGER LANCE MIS 26G                          | \$0(3)                                                  | NM; *                                                          |
| LANCET DEVIC MIS 30G                          | \$0(3)                                                  | NM; *                                                          |
| LANCET MICRO MIS THIN 33G                     | \$0(3)                                                  | NM; *                                                          |
| LANCET SUPER MIS THIN 30G                     | \$0(3)                                                  | NM; *                                                          |
| LANCET ULTRA MIS 28G                          | \$0(3)                                                  | NM; *                                                          |
| LANCET ULTRA MIS THIN 30G                     | \$0(3)                                                  | NM; *                                                          |
| LANCET WITH MIS EJECTOR                       | \$0(3)                                                  | NM; *                                                          |
| LANCETS MICR MIS THIN 33G                     | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS 21G                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS 26G                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS 28G                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS 30G                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS 33G                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS THIN 26G                          | \$0(3)                                                  | NM; *                                                          |
| LANCETS MIS THIN 30G                          | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| LANCETS SUPR MIS THIN 28G                                               | \$0(3)                                                  | NM; *                                                          |
| LANCETS THIN MIS                                                        | \$0(3)                                                  | NM; *                                                          |
| LANCETS THIN MIS 26G                                                    | \$0(3)                                                  | NM; *                                                          |
| LANCETS ULTR MIS THIN                                                   | \$0(3)                                                  | NM; *                                                          |
| LANCING DEVI MIS                                                        | \$0(3)                                                  | NM; *                                                          |
| LANCING MIS DEVICE                                                      | \$0(3)                                                  | NM; *                                                          |
| LB LANCET MIS 28G                                                       | \$0(3)                                                  | NM; *                                                          |
| LB LANCING MIS DEVICE                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>levocarnitine (metabolic modifiers)</i><br>SOLN 1gm/10ml; TABS 330mg | \$0(1)                                                  | B/D                                                            |
| LITE TOUCH MIS LANC PEN                                                 | \$0(3)                                                  | NM; *                                                          |
| LITE TOUCH MIS LANCETS                                                  | \$0(3)                                                  | NM; *                                                          |
| LITETOUCH MIS LANCETS                                                   | \$0(3)                                                  | NM; *                                                          |
| LONGS LANCET MIS THIN                                                   | \$0(3)                                                  | NM; *                                                          |
| LONGS LANCET MIS ULTRA TH                                               | \$0(3)                                                  | NM; *                                                          |
| LUMIZYME SOLR 50mg                                                      | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| LUPRON DEPOT-PED (1-MONTH KIT<br>7.5mg, 11.25mg, 15mg                   | \$0(2)                                                  | NDS, NM, PA                                                    |
| LUPRON DEPOT-PED (3-MONTH KIT<br>11.25mg, 30mg                          | \$0(2)                                                  | NDS, NM, PA                                                    |
| LUPRON DEPOT-PED (6-MONTH KIT<br>45mg                                   | \$0(2)                                                  | NDS, NM, PA                                                    |
| MEDLANCE MIS 30G PLUS                                                   | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE MIS LITE 25G                                                   | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE MIS PLUS                                                       | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE MIS PLUS 30G                                                   | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE MIS UNV 21G                                                    | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE PLS MIS 0.8MM                                                  | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE PLS MIS EXTR 21G                                               | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE PLS MIS LITE 25G                                               | \$0(3)                                                  | NM; *                                                          |
| MEDLANCE PLS MIS UNIV 21G                                               | \$0(3)                                                  | NM; *                                                          |
| MEIJER LANCE MIS UNIVERSA                                               | \$0(3)                                                  | NM; *                                                          |
| MEIJER MIS LANCETS                                                      | \$0(3)                                                  | NM; *                                                          |
| MICRO THIN MIS LANC 33G                                                 | \$0(3)                                                  | NM; *                                                          |
| MICROLET MIS LANCETS                                                    | \$0(3)                                                  | NM; *                                                          |
| MICROLET MIS NEXT                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>mifepristone (hyperglycemia)</i> TABS<br>300mg                       | \$0(2)                                                  | NDS, NM, PA                                                    |
| <i>miglustat</i> CAPS 100mg                                             | \$0(2)                                                  | NDS, QL (90 caps / 30<br>days), NM, PA                         |
| MINI LANCING MIS DEVICE                                                 | \$0(3)                                                  | NM; *                                                          |
| MM LANCING MIS DEVICE                                                   | \$0(3)                                                  | NM; *                                                          |
| MM TWIST MIS LANCETS                                                    | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| MONOLET MIS LANCETS                                                                     | \$0(3)                                                  | NM; *                                                          |
| MULTI-LANCET KIT DEVICE                                                                 | \$0(3)                                                  | NM; *                                                          |
| MYGLUCOHEALT MIS LANC 30G                                                               | \$0(3)                                                  | NM; *                                                          |
| NAGLAZYME SOLN 1mg/ml                                                                   | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                             | \$0(2)                                                  | NDS, NM, PA                                                    |
| NOVA SAFETY MIS LANC 23G                                                                | \$0(3)                                                  | NM; *                                                          |
| NOVA SAFETY MIS LANC 28G                                                                | \$0(3)                                                  | NM; *                                                          |
| NOVA SUREFLX MIS LANC DEV                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | \$0(1)                                                  | NM, PA                                                         |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                    | \$0(2)                                                  | NDS, NM, PA                                                    |
| ON-THE-GO MIS LANC 30G                                                                  | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH DEL MIS LANC DEV                                                               | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH DEL MIS PLUS 30G                                                               | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH DEL MIS PLUS 33G                                                               | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH MIS LANC DEV                                                                   | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH MIS LANCETS                                                                    | \$0(3)                                                  | NM; *                                                          |
| ONETOUCH US MIS LANCETS                                                                 | \$0(3)                                                  | NM; *                                                          |
| PC LANCETS MIS 30G                                                                      | \$0(3)                                                  | NM; *                                                          |
| PIP LANCETS MIS 28G                                                                     | \$0(3)                                                  | NM; *                                                          |
| PIP LANCETS MIS 30G                                                                     | \$0(3)                                                  | NM; *                                                          |
| PRO COMFORT MIS 31G                                                                     | \$0(3)                                                  | NM; *                                                          |
| PRO COMFORT MIS LANCETS                                                                 | \$0(3)                                                  | NM; *                                                          |
| PRODIGY MIS 26G                                                                         | \$0(3)                                                  | NM; *                                                          |
| PRODIGY MIS 28G                                                                         | \$0(3)                                                  | NM; *                                                          |
| PRODIGY MIS LANC DEV                                                                    | \$0(3)                                                  | NM; *                                                          |
| PURE COMFORT MIS 30G LAN                                                                | \$0(3)                                                  | NM; *                                                          |
| PX LANCETS MIS 28G                                                                      | \$0(3)                                                  | NM; *                                                          |
| PX LANCETS MIS 33G                                                                      | \$0(3)                                                  | NM; *                                                          |
| PX LANCETS MIS ULT THIN                                                                 | \$0(3)                                                  | NM; *                                                          |
| QC LANCETS MIS 30G                                                                      | \$0(3)                                                  | NM; *                                                          |
| QC LANCING MIS DEVICE                                                                   | \$0(3)                                                  | NM; *                                                          |
| RA E-ZJECT MIS 28G                                                                      | \$0(3)                                                  | NM; *                                                          |
| RA E-ZJECT MIS THIN 26G                                                                 | \$0(3)                                                  | NM; *                                                          |
| RA E-ZJECT MIS THIN 28G                                                                 | \$0(3)                                                  | NM; *                                                          |
| RA E-ZJECT MIS ULT THIN                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>raloxifene hcl</i> TABS 60mg                                                         | \$0(1)                                                  |                                                                |
| RAPID-SAFE MIS LANCING                                                                  | \$0(3)                                                  | NM; *                                                          |
| READYLANCE MIS 21G                                                                      | \$0(3)                                                  | NM; *                                                          |
| READYLANCE MIS 23G                                                                      | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                         | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| READYLANCE MIS 26G                                                  | \$0(3)                                                  | NM; *                                                          |
| READYLANCE MIS 28G                                                  | \$0(3)                                                  | NM; *                                                          |
| READYLANCE MIS 30G                                                  | \$0(3)                                                  | NM; *                                                          |
| RELION KIT LANCING                                                  | \$0(3)                                                  | NM; *                                                          |
| RELION LANCE MIS THIN 26G                                           | \$0(3)                                                  | NM; *                                                          |
| RELION LANCE MIS THIN 30G                                           | \$0(3)                                                  | NM; *                                                          |
| RELION LANCI MIS DEVICE                                             | \$0(3)                                                  | NM; *                                                          |
| RELION MICRO MIS THIN 33G                                           | \$0(3)                                                  | NM; *                                                          |
| RELION ULTRA MIS THIN 30G                                           | \$0(3)                                                  | NM; *                                                          |
| RELION ULTRA MIS THIN PLS                                           | \$0(3)                                                  | NM; *                                                          |
| RIGHTTEST MIS GD500                                                 | \$0(3)                                                  | NM; *                                                          |
| RIGHTTEST MIS GL300                                                 | \$0(3)                                                  | NM; *                                                          |
| SAFE-T-PRO MIS LANCETS                                              | \$0(3)                                                  | NM; *                                                          |
| SAFE-T-PRO MIS PLUS                                                 | \$0(3)                                                  | NM; *                                                          |
| SAFETY 21G MIS LANCETS                                              | \$0(3)                                                  | NM; *                                                          |
| SAFETY 28G MIS LANCETS                                              | \$0(3)                                                  | NM; *                                                          |
| SAFETY 30G MIS LANCETS                                              | \$0(3)                                                  | NM; *                                                          |
| SAFETY MIS LANCETS                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>sapropterin dihydrochloride</i> PACK<br>100mg, 500mg; TABS 100mg | \$0(2)                                                  | NDS, NM, PA                                                    |
| SAPS HEALTH MIS TWIST                                               | \$0(3)                                                  | NM; *                                                          |
| SAPS TWIST MIS 30G                                                  | \$0(3)                                                  | NM; *                                                          |
| SHOPKO LANC MIS DEVICE                                              | \$0(3)                                                  | NM; *                                                          |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml,<br>.9mg/ml                          | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| SIMPLE DIAG MIS LANCING                                             | \$0(3)                                                  | NM; *                                                          |
| SM LANCETS MIS 33G                                                  | \$0(3)                                                  | NM; *                                                          |
| SMART SENSE MIS LANC 21G                                            | \$0(3)                                                  | NM; *                                                          |
| SMART SENSE MIS LANC 26G                                            | \$0(3)                                                  | NM; *                                                          |
| SMART SENSE MIS LANC 30G                                            | \$0(3)                                                  | NM; *                                                          |
| SMART SENSE MIS LANC 33G                                            | \$0(3)                                                  | NM; *                                                          |
| SMARTEST MIS LANCETS                                                | \$0(3)                                                  | NM; *                                                          |
| <i>sodium phenylbutyrate</i> POWD<br>3gm/tsp; TABS 500mg            | \$0(2)                                                  | NDS, NM, PA                                                    |
| SOFTCLIX MIS LANCETS                                                | \$0(3)                                                  | NM; *                                                          |
| SOLUS V2 MIS LANC 28G                                               | \$0(3)                                                  | NM; *                                                          |
| SOLUS V2 MIS LANC 30G                                               | \$0(3)                                                  | NM; *                                                          |
| SOLUS V2 MIS LANC DEV                                               | \$0(3)                                                  | NM; *                                                          |
| SOMATULINE DEPOT SOLN<br>60mg/0.2ml, 90mg/0.3ml,<br>120mg/0.5ml     | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| SOMAVERT SOLR 10mg, 15mg,<br>20mg, 25mg, 30mg                       | \$0(2)                                                  | NDS, NM, LA, PA                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| STERILANCE MIS 1.8MM                        | \$0(3)                                                  | NM; *                                                          |
| STERILANCE MIS TL 28G                       | \$0(3)                                                  | NM; *                                                          |
| STERILANCE MIS TL 30G                       | \$0(3)                                                  | NM; *                                                          |
| STERILANCE MIS TL 32G                       | \$0(3)                                                  | NM; *                                                          |
| SUPER THIN MIS LANC 28G                     | \$0(3)                                                  | NM; *                                                          |
| SUPER THIN MIS LANCETS                      | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANC 18G                   | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANC 21G                   | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANC 23G                   | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANC 30G                   | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANC PEN                   | \$0(3)                                                  | NM; *                                                          |
| SURE COMFORT MIS LANCETS                    | \$0(3)                                                  | NM; *                                                          |
| SUREFLEX MIS LANCETS                        | \$0(3)                                                  | NM; *                                                          |
| TECHLITE MIS LANC 30G                       | \$0(3)                                                  | NM; *                                                          |
| TECHLITE MIS LANCETS                        | \$0(3)                                                  | NM; *                                                          |
| TGT LANCET MIS 26G                          | \$0(3)                                                  | NM; *                                                          |
| TGT LANCET MIS 30G                          | \$0(3)                                                  | NM; *                                                          |
| TGT LANCET MIS 33G                          | \$0(3)                                                  | NM; *                                                          |
| TGT LANCING MIS DEVICE                      | \$0(3)                                                  | NM; *                                                          |
| THIN LANCETS MIS 26G                        | \$0(3)                                                  | NM; *                                                          |
| THIN LANCETS MIS 30G                        | \$0(3)                                                  | NM; *                                                          |
| TOPCARE MIS LANC 33G                        | \$0(3)                                                  | NM; *                                                          |
| TRAVEL LANCE MIS 30G                        | \$0(3)                                                  | NM; *                                                          |
| TRAVEL LANCE MIS ADV 28G                    | \$0(3)                                                  | NM; *                                                          |
| TRUE COMFORT MIS LANC 30G                   | \$0(3)                                                  | NM; *                                                          |
| TRUE METRIX STRIPS                          | \$0(3)                                                  | NM; *                                                          |
| TRUEDRAW MIS LANC DEV                       | \$0(3)                                                  | NM; *                                                          |
| TRUPLUS LANC MIS 28G                        | \$0(3)                                                  | NM; *                                                          |
| TRUPLUS LANC MIS 30G                        | \$0(3)                                                  | NM; *                                                          |
| TRUPLUS LANC MIS 33G                        | \$0(3)                                                  | NM; *                                                          |
| TWIST LANCET MIS 30G MULT                   | \$0(3)                                                  | NM; *                                                          |
| ULTI-LANCE MIS CLR TIP                      | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS 26G                             | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS 28G                             | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS 30G                             | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS 33G                             | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS LANCETS                         | \$0(3)                                                  | NM; *                                                          |
| ULTILET MIS SAFETY                          | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS 28G                          | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS 30G                          | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS 31G                          | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS 33G                          | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| ULTRA THIN MIS LAN 31G                      | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS LANC 28G                     | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS LANC 30G                     | \$0(3)                                                  | NM; *                                                          |
| ULTRA THIN MIS LANCETS                      | \$0(3)                                                  | NM; *                                                          |
| UNILET CMFR MIS TCH 28G                     | \$0(3)                                                  | NM; *                                                          |
| UNILET CMFR MIS TCH 30G                     | \$0(3)                                                  | NM; *                                                          |
| UNILET EX II MIS 28G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET EXCEL MIS 23G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET GP 28 MIS ULT THIN                   | \$0(3)                                                  | NM; *                                                          |
| UNILET LANC MIS 33G                         | \$0(3)                                                  | NM; *                                                          |
| UNILET LANCE MIS 28G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET LANCE MIS 33G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET LANCT MIS 28G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET LANCT MIS 30G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET LANCT MIS 33G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET MICRO MIS 33G                        | \$0(3)                                                  | NM; *                                                          |
| UNILET SUPER MIS G.P. 23G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 2 MIS                               | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 2 MIS COMFORT                       | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 2 MIS EXTRA                         | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 2 MIS NORMAL                        | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 2 MIS SUPER                         | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 3 MIS COMFORT                       | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 3 MIS EXTRA                         | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 3 MIS GENT 30G                      | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 3 MIS NEONATAL                      | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 3 MIS NORMAL                        | \$0(3)                                                  | NM; *                                                          |
| UNISTIK 23G MIS NORMAL                      | \$0(3)                                                  | NM; *                                                          |
| UNISTIK CZT MIS COMFORT                     | \$0(3)                                                  | NM; *                                                          |
| UNISTIK CZT MIS NORMAL                      | \$0(3)                                                  | NM; *                                                          |
| UNISTIK PRO MIS LANC 21G                    | \$0(3)                                                  | NM; *                                                          |
| UNISTIK PRO MIS LANC 28G                    | \$0(3)                                                  | NM; *                                                          |
| UNISTIK SAFE MIS LANC 28G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK SAFE MIS LANC 30G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK TOUC MIS LANC 21G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK TOUC MIS LANC 23G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK TOUC MIS LANC 28G                   | \$0(3)                                                  | NM; *                                                          |
| UNISTIK TOUC MIS LANC 30G                   | \$0(3)                                                  | NM; *                                                          |
| UNITSTIK PRO MIS LANC 25G                   | \$0(3)                                                  | NM; *                                                          |
| UNIVERSAL 1 MIS LANC 26G                    | \$0(3)                                                  | NM; *                                                          |
| UNIVERSAL 1 MIS LANC 30G                    | \$0(3)                                                  | NM; *                                                          |
| VANTAGE LANC MIS DEVICE                     | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                          | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| VIVAGUARD MIS 30G                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| VIVAGUARD MIS LANCING                                                                                                | \$0(3)                                                  | NM; *                                                          |
| yargesa CAPS 100mg                                                                                                   | \$0(2)                                                  | NDS, QL (90 caps / 30 days), NM, PA                            |
| ZEVRX TWIST MIS LANC 30G                                                                                             | \$0(3)                                                  | NM; *                                                          |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>                                     |                                                         |                                                                |
| calcium acetate (phosphate binder) CAPS 667mg                                                                        | \$0(1)                                                  | QL (360 caps / 30 days)                                        |
| calcium acetate (phosphate binder) TABS 667mg                                                                        | \$0(1)                                                  | QL (360 tabs / 30 days)                                        |
| lanthanum carbonate CHEW 500mg, 1000mg                                                                               | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| lanthanum carbonate CHEW 750mg                                                                                       | \$0(1)                                                  | QL (180 tabs / 30 days)                                        |
| sevelamer carbonate PACK 2.4gm                                                                                       | \$0(1)                                                  | QL (180 packets / 30 days)                                     |
| sevelamer carbonate PACK .8gm                                                                                        | \$0(1)                                                  | QL (540 packets / 30 days)                                     |
| sevelamer carbonate TABS 800mg                                                                                       | \$0(1)                                                  | QL (540 tabs / 30 days)                                        |
| VELPHORO CHEW 500mg                                                                                                  | \$0(2)                                                  | NDS, QL (180 tabs / 30 days)                                   |
| <b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                                |                                                         |                                                                |
| 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)                                                  |                                                                |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                                             |                                                         |                                                                |
| 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)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>levoxy/</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg           | \$0(1)                                                  |                                                                |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg                                                               | \$0(1)                                                  |                                                                |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                | \$0(1)                                                  |                                                                |
| <i>propylthiouracil</i> TABS 50mg                                                                                | \$0(1)                                                  |                                                                |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg        | \$0(2)                                                  |                                                                |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | \$0(1)                                                  |                                                                |
| <b>VITAMIN D ANALOGS</b>                                                                                         |                                                         |                                                                |
| <i>calcitriol</i> CAPS .25mcg, .5mcg                                                                             | \$0(1)                                                  | B/D                                                            |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml                                                                            | \$0(1)                                                  | B/D                                                            |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg                                                                        | \$0(1)                                                  | B/D                                                            |
| RAYALDEE CPR 30mcg                                                                                               | \$0(2)                                                  | NDS                                                            |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>                                        |                                                         |                                                                |
| <b>ANTACIDS</b>                                                                                                  |                                                         |                                                                |
| <i>acid gone</i>                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>almacone double strength</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| ALUMINUM HYDROXIDE SUSP 320mg/5ml                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>antacid</i> CHEW 500mg, 750mg                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>antacid calcium regular s</i> CHEW 500mg                                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>antacid extra strength</i> CHEW 750mg                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>antacid maximum strength</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>antacid regular strength</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>antacid ultra strength</i> CHEW 1000mg                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>antacid/antigas liquid</i>                                                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>cal-gest antacid</i> CHEW 500mg                                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>calcium antacid</i> CHEW 500mg                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>calcium antacid extra str</i> CHEW 750mg                                                                      | \$0(3)                                                  | NM; *                                                          |
| CALCIUM CARBONATE TABS 648mg                                                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>heartburn relief extra st</i>                                                                                 | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>magnesium oxide</i> TABS 400mg, 420mg                       | \$0(3)                                                  | NM; *                                                          |
| <i>mintox maximum strength</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>mintox plus</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>smooth antacid extra stre</i> CHEW 750mg                    | \$0(3)                                                  | NM; *                                                          |
| <i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg          | \$0(3)                                                  | NM; *                                                          |
| <b>ANTI-DIARRHEAL</b>                                          |                                                         |                                                                |
| <i>anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg       | \$0(3)                                                  | NM; *                                                          |
| <i>bismatrol</i> CHEW 262mg                                    | \$0(3)                                                  | NM; *                                                          |
| <i>bismuth subsalicylate</i> CHEW 262mg                        | \$0(3)                                                  | NM; *                                                          |
| <i>loperamide hcl</i> SOLN 1mg/7.5ml                           | \$0(3)                                                  | NM; *                                                          |
| <i>loperamide-simethicone tab 2-125 mg</i>                     | \$0(3)                                                  | NM; *                                                          |
| <i>sm anti-diarrheal</i> TABS 2mg                              | \$0(3)                                                  | NM; *                                                          |
| <i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg  | \$0(3)                                                  | NM; *                                                          |
| <i>stomach relief extra stre</i> SUSP 525mg/15ml               | \$0(3)                                                  | NM; *                                                          |
| <i>stomach relief ultra</i> SUSP 525mg/15ml                    | \$0(3)                                                  | NM; *                                                          |
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>             |                                                         |                                                                |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg                       | \$0(1)                                                  | B/D                                                            |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>         | \$0(1)                                                  | B/D                                                            |
| <i>compro</i> SUPP 25mg                                        | \$0(1)                                                  |                                                                |
| <i>driminate</i> TABS 50mg                                     | \$0(3)                                                  | NM; *                                                          |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg                        | \$0(1)                                                  | B/D, QL (60 caps / 30 days)                                    |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                    | \$0(1)                                                  |                                                                |
| <i>granisetron hcl</i> TABS 1mg                                | \$0(1)                                                  | B/D                                                            |
| <i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg                    | \$0(3)                                                  | NM; *                                                          |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                         | \$0(2)                                                  |                                                                |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | \$0(1)                                                  |                                                                |
| <i>motion sickness relief</i> TABS 50mg                        | \$0(3)                                                  | NM; *                                                          |
| <i>motion sickness relief/le</i> TABS 25mg                     | \$0(3)                                                  | NM; *                                                          |
| <i>ondansetron</i> TBDP 4mg, 8mg                               | \$0(1)                                                  | B/D                                                            |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ondansetron hcl</i> SOLN 4mg/2ml,<br>40mg/20ml; <i>SOSY</i> 4mg/2ml                   | \$0(1)                                                  |                                                                |
| <i>ondansetron hcl</i> SOLN 4mg/5ml;<br>TABS 4mg, 8mg                                    | \$0(1)                                                  | B/D                                                            |
| <i>prochlorperazine</i> SUPP 25mg                                                        | \$0(1)                                                  |                                                                |
| <i>prochlorperazine edisylate</i> SOLN<br>10mg/2ml                                       | \$0(1)                                                  |                                                                |
| <i>prochlorperazine maleate</i> TABS 5mg,<br>10mg                                        | \$0(1)                                                  |                                                                |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml,<br>25mg/ml, 50mg/ml; TABS 12.5mg,<br>25mg, 50mg | \$0(2)                                                  | PA; PA if 70 years and<br>older                                |
| <i>scopolamine</i> PT72 1mg/3days                                                        | \$0(2)                                                  | QL (10 patches / 30<br>days), PA; PA if 70 years<br>and older  |
| <b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>                                         |                                                         |                                                                |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN<br>10mg/5ml; TABS 20mg                            | \$0(2)                                                  |                                                                |
| <i>glycopyrrolate</i> TABS 1mg                                                           | \$0(1)                                                  | QL (90 tabs / 30 days)                                         |
| <i>glycopyrrolate</i> TABS 2mg                                                           | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH<br/>ACID</b>                   |                                                         |                                                                |
| <i>acid reducer</i> TABS 10mg                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>acid reducer maximum stre</i> TABS<br>20mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>acid reducer original str</i> TABS 10mg                                               | \$0(3)                                                  | NM; *                                                          |
| <i>famotidine</i> SOLN 20mg/2ml,<br>40mg/4ml, 200mg/20ml                                 | \$0(1)                                                  |                                                                |
| <i>famotidine</i> SUSR 40mg/5ml                                                          | \$0(1)                                                  | QL (300 mL / 30 days)                                          |
| <i>famotidine</i> TABS 10mg                                                              | \$0(3)                                                  | NM; *                                                          |
| <i>famotidine</i> TABS 20mg                                                              | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>famotidine</i> TABS 40mg                                                              | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>famotidine in nacl 0.9% iv soln</i> 20<br>mg/50ml                                     | \$0(1)                                                  |                                                                |
| <i>famotidine maximum streng</i> TABS<br>20mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>famotidine original stren</i> TABS 10mg                                               | \$0(3)                                                  | NM; *                                                          |
| <i>nizatidine</i> CAPS 150mg, 300mg                                                      | \$0(1)                                                  |                                                                |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                        |                                                         |                                                                |
| <i>balsalazide disodium</i> CAPS 750mg                                                   | \$0(1)                                                  |                                                                |
| <i>budesonide</i> CPEP 3mg                                                               | \$0(1)                                                  | QL (90 caps / 30 days),<br>PA                                  |

| <b>Drug Name<br/>(By Medical Condition)</b>                   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>budesonide</i> TB24 9mg                                    | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), PA                                |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml           | \$0(1)                                                  |                                                                |
| <i>mesalamine</i> CP24 .375gm                                 | \$0(1)                                                  | QL (120 caps / 30 days)                                        |
| <i>mesalamine</i> CPDR 400mg                                  | \$0(1)                                                  | QL (180 caps / 30 days)                                        |
| <i>mesalamine</i> ENEM 4gm; SUPP 1000mg                       | \$0(1)                                                  |                                                                |
| <i>mesalamine</i> TBEC 1.2gm                                  | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>mesalamine w/ cleanser</i> KIT 4gm                         | \$0(1)                                                  |                                                                |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg                   | \$0(1)                                                  |                                                                |
| <b><i>LAXATIVES</i></b>                                       |                                                         |                                                                |
| <i>bisacodyl</i> SUPP 10mg                                    | \$0(3)                                                  | NM; *                                                          |
| <i>bisacodyl ec</i> TBEC 5mg                                  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium polycarbophil</i> TABS 625mg                       | \$0(3)                                                  | NM; *                                                          |
| <i>clearlax</i> POWD 17gm/scoop                               | \$0(3)                                                  | NM; *                                                          |
| <i>constulose</i> SOLN 10gm/15ml                              | \$0(1)                                                  |                                                                |
| <i>docusate calcium</i> CAPS 240mg                            | \$0(3)                                                  | NM; *                                                          |
| <i>docusate sodium</i> CAPS 100mg                             | \$0(3)                                                  | NM; *                                                          |
| DOCUSOL KIDS ENEM 100mg/5ml                                   | \$0(3)                                                  | NM; *                                                          |
| <i>docusol plus mini-enema</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>enemeez mini</i> ENEM 283mg/5ml                            | \$0(3)                                                  | NM; *                                                          |
| <i>enemeez plus</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>enulose</i> SOLN 10gm/15ml                                 | \$0(1)                                                  |                                                                |
| <i>fiber-lax</i> TABS 625mg                                   | \$0(3)                                                  | NM; *                                                          |
| FLEET ENE PED                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>gavilax</i> POWD 17gm/scoop                                | \$0(3)                                                  | NM; *                                                          |
| <i>gavilyte-c</i>                                             | \$0(1)                                                  |                                                                |
| <i>gavilyte-g</i>                                             | \$0(1)                                                  |                                                                |
| <i>generlac</i> SOLN 10gm/15ml                                | \$0(1)                                                  |                                                                |
| <i>goodsense clearlax</i> POWD 17gm/scoop                     | \$0(3)                                                  | NM; *                                                          |
| <i>lactulose</i> SOLN 10gm/15ml                               | \$0(1)                                                  |                                                                |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml              | \$0(1)                                                  |                                                                |
| <i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml                 | \$0(3)                                                  | NM; *                                                          |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm | \$0(1)                                                  |                                                                |
| <i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm           | \$0(1)                                                  |                                                                |
| PLENVU SOL                                                    | \$0(2)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>polyethylene glycol 3350</i> PACK<br>17gm; POWD 17gm/scoop          | \$0(3)                                                  | NM; *                                                          |
| <i>senna-lax</i> TABS 8.6mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>sod sulfate-pot sulf-mg sulf oral sol</i><br>17.5-3.13-1.6 gm/177ml | \$0(1)                                                  |                                                                |
| <i>*sodium phosphates - enema***</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <b>MISCELLANEOUS</b>                                                   |                                                         |                                                                |
| <i>acid reducer complete</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>alosetron hcl</i> TABS .5mg, 1mg                                    | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), PA                                |
| <i>cromolyn sodium (mastocytosis)</i><br>CONC 100mg/5ml                | \$0(1)                                                  |                                                                |
| <i>diphenoxylate w/ atropine liq</i> 2.5-<br>0.025 mg/5ml              | \$0(2)                                                  |                                                                |
| <i>diphenoxylate w/ atropine tab</i> 2.5-<br>0.025 mg                  | \$0(2)                                                  |                                                                |
| <i>gas relief</i> CHEW 80mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>gas relief extra strength</i> CAPS<br>125mg; CHEW 125mg             | \$0(3)                                                  | NM; *                                                          |
| <i>gas relief infants</i> SUSP 20mg/0.3ml                              | \$0(3)                                                  | NM; *                                                          |
| <i>gas relief ultra strength</i> CAPS 180mg                            | \$0(3)                                                  | NM; *                                                          |
| GATTEX KIT 5mg                                                         | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| LINZESS CAPS 72mcg, 145mcg,<br>290mcg                                  | \$0(2)                                                  | QL (30 caps / 30 days)                                         |
| <i>loperamide hcl</i> CAPS 2mg                                         | \$0(1)                                                  |                                                                |
| <i>misoprostol</i> TABS 100mcg, 200mcg                                 | \$0(1)                                                  |                                                                |
| MOVANTIK TABS 12.5mg, 25mg                                             | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| RELISTOR SOLN 8mg/0.4ml,<br>12mg/0.6ml                                 | \$0(2)                                                  | NDS, QL (28 syringes /<br>28 days), PA                         |
| <i>simethicone</i> CHEW 80mg                                           | \$0(3)                                                  | NM; *                                                          |
| <i>simethicone drops infants</i> SUSP<br>20mg/0.3ml                    | \$0(3)                                                  | NM; *                                                          |
| <i>simethicone ultra strengt</i> CAPS<br>180mg                         | \$0(3)                                                  | NM; *                                                          |
| <i>sucralfate</i> TABS 1gm                                             | \$0(1)                                                  |                                                                |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg,<br>500mg                       | \$0(1)                                                  |                                                                |
| XERMELO TABS 250mg                                                     | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| XIFAXAN TABS 550mg                                                     | \$0(2)                                                  | NDS, PA                                                        |
| <b>PANCREATIC ENZYMES</b>                                              |                                                         |                                                                |
| CREON CAP 3000UNIT                                                     | \$0(2)                                                  |                                                                |
| CREON CAP 6000UNIT                                                     | \$0(2)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| CREON CAP 12000UNT                                                         | \$0(2)                                                  |                                                                |
| CREON CAP 24000UNT                                                         | \$0(2)                                                  |                                                                |
| CREON CAP 36000UNT                                                         | \$0(2)                                                  |                                                                |
| 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)                                                  |                                                                |
| <b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>          |                                                         |                                                                |
| <i>acid reducer</i> CPDR 20.6mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg                              | \$0(1)                                                  | QL (30 caps / 30 days), ST                                     |
| <i>esomeprazole magnesium</i> CPDR 20mg; TBEC 20mg                         | \$0(3)                                                  | NM; *                                                          |
| <i>gnp omeprazole</i> TBEC 20mg                                            | \$0(3)                                                  | NM; *                                                          |
| <i>lansoprazole</i> CPDR 15mg                                              | \$0(3)                                                  | NM; *                                                          |
| <i>lansoprazole</i> CPDR 15mg, 30mg                                        | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                                    | \$0(1)                                                  |                                                                |
| <i>omeprazole</i> TBDD 20mg; TBEC 20mg                                     | \$0(3)                                                  | NM; *                                                          |
| <i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg                         | \$0(3)                                                  | NM; *                                                          |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg                      | \$0(1)                                                  |                                                                |
| <i>rabeprazole sodium</i> TBEC 20mg                                        | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b> |                                                         |                                                                |
| <b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>     |                                                         |                                                                |
| <i>alfuzosin hcl</i> TB24 10mg                                             | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>dutasteride</i> CAPS .5mg                                               | \$0(1)                                                  | QL (30 caps / 30 days)                                         |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>                           | \$0(1)                                                  | QL (30 caps / 30 days)                                         |
| <i>finasteride</i> TABS 5mg                                                | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>tamsulosin hcl</i> CAPS .4mg                                            | \$0(1)                                                  | QL (60 caps / 30 days)                                         |
| <b>MISCELLANEOUS</b>                                                       |                                                         |                                                                |
| <i>acetic acid</i> SOLN .25%                                               | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>bethanechol chloride</i> TABS 5mg,<br>10mg, 25mg, 50mg                                                                                 | \$0(1)                                                  |                                                                |
| <i>potassium citrate (alkalinizer)</i> TBCR<br>15meq, 540mg, 1080mg                                                                       | \$0(1)                                                  |                                                                |
| <b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY<br/>INCONTINENCE</b>                                                                   |                                                         |                                                                |
| GEMTESA TABS 75mg                                                                                                                         | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| MYRBETRIQ SRER 8mg/ml                                                                                                                     | \$0(2)                                                  | QL (300 mL / 28 days)                                          |
| MYRBETRIQ TB24 25mg, 50mg                                                                                                                 | \$0(2)                                                  | QL (30 tabs / 30 days)                                         |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml                                                                                                   | \$0(1)                                                  | QL (600 mL / 30 days)                                          |
| <i>oxybutynin chloride</i> TABS 5mg                                                                                                       | \$0(1)                                                  | QL (120 tabs / 30 days)                                        |
| <i>oxybutynin chloride</i> TB24 5mg                                                                                                       | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>oxybutynin chloride</i> TB24 10mg,<br>15mg                                                                                             | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>solifenacin succinate</i> TABS 5mg,<br>10mg                                                                                            | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg                                                                                                 | \$0(1)                                                  | QL (30 caps / 30 days),<br>ST                                  |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg                                                                                                 | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <i>tropium chloride</i> TABS 20mg                                                                                                         | \$0(1)                                                  | QL (60 tabs / 30 days)                                         |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                            |                                                         |                                                                |
| <i>clindamycin phosphate vaginal</i> CREA<br>2%                                                                                           | \$0(1)                                                  |                                                                |
| <i>clotrimazole vaginal</i> CREA 1%                                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>metronidazole vaginal</i> GEL .75%                                                                                                     | \$0(1)                                                  |                                                                |
| <i>miconazole 3 combination</i>                                                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>miconazole nitrate vaginal</i> CREA 2%                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>sm miconazole 7</i> CREA 2%                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>terconazole vaginal</i> CREA .4%, .8%;<br>SUPP 80mg                                                                                    | \$0(1)                                                  |                                                                |
| <i>tioconazole 1</i> OINT 6.5%                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>                                                                                       |                                                         |                                                                |
| <b>ANTICOAGULANTS - BLOOD THINNERS</b>                                                                                                    |                                                         |                                                                |
| 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)                                         |
| <i>enoxaparin sodium</i> SOLN<br>300mg/3ml; SOSY 30mg/0.3ml,<br>40mg/0.4ml, 60mg/0.6ml,<br>80mg/0.8ml, 100mg/ml,<br>120mg/0.8ml, 150mg/ml | \$0(1)                                                  |                                                                |
| <i>fondaparinux sodium</i> SOLN<br>2.5mg/0.5ml                                                                                            | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                     | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>fondaparinux sodium</i> SOLN<br>5mg/0.4ml, 7.5mg/0.6ml,<br>10mg/0.8ml                        | \$0(2)                                                  | NDS                                                            |
| HEP SOD/D5W INJ 20000UNT                                                                        | \$0(2)                                                  |                                                                |
| HEP SOD/D5W INJ 25000UNT                                                                        | \$0(2)                                                  |                                                                |
| HEP SOD/NACL INJ 12500UNT                                                                       | \$0(2)                                                  |                                                                |
| HEP SOD/NACL INJ 25000UNT                                                                       | \$0(2)                                                  |                                                                |
| <i>heparin sodium (porcine)</i> SOLN<br>1000unit/ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml | \$0(1)                                                  | B/D                                                            |
| HEPARIN/NACL INJ 25000UNT                                                                       | \$0(2)                                                  |                                                                |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg,<br>3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                        | \$0(1)                                                  |                                                                |
| <i>warfarin sodium</i> TABS 1mg, 2mg,<br>2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg,<br>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)                                         |
| <b><i>HEMATOPOIETIC GROWTH FACTORS</i></b>                                                      |                                                         |                                                                |
| PROCRIT SOLN 2000unit/ml,<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml                          | \$0(2)                                                  | NM, PA                                                         |
| PROCRIT SOLN 20000unit/ml,<br>40000unit/ml                                                      | \$0(2)                                                  | NDS, NM, PA                                                    |
| ZARXIO SOSY 300mcg/0.5ml,<br>480mcg/0.8ml                                                       | \$0(2)                                                  | NDS, NM, PA                                                    |
| ZIEXTENZO SOSY 6mg/0.6ml                                                                        | \$0(2)                                                  | NDS, QL (2 syringes /<br>28 days), NM, PA                      |
| <b><i>IRON</i></b>                                                                              |                                                         |                                                                |
| ACCRUFER CAPS 30mg                                                                              | \$0(3)                                                  | NM; *                                                          |
| <i>bprotected pedia iron</i> SOLN 15mg/ml                                                       | \$0(3)                                                  | NM; *                                                          |
| CENTRATEX CAP                                                                                   | \$0(3)                                                  | NM; *                                                          |
| CORVITE 150 TAB                                                                                 | \$0(3)                                                  | NM; *                                                          |
| CORVITE FE TAB                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>cvs iron</i> TABS 27mg, 325mg                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>cvs slow release iron</i> TBCR 45mg                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>eq slow-release iron</i> TBCR 45mg                                                           | \$0(3)                                                  | NM; *                                                          |
| EZFE 200 CAPS 200mg                                                                             | \$0(3)                                                  | NM; *                                                          |
| <i>fe c tab</i>                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>fe-vite iron</i> SOLN 15mg/ml                                                                | \$0(3)                                                  | NM; *                                                          |
| FEOSOL BIFER TAB 28MG                                                                           | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                     | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ferate</i> TABS 27mg                                                                                                         | \$0(3)                                                  | NM; *                                                          |
| FERIVA TAB 21/7                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| FERIVAFA CAP 110-1MG                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>ferosul</i> TABS 325mg                                                                                                       | \$0(3)                                                  | NM; *                                                          |
| FERRALET 90 TAB                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| FERRETTs TABS 325mg                                                                                                             | \$0(3)                                                  | NM; *                                                          |
| FERRETTs IPS SOLN 40mg/15ml                                                                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>ferrex 150</i> CAPS 150mg                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ferric x-150</i> CAPS 150mg                                                                                                  | \$0(3)                                                  | NM; *                                                          |
| FERRIMIN 150 TABS 150mg                                                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>ferrous fumarate</i> TABS 324mg                                                                                              | \$0(3)                                                  | NM; *                                                          |
| <i>ferrous gluconate</i> TABS 27mg,<br>240mg, 324mg                                                                             | \$0(3)                                                  | NM; *                                                          |
| FERROUS GLUCONATE TABS 324mg                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ferrous sulfate</i> SOLN 15mg/ml,<br>220mg/5ml, 300mg/5ml,<br>300mg/6.8ml; TABS 65mg, 325mg;<br>TBCR 45mg; TBEC 324mg, 325mg | \$0(3)                                                  | NM; *                                                          |
| FERROUS SULFATE TBEC 324mg                                                                                                      | \$0(3)                                                  | NM; *                                                          |
| FOLITAB 500 TAB                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| FUSION CAP                                                                                                                      | \$0(3)                                                  | NM; *                                                          |
| FUSION PLUS CAP                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>gnp iron</i> TABS 200mg; TBCR 45mg                                                                                           | \$0(3)                                                  | NM; *                                                          |
| HEMOCYTE PLS CAP                                                                                                                | \$0(3)                                                  | NM; *                                                          |
| INFED SOLN 50mg/ml                                                                                                              | \$0(3)                                                  | NM; *                                                          |
| INTEGRA CAP                                                                                                                     | \$0(3)                                                  | NM; *                                                          |
| INTEGRA F CAP                                                                                                                   | \$0(3)                                                  | NM; *                                                          |
| INTEGRA PLUS CAP                                                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>iron 27</i> TABS 240mg                                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>iron 100/c</i>                                                                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>iron infant &amp; toddler</i> SOLN 15mg/ml                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>iron infant/toddler</i> SOLN 15mg/ml                                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>iron slow release</i> TBCR 45mg                                                                                              | \$0(3)                                                  | NM; *                                                          |
| <i>iron supplement</i> SOLN 220mg/5ml                                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>iron-vitamin c tab 100-250 mg</i>                                                                                            | \$0(3)                                                  | NM; *                                                          |
| IROSPAN 24/6 MIS                                                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>kp ferrous gluconate</i> TABS 324mg                                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>kp ferrous sulfate</i> TABS 325mg                                                                                            | \$0(3)                                                  | NM; *                                                          |
| NEPHRON FA TAB                                                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>nu-iron 150</i> CAPS 150mg                                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>pc pediatric iron drops</i> SOLN<br>15mg/ml                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>poly-iron 150</i> CAPS 150mg                                                                                                 | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>poly-iron 150 forte</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>polysaccharide iron complex</i> CAPS 150mg | \$0(3)                                                  | NM; *                                                          |
| PROFE CAPS 180mg                              | \$0(3)                                                  | NM; *                                                          |
| PROFERRIN ES TABS 12mg                        | \$0(3)                                                  | NM; *                                                          |
| PROFERRIN- TAB FORTE                          | \$0(3)                                                  | NM; *                                                          |
| PROTECTIRON TAB                               | \$0(3)                                                  | NM; *                                                          |
| <i>ra high potency iron</i> TABS 27mg         | \$0(3)                                                  | NM; *                                                          |
| <i>ra slow release iron</i> TBCR 45mg         | \$0(3)                                                  | NM; *                                                          |
| <i>se-tan plus</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>slow release iron</i> TBCR 45mg            | \$0(3)                                                  | NM; *                                                          |
| SLOW RELEASE IRON TBCR 47.5mg                 | \$0(3)                                                  | NM; *                                                          |
| <i>slow-release iron</i> TBCR 45mg            | \$0(3)                                                  | NM; *                                                          |
| <i>sm iron slow release</i> TBCR 45mg         | \$0(3)                                                  | NM; *                                                          |
| <i>sm slow release iron</i> TBCR 45mg         | \$0(3)                                                  | NM; *                                                          |
| TANDEM CAP                                    | \$0(3)                                                  | NM; *                                                          |
| <i>tandem plus</i>                            | \$0(3)                                                  | NM; *                                                          |
| TARON FORTE CAP                               | \$0(3)                                                  | NM; *                                                          |
| <i>wee care</i> SUSP 15mg/1.25ml              | \$0(3)                                                  | NM; *                                                          |
| <b>MISCELLANEOUS</b>                          |                                                         |                                                                |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg          | \$0(1)                                                  |                                                                |
| BERINERT KIT 500unit                          | \$0(2)                                                  | NDS, QL (24 boxes / 30 days), NM, LA, PA                       |
| <i>cilostazol</i> TABS 50mg, 100mg            | \$0(1)                                                  |                                                                |
| DOPTLET TABS 20mg                             | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| DROXIA CAPS 200mg, 300mg, 400mg               | \$0(2)                                                  |                                                                |
| ENDARI PACK 5gm                               | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| HAEGARDA SOLR 2000unit                        | \$0(2)                                                  | NDS, QL (30 vials / 30 days), NM, LA, PA                       |
| HAEGARDA SOLR 3000unit                        | \$0(2)                                                  | NDS, QL (20 vials / 30 days), NM, LA, PA                       |
| <i>icatibant acetate</i> SOSY 30mg/3ml        | \$0(2)                                                  | NDS, QL (9 syringes / 30 days), NM, PA                         |
| <i>pentoxifylline</i> TBCR 400mg              | \$0(1)                                                  |                                                                |
| PROMACTA PACK 12.5mg                          | \$0(2)                                                  | NDS, QL (360 packets / 30 days), NM, LA, PA                    |
| PROMACTA PACK 25mg                            | \$0(2)                                                  | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| PROMACTA TABS 12.5mg, 25mg                    | \$0(2)                                                  | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| PROMACTA TABS 50mg, 75mg                      | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>sajazir</i> SOSY 30mg/3ml                                                      | \$0(2)                                                  | NDS, QL (9 syringes / 30 days), NM, LA, PA                     |
| <i>tranexamic acid</i> SOLN 1000mg/10ml;<br>TABS 650mg                            | \$0(1)                                                  |                                                                |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                            |                                                         |                                                                |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>                                 | \$0(1)                                                  |                                                                |
| BRILINTA TABS 60mg, 90mg                                                          | \$0(2)                                                  |                                                                |
| <i>clopidogrel bisulfate</i> TABS 75mg                                            | \$0(1)                                                  |                                                                |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg                                         | \$0(2)                                                  | PA; PA if 70 years and older                                   |
| <i>prasugrel hcl</i> TABS 5mg, 10mg                                               | \$0(1)                                                  |                                                                |
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>         |                                                         |                                                                |
| <b>AUTOIMMUNE AGENTS</b>                                                          |                                                         |                                                                |
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml                                           | \$0(2)                                                  | NDS, QL (56 pens / 365 days), NM, PA                           |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | \$0(2)                                                  | NDS, NM, PA                                                    |
| 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, 20mg/0.2ml                                                | \$0(2)                                                  | NDS, QL (2 syringes / 28 days), NM, PA                         |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml                                                | \$0(2)                                                  | NDS, QL (6 syringes / 28 days), NM, PA                         |
| HUMIRA PEDIA INJ CROHNS                                                           | \$0(2)                                                  | NDS, QL (2 syringes / 28 days), NM, PA                         |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml                                         | \$0(2)                                                  | NDS, QL (3 syringes / 28 days), NM, PA                         |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml                                            | \$0(2)                                                  | NDS, QL (6 pens / 28 days), NM, PA                             |
| HUMIRA PEN PNKT 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                             |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| HUMIRA PEN-CD/UC/HS START PNKT<br>80mg/0.8ml  | \$0(2)                                                  | NDS, QL (3 pens / 28 days), NM, PA                             |
| HUMIRA PEN-PEDIATRIC UC S PNKT<br>80mg/0.8ml  | \$0(2)                                                  | NDS, QL (4 pens / 28 days), NM, PA                             |
| HUMIRA PEN-PS/UV STARTER PNKT<br>40mg/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<br>40mg/0.8ml         | \$0(2)                                                  | NDS, QL (56 syringes / 365 days), NM, PA                       |
| IDACIO CROHN INJ DISEASE AJKT<br>40mg/0.8ml   | \$0(2)                                                  | NDS, QL (2 packs / year), NM, PA                               |
| IDACIO PLAQU INJ PSORIASIS AJKT<br>40mg/0.8ml | \$0(2)                                                  | NDS, QL (2 packs / year), NM, PA                               |
| INFLIXIMAB SOLR 100mg                         | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| KEVZARA SOAJ 150mg/1.14ml,<br>200mg/1.14ml    | \$0(2)                                                  | NDS, QL (2 pens / 28 days), NM, PA                             |
| KEVZARA SOSY 150mg/1.14ml,<br>200mg/1.14ml    | \$0(2)                                                  | NDS, QL (2 syringes / 28 days), NM, PA                         |
| OTEZLA TABS 30mg                              | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, PA                            |
| OTEZLA TAB 10/20/30                           | \$0(2)                                                  | NDS, QL (110 tabs / year), NM, PA                              |
| REMICADE SOLR 100mg                           | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| RENFLEXIS SOLR 100mg                          | \$0(2)                                                  | NDS, NM, LA, 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                              |
| SKYRIZI SOCT 180mg/1.2ml,<br>360mg/2.4ml      | \$0(2)                                                  | NDS, QL (1 cartridge / 56 days), NM, PA                        |
| SKYRIZI SOLN 600mg/10ml                       | \$0(2)                                                  | NDS, QL (6 vials / year), NM, PA                               |
| 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                            |
| STELARA SOLN 45mg/0.5ml                       | \$0(2)                                                  | NDS, QL (1 vial / 28 days), NM, LA, PA                         |
| STELARA SOLN 130mg/26ml                       | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| STELARA SOSY 45mg/0.5ml,<br>90mg/ml           | \$0(2)                                                  | NDS, QL (1 syringe / 28 days), NM, PA                          |
| TALTZ SOAJ 80mg/ml; SOSY<br>80mg/ml           | \$0(2)                                                  | NDS, QL (3 syringes / 28 days), NM, LA, PA                     |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| 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***

|                                              |        |                        |
|----------------------------------------------|--------|------------------------|
| <i>hydroxychloroquine sulfate</i> TABS 200mg | \$0(1) |                        |
| <i>leflunomide</i> TABS 10mg, 20mg           | \$0(1) | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg        | \$0(1) |                        |
| XATMEP SOLN 2.5mg/ml                         | \$0(2) | B/D                    |

***IMMUNOGLOBULINS***

|                                                                                                                  |        |                 |
|------------------------------------------------------------------------------------------------------------------|--------|-----------------|
| BIVIGAM SOLN 5gm/50ml, 10%                                                                                       | \$0(2) | NDS, NM, LA, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                                            | \$0(2) | NDS, NM, PA     |
| GAMASTAN INJ                                                                                                     | \$0(2) | B/D, NM, LA     |
| 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, LA, 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     |

| <b>Drug Name<br/>(By Medical Condition)</b>                                           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| PRIVIGEN SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>40gm/400ml                      | \$0(2)                                                  | NDS, NM, PA                                                    |
| <b>IMMUNOMODULATORS</b>                                                               |                                                         |                                                                |
| ACTIMMUNE SOLN<br>2000000unit/0.5ml                                                   | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| ARCALYST SOLR 220mg                                                                   | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| <b>IMMUNOSUPPRESSANTS</b>                                                             |                                                         |                                                                |
| 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<br>200mg/ml                                              | \$0(2)                                                  | NDS, QL (8 syringes /<br>28 days), NM, LA, PA                  |
| BENLYSTA SOLR 120mg, 400mg                                                            | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| cyclosporine CAPS 25mg, 100mg;<br>SOLN 50mg/ml                                        | \$0(1)                                                  | B/D, NM                                                        |
| cyclosporine modified (for<br>microemulsion) CAPS 25mg, 50mg,<br>100mg; SOLN 100mg/ml | \$0(1)                                                  | B/D, NM                                                        |
| everolimus (immunosuppressant)<br>TABS .25mg, .5mg, .75mg, 1mg                        | \$0(2)                                                  | NDS, B/D, NM                                                   |
| engraf CAPS 25mg, 100mg; SOLN<br>100mg/ml                                             | \$0(1)                                                  | B/D, NM                                                        |
| mycophenolate mofetil CAPS 250mg;<br>TABS 500mg                                       | \$0(1)                                                  | B/D, NM                                                        |
| mycophenolate mofetil SUSR<br>200mg/ml                                                | \$0(2)                                                  | NDS, B/D, NM                                                   |
| mycophenolate sodium TBEC 180mg,<br>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, NM, LA, PA                                                |
| SANDIMMUNE SOLN 100mg/ml                                                              | \$0(2)                                                  | B/D, NM                                                        |
| 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                                                        |
| <b>VACCINES</b>                                                                       |                                                         |                                                                |
| 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)                                                  |                                                                |

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| <b>Drug Name<br/>(By Medical Condition)</b>                                        | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| BOOSTRIX INJ                                                                       | \$0(1)                                                  |                                                                |
| DAPTACEL INJ                                                                       | \$0(1)                                                  |                                                                |
| DENG VAXIA SUS                                                                     | \$0(1)                                                  |                                                                |
| DIP/TET PED INJ 25-5LFU                                                            | \$0(1)                                                  | B/D                                                            |
| ENGERIX-B SUSP 20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                             | \$0(1)                                                  | B/D                                                            |
| GARDASIL 9 INJ                                                                     | \$0(1)                                                  |                                                                |
| HAVRIX SUSP 720elu/0.5ml,<br>1440elu/ml                                            | \$0(1)                                                  |                                                                |
| HEPLISAV-B SOSY 20mcg/0.5ml                                                        | \$0(1)                                                  | B/D                                                            |
| HIBERIX SOLR 10mcg                                                                 | \$0(1)                                                  |                                                                |
| IMOVAX RABIES (H.D.C.V.) SUSR<br>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)                                                  |                                                                |
| MENVEO SOL                                                                         | \$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)                                                  |                                                                |
| PREHEVBRIO SUSP 10mcg/ml                                                           | \$0(1)                                                  | B/D                                                            |
| PRIORIX INJ                                                                        | \$0(1)                                                  |                                                                |
| PROQUAD INJ                                                                        | \$0(1)                                                  |                                                                |
| QUADRACEL INJ                                                                      | \$0(1)                                                  |                                                                |
| QUADRACEL INJ 0.5ML                                                                | \$0(1)                                                  |                                                                |
| RABAVERT INJ                                                                       | \$0(1)                                                  | B/D                                                            |
| RECOMBIVAX HB SUSP 5mcg/0.5ml,<br>10mcg/ml, 40mcg/ml; SUSY<br>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)                                      |
| TDVAX INJ 2-2 LF                                                                   | \$0(1)                                                  | B/D                                                            |
| TENIVAC INJ 5-2LF                                                                  | \$0(1)                                                  | B/D                                                            |

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| <b>Drug Name<br/>(By Medical Condition)</b>               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| TICOVAC SUSY 1.2mcg/0.25ml,<br>2.4mcg/0.5ml               | \$0(1)                                                  |                                                                |
| TRUMENBA INJ                                              | \$0(1)                                                  |                                                                |
| TWINRIX INJ                                               | \$0(1)                                                  |                                                                |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY<br>25mcg/0.5ml           | \$0(1)                                                  |                                                                |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml                        | \$0(1)                                                  |                                                                |
| VARIVAX INJ 1350pfu/0.5ml                                 | \$0(1)                                                  |                                                                |
| YF-VAX INJ                                                | \$0(1)                                                  |                                                                |
| <b>MISCELLANEOUS</b>                                      |                                                         |                                                                |
| <b>MISCELLANEOUS</b>                                      |                                                         |                                                                |
| PETROLATUM OINT 42%                                       | \$0(3)                                                  | NM; *                                                          |
| SUSPENDOL-S LIQ                                           | \$0(3)                                                  | NM; *                                                          |
| <b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b> |                                                         |                                                                |
| <b>ELECTROLYTES</b>                                       |                                                         |                                                                |
| <i>advantage care oral elect</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>cvs pediatric electrolyte</i>                          | \$0(3)                                                  | NM; *                                                          |
| ENFAMIL SOL ENFALYTE                                      | \$0(3)                                                  | NM; *                                                          |
| <i>h-e-b oral electrolyte so</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>*oral electrolyte solution***</i>                      | \$0(3)                                                  | NM; *                                                          |
| <i>pediatric electrolyte fre</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>pediatric electrolyte/zin</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>ra pediatric electrolyte</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>sm pediatric electrolyte</i>                           | \$0(3)                                                  | NM; *                                                          |
| <b>ELECTROLYTES/MINERALS, INJECTABLE</b>                  |                                                         |                                                                |
| D2.5W/NACL INJ 0.45%                                      | \$0(2)                                                  |                                                                |
| D5W/LYTES INJ #48                                         | \$0(2)                                                  |                                                                |
| D10W/NACL INJ 0.2%                                        | \$0(2)                                                  |                                                                |
| <i>dextrose 2.5% w/ sodium chloride<br/>0.45%</i>         | \$0(1)                                                  |                                                                |
| <i>dextrose 5% in lactated ringers</i>                    | \$0(1)                                                  |                                                                |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>                | \$0(1)                                                  |                                                                |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                | \$0(1)                                                  |                                                                |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                | \$0(1)                                                  |                                                                |
| <i>dextrose 5% w/ sodium chloride<br/>0.45%</i>           | \$0(1)                                                  |                                                                |
| <i>dextrose 5% w/ sodium chloride<br/>0.225%</i>          | \$0(1)                                                  |                                                                |
| <i>dextrose 10% w/ sodium chloride<br/>0.45%</i>          | \$0(1)                                                  |                                                                |
| ISOLYTE-P INJ /D5W                                        | \$0(2)                                                  |                                                                |
| ISOLYTE-S INJ                                             | \$0(2)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| ISOLYTE-S INJ PH 7.4                                                                              | \$0(2)                                                  |                                                                |
| <i>kcl 10 meq/l (0.075%) in dextrose<br/>5% &amp; nacl 0.45% inj</i>                              | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.15%) in dextrose 5%<br/>&amp; nacl 0.2% inj</i>                                | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.15%) in dextrose 5%<br/>&amp; nacl 0.9% inj</i>                                | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.15%) in dextrose 5%<br/>&amp; nacl 0.45% inj</i>                               | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                                                      | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45%<br/>inj</i>                                                 | \$0(1)                                                  |                                                                |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45%<br/>inj</i>                                                | \$0(1)                                                  |                                                                |
| <i>kcl 30 meq/l (0.224%) in dextrose<br/>5% &amp; nacl 0.45% inj</i>                              | \$0(1)                                                  |                                                                |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;<br/>nacl 0.9% inj</i>                                 | \$0(1)                                                  |                                                                |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;<br/>nacl 0.45% inj</i>                                | \$0(1)                                                  |                                                                |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                                                       | \$0(1)                                                  |                                                                |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                         | \$0(2)                                                  |                                                                |
| <i>lactated ringer's solution</i>                                                                 | \$0(1)                                                  |                                                                |
| MAGNESIUM SULFATE SOLN<br>2gm/50ml, 4gm/100ml, 4gm/50ml,<br>20gm/500ml, 40gm/1000ml               | \$0(2)                                                  |                                                                |
| <i>magnesium sulfate SOLN 2gm/50ml,<br/>4gm/100ml, 4gm/50ml, 20gm/500ml,<br/>40gm/1000ml, 50%</i> | \$0(2)                                                  |                                                                |
| <i>magnesium sulfate in dextrose 5% iv<br/>soln 1 gm/100ml</i>                                    | \$0(2)                                                  |                                                                |
| MG SO4/D5W INJ 10MG/ML                                                                            | \$0(2)                                                  |                                                                |
| <i>multiple electrolytes ph 5.5</i>                                                               | \$0(1)                                                  |                                                                |
| <i>multiple electrolytes ph 7.4</i>                                                               | \$0(1)                                                  |                                                                |
| PLASMA-LYTE INJ -148                                                                              | \$0(2)                                                  |                                                                |
| PLASMA-LYTE INJ -A                                                                                | \$0(2)                                                  |                                                                |
| 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)                                                  |                                                                |
| <i>potassium chloride SOLN 2meq/ml,<br/>10meq/100ml, 20meq/100ml,<br/>20meq/50ml, 40meq/100ml</i> | \$0(1)                                                  |                                                                |
| POTASSIUM CHLORIDE SOLN<br>10meq/50ml                                                             | \$0(2)                                                  |                                                                |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>potassium chloride 20 meq/l (0.15%)<br/>in dextrose 5% inj</i>                                      | \$0(1)                                                  |                                                                |
| <i>sodium chloride SOLN .45%, .9%,<br/>2.5meq/ml, 3%, 5%</i>                                           | \$0(1)                                                  |                                                                |
| TPN ELECTROL INJ                                                                                       | \$0(2)                                                  | B/D                                                            |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>                                                     |                                                         |                                                                |
| <i>klor-con PACK 20meq</i>                                                                             | \$0(1)                                                  |                                                                |
| <i>klor-con 8 TBCR 8meq</i>                                                                            | \$0(1)                                                  |                                                                |
| <i>klor-con 10 TBCR 10meq</i>                                                                          | \$0(1)                                                  |                                                                |
| <i>klor-con m10 TBCR 10meq</i>                                                                         | \$0(1)                                                  |                                                                |
| <i>klor-con m15 TBCR 15meq</i>                                                                         | \$0(1)                                                  |                                                                |
| <i>klor-con m20 TBCR 20meq</i>                                                                         | \$0(1)                                                  |                                                                |
| M-NATAL PLUS TAB                                                                                       | \$0(2)                                                  |                                                                |
| <i>potassium chloride CPCR 8meq,<br/>10meq; PACK 20meq; SOLN 10%,<br/>20%; TBCR 8meq, 10meq, 20meq</i> | \$0(1)                                                  |                                                                |
| <i>potassium chloride microencapsulated<br/>crystals er TBCR 10meq, 15meq,<br/>20meq</i>               | \$0(1)                                                  |                                                                |
| PRENATAL TAB 27-1MG                                                                                    | \$0(2)                                                  |                                                                |
| PRENATAL TAB PLUS                                                                                      | \$0(2)                                                  |                                                                |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f)<br/>mg/ml soln</i>                                           | \$0(1)                                                  |                                                                |
| <b><i>IV NUTRITION</i></b>                                                                             |                                                         |                                                                |
| 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                                                            |
| <i>clinisol sf 15%</i>                                                                                 | \$0(1)                                                  | B/D                                                            |
| CLINOLIPID EMU 20%                                                                                     | \$0(2)                                                  | B/D                                                            |
| <i>dextrose SOLN 5%, 10%</i>                                                                           | \$0(1)                                                  |                                                                |
| <i>dextrose SOLN 50%, 70%</i>                                                                          | \$0(1)                                                  | B/D                                                            |
| INTRALIPID EMUL 20gm/100ml,<br>30gm/100ml                                                              | \$0(2)                                                  | B/D                                                            |
| NUTRILIPID EMUL 20gm/100ml                                                                             | \$0(2)                                                  | B/D                                                            |
| <i>plenamine</i>                                                                                       | \$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                                                            |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                         | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <b>MINERALS</b>                                                     |                                                         |                                                                |
| CAL CIT MAL/ TAB VITAMIND                                           | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500 +d</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500 +d3</i>                                              | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500+d</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500+d3</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500+d high potenc</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 500/d</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600 TABS 600mg, 1500mg</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600 high potency TABS 600mg</i>                          | \$0(3)                                                  | NM; *                                                          |
| CALCIUM 600 TAB +D                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600 with vitamin</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600+d</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600+d3</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600+d3 plus miner</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600+d high potenc</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600+d plus minera</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600/vitamin d</i>                                        | \$0(3)                                                  | NM; *                                                          |
| <i>calcium 600/vitamin d3</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i> | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>    | \$0(3)                                                  | NM; *                                                          |
| CALCIUM CARBONATE CHEW 500mg                                        | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate TABS 600mg, 1250mg</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i> | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i> | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>      | \$0(3)                                                  | NM; *                                                          |
| CALCIUM CHW 500-10                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>    | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i> | \$0(3)                                                  | NM; *                                                          |
| CALCIUM CIT/ TAB VIT D                                            | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate TABS 200mg</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate + d</i>                                        | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate + d3 max</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate + d3 maxi</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate+d3</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate/d3</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>calcium for women</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>calcium high potency TABS 600mg, 1500mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium high potency + vi</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>calcium plus vitamin d</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>calcium plus vitamin d3</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>calcium+d3</i>                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>calcium-magnesium-zinc tab 333-133-5 mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| CALCIUM/C/D CHW 500MG                                             | \$0(3)                                                  | NM; *                                                          |
| CALCIUM/MAGN TAB 250-155                                          | \$0(3)                                                  | NM; *                                                          |
| <i>calcium/vitamin d3</i>                                         | \$0(3)                                                  | NM; *                                                          |
| CALCIUM/VITD CAP 600-400                                          | \$0(3)                                                  | NM; *                                                          |
| CALTRATE 600 CHW 600-800                                          | \$0(3)                                                  | NM; *                                                          |
| <i>chewable calcium</i>                                           | \$0(3)                                                  | NM; *                                                          |
| CHEWABLE CALCIUM CHEW 500mg                                       | \$0(3)                                                  | NM; *                                                          |
| CORAL CALCIU CAP 1000MG                                           | \$0(3)                                                  | NM; *                                                          |
| <i>cvs calcium</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>cvs calcium 600 &amp; vitamin</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>cvs calcium 600 + d plus</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>cvs calcium 600+d</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>cvs calcium &amp; vitamin d3</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>cvs magnesium TABS 500mg</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>cvs selenium TABS 200mcg</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>cvs zinc TABS 50mg</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>600+d3</i>                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>eq calcium 500+d</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>eq calcium 600+d</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>eq calcium citrate+d</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>eql calcium 600mg/vitamin</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>eql calcium citrate w/vit</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>eql calcium citrate/ vita</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>eql calcium/vitamin d</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>gnp calcium TABS 600mg</i>                                     | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>gnp calcium 500 +d3</i>                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>gnp calcium 600 +d3</i>                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>gnp calcium 600 +d/minera</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp calcium citrate +d3</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>gnp calcium citrate+d3 ma</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>kp calcium citrate+d</i>                                                       | \$0(3)                                                  | NM; *                                                          |
| MAGNESIUM ELEMENTAL CAPS<br>300mg                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>magnesium lactate TBCR 7meq</i>                                                | \$0(3)                                                  | NM; *                                                          |
| MAGNESIUM OXIDE TABS 420mg                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>magnesium oxide (mg supplement)</i><br>CAPS 500mg; TABS 500mg                  | \$0(3)                                                  | NM; *                                                          |
| MONOCAL TAB 3-250                                                                 | \$0(3)                                                  | NM; *                                                          |
| NU-MAG TAB 71.5-119                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>oceanic selenium TABS 50mcg,</i><br><i>200mcg</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>orazinc CAPS 220mg</i>                                                         | \$0(3)                                                  | NM; *                                                          |
| ORAZINC TABS 110mg                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>os-cal calcium + d3</i>                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>os-cal extra d3</i>                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>oysco 500+d</i>                                                                | \$0(3)                                                  | NM; *                                                          |
| OYST SHELL/D TAB 500MG                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell TABS 500mg</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell calcium + d3</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell calcium plus</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell calcium+d</i>                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell calcium/d3</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>oyster shell calcium/vita</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>phospha 250 neutral</i>                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>phospho-trin 250 neutral</i>                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>phospho-trin k500 TABS 500mg</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>pot phos monobasic w/sod phos di &amp;</i><br><i>monobas tab 155-852-130mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>pure calcium carbonate TABS 600mg</i>                                          | \$0(3)                                                  | NM; *                                                          |
| RA CA/BORON TAB                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>ra calcium 600 TABS 600mg</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>ra calcium 600 plus vitam</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>ra calcium 600/vit d/mine</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>ra calcium citrate plus v</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>ra hi cal</i>                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>ra magnesium CAPS 500mg</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ra natural magnesium</i>                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>ra selenium natural TABS 200mcg</i>                                            | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ra zinc</i> TABS 50mg                          | \$0(3)                                                  | NM; *                                                          |
| <i>selenium</i> TABS 200mcg                       | \$0(3)                                                  | NM; *                                                          |
| SLOW-MAG TAB                                      | \$0(3)                                                  | NM; *                                                          |
| SLOW-MAG TAB 71.5-119                             | \$0(3)                                                  | NM; *                                                          |
| <i>sm calcium</i> 600+d3                          | \$0(3)                                                  | NM; *                                                          |
| <i>sm calcium</i> 600/vitamin d                   | \$0(3)                                                  | NM; *                                                          |
| <i>sm calcium citrate+ w/vit</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>sm calcium citrate+vitami</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>sm calcium/vitamin d</i>                       | \$0(3)                                                  | NM; *                                                          |
| <i>sm magnesium</i> TABS 250mg                    | \$0(3)                                                  | NM; *                                                          |
| <i>sm zinc</i> TABS 50mg                          | \$0(3)                                                  | NM; *                                                          |
| <i>super calcium</i> TABS 600mg                   | \$0(3)                                                  | NM; *                                                          |
| <i>super calcium</i> 600 + d3                     | \$0(3)                                                  | NM; *                                                          |
| <i>super calcium</i> 600+d3 400                   | \$0(3)                                                  | NM; *                                                          |
| <i>wes-phos</i> 250 neutral                       | \$0(3)                                                  | NM; *                                                          |
| ZINC LOZG 10mg                                    | \$0(3)                                                  | NM; *                                                          |
| <i>zinc</i> TABS 50mg                             | \$0(3)                                                  | NM; *                                                          |
| ZINC 15 TABS 66mg                                 | \$0(3)                                                  | NM; *                                                          |
| <i>zinc gluconate</i> TABS 30mg, 50mg,<br>100mg   | \$0(3)                                                  | NM; *                                                          |
| <i>zinc sulfate</i> CAPS 220mg; TABS<br>220mg     | \$0(3)                                                  | NM; *                                                          |
| <b>MISCELLANEOUS</b>                              |                                                         |                                                                |
| ENLYTE CAP                                        | \$0(3)                                                  | NM; *                                                          |
| <b>VITAMINS</b>                                   |                                                         |                                                                |
| <i>a thru z advanced</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>a thru z select</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>a thru z select 50+ advan</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>a thru z select advanced</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>a thru z select ultimate</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>a thru z ultimate mens</i>                     | \$0(3)                                                  | NM; *                                                          |
| <i>a-10000</i> CAPS 10000unit                     | \$0(3)                                                  | NM; *                                                          |
| <i>abaneu-sl</i>                                  | \$0(3)                                                  | NM; *                                                          |
| APETEX ELX                                        | \$0(3)                                                  | NM; *                                                          |
| APETIGEN TAB PLUS                                 | \$0(3)                                                  | NM; *                                                          |
| APETIGEN-PLS SOL                                  | \$0(3)                                                  | NM; *                                                          |
| <i>aqueous vitamin d infants</i> LIQD<br>10mcg/ml | \$0(3)                                                  | NM; *                                                          |
| <i>aqueous vitamin e</i> SOLN<br>15mg/0.67ml      | \$0(3)                                                  | NM; *                                                          |
| ASCORBIC ACD POW                                  | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ascorbic acid</i> CHEW 250mg, 500mg;<br>CPCR 500mg; LIQD 500mg/5ml;<br>TABS 250mg, 500mg, 1000mg; TBCR<br>500mg, 1000mg | \$0(3)                                                  | NM; *                                                          |
| <i>ascorbic acid chew tab 250 mg</i>                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>ascorbic acid chew tab 500 mg</i>                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>ascorbic acid tab 500 mg</i>                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>ascorbic acid tab 1000 mg</i>                                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>ascorbic acid tab er 500 mg</i>                                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>b6 natural</i> TABS 100mg                                                                                               | \$0(3)                                                  | NM; *                                                          |
| B COMPLEX/FO TAB                                                                                                           | \$0(3)                                                  | NM; *                                                          |
| B-12 DOTS TBDP 500mcg                                                                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>b-12 tr</i> TBCR 1000mcg, 2000mcg                                                                                       | \$0(3)                                                  | NM; *                                                          |
| B-100 COMP TAB TR                                                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>b-complex formula 1</i>                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>*b-complex vitamin cap**</i>                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>*b-complex vitamin tab**</i>                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>*b-complex w/ c tab**</i>                                                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>*b-complex w/ folic acid cap**</i>                                                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>*b-complex w/ folic acid tab**</i>                                                                                      | \$0(3)                                                  | NM; *                                                          |
| BACMIN TAB                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>balance b-50</i>                                                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>balance b-100</i>                                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>beta carotene</i> CAPS 25000unit                                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>beta carotene provitamin</i> CAPS<br>25000unit                                                                          | \$0(3)                                                  | NM; *                                                          |
| BIOCAL CAP                                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>biopetit</i>                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>biotin</i> CAPS 5000mcg; TABS<br>1000mcg                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>biotin/maximum strength</i> CAPS<br>5000mcg                                                                             | \$0(3)                                                  | NM; *                                                          |
| BPROTECT PED DRO TRI-VITE                                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>bprotected multi-vite</i>                                                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>bprotected pedia d-vite</i> LIQD<br>400unit/ml                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>c 500</i> TABS 500mg                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>c 1000</i> TABS 1000mg                                                                                                  | \$0(3)                                                  | NM; *                                                          |
| C 1000/BIOFL CAP /R HIPS                                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>c complex</i>                                                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>c-250</i> TABS 250mg                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>c-500</i> CHEW 500mg; TABS 500mg                                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>c-500 prolonged release</i> TBCR 500mg                                                                                  | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>c-500/rose hips</i>                      | \$0(3)                                                  | NM; *                                                          |
| <i>c-1000 TABS 1000mg</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>c-1000 prolonged release TBCR 1000mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>c-1000/rose hips</i>                     | \$0(3)                                                  | NM; *                                                          |
| <i>c-chewable CHEW 500mg</i>                | \$0(3)                                                  | NM; *                                                          |
| CAL-MAG-ZINC TAB -D                         | \$0(3)                                                  | NM; *                                                          |
| <i>calcidol SOLN 200mcg/ml</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>calcium citrate plus/magn</i>            | \$0(3)                                                  | NM; *                                                          |
| CENTRAVITES TAB 50 PLUS                     | \$0(3)                                                  | NM; *                                                          |
| CENTRUM SPEC TAB HEART                      | \$0(3)                                                  | NM; *                                                          |
| CENTRUM TAB MEN                             | \$0(3)                                                  | NM; *                                                          |
| CENTRUM TAB SILVER                          | \$0(3)                                                  | NM; *                                                          |
| CENTRUM TAB ULTRA                           | \$0(3)                                                  | NM; *                                                          |
| CEREFOLIN TAB                               | \$0(3)                                                  | NM; *                                                          |
| <i>cerovite senior</i>                      | \$0(3)                                                  | NM; *                                                          |
| CERTAVITE TAB SENIOR                        | \$0(3)                                                  | NM; *                                                          |
| CERTAVITE/ TAB ANTIOXID                     | \$0(3)                                                  | NM; *                                                          |
| <i>certavite/antioxidants</i>               | \$0(3)                                                  | NM; *                                                          |
| <i>childrens chewable vitami</i>            | \$0(3)                                                  | NM; *                                                          |
| <i>cholecalciferol LIQD 400unit/ml</i>      | \$0(3)                                                  | NM; *                                                          |
| <i>companion</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>compete</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>corvita</i>                              | \$0(3)                                                  | NM; *                                                          |
| CRANBERRY CAP URIN COM                      | \$0(3)                                                  | NM; *                                                          |
| <i>cvs b1 TABS 100mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>cvs b6 TABS 100mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>cvs b complex plus c</i>                 | \$0(3)                                                  | NM; *                                                          |
| <i>cvs b-1 TABS 100mg</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>cvs b-12 TABS 500mcg</i>                 | \$0(3)                                                  | NM; *                                                          |
| CVS BETA CAROTENE CAPS 15mg                 | \$0(3)                                                  | NM; *                                                          |
| <i>cvs biotin high potency TABS 1000mcg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>cvs chewable c with rose</i>             | \$0(3)                                                  | NM; *                                                          |
| CVS HAIR/SKN TAB NAILS                      | \$0(3)                                                  | NM; *                                                          |
| <i>cvs spectravite advanced</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>cvs spectravite men</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>cvs spectravite women</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>cvs spectravite women 50+</i>            | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin a CAPS 8000unit</i>          | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin b12 TABS 1000mcg</i>         | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin b12 tr TBCR 1000mcg</i>      | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                               | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>cvs vitamin b-2</i> TABS 100mg                                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin b-12</i> TBCR 2000mcg                                                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin b-12 tr</i> TBCR 1000mcg                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin c</i> TABS 250mg, 500mg, 1000mg                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin c/rose hips</i> TABS 500mg, 1000mg                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>cvs vitamin e</i> CAPS 180mg, 400unit                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>cyanocobalamin</i> LIQD 1000mcg/15ml; SUBL 2500mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; TBCR 1000mcg, 2000mcg | \$0(3)                                                  | NM; *                                                          |
| <i>d-vite pediatric</i> LIQD 400unit/ml                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>daily multiple vitamins</i>                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>daily value multivitamin</i>                                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>daily vite</i>                                                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>daily vite multivitamin/i</i>                                                                                          | \$0(3)                                                  | NM; *                                                          |
| DEKAS CAP ESSENTIA                                                                                                        | \$0(3)                                                  | NM; *                                                          |
| DEKAS LIQ ESSENTIA                                                                                                        | \$0(3)                                                  | NM; *                                                          |
| DEKAS PLUS CAP                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| DEKAS PLUS LIQ                                                                                                            | \$0(3)                                                  | NM; *                                                          |
| <i>dialyvite</i>                                                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>dialyvite 800</i>                                                                                                      | \$0(3)                                                  | NM; *                                                          |
| DIALYVITE TAB 800/IRON                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| DIALYVITE TAB 3000                                                                                                        | \$0(3)                                                  | NM; *                                                          |
| DIALYVITE TAB 5000                                                                                                        | \$0(3)                                                  | NM; *                                                          |
| DIALYVITE TAB SUPREM D                                                                                                    | \$0(3)                                                  | NM; *                                                          |
| DIALYVITE/ TAB ZINC                                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>e400</i> CAPS 400unit                                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>e-400</i> CAPS 400unit                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>e-oil</i> OIL 100unt/0.25ml                                                                                            | \$0(3)                                                  | NM; *                                                          |
| ELFOLATE PLU TAB 3-35-2MG                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>endur-acin</i> TBCR 250mg, 500mg                                                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>endur-c/rose hips</i> TBCR 500mg, 1000mg                                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>eq complete multivitamin</i>                                                                                           | \$0(3)                                                  | NM; *                                                          |
| EQ COMPLETE TAB ADULT                                                                                                     | \$0(3)                                                  | NM; *                                                          |
| EQ ONE DAILY TAB WOMENS                                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>eq one daily womens healt</i>                                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>eql b complex 50</i>                                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>eql b-6</i> TABS 100mg                                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>eql one daily womens</i>                                                                                               | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                       | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>eqi vitamin b-12</i> TABS 500mcg                               | \$0(3)                                                  | NM; *                                                          |
| <i>eqi vitamin c</i> TABS 1000mg                                  | \$0(3)                                                  | NM; *                                                          |
| <i>eqi vitamin c/rose hips</i> TABS 500mg,<br>1000mg              | \$0(3)                                                  | NM; *                                                          |
| <i>eqi vitamin e</i> CAPS 400unit                                 | \$0(3)                                                  | NM; *                                                          |
| <i>ergocalciferol</i> CAPS 1.25mg,<br>50000unit; SOLN 8000unit/ml | \$0(3)                                                  | NM; *                                                          |
| <i>essentia</i>                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>fabb</i>                                                       | \$0(3)                                                  | NM; *                                                          |
| FLINTSTONES CHW COMPLETE                                          | \$0(3)                                                  | NM; *                                                          |
| <i>flintstones complete</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>flintstones/my first</i>                                       | \$0(3)                                                  | NM; *                                                          |
| FLORIVA DRO PLUS                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>folbee</i>                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>folbee plus</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>folbee plus cz</i>                                             | \$0(3)                                                  | NM; *                                                          |
| FOLBIC TAB                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>folic acid</i> SOLN 5mg/ml; TABS 1mg                           | \$0(3)                                                  | NM; *                                                          |
| <i>folplex 2.2</i>                                                | \$0(3)                                                  | NM; *                                                          |
| FOLTABS 800                                                       | \$0(3)                                                  | NM; *                                                          |
| FOLTANX TAB                                                       | \$0(3)                                                  | NM; *                                                          |
| FOLTRATE TAB                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>fruit c 500</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>fruity c</i> CHEW 250mg                                        | \$0(3)                                                  | NM; *                                                          |
| <i>full spectrum b/vitamin c</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp b-12</i> SUBL 2500mcg                                      | \$0(3)                                                  | NM; *                                                          |
| <i>gnp biotin</i> CAPS 5000mcg                                    | \$0(3)                                                  | NM; *                                                          |
| <i>gnp childrens chewables/e</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp essential one daily</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>gnp little ones childrens</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp mega multi for men</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>gnp mega multi for women</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>gnp one daily mens health</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp one daily womens heal</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin a</i> CAPS 10000unit                               | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin b-1</i> TABS 100mg                                 | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin b-6</i> TABS 100mg                                 | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin b-12</i> TABS 500mcg                               | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin b-12 prolonge</i> TBCR<br>1000mcg                  | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin c</i> TABS 250mg, 500mg,<br>1000mg                 | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin c drops</i>                                        | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>gnp vitamin c pr TBCR 500mg</i>            | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin c w/rose hips</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin c/rose hips</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin e CAPS 400unit</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>gnp vitamin e water dispe CAPS 400unit</i> | \$0(3)                                                  | NM; *                                                          |
| <i>gummi bear multivitamin/m</i>              | \$0(3)                                                  | NM; *                                                          |
| HEALTHY KIDS CHW GUMMIES                      | \$0(3)                                                  | NM; *                                                          |
| HI POT MV/ TAB BETA-CAR                       | \$0(3)                                                  | NM; *                                                          |
| HIGH POTENCY TAB MV/FA                        | \$0(3)                                                  | NM; *                                                          |
| <i>hm biotin CAPS 5000mcg</i>                 | \$0(3)                                                  | NM; *                                                          |
| <i>hm e vitamin CAPS 180mg</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>hm vitamin b12 TABS 500mcg</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>hm vitamin c</i>                           | \$0(3)                                                  | NM; *                                                          |
| ICAPS LUTEIN TAB ZEAXANTH                     | \$0(3)                                                  | NM; *                                                          |
| <i>icaps mv</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>kobee</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>kp adults 50+ daily formu</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>kp b complex/c</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>kp niacin TABS 500mg</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>kp vitamin b-6 TABS 100mg</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>kp vitamin b-12 TABS 1000mcg</i>           | \$0(3)                                                  | NM; *                                                          |
| <i>kp vitamin e CAPS 100unit</i>              | \$0(3)                                                  | NM; *                                                          |
| L-METHYL- TAB B6-B12                          | \$0(3)                                                  | NM; *                                                          |
| L-METHYL-MC TAB                               | \$0(3)                                                  | NM; *                                                          |
| LYSIPLEX PLUS                                 | \$0(3)                                                  | NM; *                                                          |
| MEGA MULTI TAB MEN                            | \$0(3)                                                  | NM; *                                                          |
| <i>mega multiple w/chelated</i>               | \$0(3)                                                  | NM; *                                                          |
| <i>meijer c TABS 500mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>meribin CAPS 5mg</i>                       | \$0(3)                                                  | NM; *                                                          |
| METAFOLBIC TAB                                | \$0(3)                                                  | NM; *                                                          |
| MG PLUS TAB PROTEIN                           | \$0(3)                                                  | NM; *                                                          |
| MTX SUPPORT TAB                               | \$0(3)                                                  | NM; *                                                          |
| <i>multi complete/iron</i>                    | \$0(3)                                                  | NM; *                                                          |
| MULTI VITAMI TAB                              | \$0(3)                                                  | NM; *                                                          |
| MULTI VITAMN TAB MINERALS                     | \$0(3)                                                  | NM; *                                                          |
| <i>multi-vit/iron/fluoride</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>multi-vitamin</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>multi-vitamin hp/minerals</i>              | \$0(3)                                                  | NM; *                                                          |
| MULTI-VITE LIQ                                | \$0(3)                                                  | NM; *                                                          |
| <i>*multiple vitamin tab**</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>multiple vitamin/minerals</i>              | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>*multiple vitamins w/ iron tab**</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>multivitamin &amp; mineral</i>                                        | \$0(3)                                                  | NM; *                                                          |
| <i>multivitamin adults 50+</i>                                           | \$0(3)                                                  | NM; *                                                          |
| MULTIVITAMIN TAB                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>multivitamin with fluorid</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>multivitamin women 50+</i>                                            | \$0(3)                                                  | NM; *                                                          |
| MVW COMPLETE CAP D3000                                                   | \$0(3)                                                  | NM; *                                                          |
| MVW COMPLETE CAP D5000                                                   | \$0(3)                                                  | NM; *                                                          |
| MVW COMPLETE CAP FORMULAT                                                | \$0(3)                                                  | NM; *                                                          |
| MVW COMPLETE CAP MINIS                                                   | \$0(3)                                                  | NM; *                                                          |
| MVW COMPLETE DRO PEDIATRI                                                | \$0(3)                                                  | NM; *                                                          |
| <i>mvw complete formulation</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>mynephron</i>                                                         | \$0(3)                                                  | NM; *                                                          |
| NASCOBAL SOLN 500mcg/0.1ml                                               | \$0(3)                                                  | NM; *                                                          |
| <i>natural c/rose hips TABS 1000mg</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>natural vitamin e CAPS 1000unit</i>                                   | \$0(3)                                                  | NM; *                                                          |
| NEPHPLEX RX TAB                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>nephro vitamins</i>                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>niacin CPCR 250mg; TABS 50mg,<br/>100mg, 500mg; TBCR 250mg, 500mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>niavasc TBCR 500mg</i>                                                | \$0(3)                                                  | NM; *                                                          |
| NIVA-FOL TAB                                                             | \$0(3)                                                  | NM; *                                                          |
| NUTRIVIT LIQ 800-15-1                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ocutabs</i>                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>ocutabs/lutein</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| OMNICAP TAB                                                              | \$0(3)                                                  | NM; *                                                          |
| ONCOVITE TAB                                                             | \$0(3)                                                  | NM; *                                                          |
| <i>one daily complete</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>one daily for men 50+ adv</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>one daily for women</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>one daily for women 50+a</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>one daily maximum</i>                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>one daily multivitamin/ir</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>one daily womens 50 plus</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>one daily womens 50+</i>                                              | \$0(3)                                                  | NM; *                                                          |
| <i>one daily/iron/calcium</i>                                            | \$0(3)                                                  | NM; *                                                          |
| <i>one daily/minerals</i>                                                | \$0(3)                                                  | NM; *                                                          |
| ONE-A-DAY TAB 50+ ADV                                                    | \$0(3)                                                  | NM; *                                                          |
| ONE-A-DAY TAB TEEN/HIM                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>one-a-day teen advantage</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>one-daily multi-vitamin</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>pc pediatric tri-vitamin</i>                                          | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>*pediatric multiple vitamins w/ iron<br/>chew tab 15 mg**</i> | \$0(3)                                                  | NM; *                                                          |
| <i>pharmacist choice d-vitam LIQD<br/>400unit/ml</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>phytonadione SOLN 10mg/ml; TABS<br/>5mg</i>                   | \$0(3)                                                  | NM; *                                                          |
| POLY-VI-SOL SOL 50MG/ML                                          | \$0(3)                                                  | NM; *                                                          |
| POLY-VI-SOL SOL IRON                                             | \$0(3)                                                  | NM; *                                                          |
| <i>pureway-c TABS 500mg</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>pyridoxine hcl TABS 25mg, 50mg,<br/>100mg</i>                 | \$0(3)                                                  | NM; *                                                          |
| QUINTABS-M TAB                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>ra b-complex</i>                                              | \$0(3)                                                  | NM; *                                                          |
| RA B-COMPLEX TAB VIT C TR                                        | \$0(3)                                                  | NM; *                                                          |
| <i>ra b-complex with b-12</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ra balanced b-50</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>ra balanced b-100</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>ra biotin CAPS 2500mcg</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>ra central-vite womens ma</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>ra niacin TABS 100mg, 500mg</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>ra one daily maximum</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin a CAPS 10000unit</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin b12 TBCR 2000mcg</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin b-1 TABS 100mg</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin b-6 TABS 50mg, 100mg</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin b-12 TABS 100mcg</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin b-12 tr TBCR 1000mcg</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin c TABS 250mg, 500mg</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin c tr TBCR 500mg</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin c/rose hips TABS 500mg,<br/>1000mg</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>ra vitamin e CAPS 400unit</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>rena-vite</i>                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>rena-vite rx</i>                                              | \$0(3)                                                  | NM; *                                                          |
| <i>renal caps</i>                                                | \$0(3)                                                  | NM; *                                                          |
| <i>renal vitamin</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>riboflavin TABS 25mg, 50mg, 100mg</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>senior tabs</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>sentry</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>sentry senior</i>                                             | \$0(3)                                                  | NM; *                                                          |
| SENTRY TAB                                                       | \$0(3)                                                  | NM; *                                                          |
| SENTRY TAB SENIOR                                                | \$0(3)                                                  | NM; *                                                          |
| <i>sm b-complex</i>                                              | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>        | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| SM B-COMPLEX TAB /VIT C                            | \$0(3)                                                  | NM; *                                                          |
| <i>sm balanced b-50</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>sm biotin CAPS 5000mcg</i>                      | \$0(3)                                                  | NM; *                                                          |
| <i>sm chewable vitamin c</i>                       | \$0(3)                                                  | NM; *                                                          |
| <i>sm complete</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>sm complete 50+</i>                             | \$0(3)                                                  | NM; *                                                          |
| <i>sm complete 50+ ultimate</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>sm hair/skin/nails</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>sm multiple vitamins/iron</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>sm niacin cr TBCR 250mg</i>                     | \$0(3)                                                  | NM; *                                                          |
| SM ONE DAILY TAB WOMENS                            | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b1 TABS 100mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b6 TABS 100mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b12 TABS 500mcg</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b12 tr TBCR 1000mcg,<br/>2000mcg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b100 complex</i>                     | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin b complex with</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin c TABS 500mg, 1000mg</i>             | \$0(3)                                                  | NM; *                                                          |
| <i>sm vitamin c tr TBCR 500mg</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>soluvita e SOLN 15.8mg/0.7ml</i>                | \$0(3)                                                  | NM; *                                                          |
| SPECTRAVITE TAB                                    | \$0(3)                                                  | NM; *                                                          |
| SPECTRAVITE TAB ADLT 50+                           | \$0(3)                                                  | NM; *                                                          |
| SPECTRAVITE TAB ADULTS                             | \$0(3)                                                  | NM; *                                                          |
| <i>stress b/zinc</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>stress formula</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>stress formula/iron</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>stress formula/zinc</i>                         | \$0(3)                                                  | NM; *                                                          |
| STROVITE ONE TAB                                   | \$0(3)                                                  | NM; *                                                          |
| <i>super b with c</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>super biotin CAPS 5000mcg</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>super quints b-50</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>super thera vite m</i>                          | \$0(3)                                                  | NM; *                                                          |
| SUPERVITE LIQ                                      | \$0(3)                                                  | NM; *                                                          |
| <i>sv vitamin b12 tr TBCR 1000mcg</i>              | \$0(3)                                                  | NM; *                                                          |
| TAB-A-VITE TAB IRON/BET                            | \$0(3)                                                  | NM; *                                                          |
| THERA M PLUS TAB                                   | \$0(3)                                                  | NM; *                                                          |
| THERA-M TAB                                        | \$0(3)                                                  | NM; *                                                          |
| <i>thera-tabs</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>therapeutic-m/lutein</i>                        | \$0(3)                                                  | NM; *                                                          |
| <i>theratrum complete</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>theratrum complete 50 plu</i>                   | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                        | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| THEREMS-M TAB                                                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>thiamine hcl</i> TABS 50mg, 100mg, 250mg                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>tri-vite pediatric</i>                                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>triphrocaps</i>                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>v-c forte</i>                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>vic-forte</i>                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>virt-caps</i>                                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>virt-gard</i>                                                                                   | \$0(3)                                                  | NM; *                                                          |
| VITAL-D RX TAB                                                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>vitalee</i>                                                                                     | \$0(3)                                                  | NM; *                                                          |
| VITALETS CHW CHILD                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin a</i> CAPS 8000unit, 10000unit                                                          | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin b complex-c</i>                                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin b complex/vitamin</i>                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin b-12 tr</i> TBCR 2000mcg                                                                | \$0(3)                                                  | NM; *                                                          |
| VITAMIN C CHW 500MG                                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin c drops</i>                                                                             | \$0(3)                                                  | NM; *                                                          |
| VITAMIN C POW                                                                                      | \$0(3)                                                  | NM; *                                                          |
| VITAMIN C TR TBCR 1500mg                                                                           | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin c/bioflavonoids/w</i>                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin c/rose hips tr</i> TBCR 500mg, 1000mg                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin d infant</i> LIQD 10mcg/ml, 400unit/ml                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin e</i> CAPS 45mg, 180mg, 200unit, 400unit, 1000unit; OIL 100unt/0.25ml; SOLN 15mg/0.67ml | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin e blend</i> CAPS 400unit                                                                | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin e high potency</i> CAPS 400unit                                                         | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin e/d-alpha natural</i> CAPS 268mg                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>vitamin supplement e-400</i> CAPS 400unit                                                       | \$0(3)                                                  | NM; *                                                          |
| <i>vitamins a/c/d/fluoride</i>                                                                     | \$0(3)                                                  | NM; *                                                          |
| VITATRUM TAB                                                                                       | \$0(3)                                                  | NM; *                                                          |
| VITRUM TAB SENIOR                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>vp-vite rx</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>wescaps</i>                                                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>westab max</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>westab one</i>                                                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>womens daily formula</i>                                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>womens daily formula/fofi</i>                                                                   | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| YELETS TEEN TAB FORMULA                                                                  | \$0(3)                                                  | NM; *                                                          |
| ZINC LOZ                                                                                 | \$0(3)                                                  | NM; *                                                          |
| <b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>                                        |                                                         |                                                                |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT<br/>INFECTIONS AND INFLAMMATION</b> |                                                         |                                                                |
| <i>bacitracin-polymyxin-neomycin-hc<br/>ophth oint 1%</i>                                | \$0(1)                                                  |                                                                |
| <i>neo-polycin hc ophth oint 1%</i>                                                      | \$0(1)                                                  |                                                                |
| <i>neomycin-polymyxin-dexamethasone<br/>ophth oint 0.1%</i>                              | \$0(1)                                                  |                                                                |
| <i>neomycin-polymyxin-dexamethasone<br/>ophth susp 0.1%</i>                              | \$0(1)                                                  |                                                                |
| <i>neomycin-polymyxin-hc ophth susp</i>                                                  | \$0(1)                                                  |                                                                |
| <i>sulfacetamide sodium-prednisolone<br/>ophth soln 10-0.23(0.25)%</i>                   | \$0(1)                                                  |                                                                |
| TOBRADEX OIN 0.3-0.1%                                                                    | \$0(2)                                                  |                                                                |
| TOBRADEX ST SUS 0.3-0.05                                                                 | \$0(2)                                                  |                                                                |
| <i>tobramycin-dexamethasone ophth<br/>susp 0.3-0.1%</i>                                  | \$0(1)                                                  |                                                                |
| ZYLET SUS 0.5-0.3%                                                                       | \$0(2)                                                  |                                                                |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                       |                                                         |                                                                |
| <i>bacitracin (ophthalmic) OINT<br/>500unit/gm</i>                                       | \$0(1)                                                  |                                                                |
| <i>bacitracin-polymyxin b ophth oint</i>                                                 | \$0(1)                                                  |                                                                |
| BESIVANCE SUSP .6%                                                                       | \$0(2)                                                  |                                                                |
| CILOXAN OINT .3%                                                                         | \$0(2)                                                  |                                                                |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                                                | \$0(1)                                                  |                                                                |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                                                  | \$0(1)                                                  |                                                                |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                                     | \$0(1)                                                  |                                                                |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                                               | \$0(1)                                                  |                                                                |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                                                 | \$0(1)                                                  |                                                                |
| NATACYN SUSP 5%                                                                          | \$0(2)                                                  |                                                                |
| <i>neo-polycin 5(3.5)mg-400unt-<br/>10000unt op oin</i>                                  | \$0(1)                                                  |                                                                |
| <i>neomycin-bacitrac zn-polymyx<br/>5(3.5)mg-400unt-10000unt op oin</i>                  | \$0(1)                                                  |                                                                |
| <i>neomycin-polymy-gramicid op sol<br/>1.75-10000-0.025mg-unt-mg/ml</i>                  | \$0(1)                                                  |                                                                |
| <i>ofloxacin (ophth) SOLN .3%</i>                                                        | \$0(1)                                                  |                                                                |
| <i>polycin ophth oint</i>                                                                | \$0(1)                                                  |                                                                |
| <i>polymyxin b-trimethoprim ophth soln<br/>10000 unit/ml-0.1%</i>                        | \$0(1)                                                  |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>sulfacetamide sodium (ophth)</i> OINT<br>10%; SOLN 10%  | \$0(1)                                                  |                                                                |
| <i>tobramycin (ophth)</i> SOLN .3%                         | \$0(1)                                                  |                                                                |
| <i>trifluridine</i> SOLN 1%                                | \$0(1)                                                  |                                                                |
| ZIRGAN GEL .15%                                            | \$0(2)                                                  |                                                                |
| <b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>   |                                                         |                                                                |
| ALREX SUSP .2%                                             | \$0(2)                                                  |                                                                |
| <i>bromfenac sodium (ophth)</i> SOLN<br>.07%, .075%        | \$0(1)                                                  |                                                                |
| BROMSITE SOLN .075%                                        | \$0(2)                                                  |                                                                |
| <i>dexamethasone sodium phosphate<br/>(ophth)</i> SOLN .1% | \$0(1)                                                  |                                                                |
| <i>diclofenac sodium (ophth)</i> SOLN .1%                  | \$0(1)                                                  |                                                                |
| EYSUVIS SUSP .25%                                          | \$0(2)                                                  |                                                                |
| FLAREX SUSP .1%                                            | \$0(2)                                                  |                                                                |
| <i>fluorometholone (ophth)</i> SUSP .1%                    | \$0(1)                                                  |                                                                |
| <i>flurbiprofen sodium</i> SOLN .03%                       | \$0(1)                                                  |                                                                |
| <i>ketorolac tromethamine (ophth)</i><br>SOLN .4%, .5%     | \$0(1)                                                  |                                                                |
| LOTEMAX OINT .5%                                           | \$0(2)                                                  |                                                                |
| <i>loteprednol etabonate</i> SUSP .2%                      | \$0(1)                                                  |                                                                |
| <i>prednisolone acetate (ophth)</i> SUSP<br>1%             | \$0(1)                                                  |                                                                |
| PREDNISOLONE SODIUM PHOSP<br>SOLN 1%                       | \$0(2)                                                  |                                                                |
| PROLENSA SOLN .07%                                         | \$0(2)                                                  |                                                                |
| <b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>            |                                                         |                                                                |
| <i>azelastine hcl (ophth)</i> SOLN .05%                    | \$0(1)                                                  |                                                                |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                     | \$0(1)                                                  |                                                                |
| <i>eye allergy itch relief</i> SOLN .2%                    | \$0(3)                                                  | NM; *                                                          |
| <i>eye allergy itch/redness</i> SOLN .1%                   | \$0(3)                                                  | NM; *                                                          |
| <i>eye drops</i> SOLN .05%                                 | \$0(3)                                                  | NM; *                                                          |
| <i>eye drops advanced relief</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>eye itch relief</i> SOLN .035%                          | \$0(3)                                                  | NM; *                                                          |
| <i>ketotifen fumarate (ophth)</i> SOLN<br>.035%            | \$0(3)                                                  | NM; *                                                          |
| LASTACFT SOLN .25%                                         | \$0(3)                                                  | NM; *                                                          |
| <i>olopatadine hcl</i> SOLN .1%, .2%                       | \$0(3)                                                  | NM; *                                                          |
| PATADAY EXTRA STRENGTH SOLN<br>.7%                         | \$0(3)                                                  | NM; *                                                          |
| <i>redness relief</i>                                      | \$0(3)                                                  | NM; *                                                          |
| ZERVIAE SOLN .24%                                          | \$0(2)                                                  |                                                                |

| Drug Name<br>(By Medical Condition) | WHAT THE DRUG<br>WILL COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|------------------------------------------------|-------------------------------------------------------|

### **ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA**

|                                                               |        |  |
|---------------------------------------------------------------|--------|--|
| <i>betaxolol hcl (ophth)</i> SOLN .5%                         | \$0(1) |  |
| BETOPTIC-S SUSP .25%                                          | \$0(2) |  |
| <i>brimonidine tartrate</i> SOLN .15%, .2%                    | \$0(1) |  |
| <i>brinzolamide</i> SUSP 1%                                   | \$0(1) |  |
| <i>carteolol hcl (ophth)</i> SOLN 1%                          | \$0(1) |  |
| COMBIGAN SOL 0.2/0.5%                                         | \$0(2) |  |
| <i>dorzolamide hcl</i> SOLN 2%                                | \$0(1) |  |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%      | \$0(1) |  |
| <i>latanoprost</i> SOLN .005%                                 | \$0(1) |  |
| <i>levobunolol hcl</i> SOLN .5%                               | \$0(1) |  |
| LUMIGAN SOLN .01%                                             | \$0(2) |  |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                        | \$0(1) |  |
| RHOPRESSA SOLN .02%                                           | \$0(2) |  |
| ROCKLATAN DRO                                                 | \$0(2) |  |
| SIMBRINZA SUS 1-0.2%                                          | \$0(2) |  |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | \$0(1) |  |
| VYZULTA SOLN .024%                                            | \$0(2) |  |

### **MISCELLANEOUS**

|                                              |        |                 |
|----------------------------------------------|--------|-----------------|
| <i>artificial tears</i>                      | \$0(3) | NM; *           |
| ATROPINE SULFATE SOLN 1%                     | \$0(2) |                 |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1% | \$0(1) |                 |
| CYSTADROPS SOLN .37%                         | \$0(2) | NDS, NM, LA, PA |
| CYSTARAN SOLN .44%                           | \$0(2) | NDS, NM, LA, PA |
| <i>dry eye relief</i> GEL 1%                 | \$0(3) | NM; *           |
| <i>dry eye relief drops</i>                  | \$0(3) | NM; *           |
| <i>eye wash</i> SOLN 99.05%                  | \$0(3) | NM; *           |
| <i>lubricant eye drops</i> SOLN .5%, .6%     | \$0(3) | NM; *           |
| <i>lubricant eye nighttime</i>               | \$0(3) | NM; *           |
| <i>lubricating eye drops</i>                 | \$0(3) | NM; *           |
| <i>lubricating plus eye drop</i> SOLN .5%    | \$0(3) | NM; *           |
| <i>lubricating tears eye dro</i>             | \$0(3) | NM; *           |
| <i>lubrifresh p.m.</i>                       | \$0(3) | NM; *           |
| MIEBO SOLN 1.338gm/ml                        | \$0(2) |                 |
| MURO 128 SOLN 2%                             | \$0(3) | NM; *           |
| <i>polyvinyl alcohol</i> SOLN 1.4%           | \$0(3) | NM; *           |
| <i>proparacaine hcl</i> SOLN .5%             | \$0(1) |                 |
| <i>refresh celluvisc</i> GEL 1%              | \$0(3) | NM; *           |
| <i>refresh lacri-lube</i>                    | \$0(3) | NM; *           |

| <b>Drug Name<br/>(By Medical Condition)</b>           | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| REFRESH OPT SOL MEGA-3                                | \$0(3)                                                  | NM; *                                                          |
| RESTASIS EMUL .05%                                    | \$0(2)                                                  |                                                                |
| RESTASIS MULTIDOSE EMUL .05%                          | \$0(2)                                                  |                                                                |
| <i>sodium chloride hypertonic</i> OINT 5%;<br>SOLN 5% | \$0(3)                                                  | NM; *                                                          |
| TYRVAYA SOLN .03mg/act                                | \$0(2)                                                  |                                                                |
| <i>ultra lubricating eye dro</i>                      | \$0(3)                                                  | NM; *                                                          |
| XIIDRA SOLN 5%                                        | \$0(2)                                                  |                                                                |

## **OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR**

### **OTIC AGENTS**

|                                                                      |        |  |
|----------------------------------------------------------------------|--------|--|
| <i>acetic acid (otic)</i> SOLN 2%                                    | \$0(1) |  |
| <i>ciprofloxacin-dexamethasone otic susp</i><br>0.3-0.1%             | \$0(1) |  |
| <i>flac</i> OIL .01%                                                 | \$0(1) |  |
| <i>fluocinolone acetonide (otic)</i> OIL<br>.01%                     | \$0(1) |  |
| <i>neomycin-polymyxin-hc otic soln</i> 1%                            | \$0(1) |  |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5<br>mg/ml-10000 unit/ml-1% | \$0(1) |  |
| <i>ofloxacin (otic)</i> SOLN .3%                                     | \$0(1) |  |

## **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<br>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<br>(INSTITUTIONAL PACK)              | \$0(2) | QL (4 inhalers / 28<br>days)  |
| COMBIVENT AER 20-100                                         | \$0(2) | QL (2 inhalers / 30<br>days)  |
| <i>ipratropium-albuterol nebu soln</i> 0.5-<br>2.5(3) mg/3ml | \$0(1) | B/D                           |
| TRELEGY AER ELLIPTA 100-62.5-25<br>MCG                       | \$0(2) | QL (60 blisters / 30<br>days) |
| TRELEGY AER ELLIPTA 200-62.5-25<br>MCG                       | \$0(2) | QL (60 blisters / 30<br>days) |

### **ANTICHOLINERGICS - DRUGS TO TREAT COPD**

|                                      |        |                               |
|--------------------------------------|--------|-------------------------------|
| ATROVENT HFA AERS 17mcg/act          | \$0(2) | QL (2 inhalers / 30<br>days)  |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh     | \$0(2) | QL (30 blisters / 30<br>days) |
| <i>ipratropium bromide</i> SOLN .02% | \$0(1) | B/D                           |

| <b>Drug Name<br/>(By Medical Condition)</b>                             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i>                      | \$0(1)                                                  |                                                                |
| <b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>                       |                                                         |                                                                |
| <i>ALA-HIST IR TABS 2mg</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>all day allergy TABS 10mg</i>                                        | \$0(3)                                                  | NM; *                                                          |
| <i>all day allergy childrens SOLN 5mg/5ml</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>aller-chlor TABS 4mg</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>allergy TABS 4mg</i>                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief CAPS 25mg; CHEW 25mg; TABS 4mg, 10mg, 25mg, 180mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief 24hr TABS 5mg</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml</i>   | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief/indoor/out TABS 10mg</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>azelastine hcl SOLN .1%</i>                                          | \$0(1)                                                  |                                                                |
| <i>banophen CAPS 25mg, 50mg</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg</i>                    | \$0(3)                                                  | NM; *                                                          |
| <i>cetirizine hcl SOLN 5mg/5ml</i>                                      | \$0(1)                                                  | QL (300 mL / 30 days)                                          |
| <i>cetirizine hcl allergy ch SOLN 5mg/5ml</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>cetirizine hcl childrens SOLN 1mg/ml</i>                             | \$0(3)                                                  | NM; *                                                          |
| <i>cetirizine hydrochloride SOLN 5mg/5ml</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>childrens loratadine SOLN 5mg/5ml</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>complete allergy medicine CAPS 25mg</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>                        | \$0(2)                                                  | PA; PA if 70 years and older                                   |
| <i>diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg</i>  | \$0(3)                                                  | NM; *                                                          |
| <i>diphenhydramine hcl SOLN 50mg/ml</i>                                 | \$0(1)                                                  |                                                                |
| <i>ed chlorped jr SYRP 2mg/5ml</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>fexofenadine hcl TABS 60mg, 180mg</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>gnp all day allergy TABS 10mg</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>gnp loratadine SOLN 5mg/5ml; TABS 10mg</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>HISTEX SYRP 2.5mg/5ml</i>                                            | \$0(3)                                                  | NM; *                                                          |
| <i>12hr allergy relief TABS 60mg</i>                                    | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                                              | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>24hr allergy relief</i> TABS 180mg                                                    | \$0(3)                                                  | NM; *                                                          |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml,<br>50mg/ml; SYRP 10mg/5ml; TABS<br>10mg, 25mg, 50mg | \$0(2)                                                  | PA; PA if 70 years and<br>older                                |
| <i>hydroxyzine pamoate</i> CAPS 25mg,<br>50mg                                            | \$0(2)                                                  | PA; PA if 70 years and<br>older                                |
| <i>levocetirizine dihydrochloride</i> SOLN<br>2.5mg/5ml                                  | \$0(1)                                                  | QL (300 mL / 30 days)                                          |
| <i>levocetirizine dihydrochloride</i> TABS<br>5mg                                        | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| <i>loratadine</i> SOLN 5mg/5ml; TABS<br>10mg                                             | \$0(3)                                                  | NM; *                                                          |
| <i>loratadine childrens</i> SOLN 5mg/5ml                                                 | \$0(3)                                                  | NM; *                                                          |
| PEDIACLEAR 8 CHILDRENS LIQD<br>12.5mg/15ml                                               | \$0(3)                                                  | NM; *                                                          |
| PEDIACLEAR PD CHILDRENS LIQD<br>.625mg/ml                                                | \$0(3)                                                  | NM; *                                                          |
| <i>sm loratadine</i> SOLN 5mg/5ml                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>triprolidine hcl</i> LIQD .938mg/ml                                                   | \$0(3)                                                  | NM; *                                                          |
| <b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>                                    |                                                         |                                                                |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                  | QL (2 inhalers / 30<br>days); (generic of Proair<br>HFA)       |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                  | QL (2 inhalers / 30<br>days); (generic of<br>Proventil HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                  | QL (2 inhalers / 30<br>days); (generic of<br>Ventolin HFA)     |
| <i>albuterol sulfate</i> NEBU .083%,<br>.63mg/3ml, 1.25mg/3ml,<br>2.5mg/0.5ml            | \$0(1)                                                  | B/D                                                            |
| <i>albuterol sulfate</i> SYRP 2mg/5ml;<br>TABS 2mg, 4mg                                  | \$0(1)                                                  |                                                                |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml,<br>.63mg/3ml, 1.25mg/0.5ml,<br>1.25mg/3ml        | \$0(1)                                                  | B/D                                                            |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                              | \$0(1)                                                  | QL (2 inhalers / 30<br>days), ST                               |
| SEREVENT DISKUS AEPB 50mcg/dose                                                          | \$0(2)                                                  | QL (60 inhalations / 30<br>days)                               |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                               | \$0(1)                                                  |                                                                |
| VENTOLIN HFA AERS 108mcg/act                                                             | \$0(2)                                                  | QL (2 inhalers / 30<br>days)                                   |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                   | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| VENTOLIN HFA (INSTITUTIONAL<br>PACK) AERS 108mcg/act          | \$0(2)                                                  | QL (6 inhalers / 30<br>days)                                   |
| <b>COUGH AND COLD</b>                                         |                                                         |                                                                |
| ALAHIST CF TAB 10-2-20                                        | \$0(3)                                                  | NM; *                                                          |
| ALAHIST DM LIQ 7.5-2-15                                       | \$0(3)                                                  | NM; *                                                          |
| ALAHIST PE TAB 2-7.5MG                                        | \$0(3)                                                  | NM; *                                                          |
| <i>all-nite cold &amp; flu night</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>allergy multi-symptom</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief d</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief d-12</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>allergy relief d-24</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>antihistamine/nasal decon</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>benzonatate CAPS 100mg, 150mg,<br/>200mg</i>               | \$0(3)                                                  | NM; *                                                          |
| <i>*camphor-eucalyptus-menthol -<br/>oint***</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>cetirizine-pseudoephedrine tab er<br/>12hr 5-120 mg</i>    | \$0(3)                                                  | NM; *                                                          |
| <i>chest congestion relief LIQD<br/>100mg/5ml; TABS 400mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>chest congestion relief d</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>chest congestion relief p</i>                              | \$0(3)                                                  | NM; *                                                          |
| CHLO TUSS LIQ                                                 | \$0(3)                                                  | NM; *                                                          |
| CHLOR/DEXCH LIQ PSE                                           | \$0(3)                                                  | NM; *                                                          |
| COLD & ALLER LIQ CHILDREN                                     | \$0(3)                                                  | NM; *                                                          |
| <i>cold &amp; cough childrens</i>                             | \$0(3)                                                  | NM; *                                                          |
| <i>cold &amp; flu nightttime reli</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>cold &amp; flu relief daytime</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>cold &amp; flu relief nightti</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>cold/flu daytime relief</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>cough &amp; cold hbp</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>cough dm SUER 30mg/5ml</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>cough dm childrens SUER 30mg/5ml</i>                       | \$0(3)                                                  | NM; *                                                          |
| <i>daytime cold &amp; flu relief</i>                          | \$0(3)                                                  | NM; *                                                          |
| DECONEX DMX TAB                                               | \$0(3)                                                  | NM; *                                                          |
| DECONEX IR TAB 10-385MG                                       | \$0(3)                                                  | NM; *                                                          |
| <i>dexbrompheniramine-phenylephrine<br/>tab 2-10 mg</i>       | \$0(3)                                                  | NM; *                                                          |
| <i>dextromethorphan hbr CAPS 15mg</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>dextromethorphan polistirex SUER<br/>30mg/5ml</i>          | \$0(3)                                                  | NM; *                                                          |
| <i>dimaphen dm cold &amp; cough</i>                           | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                        | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>doxylamine-phenylephrine tab 7.5-10 mg</i>                      | \$0(3)                                                  | NM; *                                                          |
| DURAFLU TAB                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>ed a-hist</i>                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>ed a-hist dm</i>                                                | \$0(3)                                                  | NM; *                                                          |
| ED A-HIST DM TAB 10-4-10                                           | \$0(3)                                                  | NM; *                                                          |
| ED BRON GP LIQ                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>endacof-dm</i>                                                  | \$0(3)                                                  | NM; *                                                          |
| <i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>          | \$0(3)                                                  | NM; *                                                          |
| <i>flu hbp</i>                                                     | \$0(3)                                                  | NM; *                                                          |
| <i>guaifenesin LIQD 100mg/5ml</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | \$0(3)                                                  | NM; *                                                          |
| <i>head congestion/mucus</i>                                       | \$0(3)                                                  | NM; *                                                          |
| HISTEX-DM SYP                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>12 hour nasal decongestan TB12 120mg</i>                        | \$0(3)                                                  | NM; *                                                          |
| <i>12hr allergy/congestion r</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>          | \$0(3)                                                  | NM; *                                                          |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | \$0(3)                                                  | NM; *                                                          |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>   | \$0(3)                                                  | NM; *                                                          |
| <i>hydromet</i>                                                    | \$0(3)                                                  | NM; *                                                          |
| HYPERSAL NEBU 3.5%                                                 | \$0(3)                                                  | NM; *                                                          |
| LOHIST-D LIQ                                                       | \$0(3)                                                  | NM; *                                                          |
| LOHIST-DM SYP 5-2-10MG                                             | \$0(3)                                                  | NM; *                                                          |
| <i>loratadine-d 12hr</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>loratadine-d 24hr</i>                                           | \$0(3)                                                  | NM; *                                                          |
| M-END DMX LIQ                                                      | \$0(3)                                                  | NM; *                                                          |
| <i>mapap cold formula multi-</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief TB12 600mg</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief childrens</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief d</i>                                              | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief dm</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief dm cough</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief dm maximum s</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief er TB12 600mg</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief maximum stre TB12 1200mg</i>                       | \$0(3)                                                  | NM; *                                                          |
| <i>mucus relief pe sinus con</i>                                   | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>multi symptom flu &amp; sever</i>                       | \$0(3)                                                  | NM; *                                                          |
| <i>nasal decongestant TABS 30mg</i>                        | \$0(3)                                                  | NM; *                                                          |
| <i>nasal decongestant pe TABS 10mg</i>                     | \$0(3)                                                  | NM; *                                                          |
| <i>nasal decongestant spray SOLN .05%</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>nasal relief SOLN .05%</i>                              | \$0(3)                                                  | NM; *                                                          |
| <i>nasal spray no drip SOLN .05%</i>                       | \$0(3)                                                  | NM; *                                                          |
| NASOPEN PE LIQ                                             | \$0(3)                                                  | NM; *                                                          |
| <i>nighttime cold/flu relief</i>                           | \$0(3)                                                  | NM; *                                                          |
| <i>nighttime cough</i>                                     | \$0(3)                                                  | NM; *                                                          |
| NINJACOF LIQ                                               | \$0(3)                                                  | NM; *                                                          |
| <i>nohist-dm</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>nohist-lq</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>phenylephrine hcl (oral) TABS 10mg</i>                  | \$0(3)                                                  | NM; *                                                          |
| <i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>       | \$0(3)                                                  | NM; *                                                          |
| <i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>           | \$0(3)                                                  | NM; *                                                          |
| POLY HIST FO TAB 10.5-10                                   | \$0(3)                                                  | NM; *                                                          |
| POLY-HIST DM LIQ 5-25-10                                   | \$0(3)                                                  | NM; *                                                          |
| POLY-VENT DM TAB                                           | \$0(3)                                                  | NM; *                                                          |
| POLY-VENT IR TAB 60-380MG                                  | \$0(3)                                                  | NM; *                                                          |
| POLYTUSSIN LIQ DM                                          | \$0(3)                                                  | NM; *                                                          |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>        | \$0(3)                                                  | NM; *                                                          |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                | \$0(3)                                                  | NM; *                                                          |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>        | \$0(3)                                                  | NM; *                                                          |
| <i>pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg</i>     | \$0(3)                                                  | NM; *                                                          |
| <i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>   | \$0(3)                                                  | NM; *                                                          |
| <i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i> | \$0(3)                                                  | NM; *                                                          |
| <i>robafen cf multi-symptom</i>                            | \$0(3)                                                  | NM; *                                                          |
| <i>robafen mucus/chest conge LIQD 200mg/10ml</i>           | \$0(3)                                                  | NM; *                                                          |
| RU-HIST D TAB 4-10MG                                       | \$0(3)                                                  | NM; *                                                          |
| RYMED TAB 2-10MG                                           | \$0(3)                                                  | NM; *                                                          |
| <i>rynex dm</i>                                            | \$0(3)                                                  | NM; *                                                          |
| <i>rynex pe</i>                                            | \$0(3)                                                  | NM; *                                                          |
| <i>rynex pse</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>severe cold &amp; flu</i>                               | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                      | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>severe cold/cough</i>                                         | \$0(3)                                                  | NM; *                                                          |
| <i>sinus + headache</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>sinus congestion/pain</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>sinus pressure/pain/adult</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>sinus relief extra streng SOLN 1%</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>sinus relief severe conge</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>sm lorata-dine d</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <i>sm nasal spray 12 hour SOLN .05%</i>                          | \$0(3)                                                  | NM; *                                                          |
| <i>sm tussin dm cough/chest</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>sodium chloride (inhalant) NEBU .9%,<br/>3%, 7%</i>           | \$0(3)                                                  | NM; *                                                          |
| <i>soothing - 12 hour nasal SOLN .05%</i>                        | \$0(3)                                                  | NM; *                                                          |
| <i>sudogest TABS 30mg, 60mg</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>sudogest 12 hour TB12 120mg</i>                               | \$0(3)                                                  | NM; *                                                          |
| <i>sudogest maximum strength TABS<br/>30mg</i>                   | \$0(3)                                                  | NM; *                                                          |
| <i>tussin cf severe multi-sy</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>tussin dm</i>                                                 | \$0(3)                                                  | NM; *                                                          |
| <i>tussin dm maximum strengt</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>tussin mucus + chest cong LIQD<br/>100mg/5ml</i>              | \$0(3)                                                  | NM; *                                                          |
| <i>tussin multi-symptom cold</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>VANACOF DMX LIQ</i>                                           | \$0(3)                                                  | NM; *                                                          |
| <i>VANACOF LIQ</i>                                               | \$0(3)                                                  | NM; *                                                          |
| <i>VANATAB DM TAB 5-9-198</i>                                    | \$0(3)                                                  | NM; *                                                          |
| <i>vapor steam LIQD 6.2%</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>WESTUSSIN DM SYP</i>                                          | \$0(3)                                                  | NM; *                                                          |
| <b>LEUKOTRIENE MODULATORS</b>                                    |                                                         |                                                                |
| <i>montelukast sodium CHEW 4mg,<br/>5mg; PACK 4mg; TABS 10mg</i> | \$0(1)                                                  |                                                                |
| <i>zafirlukast TABS 10mg, 20mg</i>                               | \$0(1)                                                  |                                                                |
| <b>MISCELLANEOUS</b>                                             |                                                         |                                                                |
| <i>ACE AERO CLD MIS ENHANCER</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>acetylcysteine SOLN 10%, 20%</i>                              | \$0(1)                                                  | B/D                                                            |
| <i>ADULT MASK MIS LARGE</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>AERCHMBR PLS MIS FLOW-VU</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>AERCHMBR PLS MIS LRG MASK</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>AERCHMBR PLS MIS MED MASK</i>                                 | \$0(3)                                                  | NM; *                                                          |
| <i>AERCHMBR PLS MIS SM MASK</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>AERCHMBR Z- MIS STAT PLS</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>AEROCHAMBER MIS CHAMBER</i>                                   | \$0(3)                                                  | NM; *                                                          |
| <i>AEROCHAMBER MIS MV</i>                                        | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| AEROCHAMBER MIS PLUS                                           | \$0(3)                                                  | NM; *                                                          |
| AEROTRC PLUS MIS                                               | \$0(3)                                                  | NM; *                                                          |
| AEROVENT MIS PLUS                                              | \$0(3)                                                  | NM; *                                                          |
| ARALAST NP SOLR 500mg, 1000mg                                  | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| BREATHERITE MIS MDI CHMB                                       | \$0(3)                                                  | NM; *                                                          |
| BRONCHITOL CAPS 40mg                                           | \$0(2)                                                  | NDS, QL (560 caps / 28 days), NM, LA, PA                       |
| COMPACT SPAC MIS CHAMBER                                       | \$0(3)                                                  | NM; *                                                          |
| COMPACT SPAC MIS LG MASK                                       | \$0(3)                                                  | NM; *                                                          |
| COMPACT SPAC MIS MD MASK                                       | \$0(3)                                                  | NM; *                                                          |
| COMPACT SPAC MIS SM MASK                                       | \$0(3)                                                  | NM; *                                                          |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                           | \$0(1)                                                  | B/D                                                            |
| <i>cromolyn sodium (nasal)</i> AERS 5.2mg/act                  | \$0(3)                                                  | NM; *                                                          |
| <i>deep sea nasal spray</i> SOLN .65%                          | \$0(3)                                                  | NM; *                                                          |
| EASIVENT MIS                                                   | \$0(3)                                                  | NM; *                                                          |
| EASIVENT MIS MASK LG                                           | \$0(3)                                                  | NM; *                                                          |
| EASIVENT MIS MASK MED                                          | \$0(3)                                                  | NM; *                                                          |
| EASIVENT MIS MASK SM                                           | \$0(3)                                                  | NM; *                                                          |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml  | \$0(1)                                                  | (generic of EpiPen)                                            |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | \$0(1)                                                  | (generic of Adrenaclick)                                       |
| EXPIRATORY MIS MTHPIECE                                        | \$0(3)                                                  | NM; *                                                          |
| FASENRA SOSY 30mg/ml                                           | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| FASENRA PEN SOAJ 30mg/ml                                       | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| FLEXICHAMBER MIS                                               | \$0(3)                                                  | NM; *                                                          |
| FLEXICHAMBER MIS MASK LRG                                      | \$0(3)                                                  | NM; *                                                          |
| FLEXICHAMBER MIS MASK SM                                       | \$0(3)                                                  | NM; *                                                          |
| HOLD CHAMBER MIS ADLT LG                                       | \$0(3)                                                  | NM; *                                                          |
| HOLD CHAMBER MIS MEDIUM                                        | \$0(3)                                                  | NM; *                                                          |
| HOLD CHAMBER MIS SMALL                                         | \$0(3)                                                  | NM; *                                                          |
| INSPIRACHAMB MIS LARGE                                         | \$0(3)                                                  | NM; *                                                          |
| INSPIRACHAMB MIS MEDIUM                                        | \$0(3)                                                  | NM; *                                                          |
| INSPIRACHAMB MIS MOUTHPC                                       | \$0(3)                                                  | NM; *                                                          |
| INSPIRACHAMB MIS SMALL                                         | \$0(3)                                                  | NM; *                                                          |
| INSPIRATORY MIS MTHPIECE                                       | \$0(3)                                                  | NM; *                                                          |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg                  | \$0(2)                                                  | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| KALYDECO TABS 150mg                                            | \$0(2)                                                  | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| LITETOUCH MIS MASK LG                                          | \$0(3)                                                  | NM; *                                                          |
| LITETOUCH MIS MASK MD                                          | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>  | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| LITETOUCH MIS MASK SM                        | \$0(3)                                                  | NM; *                                                          |
| MICROCHAMBER MIS                             | \$0(3)                                                  | NM; *                                                          |
| MICROSPACER MIS                              | \$0(3)                                                  | NM; *                                                          |
| OFEV CAPS 100mg, 150mg                       | \$0(2)                                                  | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| OPTICHAMBER MIS DIA LG                       | \$0(3)                                                  | NM; *                                                          |
| OPTICHAMBER MIS DIA MD                       | \$0(3)                                                  | NM; *                                                          |
| OPTICHAMBER MIS DIA SM                       | \$0(3)                                                  | NM; *                                                          |
| OPTICHAMBER MIS DIAMOND                      | \$0(3)                                                  | NM; *                                                          |
| ORKAMBI GRA 75-94MG                          | \$0(2)                                                  | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI GRA 100-125                          | \$0(2)                                                  | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI GRA 150-188                          | \$0(2)                                                  | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI TAB 100-125                          | \$0(2)                                                  | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| ORKAMBI TAB 200-125                          | \$0(2)                                                  | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| PANDA MASK MIS LARGE                         | \$0(3)                                                  | NM; *                                                          |
| PANDA MASK MIS MEDIUM                        | \$0(3)                                                  | NM; *                                                          |
| PANDA MASK MIS PEDIATRI                      | \$0(3)                                                  | NM; *                                                          |
| PANDA MASK MIS SMALL                         | \$0(3)                                                  | NM; *                                                          |
| PARI VORTEX MIS ADL MASK                     | \$0(3)                                                  | NM; *                                                          |
| PEDIATRIC MD MIS MASK                        | \$0(3)                                                  | NM; *                                                          |
| PEDIATRIC SM MIS MASK                        | \$0(3)                                                  | NM; *                                                          |
| <i>pirfenidone</i> CAPS 267mg                | \$0(2)                                                  | NDS, QL (270 caps / 30 days), NM, PA                           |
| <i>pirfenidone</i> TABS 267mg                | \$0(2)                                                  | NDS, QL (270 tabs / 30 days), NM, PA                           |
| <i>pirfenidone</i> TABS 534mg, 801mg         | \$0(2)                                                  | NDS, QL (90 tabs / 30 days), NM, PA                            |
| POCKET CHAMB MIS                             | \$0(3)                                                  | NM; *                                                          |
| PROLASTIN-C SOLN 1000mg/20ml;<br>SOLR 1000mg | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| PULMOZYME SOLN 2.5mg/2.5ml                   | \$0(2)                                                  | NDS, NM, PA                                                    |
| RITEFLO MIS                                  | \$0(3)                                                  | NM; *                                                          |
| <i>roflumilast</i> TABS 250mcg               | \$0(1)                                                  | QL (56 tabs / year)                                            |
| <i>roflumilast</i> TABS 500mcg               | \$0(1)                                                  | QL (30 tabs / 30 days)                                         |
| S2 NEBU 2.25%                                | \$0(3)                                                  | NM; *                                                          |
| SIDESTREAM MIS PED MASK                      | \$0(3)                                                  | NM; *                                                          |
| SILICONE MSK MIS INFANT                      | \$0(3)                                                  | NM; *                                                          |
| SILICONE MSK MIS PED                         | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                                                            | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| SPACE CHAMBR MIS ANTI-STA                                                                              | \$0(3)                                                  | NM; *                                                          |
| SYMDEKO TAB 50-75MG                                                                                    | \$0(2)                                                  | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| SYMDEKO TAB 100-150                                                                                    | \$0(2)                                                  | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| <i>theophylline</i> 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, LA, PA                       |
| TRIKAFTA PAK 75MG                                                                                      | \$0(2)                                                  | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                                       | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                                       | \$0(2)                                                  | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| VORTEX VALVE MIS CHAMBER                                                                               | \$0(3)                                                  | NM; *                                                          |
| XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml          | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                                                    | \$0(2)                                                  | NDS, NM, LA, PA                                                |
| <b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>                                                       |                                                         |                                                                |
| <i>allergy relief</i> SUSP 50mcg/act                                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>budesonide (nasal)</i> SUSP 32mcg/act                                                               | \$0(3)                                                  | NM; *                                                          |
| <i>flunisolide (nasal)</i> SOLN .025%                                                                  | \$0(1)                                                  | QL (3 bottles / 30 days)                                       |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                                                   | \$0(1)                                                  | QL (1 bottle / 30 days)                                        |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                                                   | \$0(3)                                                  | NM; *                                                          |
| <i>nasal allergy 24 hour mul</i> AERO 55mcg/act                                                        | \$0(3)                                                  | NM; *                                                          |
| <i>triamcinolone acetanide (nasal)</i> AERO 55mcg/act                                                  | \$0(3)                                                  | NM; *                                                          |
| XHANCE EXHU 93mcg/act                                                                                  | \$0(2)                                                  | QL (32 mL / 30 days), PA                                       |
| <b>STERIOD INHALANTS - DRUGS TO TREAT ASTHMA</b>                                                       |                                                         |                                                                |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act                                                 | \$0(2)                                                  | QL (30 inhalations / 30 days)                                  |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml                                                | \$0(1)                                                  | B/D                                                            |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|

### **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)                                    |
| 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)                                  |
| 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)                                   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i>                                        | \$0(1) | QL (60 inhalations / 30 days)                               |

### **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS**

#### **DERMATOLOGY, ACNE**

|                                             |        |       |
|---------------------------------------------|--------|-------|
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | \$0(1) | PA    |
| <i>acne medication 5</i> GEL 5%             | \$0(3) | NM; * |
| ACNE MEDICATION 5 LOTN 5%                   | \$0(3) | NM; * |
| <i>acne medication 10</i> GEL 10%           | \$0(3) | NM; * |
| ACNE MEDICATION 10 LOTN 10%                 | \$0(3) | NM; * |
| <i>adapalene</i> GEL .1%                    | \$0(3) | NM; * |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg       | \$0(1) | PA    |
| <i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%   | \$0(3) | NM; * |
| <i>benzoyl peroxide topical</i> LIQD 10%    | \$0(3) | NM; * |

| <b>Drug Name<br/>(By Medical Condition)</b>             | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>benzoyl peroxide wash</i> LIQD 5%, 10%               | \$0(3)                                                  | NM; *                                                          |
| <i>benzoyl peroxide-erythromycin gel</i> 5-3%           | \$0(1)                                                  | QL (46.6 gm / 30 days)                                         |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg             | \$0(1)                                                  | PA                                                             |
| <i>clindamycin phosphate (topical)</i> GEL 1%           | \$0(1)                                                  | QL (75 gm / 30 days)                                           |
| <i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% | \$0(1)                                                  | QL (60 mL / 30 days)                                           |
| <i>ery</i> PADS 2%                                      | \$0(1)                                                  | QL (60 pledgets / 30 days)                                     |
| <i>erythromycin (acne aid)</i> GEL 2%                   | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>erythromycin (acne aid)</i> SOLN 2%                  | \$0(1)                                                  | QL (60 mL / 30 days)                                           |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg         | \$0(1)                                                  | PA                                                             |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%             | \$0(1)                                                  | QL (118 mL / 30 days)                                          |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% | \$0(1)                                                  | QL (45 gm / 30 days), PA                                       |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg             | \$0(1)                                                  | PA                                                             |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                         |                                                         |                                                                |
| <i>bacitracin (topical)</i> OINT 500unit/gm             | \$0(3)                                                  | NM; *                                                          |
| <i>bacitracin zinc</i> OINT 500unit/gm                  | \$0(3)                                                  | NM; *                                                          |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%  | \$0(1)                                                  | QL (30 gm / 30 days)                                           |
| <i>mupirocin</i> OINT 2%                                | \$0(1)                                                  | QL (220 gm / 30 days)                                          |
| <i>poly bacitracin</i>                                  | \$0(3)                                                  | NM; *                                                          |
| <i>silver sulfadiazine</i> CREA 1%                      | \$0(1)                                                  |                                                                |
| <i>ssd</i> CREA 1%                                      | \$0(1)                                                  |                                                                |
| <i>SULFAMYLON</i> CREA 85mg/gm                          | \$0(2)                                                  | QL (453.6 gm / 30 days)                                        |
| <i>triple antibiotic</i>                                | \$0(3)                                                  | NM; *                                                          |
| <i>triple antibiotic + pain</i>                         | \$0(3)                                                  | NM; *                                                          |
| <i>triple antibiotic plus</i>                           | \$0(3)                                                  | NM; *                                                          |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                         |                                                         |                                                                |
| <i>antifungal</i> CREA 1%                               | \$0(3)                                                  | NM; *                                                          |
| <i>antifungal powder</i> POWD 2%                        | \$0(3)                                                  | NM; *                                                          |
| <i>athletes foot</i> CREA 1%                            | \$0(3)                                                  | NM; *                                                          |
| <i>athletes foot antifungal</i> AERP 1%                 | \$0(3)                                                  | NM; *                                                          |
| <i>athletes foot powder spra</i> AERP 2%                | \$0(3)                                                  | NM; *                                                          |
| <i>ciclopirox olamine</i> CREA .77%                     | \$0(1)                                                  | QL (90 gm / 30 days)                                           |
| <i>ciclopirox olamine</i> SUSP .77%                     | \$0(1)                                                  | QL (60 mL / 30 days)                                           |

| <b>Drug Name<br/>(By Medical Condition)</b>                         | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>clotrimazole (topical)</i> CREA 1%                               | \$0(1)                                                  | QL (45 gm / 30 days)                                           |
| <i>clotrimazole (topical)</i> CREA 1%;<br>SOLN 1%                   | \$0(3)                                                  | NM; *                                                          |
| <i>clotrimazole (topical)</i> SOLN 1%                               | \$0(1)                                                  | QL (30 mL / 30 days)                                           |
| <i>clotrimazole antifungal</i> CREA 1%                              | \$0(3)                                                  | NM; *                                                          |
| <i>clotrimazole w/ betamethasone cream</i><br>1-0.05%               | \$0(1)                                                  | QL (45 gm / 30 days)                                           |
| FUNGOID TINCTURE SOLN 2%                                            | \$0(3)                                                  | NM; *                                                          |
| <i>ketoconazole (topical)</i> CREA 2%                               | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>klayesta</i> POWD 100000unit/gm                                  | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>miconazole nitrate (topical)</i> CREA 2%                         | \$0(3)                                                  | NM; *                                                          |
| <i>nyamyc</i> POWD 100000unit/gm                                    | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>nystatin (topical)</i> CREA<br>100000unit/gm; OINT 100000unit/gm | \$0(1)                                                  | QL (30 gm / 30 days)                                           |
| <i>nystatin (topical)</i> POWD<br>100000unit/gm                     | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>nystop</i> POWD 100000unit/gm                                    | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>terbinafine hcl (topical)</i> CREA 1%                            | \$0(3)                                                  | NM; *                                                          |
| <i>tolnaftate</i> CREA 1%; POWD 1%                                  | \$0(3)                                                  | NM; *                                                          |
| <b><i>DERMATOLOGY, ANTIPSORIATICS</i></b>                           |                                                         |                                                                |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                            | \$0(1)                                                  | PA                                                             |
| <i>calcipotriene</i> CREA .005%; OINT<br>.005%                      | \$0(1)                                                  | QL (120 gm / 30 days),<br>PA                                   |
| <i>calcipotriene</i> SOLN .005%                                     | \$0(1)                                                  | QL (120 mL / 30 days),<br>PA                                   |
| <i>calcitrene</i> OINT .005%                                        | \$0(1)                                                  | QL (120 gm / 30 days),<br>PA                                   |
| <i>tazarotene</i> CREA .1%                                          | \$0(1)                                                  | QL (60 gm / 30 days),<br>PA                                    |
| TAZORAC CREA .05%                                                   | \$0(2)                                                  | QL (60 gm / 30 days),<br>PA                                    |
| <b><i>DERMATOLOGY, ANTISEBORRHEICS</i></b>                          |                                                         |                                                                |
| <i>ketoconazole (topical)</i> SHAM 2%                               | \$0(1)                                                  | QL (120 mL / 30 days)                                          |
| <i>selenium sulfide</i> LOTN 2.5%                                   | \$0(1)                                                  |                                                                |
| <b><i>DERMATOLOGY, CORTICOSTEROIDS</i></b>                          |                                                         |                                                                |
| <i>ala-cort</i> CREA 1%, 2.5%                                       | \$0(1)                                                  |                                                                |
| <i>alclometasone dipropionate</i> CREA<br>.05%; OINT .05%           | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>betamethasone dipropionate (topical)</i><br>CREA .05%; OINT .05% | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>betamethasone dipropionate (topical)</i><br>LOTN .05%            | \$0(1)                                                  | QL (120 mL / 30 days)                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                                    | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%     | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>betamethasone dipropionate augmented</i> LOTN .05%                          | \$0(1)                                                  | QL (120 mL / 30 days)                                          |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%                               | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>betamethasone valerate</i> LOTN .1%                                         | \$0(1)                                                  | QL (120 mL / 30 days)                                          |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%                    | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>clobetasol propionate</i> SOLN .05%                                         | \$0(1)                                                  | QL (50 mL / 30 days)                                           |
| <i>clobetasol propionate e</i> CREA .05%                                       | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| ENSTILAR AER                                                                   | \$0(2)                                                  | QL (120 gm / 30 days),<br>PA                                   |
| <i>fluocinolone acetonide</i> CREA .01%                                        | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025%                           | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>fluocinolone acetonide</i> OIL .01%                                         | \$0(1)                                                  | QL (118.28 mL / 30<br>days)                                    |
| <i>fluocinolone acetonide</i> SOLN .01%                                        | \$0(1)                                                  | QL (90 mL / 30 days)                                           |
| <i>fluocinonide</i> CREA .05%                                                  | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>fluocinonide</i> GEL .05%; OINT .05%                                        | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| <i>fluocinonide</i> SOLN .05%                                                  | \$0(1)                                                  | QL (60 mL / 30 days)                                           |
| <i>fluocinonide emulsified base</i> CREA .05%                                  | \$0(1)                                                  | QL (120 gm / 30 days)                                          |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                            | \$0(1)                                                  |                                                                |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%                             | \$0(1)                                                  | QL (50 gm / 30 days)                                           |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%            | \$0(1)                                                  |                                                                |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | \$0(1)                                                  |                                                                |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%                  | \$0(1)                                                  | QL (454 gm / 30 days)                                          |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | \$0(1)                                                  |                                                                |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                          |                                                         |                                                                |
| <i>glydo</i> PRSY 2%                                                           | \$0(1)                                                  | QL (60 mL / 30 days),<br>PA                                    |
| <i>lidocaine</i> OINT 5%                                                       | \$0(1)                                                  | QL (50 gm / 30 days),<br>PA                                    |

| <b>Drug Name<br/>(By Medical Condition)</b>                | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>lidocaine</i> PTCH 5%                                   | \$0(1)                                                  | QL (3 patches / 1 day),<br>PA                                  |
| <i>lidocaine hcl</i> SOLN 4%                               | \$0(1)                                                  | QL (50 mL / 30 days),<br>PA                                    |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%                 | \$0(1)                                                  | B/D, QL (30 gm / 30<br>days)                                   |
| <i>lidocan</i> PTCH 5%                                     | \$0(1)                                                  | QL (3 patches / 1 day),<br>PA                                  |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |                                                         |                                                                |
| <i>a&amp;d</i>                                             | \$0(3)                                                  | NM; *                                                          |
| <i>antiseptic skin cleanser</i> SOLN 4%                    | \$0(3)                                                  | NM; *                                                          |
| <i>arthritis pain reliever</i> GEL 1%                      | \$0(3)                                                  | NM; *                                                          |
| <i>bexarotene (topical)</i> GEL 1%                         | \$0(2)                                                  | NDS, QL (60 gm / 30<br>days), NM, PA                           |
| <i>blue gel</i> GEL 2%                                     | \$0(3)                                                  | NM; *                                                          |
| <i>calamine clear</i>                                      | \$0(3)                                                  | NM; *                                                          |
| <i>calamine plus</i>                                       | \$0(3)                                                  | NM; *                                                          |
| <i>caldyphen clear</i>                                     | \$0(3)                                                  | NM; *                                                          |
| <i>capsaicin</i> CREA .025%                                | \$0(3)                                                  | NM; *                                                          |
| COATS ALOE CREME CREA .5%                                  | \$0(3)                                                  | NM; *                                                          |
| COATS ALOE GELLY GEL .5%                                   | \$0(3)                                                  | NM; *                                                          |
| COATS ALOE MOISTURIZING L LOTN<br>.5%                      | \$0(3)                                                  | NM; *                                                          |
| COLEMAN INSECT REPELLENT/ AERO<br>25%                      | \$0(3)                                                  | NM; *                                                          |
| COLEMN BOTAN LIQ INSECT                                    | \$0(3)                                                  | NM; *                                                          |
| COLEMN INSEC LIQ SKINSMAR                                  | \$0(3)                                                  | NM; *                                                          |
| COLEMN INSEC SPR SKINSMAR                                  | \$0(3)                                                  | NM; *                                                          |
| <i>corn and callus remover</i> LIQD 17%                    | \$0(3)                                                  | NM; *                                                          |
| COZIMA CREA 24%                                            | \$0(3)                                                  | NM; *                                                          |
| CUTTER BACKWOODS AERO 25%;<br>LIQD 25%                     | \$0(3)                                                  | NM; *                                                          |
| CUTTER BACKWOODS DRY AERO<br>25%                           | \$0(3)                                                  | NM; *                                                          |
| CUTTER LEMON LIQ EUCALYPT                                  | \$0(3)                                                  | NM; *                                                          |
| <i>diaper rash</i> OINT 40%                                | \$0(3)                                                  | NM; *                                                          |
| <i>dibucaine</i> OINT 1%                                   | \$0(3)                                                  | NM; *                                                          |
| <i>diclofenac sodium (topical)</i> GEL 1%                  | \$0(1)                                                  | QL (1000 gm / 30 days)                                         |
| <i>diclofenac sodium (topical)</i> GEL 1%                  | \$0(3)                                                  | NM; *                                                          |
| <i>docosanol</i> CREA 10%                                  | \$0(3)                                                  | NM; *                                                          |
| <i>fluorouracil (topical)</i> CREA 5%                      | \$0(1)                                                  | QL (40 gm / 30 days)                                           |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                  | \$0(1)                                                  | QL (10 mL / 30 days)                                           |
| <i>hemorrhoidal</i>                                        | \$0(3)                                                  | NM; *                                                          |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b>                 | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <i>hydrocortisone (rectal)</i> CREA 1%,<br>2.5%             | \$0(1)                                                  |                                                                |
| <i>imiquimod</i> CREA 5%                                    | \$0(1)                                                  | QL (24 packets / 30<br>days)                                   |
| <i>lactic acid (ammonium lactate)</i> CREA<br>12%; LOTN 12% | \$0(1)                                                  |                                                                |
| <i>medi-pads</i> PADS 50%                                   | \$0(3)                                                  | NM; *                                                          |
| <i>medicated callus removers</i> PADS<br>40%                | \$0(3)                                                  | NM; *                                                          |
| <i>medicated corn removers</i> PADS 40%                     | \$0(3)                                                  | NM; *                                                          |
| <i>metronidazole (topical)</i> CREA .75%;<br>GEL .75%       | \$0(1)                                                  | QL (45 gm / 30 days)                                           |
| <i>metronidazole (topical)</i> LOTN .75%                    | \$0(1)                                                  | QL (59 mL / 30 days)                                           |
| NATRAPEL 12-HOUR TICK & I AERO<br>20%                       | \$0(3)                                                  | NM; *                                                          |
| <i>nitroglycerin (intra-anal)</i> OINT .4%                  | \$0(1)                                                  | QL (30 gm / 30 days)                                           |
| OFF DEEP WOODS AERO 25%; LIQD<br>25%                        | \$0(3)                                                  | NM; *                                                          |
| OFF DEEP WOODS DRY AERO 25%                                 | \$0(3)                                                  | NM; *                                                          |
| OFF DEEP WOODS SPORTSMEN AERO<br>30%; LIQD 25%              | \$0(3)                                                  | NM; *                                                          |
| <i>pain relieving cream</i>                                 | \$0(3)                                                  | NM; *                                                          |
| PANRETIN GEL .1%                                            | \$0(2)                                                  | NDS, QL (60 gm / 30<br>days), PA                               |
| <i>phenylephrine-cocoa butter suppos</i><br>0.25-88.44%     | \$0(3)                                                  | NM; *                                                          |
| <i>podofilox</i> SOLN .5%                                   | \$0(1)                                                  | QL (7 mL / 28 days)                                            |
| <i>povidone-iodine</i> SOLN 10%                             | \$0(3)                                                  | NM; *                                                          |
| <i>pramoxine hcl (rectal)</i> FOAM 1%                       | \$0(3)                                                  | NM; *                                                          |
| <i>procto-med hc</i> CREA 2.5%                              | \$0(1)                                                  |                                                                |
| <i>proctosol hc</i> CREA 2.5%                               | \$0(1)                                                  |                                                                |
| <i>proctozone-hc</i> CREA 2.5%                              | \$0(1)                                                  |                                                                |
| RECTIV OINT .4%                                             | \$0(2)                                                  | QL (30 gm / 30 days)                                           |
| REPEL HUNTERS FORMULA AERO<br>25%                           | \$0(3)                                                  | NM; *                                                          |
| REPEL LEMON SPR INSECT                                      | \$0(3)                                                  | NM; *                                                          |
| REPEL SPORTSMEN AERO 25%                                    | \$0(3)                                                  | NM; *                                                          |
| REPEL SPORTSMEN DRY AERO 25%                                | \$0(3)                                                  | NM; *                                                          |
| REPEL SPORTSMEN MAX AERO 40%                                | \$0(3)                                                  | NM; *                                                          |
| SAWYER PREMIUM INSECT REP LIQD<br>20%                       | \$0(3)                                                  | NM; *                                                          |
| <i>tacrolimus (topical)</i> OINT .03%, .1%                  | \$0(1)                                                  | QL (100 gm / 30 days)                                          |
| ULTRATHON INSECT REPELLEN AERO<br>25%                       | \$0(3)                                                  | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>        | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| VALCHLOR GEL .016%                                 | \$0(2)                                                  | NDS, QL (60 gm / 30 days), NM, LA, PA                          |
| wart remover maximum strength LIQD 17%; STRP 40%   | \$0(3)                                                  | NM; *                                                          |
| Z-BUM CREA 22%                                     | \$0(3)                                                  | NM; *                                                          |
| zinc oxide (topical) OINT 20%, 25%                 | \$0(3)                                                  | NM; *                                                          |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>     |                                                         |                                                                |
| gnp lice treatment LIQD 1%                         | \$0(3)                                                  | NM; *                                                          |
| lice killing shampoo                               | \$0(3)                                                  | NM; *                                                          |
| lice treatment creme rins LIQD 1%                  | \$0(3)                                                  | NM; *                                                          |
| malathion LOTN .5%                                 | \$0(1)                                                  | QL (59 mL / 30 days)                                           |
| permethrin CREA 5%                                 | \$0(1)                                                  | QL (60 gm / 30 days)                                           |
| VANALICE GEL 0.3-3.5%                              | \$0(3)                                                  | NM; *                                                          |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>              |                                                         |                                                                |
| 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)                                                  |                                                                |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                  |                                                         |                                                                |
| 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)                                                  |                                                                |
| <b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b> |                                                         |                                                                |
| ear drops SOLN 6.5%                                | \$0(3)                                                  | NM; *                                                          |
| earwax removal SOLN 6.5%                           | \$0(3)                                                  | NM; *                                                          |
| <b>PART B</b>                                      |                                                         |                                                                |
| <b>DIABETIC METERS AND TEST STRIPS</b>             |                                                         |                                                                |
| DEXCOM G6 MIS RECEIVER                             | \$0                                                     | PA                                                             |

Encontrará información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la en página 15.

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE DRUG<br/>WILL COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| 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 MIS 2 READER                   | \$0                                                     | PA                                                             |
| FREESTY LIBR MIS 3 READER                   | \$0                                                     | PA                                                             |
| FREESTYLE KIT SENSOR                        | \$0                                                     | PA                                                             |
| FREESTYLE MIS READER                        | \$0                                                     | PA                                                             |
| TRUE METRIX KIT AIR                         | \$0                                                     |                                                                |
| TRUE METRIX KIT METER                       | \$0                                                     |                                                                |
| TRUE METRIX STRIPS                          | \$0                                                     |                                                                |

## D. Índice de medicamentos cubiertos

\*  
 \*b-complex vitamin  
   cap\*\* ..... 110  
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