Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) | 2024

Lista de Medicamentos Cubiertos

(Formulario)

Introducción

Este documento se denomina *Lista de Medicamentos Cubiertos* (también conocida como Lista de Medicamentos). En ella, se informa qué medicamentos recetados, y medicamentos y artículos de venta libre están cubiertos por Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan). Además, en la Lista de Medicamentos, se informa si existen normas o restricciones especiales para cualquier medicamento cubierto por Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan). Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para Miembros*.

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Mensaje Importante sobre lo que Paga por las Vacunas: Algunas vacunas se consideran beneficios médicos. Otras vacunas se consideran medicamentos de la Part D. Nuestro plan cubre la mayoría de las vacunas de la Part D sin costo alguno para usted. Para obtener información más reciente o hacer otras preguntas, comuníquese con nosotros al **1-866-549-8289** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. También puede visitar **mmp.buckeyehealthplan.com**.

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Tabla de contenidos

A. Descargos de responsabilidad 2

B. Preguntas frecuentes (FAQ) 3

B1. ¿Qué medicamentos con receta figuran en la *Lista de Medicamentos Cubiertos?* (La *Lista de medicamentos cubiertos* se denomina "Lista de medicamentos" para abreviar). 3

B2. ¿La Lista de Medicamentos se modifica en algún momento? 4

B3. ¿Qué sucede cuando hay un cambio en la Lista de Medicamentos? 5

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o medidas obligatorias para obtener ciertos medicamentos? 6

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si existen medidas obligatorias que debo tomar para adquirirlo? 6

B6. ¿Qué sucede si Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) cambia las normas sobre la cobertura de algunos medicamentos (por ejemplo, aprobación o autorización previa, límites de cantidad y/o restricciones de terapia escalonada)? 7

B7. ¿Cómo encuentro un medicamento en la Lista de Medicamentos? 7

B8. ¿Qué sucede si el medicamento que quiero tomar no está en la Lista de Medicamentos? 7

B9. ¿Qué sucede si soy un nuevo miembro de Buckeye Health - MyCare Ohio (Medicare-Medicaid Plan) y no encuentro mi medicamento en la Lista de Medicamentos, o tengo problemas para obtenerlo? 8

B10. ¿Puedo solicitar una excepción para que mi medicamento sea cubierto? 9

B11. ¿Cómo puedo solicitar una excepción? 9

B12. ¿Cuánto tiempo se demora para obtener una excepción? 9

B13. ¿Qué son los medicamentos genéricos? 9

B14. ¿Qué son los medicamentos OTC? 10

B15. ¿Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubre productos OTC no farmacológicos? 10

B16. ¿Cuál es mi copago? 10

B17. ¿Qué son los niveles de medicamentos? 10

C. Medicamentos agrupados por condición médica 11

D. Índice de Medicamentos Cubiertos INDEX-1

Si tiene preguntas, llame a Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Si necesita hablar con su administrador de cuidados, llame al 1-866-549-8289, TTY 711, las 24 horas del día, los 7 días de la semana, los 365 días del año. Estas llamadas son gratuitas.
Si quiere obtener más información, visite mmp.buckeyehealthplan.com.

A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).

- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) es un plan de salud que tiene contratos tanto con Medicare como con Ohio Medicaid para proporcionar los beneficios de ambos programas a los afiliados.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711), 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- Puede obtener este documento de forma gratuita en otros formatos, como letra de imprenta grande, braille o audio. Llame al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.
- Si desea solicitar un formato alternativo (impresión en tamaño grande, audio, formatos electrónicos accesibles u otros formatos) u otro idioma preferido, llame a Servicios para Miembros al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.
  - Si desea seguir recibiendo materiales impresos después de haber solicitado uno, seguiremos proporcionándolos anualmente hasta que se presente una solicitud para finalizar el envío.
  - Si tiene preguntas/dudas o si desea actualizar el idioma de preferencia y/o realizar una solicitud de formato, llame a Servicios para Miembros al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.

B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a sus preguntas sobre esta *Lista de Medicamentos Cubiertos*. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos con receta figuran en la *Lista de Medicamentos Cubiertos*? (La *Lista de Medicamentos Cubiertos* se denomina "Lista de Medicamentos" para abreviar).

Los medicamentos de la *Lista de Medicamentos Cubiertos* que comienzan en la página 15 son los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan). Estos medicamentos están disponibles en las farmacias de nuestra red. Las farmacias están en nuestra red si tenemos un acuerdo con estas para trabajar con nosotros y brindarle servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubrirá todos los medicamentos médicamente necesarios que aparecen en la Lista de Medicamentos si cumple con los siguientes requisitos:
  - su médico u otro profesional de la salud indican que usted los necesita para mejorar o mantenerse saludable **y**
  - usted surte la receta en una farmacia de la red de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).
- Es posible que Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) solicite pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

También puede consultar la lista actualizada de medicamentos que cubrimos en nuestro sitio web, visitando el sitio web mmp.buckeyehealthplan.com o llamando a Servicios para Miembros al 1-866-549-8289, TTY 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.

B2. ¿La Lista de Medicamentos se modifica en algún momento?

Sí y Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) debe seguir las normas de Medicare y Medicaid en el momento de hacer cambios. Podemos agregar o eliminar medicamentos de la Lista de Medicamentos durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos tomar las siguientes medidas:

- Decidir si se requiere o no autorización previa (PA) para un medicamento. (La PA es el permiso que debe otorgarle Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) antes de que pueda recibir un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (denominados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada de un medicamento. (En la terapia escalonada usted debe probar un medicamento antes de que cubramos otro).

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

Si está tomando un medicamento que estaba cubierto a **principio** de año, generalmente no eliminaremos ni cambiaremos su cobertura **durante el resto del año**, a menos que ocurra lo siguiente:

- que ingrese al mercado un medicamento nuevo, más barato, que funciona igual que un medicamento que está en la Lista de Medicamentos actualmente; **o**
- que descubramos que un medicamento no es seguro; **o**
- que un medicamento se retire del mercado.

En las preguntas B3 y B6, encontrará más información sobre lo que sucede cuando la Lista de Medicamentos cambia.

- Siempre puede consultar la Lista de Medicamentos actualizada de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) en línea en el sitio web mmp.buckeyehealthplan.com.
- Otra manera de consultar la Lista de Medicamentos actual es llamando a Servicios para Miembros al 1-866-549-8289, TTY 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.

B3. ¿Qué sucede cuando hay un cambio en la Lista de Medicamentos?

Algunos cambios en la Lista de Medicamentos se producirán **inmediatamente**. Por ejemplo:

- **Se pone a disposición un medicamento genérico nuevo.** A veces, se presenta en el mercado un medicamento genérico nuevo que funciona igual que un medicamento de marca que está en la Lista de Medicamentos actualmente. Cuando esto sucede, es posible que eliminemos el medicamento de marca y agreguemos el medicamento genérico nuevo, pero el costo del medicamento nuevo seguirá siendo el mismo. Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le advirtamos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.
  - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos una notificación con los pasos que debe seguir para solicitar una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Un medicamento se retira del mercado**. Si en la Administración de Alimentos y Medicamentos (FDA) se indica que un medicamento que está tomando no es seguro o si el fabricante del medicamento lo retira del mercado, lo sacaremos de la Lista de Medicamentos. En el caso de que esté tomando dicho medicamento, se lo informaremos. Hable con su médico u otro profesional de la salud para que decidan si hay un medicamento similar en la Lista de Medicamentos que pueda tomar en su lugar.

Podemos realizar otros cambios que afecten los medicamentos que toma. Le indicaremos con anticipación acerca de estos otros cambios en la Lista de Medicamentos. Estos cambios pueden ocurrir en los siguientes casos:

- La FDA proporciona pautas nuevas o existen directrices clínicas nuevas sobre un medicamento.
- Agregamos a la lista un medicamento genérico que no es nuevo en el mercado; **y**
  - Sustitución de un medicamento de marca que actualmente está en la Lista de Medicamentos; **o**
  - Cambiamos las reglas o los límites de cobertura del medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- informarlo al menos 30 días antes de efectuar el cambio en la Lista de Medicamentos; **o**
- Le avisaremos y le brindaremos un suministro para 30 días del medicamento después de que pida una repetición.

Esto le dará tiempo para hablar con su médico u otro profesional que expide recetas. Esas personas pueden ayudarlo a decidir:

- Si hay un medicamento similar en la Lista de Medicamentos que puede tomar en lugar del otro; **o**
- Si debe solicita una excepción a estos cambios. Si desea obtener más información sobre las excepciones, consulte la pregunta B10.

Si tiene preguntas, llame a Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Si necesita hablar con su administrador de cuidados, llame al 1-866-549-8289, TTY 711, las 24 horas del día, los 7 días de la semana, los 365 días del año. Estas llamadas son gratuitas.
Si quiere obtener más información, visite mmp.buckeyehealthplan.com.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o medidas obligatorias para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o límites en la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro médico prescriptor deben hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Aprobación o Autorización Previa (PA):** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener la PA de Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) para que pueda surtir la receta. Es posible que Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) no cubra el medicamento si usted no obtiene la aprobación.
- **Límites de cantidad:** A veces, Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** En ocasiones, Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) requiere que usted se someta a una terapia escalonada. Esto significa que tendrá que probar los medicamentos en un orden determinado para tratar la afección médica. Es posible que deba probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no es efectivo para usted, entonces cubriremos el segundo.

Para saber si su medicamento tiene algún requisito o límite adicional, consulte las tablas de la página 15, INDEX-1. También puede obtener más información en nuestro sitio web mmp.buckeyehealthplan.com. Hemos publicado documentos en línea en los que se explican las restricciones de PA y de terapia escalonada. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que expide recetas. Estas personas ayudarlo a decidir si hay un medicamento similar en la Lista de Medicamentos que puede tomar en su lugar o si debe solicitar una excepción. Consulte desde la pregunta B10 hasta la pregunta B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si existen medidas obligatorias que debo tomar para adquirirlo?

La tabla de medicamentos de la página 15 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) cambia las normas sobre la cobertura de algunos medicamentos (por ejemplo, aprobación o autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le avisaremos con anticipación si agregamos o cambiamos la autorización previa, los límites de cantidad o las restricciones de terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información acerca de esta notificación anticipada y de las situaciones en las que es posible que no podamos informarle con anticipación cuándo cambian nuestras normas sobre los medicamentos de la Lista de Medicamentos.

B7. ¿Cómo encuentro un medicamento en la Lista de Medicamentos?

Existen dos maneras de encontrar un medicamento:

- Puede buscar alfabéticamente por el nombre del medicamento, **o**
- Puede buscar por afección médica.

Para buscarlo **alfabéticamente**, vaya a la sección Índice de Medicamentos Cubiertos. Puede encontrar el medicamento si sabe cómo se escribe. El Índice de Medicamentos Cubiertos es una lista alfabética de todos los medicamentos incluidos en la Lista de Medicamentos. Puede encontrar los medicamentos de marca, los genéricos y los de venta libre (OTC) listados en el Índice.

Para realizar una búsqueda **por condición médica**, busque la sección denominada "Medicamentos Agrupados por Condición Médica" en la página 15. Los medicamentos en esta sección están divididos en categorías dependiendo del tipo de afección médica que tratan. Por ejemplo, si tiene una condición cardíaca, debe buscar en la categoría CARDIOVASCULAR, HIPERTENSIÓN/LÍPIDOS. Ahí es donde encontrará medicamentos con los que se trata las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que quiero tomar no está en la Lista de Medicamentos?

Si no encuentra su medicamento en la Lista de Medicamentos, llame a Servicios para Miembros al 1-866-549-8289, TTY 711, y pregunte al respecto. Nuestro horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita. Si se entera de que Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) no cubrirá el medicamento, usted puede seguir una de las siguientes indicaciones:

- Solicite a Servicios para Miembros una lista de medicamentos como el que desea tomar. Luego, muestre la lista a su médico u al profesional de la salud correspondiente. Estas personas podrán recetarle un medicamento de la Lista de Medicamentos que sea similar al que desea tomar. **O**
- Solicitar que el plan haga una excepción y cubra el medicamento. Consulte desde la pregunta B10 hasta la pregunta B12 para obtener más información sobre las excepciones.

Si tiene preguntas, llame a Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Si necesita hablar con su administrador de cuidados, llame al 1-866-549-8289, TTY 711, las 24 horas del día, los 7 días de la semana, los 365 días del año. Estas llamadas son gratuitas.
Si quiere obtener más información, visite mmp.buckeyehealthplan.com.

B9. ¿Qué sucede si soy un nuevo miembro de Buckeye Health - MyCare Ohio (Medicare-Medicaid Plan) y no encuentro mi medicamento en la Lista de Medicamentos, o tengo problemas para obtenerlo?

Podemos ayudar. Podemos cubrir un suministro temporal de 30 días del medicamento durante los primeros 90 días tras convertirse en un miembro de Buckeye Health - MyCare Ohio (Medicare-Medicaid Plan). Esto le dará tiempo para hablar con su médico u otro profesional que expide recetas. Estas personas ayudarlo a decidir si hay un medicamento similar en la Lista de Medicamentos que puede tomar en su lugar o si debe solicitar una excepción.

Si en su receta médica se establecen menos días, le permitiremos obtener varias repeticiones hasta alcanzar un suministro máximo para 30 días del medicamento.

Cubriremos un suministro de 30 días del medicamento si:

- toma un medicamento que no está en la Lista de Medicamentos, **o**
- las normas del plan de salud no le permiten obtener la cantidad indicada por el profesional de la salud, **o**
- El medicamento requiere la autorización previa de Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan), **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de Medicamentos o si no puede adquirir con facilidad el medicamento que necesita, podemos ayudarlo. Si ha permanecido en el plan durante más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato, se procederá de la siguiente manera:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta por menos días), independientemente de si es un miembro nuevo de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) o no.
- Esto es adicional al suministro temporal durante los primeros 90 días tras convertirse en miembro de Buckeye Health - MyCare Ohio (Medicare-Medicaid Plan).

Si su nivel de atención cambia, cubrimos un suministro temporal de sus medicamentos. Un cambio en el nivel de atención ocurre cuando usted es dado de alta de un hospital. También ocurre cuando se muda a un centro de cuidados a largo plazo o cuando se va de él.

- Si se muda a casa desde un centro de atención a largo plazo, o un hospital, y necesita un suministro temporal, cubriremos un suministro de 30 días. Si su receta es válida para menos días, permitiremos que los resurtidos proporcionen un suministro total de hasta 30 días.
- Si se muda de casa o de un hospital a un centro de atención a largo plazo y necesita un suministro temporal, cubrimos un suministro de 30 días. Si su receta es válida para menos días, permitiremos que los resurtidos proporcionen un suministro total de hasta 30 días.

Si tiene preguntas, llame a Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Si necesita hablar con su administrador de cuidados, llame al 1-866-549-8289, TTY 711, las 24 horas del día, los 7 días de la semana, los 365 días del año. Estas llamadas son gratuitas.
Si quiere obtener más información, visite mmp.buckeyehealthplan.com.

B10. ¿Puedo solicitar una excepción para que mi medicamento sea cubierto?

Sí. Puede solicitar a Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) que haga una excepción para cubrir un medicamento que no esté incluido en la Lista de Medicamentos.

También puede solicitarnos que cambiemos las normas del medicamento.

- Por ejemplo, es posible que Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) limite la cantidad de un medicamento que cubrimos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y que ofrezcamos mayor cobertura.
- Otros ejemplos: Puede solicitar que no apliquemos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

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

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

Una vez que recibamos una declaración de su profesional de la salud con la que se respalde su solicitud de excepción, le informaremos nuestra decisión dentro de las 72 horas. Usted, su representante o su médico (u otro profesional que expide recetas) puede llamarnos, escribirnos o enviarnos un fax para realizar su solicitud. También puede acceder al proceso de decisión de cobertura a través de nuestro sitio web. Para obtener más información, vaya a la Sección A del Capítulo 2 del Manual para Miembros y busque la sección llamada " Cómo comunicarse con Servicios para Miembros de Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan)".

Si usted o el profesional que expidió la receta creen que su salud puede verse afectada si tiene que esperar 72 horas para conocer una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si el profesional de la salud apoya su solicitud, le informaremos de la decisión dentro de las 24 horas de haber recibido la declaración de respaldo del profesional.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos tienen los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que el medicamento de marca y no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA).

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubre tanto los medicamentos de marca como los genéricos.

Si tiene preguntas, llame a Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) al 1-866-549-8289, TTY: 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Si necesita hablar con su administrador de cuidados, llame al 1-866-549-8289, TTY 711, las 24 horas del día, los 7 días de la semana, los 365 días del año. Estas llamadas son gratuitas.
Si quiere obtener más información, visite mmp.buckeyehealthplan.com.

B14. ¿Qué son los medicamentos OTC?

OTC significa “over-the-counter” (de venta libre). Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubre algunos medicamentos OTC cuando su proveedor los solicita mediante una receta.

Puede leer la Lista de Medicamentos de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) para averiguar qué medicamentos OTC están cubiertos.

B15. ¿Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubre productos OTC no farmacológicos?

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cubre algunos productos OTC no farmacológicos cuando su proveedor los solicita mediante una receta.

Algunos ejemplos de productos de venta libre no farmacológicos son los espaciadores y los dispositivos de terapia respiratoria.

Puede leer la Lista de Medicamentos de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) para averiguar qué productos OTC no farmacológicos están cubiertos.

B16. ¿Cuál es mi copago?

Como miembro de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan), usted no tiene copagos por los medicamentos con receta ni los medicamentos OTC mientras siga las normas de Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).

B17. ¿Qué son los niveles de medicamentos?

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

- El Nivel 1 (Medicamentos Genéricos) incluye medicamentos genéricos.
- El Nivel 2 (Medicamentos de Marca) incluye medicamentos de marca y puede incluir algunos medicamentos genéricos.
- El Nivel 3 (Medicamentos sin Receta Médica de Medicare y OTC) incluye medicamentos genéricos y de marca, con receta y de venta libre (OTC) que están cubiertos por Ohio Medicaid.

Los copagos para los Niveles 1, 2 y 3 son todos de $0.

C. Medicamentos Agrupados por Condición Médica

Los medicamentos en esta sección están divididos en categorías dependiendo del tipo de afección médica que tratan. Por ejemplo, si tiene una condición cardíaca, debe buscar en la categoría CARDIOVASCULAR, HIPERTENSIÓN/LÍPIDOS. Ahí es donde encontrará medicamentos con los que se trata las afecciones cardíacas.

En la siguiente lista de medicamentos cubiertos, encontrará información sobre los medicamentos que están cubiertos por Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan). Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de Medicamentos Cubiertos que comienza en la página INDEX-1. En el índice, se enumeran alfabéticamente todos los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio (Plan Medicare-Medicaid).

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

La información que aparece en la columna de medidas necesarias, restricciones o límites de uso le indica si Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) tiene alguna norma para cubrir el medicamento.

- **NT** significa No la Part D: Este medicamento no es un “medicamento de la Part D”.
- **NM** significa que el medicamento no está disponible a través de su beneficio mensual de servicio por correo. Esto se indica en la columna de medidas necesarias, restricciones o límites de uso del formulario.
- **PA** significa Autorización Previa. Consulte la pregunta B4.
- **PA-NS** significa Autorización Previa para Nuevos Inicios. Esto significa que, si es la primera vez que toma el medicamento, deberá obtener nuestra aprobación para adquirirlo. Si está tomando este medicamento en el momento de la inscripción, no se le pedirá cumplir con los criterios de aprobación.
- **B/D** significa Cubierto conforme a la Part B o la Part D de Medicare. Este medicamento puede ser elegible para el pago bajo la Parte B o la Parte D de Medicare. Usted (o su médico) debe obtener nuestra autorización previa para determinar si este medicamento está cubierto por la Part D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
- **QL** significa Límites de Cantidad. Consulte la pregunta B4.

Esta sección continúa en la página siguiente.

- **LA** significa medicamento de Acceso Limitado. Esta receta puede estar disponible solamente en determinadas farmacias. Si desea obtener más información, consulte el Directorio de Farmacias y Proveedores, o llame a Servicios para Miembros al 1-866-549-8289, TTY 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita.
- **ST** significa Terapia Escalonada. Consulte la pregunta B4
- **^** significa que el Medicamento puede estar disponible solo para un suministro de hasta 30 días.

Nota: Si aparecen las siglas "NT" junto a un medicamento, significa que este no es un "medicamento de la Part D". El monto que paga cuando surte una receta para este medicamento no se considera en el costo total de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para la cobertura en caso de catástrofe).

- Además, si recibe Extra Help para pagar sus recetas, no recibirá ningún tipo de Extra Help para pagar por estos medicamentos. Para obtener más información sobre Extra Help, consulte el cuadro que aparece a continuación.

Extra Help es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de los medicamentos recetados de la Part D de Medicare, como las primas, los deducibles y los copagos. La Extra Help también se denomina "Subsidio por Bajos Ingresos" o "LIS".

- Estos medicamentos también tienen diferentes reglas para las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos una decisión de cobertura y la cambiemos si considera que cometimos un error. Por ejemplo, podríamos decidir que el medicamento que desea no está cubierto o ya no está cubierto por Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si desea obtener más información sobre cómo apelar, llame a Servicios para Miembros al 1-866-549-8289, TTY 711, de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. Esta llamada es gratuita. Otra manera de obtener información sobre cómo apelar una decisión es leyendo el Capítulo 9 del *Manual para Miembros*.

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Table of Contents

AGENTES DE DIAGNÓSTICO/VARIOS 15
ANTIINFECCIOSOS 30
CARDIOVASCULAR, HIPERTENSIÓN/LÍPIDOS 42
ENFERMEDADES RESPIRATORIAS Y ALERGIA 52
GASTROENTEROLOGÍA 72
INMUNOLOGÍA, VACUNAS/BIOTECNOLOGÍA 87
MEDICAMENTOS ANTINEOPLÁSICOS/INMUNOSUPRESORES 91
MEDICAMENTOS AUTONÓMICOS/PARA EL SISTEMA NERVIOSO CENTRAL, NEUROLOGÍA/PSIQUIATRÍA 102
MEDICAMENTOS PARA EL OÍDO, LA NARIZ/LA GARGANTA 127
MEDICAMENTOS UROLÓGICOS 129
MUSCULOESQUELÉTICO/REUMATOLOGÍA 131
OBSTETRICIA/GINECOLOGÍA 134
OFTALMOLOGÍA 141
SISTEMA ENDOCRINO/DIABETES 146
SUMINISTROS VARIOS 153
TRATAMIENTOS DERMATOLÓGICOS/TÓPICOS 158
VITAMINAS, MINERALES/ELECTROLITOS 170

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
AGENTES DE DIAGNÓSTICO/VARIOS		
AGENTES VARIOS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (Tier 1)	
acetic acid irrigation solution 0.25 %	$0 (Tier 1)	
ALPHA LIPOIC ACID 100 MG CAP	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 200 MG CAP P/F	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 200 MG CAP P/F,D/F,GLUTEN/F	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 200 MG CAP P/F,GLUTEN-FREE	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 300 MG CAP	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 300 MG SFTGL	$0 (Tier 3)	NT
ALPHA LIPOIC ACID 50 MG CAP P/F (RX)	$0 (Tier 3)	NT
alpha lipoic acid 600 mg cap gluten-free (rx)	$0 (Tier 3)	NT
alpha lipoic acid 600 mg cap gluten-free, ex str (rx)	$0 (Tier 3)	NT
alpha lipoic acid 600 mg cap p/f,gluten-free (rx)	$0 (Tier 3)	NT
anagrelide oral capsule 0.5 mg, 1 mg	$0 (Tier 1)	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	$0 (Tier 2)	PA; LA; ^
BENZYL ALCOHOL LIQUID NF (RX)	$0 (Tier 3)	NT
BENZYL BENZOATE LIQUID (RX)	$0 (Tier 3)	NT
CAFFEINE POWDER USP,ANHYDROUS (RX) 100 %	$0 (Tier 3)	NT
CAPSULE #0 BACON FLAVOR (RX)	$0 (Tier 3)	NT
CAPSULE #0 BLUE/BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #0 BLUE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #0 BUBBLE GUM FLAVOR (RX)	$0 (Tier 3)	NT
CAPSULE #0 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #0 FUN CAPS LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 GREEN TRANS/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #0 GREEN,MINT FLAVOR (RX)	$0 (Tier 3)	NT
CAPSULE #0 GREEN/CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 MAROON-OPAQUE (RX)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CAPSULE #0 ORANGE/ORANGE (RX)	$0 (Tier 3)	NT
CAPSULE #0 ORANGE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #0 PINK LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 PURPLE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #0 RED TRANS/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #0 RED/RED (RX)	$0 (Tier 3)	NT
CAPSULE #0 RED/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #0 RED/WHITE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #0 WHITE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #0 WHITE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #0 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #0 YELLOW/YELLOW (RX)	$0 (Tier 3)	NT
CAPSULE #0 YELLOW-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #00 (RX)	$0 (Tier 3)	NT
CAPSULE #00 BLACK/RED (RX)	$0 (Tier 3)	NT
CAPSULE #00 BLUE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #00 BLUE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #00 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #00 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #00 DARK GREEN (RX)	$0 (Tier 3)	NT
CAPSULE #00 GREEN-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #00 ORANGE/ORANGE (RX)	$0 (Tier 3)	NT
CAPSULE #00 ORANGE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #00 PINK/PINK (RX)	$0 (Tier 3)	NT
CAPSULE #00 PURPLE/PURPLE (RX)	$0 (Tier 3)	NT
CAPSULE #00 PURPLE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #00 RED/RED (RX)	$0 (Tier 3)	NT
CAPSULE #00 RED/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #00 WHITE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #00 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CAPSULE #00 YELLOW/YELLOW (RX)	$0 (Tier 3)	NT
CAPSULE #000 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #000 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #000 WHITE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 (RX)	$0 (Tier 3)	NT
CAPSULE #1 AQUA BLUE TRANSLUCEN (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE OPAQUE/PINK (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE TRAN/PINK TRANS (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/PINK LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/PINK TRANSLUCEN (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/POWDER BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/RED-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #1 BLUE-PWD BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #1 CLEAR/CLEAR,SLS-FREE (RX)	$0 (Tier 3)	NT
CAPSULE #1 DARK BROWN/IVORY (RX)	$0 (Tier 3)	NT
CAPSULE #1 DARK GREEN/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 GREEN CLEAR/YELLOW (RX)	$0 (Tier 3)	NT
CAPSULE #1 GREEN/GREEN (RX)	$0 (Tier 3)	NT
CAPSULE #1 GREEN/YELLOW (RX)	$0 (Tier 3)	NT
CAPSULE #1 LIGHT BLUE OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 ORANGE/ORANGE (RX)	$0 (Tier 3)	NT
CAPSULE #1 ORANGE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 ORANGE-OPAQUE LOCK (RX)	$0 (Tier 3)	NT
CAPSULE #1 PINK, LACTOSE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PINK/PINK (RX)	$0 (Tier 3)	NT
CAPSULE #1 PINK/POWDER BLUE (RX)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CAPSULE #1 PINK/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PINK/YELLOW-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PINK-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #1 POWDER BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 POWDER BLUE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PURPLE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PURPLE/PURPLE (RX)	$0 (Tier 3)	NT
CAPSULE #1 PURPLE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 RED/RED (RX)	$0 (Tier 3)	NT
CAPSULE #1 RED-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #1 RED-WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #1 WHITE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #1 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #1 WHITE-OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #10 CLEAR, 2-1/2 X 3/4" (RX)	$0 (Tier 3)	NT
CAPSULE #11 (RX)	$0 (Tier 3)	NT
CAPSULE #13 CLEAR, 1-1/4" X 1/2" (RX)	$0 (Tier 3)	NT
CAPSULE #2 BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #2 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #2 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #2 GREEN (RX)	$0 (Tier 3)	NT
CAPSULE #2 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #3 BLUE OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 BLUE/BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #3 CLEAR,BEEF FLAVOR (RX)	$0 (Tier 3)	NT
CAPSULE #3 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 GRAY/PINK-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 GRAY/YELLOW-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 GREEN/BLUE LOCKING (RX)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CAPSULE #3 GREEN/GREEN (RX)	$0 (Tier 3)	NT
CAPSULE #3 GRN/BLUE TRANSLUCENT (RX)	$0 (Tier 3)	NT
CAPSULE #3 MAROON/BABY BLUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 OLIVE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 ORANGE OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #3 PINK OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 PINK/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 PINK/PINK (RX)	$0 (Tier 3)	NT
CAPSULE #3 PINK-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #3 RED OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 RED/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 RED-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #3 WHITE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 WHITE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #3 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #3 WHITE-OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 YELLOW OPAQUE/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #3 YELLOW-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #4 BLACK/GREEN-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #4 BLUE/WHITE (RX)	$0 (Tier 3)	NT
CAPSULE #4 CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #4 CLEAR LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #4 DARK BLUE-OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #4 PURPLE OPAQUE (RX)	$0 (Tier 3)	NT
CAPSULE #4 WHITE-OPAQUE LOCKING (RX)	$0 (Tier 3)	NT
CAPSULE #5 CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #5 CLEAR/CLEAR (RX)	$0 (Tier 3)	NT
CAPSULE #7 CLEAR, 3" X 3/4" (RX)	$0 (Tier 3)	NT
carglumic acid oral tablet, dispersible 200 mg	$0 (Tier 2)	PA; LA; ^
cevimeline oral capsule 30 mg	$0 (Tier 1)	
CHEMET ORAL CAPSULE 100 MG	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (Tier 2)	B/D
CVS DISTILLED WATER (RX)	$0 (Tier 3)	NT
cvs glucose 4 gram tablet chew assorted fruit (rx)	$0 (Tier 3)	NT
cvs glucose 40% gel 3's (rx)	$0 (Tier 3)	NT
cvs glucose 40% gel	$0 (Tier 3)	NT
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 2)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 180 mg, 360 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 90 mg	$0 (Tier 1)	PA
deferasirox oral tablet, dispersible 125 mg	$0 (Tier 2)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (Tier 1)	PA; ^
dex4 glucose 4 gm tablet chew assorted flavors (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose 4 gm tablet chew grape flavor (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose 4 gm tablet chew raspberry flavor (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose 4 gm tablet chew sour apple (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose 4 gm tablet chew watermelon flavor (rx) 4 gram	$0 (Tier 3)	NT
dex4 glucose tab pouch pack 4 gram	$0 (Tier 3)	NT
dex4 quick dissolve tab chew 4 gram	$0 (Tier 3)	NT
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (Tier 2)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	$0 (Tier 1)	
dextrose 5 %-lactated ringers intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous syringe	$0 (Tier 1)	
dextrose 70 % in water (d70w) intravenous parenteral solution	$0 (Tier 1)	
disulfiram oral tablet 250 mg, 500 mg	$0 (Tier 1)	
droxidopa oral capsule 100 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	$0 (Tier 2)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	$0 (Tier 2)	PA; LA; ^
FRUCTOSE GRANULES USP (RX)	$0 (Tier 3)	NT
glucose 4 gram tablet chew (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew assort fruit flavor (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew n (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew n,caffeine free (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew n,raspberry (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew nree (rx)	$0 (Tier 3)	NT
glucose 4 gram tablet chew raspberry flavor (rx)	$0 (Tier 3)	NT
glutamine (sickle cell) oral powder in packet 5 gram	$0 (Tier 1)	PA; ^
gnp glucose 4 gram tablet chew grape (rx)	$0 (Tier 3)	NT
gnp glucose 4 gram tablet chew orange (rx)	$0 (Tier 3)	NT
gnp glucose 4 gram tablet chew raspberry (rx)	$0 (Tier 3)	NT
gnp quick dissolve glucose tab n,caffeine free (rx) 4 gram	$0 (Tier 3)	NT
GREAT VALUE DISTILLED WATER (RX)	$0 (Tier 3)	NT
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA; LA; ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
kroger glucose 4 gram tab chew orange (rx)	$0 (Tier 3)	NT
kroger glucose 4 gram tab chew raspberry (rx)	$0 (Tier 3)	NT
kroger glucose 4 gram tab chew watermelon (rx)	$0 (Tier 3)	NT
LACTOSE ANHYDROUS POWDER NF (RX)	$0 (Tier 3)	NT
LACTOSE MONOHYDRATE POWDER NF (RX)	$0 (Tier 3)	NT
LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX)	$0 (Tier 3)	NT
LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	$0 (Tier 3)	NT
LACTOSE POWDER USP/NF, ANHYDROUS	$0 (Tier 3)	NT
L-CARNITINE POWDER (RX)	$0 (Tier 3)	NT
leader glucose 4 gm tab chew orange flavor (rx) 4 gram	$0 (Tier 3)	NT
leader glucose 4 gm tab chew raspberry flavor (rx) 4 gram	$0 (Tier 3)	NT
leader glucose 4 gm tab chew watermelon flavor (rx) 4 gram	$0 (Tier 3)	NT
leader quick dissolve gluc tab quick dissolve (rx) 4 gram	$0 (Tier 3)	NT
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (Tier 1)	B/D
levocarnitine oral solution 100 mg/ml	$0 (Tier 1)	
levocarnitine oral tablet 330 mg	$0 (Tier 1)	B/D
L-GLUTAMINE POWDER FCC	$0 (Tier 3)	NT
L-GLUTAMINE POWDER USP (RX)	$0 (Tier 3)	NT
L-GLUTATHIONE POWDER USP (RX) 100 %	$0 (Tier 3)	NT
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (Tier 2)	
LOLLIBASE POWDER	$0 (Tier 3)	NT
longs glucose 4 gram tab chew orange flavor (rx)	$0 (Tier 3)	NT
longs glucose 4 gram tab chew raspberry flavor (rx)	$0 (Tier 3)	NT
methylcellulose 1,500 cps pwd (rx) 27.5 % to 31.5 % (usp)	$0 (Tier 3)	NT
methylcellulose 4,000 cps pwd 30 %	$0 (Tier 3)	NT
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
NICE DISTILLED WATER (RX)	$0 (Tier 3)	NT
nitisinone oral capsule 10 mg, 2 mg, 5 mg	$0 (Tier 2)	PA; ^
nitisinone oral capsule 20 mg	$0 (Tier 1)	PA; ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ORA-BLEND SF SUSPENSION	$0 (Tier 3)	NT
ORAL MIX VEHICLE	$0 (Tier 3)	NT
ORAL SUSPEND VEHICLE	$0 (Tier 3)	NT
ora-sweet oral syrup	$0 (Tier 3)	NT
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	
polyethylene glycol 1000 pd nf (rx)	$0 (Tier 3)	NT
POLYETHYLENE GLYCOL 3350 POWD NF (RX)	$0 (Tier 3)	NT
POLYETHYLENE GLYCOL 8000 POWD (RX)	$0 (Tier 3)	NT
preferred plus glucose tab chw grape (rx) 4 gram	$0 (Tier 3)	NT
preferred plus glucose tab chw orange flavor (rx) 4 gram	$0 (Tier 3)	NT
preferred plus glucose tab chw raspberry flavor (rx) 4 gram	$0 (Tier 3)	NT
preferred plus glucose tab chw watermelon flavor (rx) 4 gram	$0 (Tier 3)	NT
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (Tier 2)	PA; LA; ^
pub glucose 4 gram tablet chew assorted fruit (rx)	$0 (Tier 3)	NT
pub glucose 4 gram tablet chew orange (rx)	$0 (Tier 3)	NT
pub glucose 4 gram tablet chew raspberry flavor (rx)	$0 (Tier 3)	NT
pub glucose 4 gram tablet chew sour apple flavor (rx)	$0 (Tier 3)	NT
riluzole oral tablet 50 mg	$0 (Tier 1)	
risedronate oral tablet 30 mg	$0 (Tier 1)	QL (30 EA per 30 days)
sesame oil nf (rx)	$0 (Tier 3)	NT
sevelamer carbonate oral powder in packet 0.8 gram	$0 (Tier 2)	QL (540 EA per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	$0 (Tier 2)	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	$0 (Tier 1)	QL (540 EA per 30 days)
sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv	$0 (Tier 3)	NT
sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv	$0 (Tier 3)	NT
sod fer gluc cplx 62.5 mg/5 ml sdv,inner	$0 (Tier 3)	NT
sod fer gluc cplx 62.5 mg/5 ml sdv,outer	$0 (Tier 3)	NT
SODIUM BROMIDE GRANULES (RX)	$0 (Tier 3)	NT
sodium chloride 0.9 % intravenous parenteral solution	$0 (Tier 1)	
sodium chloride 0.9 % intravenous piggyback	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sodium chloride irrigation solution 0.9 %	$0 (Tier 1)	
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (Tier 2)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	$0 (Tier 2)	PA; ^
sodium polystyrene sulfonate oral powder	$0 (Tier 1)	
sorbitol 70% solution (otc)	$0 (Tier 3)	NT
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	$0 (Tier 1)	
SV ALPHA LIPOIC ACID 200 MG CP P/F	$0 (Tier 3)	NT
trientine oral capsule 250 mg	$0 (Tier 2)	PA; ^
TRUEPLUS GLUCOSE 15 GRAM GEL 15 GRAM/32 ML	$0 (Tier 3)	NT
UNISPEND ANHYDROUS SWEET SUSP	$0 (Tier 3)	NT
value plus glucose 40% gel 3's, tropical fruit (rx)	$0 (Tier 3)	NT
VELPHORO ORAL TABLET,CHEWABLE 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	$0 (Tier 2)	
water for irrigation, sterile irrigation solution	$0 (Tier 1)	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	$0 (Tier 2)	PA; LA; ^
ZINC SULFATE HEPTAHYDRATE POWD USP (RX) 100 %	$0 (Tier 3)	NT
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX) 100 %	$0 (Tier 3)	NT
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	$0 (Tier 1)	
DISUASIVOS PARA FUMADORES		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (Tier 1)	
gnp nicotine 2 mg chewing gum	$0 (Tier 3)	NT
GNP NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
gnp nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
gnp nicotine 4 mg chewing gum	$0 (Tier 3)	NT
gnp nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
gs nicotine 2 mg chewing gum	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
gs nicotine 2 mg lozenge	$0 (Tier 3)	NT
gs nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
gs nicotine 4 mg chewing gum	$0 (Tier 3)	NT
gs nicotine 4 mg chewing gum original	$0 (Tier 3)	NT
gs nicotine 4 mg lozenge	$0 (Tier 3)	NT
gs nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
hm nicotine 2 mg chewing gum	$0 (Tier 3)	NT
hm nicotine 2 mg lozenge	$0 (Tier 3)	NT
hm nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
HM NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
hm nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
hm nicotine 4 mg chewing gum	$0 (Tier 3)	NT
hm nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch step 2 (otc)	$0 (Tier 3)	NT
nicotine 2 mg chewing gum	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated fruit	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated,cinnamon	$0 (Tier 3)	NT
nicotine 2 mg chewing gum cool mint/coated	$0 (Tier 3)	NT
nicotine 2 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 2 mg chewing gum original	$0 (Tier 3)	NT
nicotine 2 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 2 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 2 mg chewing gum starter kit	$0 (Tier 3)	NT
nicotine 2 mg lozenge	$0 (Tier 3)	NT
nicotine 2 mg lozenge inner	$0 (Tier 3)	NT
nicotine 2 mg lozenge mint, 3 quittube	$0 (Tier 3)	NT
nicotine 2 mg lozenge outer	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge inner	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	$0 (Tier 3)	NT
nicotine 4 mg chewing gum	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated fruit	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated, mint	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated,cinnamon	$0 (Tier 3)	NT
nicotine 4 mg chewing gum cool mint/coated	$0 (Tier 3)	NT
nicotine 4 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 4 mg chewing gum original	$0 (Tier 3)	NT
nicotine 4 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 4 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 4 mg chewing gum starter kit	$0 (Tier 3)	NT
nicotine 4 mg lozenge	$0 (Tier 3)	NT
NICOTINE 4 MG LOZENGE	$0 (Tier 3)	NT
nicotine 4 mg lozenge mint	$0 (Tier 3)	NT
nicotine 4 mg lozenge mint, 3 quittube	$0 (Tier 3)	NT
nicotine 4 mg lozenge outer	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge inner	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge mini,mint,3 quittube	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch step 3 (otc)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	$0 (Tier 3)	NT
NICOTROL INHALATION CARTRIDGE 10 MG	$0 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (Tier 2)	
sm nicotine 14 mg/24hr patch (otc)	$0 (Tier 3)	NT
sm nicotine 2 mg chewing gum	$0 (Tier 3)	NT
sm nicotine 2 mg lozenge	$0 (Tier 3)	NT
sm nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
sm nicotine 4 mg chewing gum	$0 (Tier 3)	NT
sm nicotine 4 mg lozenge	$0 (Tier 3)	NT
SM NICOTINE 4 MG LOZENGE	$0 (Tier 3)	NT
sm nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (Tier 1)	QL (56 EA per 28 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (Tier 1)	
ENZIMAS		
co q-10 100 mg softgel (rx)	$0 (Tier 3)	NT
co q-10 10 mg capsule (rx)	$0 (Tier 3)	NT
co q-10 100 mg capsule (rx)	$0 (Tier 3)	NT
co q-10 100 mg capsule p/f (rx)	$0 (Tier 3)	NT
co q-10 100 mg capsule p/f	$0 (Tier 3)	NT
co q-10 100 mg softgel (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel p/f (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel softgel (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel softgel,n,p/f (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel softgel,p/f (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel softgel,p/f,gluten/f (rx)	$0 (Tier 3)	NT
co q-10 100 mg softgel softgel,p/f,gluten-f (rx)	$0 (Tier 3)	NT
co q-10 200 mg capsule (rx)	$0 (Tier 3)	NT
co q-10 200 mg capsule bonus size, p/f (rx)	$0 (Tier 3)	NT
co q-10 200 mg capsule p/f, milk-free (rx)	$0 (Tier 3)	NT
co q-10 200 mg softgel (rx)	$0 (Tier 3)	NT
co q-10 200 mg softgel p/f, no lactose (rx)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
co q-10 200 mg softgel softgel (rx)	$0 (Tier 3)	NT
co q-10 30 mg capsule p/f,y/f (rx)	$0 (Tier 3)	NT
co q10 30 mg softgel softgel, p/f (rx)	$0 (Tier 3)	NT
CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX)	$0 (Tier 3)	NT
CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX)	$0 (Tier 3)	NT
CO Q-10 400 MG SOFTGEL Y/F,P/F,SFTGEL (RX)	$0 (Tier 3)	NT
co q-10 50 mg capsule (rx)	$0 (Tier 3)	NT
co q-10 50 mg softgel (rx)	$0 (Tier 3)	NT
co q-10 50 mg softgel p/f,lact/f, softgel (rx)	$0 (Tier 3)	NT
co q-10 50 mg softgel softgel (rx)	$0 (Tier 3)	NT
coenzyme q10 10 mg capsule (rx)	$0 (Tier 3)	NT
coenzyme q-10 100 mg capsule (rx)	$0 (Tier 3)	NT
coenzyme q10 100 mg capsule p/f,gluten-free (rx)	$0 (Tier 3)	NT
coenzyme q-10 100 mg softgel (rx)	$0 (Tier 3)	NT
coenzyme q-10 100 mg softgel lac-gluten-free (rx)	$0 (Tier 3)	NT
coenzyme q10 200 mg capsule (rx)	$0 (Tier 3)	NT
coenzyme q10 50 mg capsule (rx)	$0 (Tier 3)	NT
coenzyme q10 50 mg softgel softgel (rx)	$0 (Tier 3)	NT
coenzyme q10 60 mg capsule gluten-free (rx)	$0 (Tier 3)	NT
COENZYME Q-10 POWDER (RX) 100 %	$0 (Tier 3)	NT
coq-10 30 mg capsule	$0 (Tier 3)	NT
cvs co q-10 100 mg softgel (rx)	$0 (Tier 3)	NT
cvs co q-10 200 mg softgel (rx)	$0 (Tier 3)	NT
CVS CO Q-10 400 MG SOFTGEL (RX)	$0 (Tier 3)	NT
cvs co q-10 50 mg softgel (rx)	$0 (Tier 3)	NT
eql co q-10 100 mg softgel softgel (rx)	$0 (Tier 3)	NT
eql co q-10 200 mg softgel softgel (rx)	$0 (Tier 3)	NT
gnp co q-10 100 mg capsule (rx)	$0 (Tier 3)	NT
gnp co q-10 200 mg capsule (rx)	$0 (Tier 3)	NT
gnp co q-10 60 mg capsule (rx)	$0 (Tier 3)	NT
NEOQ10 SOFTGEL 125 MG	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
q-sorb co q-10 100 mg softgel softgel	$0 (Tier 3)	NT
q-sorb co q-10 200 mg softgel p/f,gluten-free	$0 (Tier 3)	NT
ra coenzyme q-10 100 mg softgl (rx)	$0 (Tier 3)	NT
ra coenzyme q-10 100 mg softgl softgel (rx)	$0 (Tier 3)	NT
ra coenzyme q10 200 mg softgel softgel,p/f,d/f (rx)	$0 (Tier 3)	NT
sm co q-10 100 mg softgel (rx)	$0 (Tier 3)	NT
sm co q-10 200 mg softgel (rx)	$0 (Tier 3)	NT
sm coenzyme q-10 100 mg sftgl softgel (rx)	$0 (Tier 3)	NT
sm coenzyme q-10 100 mg sftgl softgel, gluten-free (rx)	$0 (Tier 3)	NT
sv co q-10 100 mg softgel softgel, p/f (rx)	$0 (Tier 3)	NT
sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)	$0 (Tier 3)	NT
sv q-sorb co q-10 100 mg sftgl softgel , p/f	$0 (Tier 3)	NT
sv q-sorb co q-10 200 mg sftgl p/f,gluten-free	$0 (Tier 3)	NT
sv q-sorb co q-10 200 mg sftgl softgel	$0 (Tier 3)	NT
NON-FRF		
CAPSULE #00 VEGETABLE CLEAR (RX)	$0 (Tier 3)	NT
MICROCRYSTAL CELLULOSE POWDER MICROCRYSTALLINE,NF (RX)	$0 (Tier 3)	NT
MICROCRYSTALLINE CELLULOSE AVICEL PH 105, NF (RX) 100 %	$0 (Tier 3)	NT
MX-SOL BLEND	$0 (Tier 3)	NT
MX-SOL BLEND SF	$0 (Tier 3)	NT
MX-SOL SUSPEND	$0 (Tier 3)	NT
ORA-BLEND SUSPENSION	$0 (Tier 3)	NT
ORAL MIX SF VEHICLE	$0 (Tier 3)	NT
ORA-PLUS SUSPENDING VEHICLE	$0 (Tier 3)	NT
peg topical ointment	$0 (Tier 3)	NT
SYRSPEND SF ALKA POWDER	$0 (Tier 3)	NT
SYRSPEND SF LIQUID (RX)	$0 (Tier 3)	NT
SYRSPEND SF LIQUID CHERRY (RX)	$0 (Tier 3)	NT
SYRSPEND SF LIQUID GRAPE (RX)	$0 (Tier 3)	NT
SYRSPEND SF POWDER DRY & UNFLAVORED (RX)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ANTIINFECCIOSOS		
AGENTES ANTIFÚNGICOS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (Tier 2)	B/D
amphotericin b injection recon soln 50 mg	$0 (Tier 1)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (Tier 1)	
clotrimazole mucous membrane troche 10 mg	$0 (Tier 1)	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (Tier 2)	PA; ^
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Tier 1)	
flucytosine oral capsule 250 mg, 500 mg	$0 (Tier 2)	PA; ^
griseofulvin microsize oral suspension 125 mg/5 ml	$0 (Tier 1)	
griseofulvin microsize oral tablet 500 mg	$0 (Tier 1)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0 (Tier 1)	
itraconazole oral capsule 100 mg	$0 (Tier 1)	PA
ketoconazole oral tablet 200 mg	$0 (Tier 1)	PA
micafungin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	^
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	$0 (Tier 2)	PA; QL (630 ML per 30 days); ^
nystatin oral suspension 100,000 unit/ml	$0 (Tier 1)	
nystatin oral tablet 500,000 unit	$0 (Tier 1)	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; QL (630 EA per 30 days); ^
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (Tier 2)	PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	$0 (Tier 1)	
voriconazole intravenous recon soln 200 mg	$0 (Tier 2)	PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; ^
voriconazole oral tablet 200 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	$0 (Tier 1)	PA; QL (480 EA per 30 days)
AGENTES PARA EL TRACTO URINARIO		
methenamine hippurate oral tablet 1 gram	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0 (Tier 2)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (Tier 2)	
trimethoprim oral tablet 100 mg	$0 (Tier 1)	
AGENTES RELACIONADOS CON LA SULFANILAMIDA		
sulfadiazine oral tablet 500 mg	$0 (Tier 2)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (Tier 1)	
ANTIVIRALES		
abacavir oral solution 20 mg/ml	$0 (Tier 1)	
abacavir oral tablet 300 mg	$0 (Tier 1)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (Tier 1)	
acyclovir oral capsule 200 mg	$0 (Tier 1)	
acyclovir oral suspension 200 mg/5 ml	$0 (Tier 1)	
acyclovir oral tablet 400 mg, 800 mg	$0 (Tier 1)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (Tier 1)	B/D
adefovir oral tablet 10 mg	$0 (Tier 2)	
amantadine hcl oral capsule 100 mg	$0 (Tier 1)	
amantadine hcl oral solution 50 mg/5 ml	$0 (Tier 1)	
amantadine hcl oral tablet 100 mg	$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	$0 (Tier 2)	^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0 (Tier 2)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (Tier 2)	^
CIMDUO ORAL TABLET 300-300 MG	$0 (Tier 2)	^
COMPLERA ORAL TABLET 200-25-300 MG	$0 (Tier 2)	^
darunavir oral tablet 600 mg	$0 (Tier 2)	QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	$0 (Tier 2)	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (Tier 2)	^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	$0 (Tier 2)	^
EDURANT ORAL TABLET 25 MG	$0 (Tier 2)	^
efavirenz oral capsule 200 mg, 50 mg	$0 (Tier 1)	
efavirenz oral tablet 600 mg	$0 (Tier 1)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (Tier 2)	^
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (Tier 2)	^
emtricitabine oral capsule 200 mg	$0 (Tier 1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	$0 (Tier 2)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0 (Tier 2)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	
entecavir oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 400-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
etravirine oral tablet 100 mg, 200 mg	$0 (Tier 2)	^
EVOTAZ ORAL TABLET 300-150 MG	$0 (Tier 2)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
fosamprenavir oral tablet 700 mg	$0 (Tier 2)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$0 (Tier 2)	^
ganciclovir sodium intravenous recon soln 500 mg	$0 (Tier 1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (Tier 2)	^
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
HARVONI ORAL PELLETS IN PACKET 45-200 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
HARVONI ORAL TABLET 45-200 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
HARVONI ORAL TABLET 90-400 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
INTELENCE ORAL TABLET 25 MG	$0 (Tier 2)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (Tier 2)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	$0 (Tier 2)	^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ISENTRESS ORAL TABLET 400 MG	$0 (Tier 2)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 2)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$0 (Tier 2)	
JULUCA ORAL TABLET 50-25 MG	$0 (Tier 2)	^
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	$0 (Tier 2)	QL (40 EA per 180 days)
lamivudine oral solution 10 mg/ml	$0 (Tier 1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (Tier 1)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (Tier 1)	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (Tier 1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (Tier 1)	
maraviroc oral tablet 150 mg, 300 mg	$0 (Tier 2)	^
nevirapine oral suspension 50 mg/5 ml	$0 (Tier 1)	
nevirapine oral tablet 200 mg	$0 (Tier 1)	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (Tier 2)	^
oseltamivir oral capsule 30 mg	$0 (Tier 1)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (Tier 1)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$0 (Tier 1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	$0 (Tier 2)	$0 Cost Sharing; QL (20 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (Tier 2)	$0 Cost Sharing; QL (30 EA per 180 days)
PIFELTRO ORAL TABLET 100 MG	$0 (Tier 2)	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	$0 (Tier 2)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	$0 (Tier 2)	QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	$0 (Tier 2)	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	$0 (Tier 2)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	$0 (Tier 2)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (Tier 2)	^
ribavirin oral capsule 200 mg	$0 (Tier 1)	
ribavirin oral tablet 200 mg	$0 (Tier 1)	
rimantadine oral tablet 100 mg	$0 (Tier 1)	
ritonavir oral tablet 100 mg	$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (Tier 2)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	^
SELZENTRY ORAL TABLET 25 MG	$0 (Tier 2)	
SELZENTRY ORAL TABLET 75 MG	$0 (Tier 2)	^
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (Tier 2)	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	$0 (Tier 2)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (Tier 2)	
tenofovir disoproxil fumarate oral tablet 300 mg	$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	$0 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	$0 (Tier 2)	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$0 (Tier 2)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (Tier 2)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (Tier 2)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$0 (Tier 2)	^
TYBOST ORAL TABLET 150 MG	$0 (Tier 2)	
valacyclovir oral tablet 1 gram, 500 mg	$0 (Tier 1)	
valganciclovir oral recon soln 50 mg/ml	$0 (Tier 2)	^
valganciclovir oral tablet 450 mg	$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	$0 (Tier 2)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (Tier 2)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (Tier 2)	^
VIREAD ORAL TABLET 150 MG, 250 MG	$0 (Tier 2)	^
VIREAD ORAL TABLET 200 MG	$0 (Tier 2)	
VOSEVI ORAL TABLET 400-100-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
zidovudine oral capsule 100 mg	$0 (Tier 1)	
zidovudine oral syrup 10 mg/ml	$0 (Tier 1)	
zidovudine oral tablet 300 mg	$0 (Tier 1)	
CEFALOSPORINAS		
cefaclor oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	$0 (Tier 1)	
cefaclor oral tablet extended release 12 hr 500 mg	$0 (Tier 2)	
cefadroxil oral capsule 500 mg	$0 (Tier 1)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$0 (Tier 1)	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	$0 (Tier 2)	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	$0 (Tier 1)	
cefazolin intravenous recon soln 1 gram	$0 (Tier 1)	
cefdinir oral capsule 300 mg	$0 (Tier 1)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	$0 (Tier 1)	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
cefepime injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
cefixime oral capsule 400 mg	$0 (Tier 1)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cefpodoxime oral tablet 100 mg, 200 mg	$0 (Tier 1)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
cefprozil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
ceftriaxone intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
cefuroxime sodium injection recon soln 750 mg	$0 (Tier 1)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (Tier 1)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
tazicef intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (Tier 2)	^
ERITROMICINAS/OTROS MACRÓLIDOS		
azithromycin intravenous recon soln 500 mg	$0 (Tier 1)	
azithromycin oral packet 1 gram	$0 (Tier 1)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (Tier 1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	$0 (Tier 2)	QL (20 EA per 10 days); ^
e.e.s. 400 oral tablet 400 mg	$0 (Tier 1)	

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (Tier 1)	
erythrocin (as stearate) oral tablet 250 mg	$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	
erythromycin ethylsuccinate oral tablet 400 mg	$0 (Tier 1)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (Tier 1)	
erythromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (Tier 1)	
MEDICAMENTOS ANTIINFECCIOSOS DIVERSOS		
albendazole oral tablet 200 mg	$0 (Tier 2)	^
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (Tier 2)	PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	$0 (Tier 1)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (Tier 1)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (Tier 2)	PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (Tier 1)	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	$0 (Tier 1)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (Tier 1)	
clindamycin phosphate injection solution 150 mg/ml	$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	$0 (Tier 2)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (Tier 1)	QL (30 EA per 10 days)
cvs pinworm treatment 50 mg/ml	$0 (Tier 3)	NT
dapsone oral tablet 100 mg, 25 mg	$0 (Tier 1)	
daptomycin intravenous recon soln 500 mg	$0 (Tier 2)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 2)	QL (12 EA per 365 days); ^
ertapenem injection recon soln 1 gram	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ethambutol oral tablet 100 mg, 400 mg	$0 (Tier 1)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (Tier 1)	
gentamicin injection solution 40 mg/ml	$0 (Tier 1)	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	$0 (Tier 1)	
hydroxychloroquine oral tablet 200 mg	$0 (Tier 1)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	$0 (Tier 1)	
isoniazid oral solution 50 mg/5 ml	$0 (Tier 1)	
isoniazid oral tablet 100 mg, 300 mg	$0 (Tier 1)	
ivermectin oral tablet 3 mg	$0 (Tier 1)	PA; QL (20 EA per 30 days)
linezolid 600 mg/300 ml-0.9% nacl single-use	$0 (Tier 1)	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (Tier 1)	
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (Tier 2)	QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	$0 (Tier 1)	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	$0 (Tier 1)	
mefloquine oral tablet 250 mg	$0 (Tier 1)	
meropenem intravenous recon soln 1 gram, 500 mg	$0 (Tier 1)	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	$0 (Tier 1)	
metro i.v. intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
neomycin oral tablet 500 mg	$0 (Tier 1)	
nitazoxanide oral tablet 500 mg	$0 (Tier 2)	QL (6 EA per 30 days); ^
paromomycin oral capsule 250 mg	$0 (Tier 1)	
pentamidine inhalation recon soln 300 mg	$0 (Tier 1)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (Tier 1)	
pinaway 50 mg/ml suspension	$0 (Tier 3)	NT
pinworm medicine 144 mg/ml 50 mg/ml	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
praziquantel oral tablet 600 mg	$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	$0 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (Tier 2)	
pyrazinamide oral tablet 500 mg	$0 (Tier 1)	
quinine sulfate oral capsule 324 mg	$0 (Tier 1)	PA
reese's pinworm 144 mg/ml susp 50 mg/ml	$0 (Tier 3)	NT
rifabutin oral capsule 150 mg	$0 (Tier 1)	
rifampin intravenous recon soln 600 mg	$0 (Tier 1)	
rifampin oral capsule 150 mg, 300 mg	$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (Tier 2)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	^
tigecycline intravenous recon soln 50 mg	$0 (Tier 2)	^
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (Tier 2)	PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection recon soln 1.2 gram	$0 (Tier 1)	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
TRECATOR ORAL TABLET 250 MG	$0 (Tier 2)	
vancomycin hcl 1.25 gram vial outer, suv	$0 (Tier 1)	
vancomycin hcl 1.5 gram vial outer, suv	$0 (Tier 1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	$0 (Tier 2)	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	$0 (Tier 1)	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	$0 (Tier 1)	
vancomycin oral capsule 125 mg	$0 (Tier 1)	QL (80 EA per 180 days)
vancomycin oral capsule 250 mg	$0 (Tier 1)	QL (160 EA per 180 days)
XIFAXAN ORAL TABLET 550 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
PENICILINAS		
amoxicillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (Tier 1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	$0 (Tier 1)	
ampicillin oral capsule 500 mg	$0 (Tier 1)	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (Tier 1)	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (Tier 2)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
nafcillin injection recon soln 10 gram	$0 (Tier 2)	^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
penicillin g potassium injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	$0 (Tier 2)	
penicillin g sodium injection recon soln 5 million unit	$0 (Tier 1)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	$0 (Tier 1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (Tier 1)	
piperacil-tazobact 13.5 gm vl inner, muv, p/f 13.5 gram	$0 (Tier 1)	
QUINOLONAS		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	$0 (Tier 2)	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	$0 (Tier 1)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$0 (Tier 1)	
levofloxacin intravenous solution 25 mg/ml	$0 (Tier 1)	
levofloxacin oral solution 250 mg/10 ml	$0 (Tier 1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
moxifloxacin oral tablet 400 mg	$0 (Tier 1)	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
TETRACICLINAS		
doxy-100 intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (Tier 1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
minocycline oral capsule 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
tetracycline oral capsule 250 mg, 500 mg	$0 (Tier 1)	PA
CARDIOVASCULAR, HIPERTENSIÓN/LÍPIDOS		
AGENTES ANTIARRÍTMICOS		
amiodarone intravenous solution 50 mg/ml	$0 (Tier 1)	
amiodarone intravenous syringe 150 mg/3 ml	$0 (Tier 1)	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (Tier 2)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (Tier 1)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	$0 (Tier 2)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	$0 (Tier 2)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (Tier 1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (Tier 1)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (Tier 1)	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (Tier 1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
AGENTES CARDIOVASCULARES DIVERSOS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	$0 (Tier 2)	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	$0 (Tier 1)	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	$0 (Tier 2)	PA
AGENTES REDUCTORES DE LÍPIDOS/COLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days); ^
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	$0 (Tier 1)	
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine light oral powder 4 gram	$0 (Tier 1)	
cholestyramine light oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine-aspartame oral powder in packet 4 gram	$0 (Tier 1)	
colesevelam oral powder in packet 3.75 gram	$0 (Tier 1)	
colesevelam oral tablet 625 mg	$0 (Tier 1)	
colestipol oral granules 5 gram	$0 (Tier 1)	
colestipol oral packet 5 gram	$0 (Tier 1)	
colestipol oral tablet 1 gram	$0 (Tier 1)	
endur-acin er 250 mg tablet	$0 (Tier 3)	NT
endur-acin er 500 mg tablet	$0 (Tier 3)	NT
endur-acin er 750 mg tablet	$0 (Tier 3)	NT
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
ezetimibe oral tablet 10 mg	$0 (Tier 1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (Tier 1)	
fenofibrate oral tablet 160 mg, 54 mg	$0 (Tier 1)	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (Tier 1)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	$0 (Tier 1)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	$0 (Tier 2)	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
niacin 100 mg tablet (rx)	$0 (Tier 3)	NT
niacin 250 mg tablet (rx)	$0 (Tier 3)	NT
niacin 250 mg tablet d/f,p/f,n (rx)	$0 (Tier 3)	NT
niacin 50 mg tablet (rx)	$0 (Tier 3)	NT
niacin 500 mg tablet (rx)	$0 (Tier 3)	NT
niacin 500 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
NIACIN ER 1,000 MG TABLET (RX)	$0 (Tier 3)	NT
niacin er 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
niacin er 500 mg caplet caplet,cdt,p/f (rx)	$0 (Tier 3)	NT
niacin er 500 mg tablet (rx)	$0 (Tier 3)	NT
niacin er 500 mg tablet n,p/f (rx)	$0 (Tier 3)	NT
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (Tier 1)	QL (60 EA per 30 days)
niacin sa 250 mg capsule (rx)	$0 (Tier 3)	NT
niacin tr 250 mg capsule (rx)	$0 (Tier 3)	NT
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	$0 (Tier 3)	NT
niacin tr 250 mg tablet (rx)	$0 (Tier 3)	NT
niacin tr 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
niacin tr 500 mg tablet (rx)	$0 (Tier 3)	NT
omega-3 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
omega-3 fish oil 1,000 mg sfgl (rx)	$0 (Tier 3)	NT
plain niacin 250 mg tablet (rx)	$0 (Tier 3)	NT
plain niacin 500 mg tablet (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (Tier 2)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
prevalite oral powder 4 gram	$0 (Tier 1)	
prevalite oral powder in packet 4 gram	$0 (Tier 1)	
ra niacin 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra niacin 500 mg tablet (rx)	$0 (Tier 3)	NT
RA NIACIN 500 MG TABLET NO FLUSH (RX)	$0 (Tier 3)	NT
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
super omega-3 softgel 1,000 mg	$0 (Tier 3)	NT
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (Tier 2)	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
NITRATOS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (Tier 1)	
nitro-bid transdermal ointment 2 %	$0 (Tier 2)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	$0 (Tier 1)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (Tier 1)	
TRATAMIENTO CONTRA LA HIPERTENSIÓN		
acebutolol oral capsule 200 mg, 400 mg	$0 (Tier 1)	
aliskiren oral tablet 150 mg, 300 mg	$0 (Tier 1)	
amiloride oral tablet 5 mg	$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (Tier 1)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (Tier 1)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Tier 1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (Tier 1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (Tier 1)	
bumetanide injection solution 0.25 mg/ml	$0 (Tier 1)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (Tier 1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	$0 (Tier 1)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (Tier 1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (Tier 1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (Tier 1)	
diltiazem hcl intravenous solution 5 mg/ml	$0 (Tier 1)	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (Tier 1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Tier 1)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0 (Tier 1)	
eplerenone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 1)	
furosemide injection solution 10 mg/ml	$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (Tier 2)	PA
hydralazine injection solution 20 mg/ml	$0 (Tier 1)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (Tier 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (Tier 1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (Tier 1)	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
isradipine oral capsule 2.5 mg, 5 mg	$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (Tier 1)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
losartan oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0 (Tier 1)	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (Tier 1)	
metoprolol tartrate intravenous solution 5 mg/5 ml	$0 (Tier 1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
metyrosine oral capsule 250 mg	$0 (Tier 2)	PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	$0 (Tier 1)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (Tier 1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	$0 (Tier 1)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nimodipine oral capsule 30 mg	$0 (Tier 1)	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	$0 (Tier 2)	^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	$0 (Tier 2)	^
olmesartan oral tablet 20 mg, 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
pindolol oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (Tier 1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (Tier 1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (Tier 1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (Tier 1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	$0 (Tier 2)	PA-NS; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (Tier 1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (Tier 1)	
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	$0 (Tier 1)	
verapamil intravenous syringe 2.5 mg/ml	$0 (Tier 1)	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (Tier 1)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (Tier 1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
TRATAMIENTO PARA LA COAGULACIÓN		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	$0 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg	$0 (Tier 1)	
clopidogrel oral tablet 75 mg	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (Tier 2)	QL (74 EA per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	$0 (Tier 1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	$0 (Tier 2)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	$0 (Tier 1)	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	$0 (Tier 1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (Tier 1)	B/D
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	$0 (Tier 2)	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	$0 (Tier 2)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
pentoxifylline oral tablet extended release 400 mg	$0 (Tier 1)	
phytonadione 5 mg tablet	$0 (Tier 3)	PA; NT
prasugrel oral tablet 10 mg, 5 mg	$0 (Tier 1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	$0 (Tier 2)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	$0 (Tier 2)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
vitamin k-1 10 mg/ml ampul suv, outer	$0 (Tier 3)	NT
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	$0 (Tier 2)	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (Tier 2)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ENFERMEDADES RESPIRATORIAS Y ALERGIA		
AGENTES ANTIHISTAMÍNICOS/ANTIALERGÉNICOS		
12-hr decongest 120 mg caplet caplet,12hr,max-str	$0 (Tier 3)	NT
12hr nasal decongest er 120 mg	$0 (Tier 3)	NT
24hr allergy(levocetirzn) 5 mg	$0 (Tier 3)	NT
adrenalin injection solution 1 mg/ml (1 ml)	$0 (Tier 2)	
ALAHIST CF TABLET 2-10-20 MG	$0 (Tier 3)	NT
ALAHIST D 17.5-10 MG TABLET 10-17.5 MG	$0 (Tier 3)	NT
ALAHIST DM 2-15-7.5 MG/5 ML LQ 2-7.5-15 MG/5 ML	$0 (Tier 3)	NT
ala-hist ir 2 mg tablet	$0 (Tier 3)	NT
ALAHIST PE 2-7.5 MG TABLET	$0 (Tier 3)	NT
all day allergy 10 mg tablet	$0 (Tier 3)	NT
all day allergy 10 mg tablet indoor/outdoor 24 hr	$0 (Tier 3)	NT
all day allergy-d tablet 5-120 mg	$0 (Tier 3)	NT
ALL DAY SINUS-COLD-D 220-120 MG	$0 (Tier 3)	NT
aller-chlor 4 mg tablet	$0 (Tier 3)	NT
aller-g-time 25 mg caplet	$0 (Tier 3)	NT
allergy (loratadine) 10 mg tab	$0 (Tier 3)	NT
allergy 25 mg capsule	$0 (Tier 3)	NT
allergy 25 mg tablet	$0 (Tier 3)	NT
allergy 4 mg tablet	$0 (Tier 3)	NT
allergy multi-symptom caplet 2-5-325 mg	$0 (Tier 3)	NT
allergy relief 10 mg tablet	$0 (Tier 3)	NT
allergy relief 10 mg tablet non-drowsy,24 hour	$0 (Tier 3)	NT
allergy relief 180 mg tablet	$0 (Tier 3)	NT
allergy relief 25 mg capsule	$0 (Tier 3)	NT
allergy relief 25 mg tablet	$0 (Tier 3)	NT
allergy relief 4 mg tablet	$0 (Tier 3)	NT
allergy relief 5 mg/5 ml soln	$0 (Tier 3)	NT
allergy relief d-12 tablet 5-120 mg	$0 (Tier 3)	NT
allergy relief d-24hr tablet 10-240 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
allergy relief-d tablet 5-120 mg	$0 (Tier 3)	NT
allergy relief-nasal decong tb 10-240 mg	$0 (Tier 3)	NT
allergy rlf (cetrzn) 10 mg tab	$0 (Tier 3)	NT
ALLERGY RLF (DIPHEN) 25 MG CHW	$0 (Tier 3)	NT
allergy rlf(cetrzn) 10 mg sfgl	$0 (Tier 3)	NT
allergy-conges relf er tablet 10-240 mg	$0 (Tier 3)	NT
allergy-conges relf er tablet non-drowsy,24 hr rlf 10-240 mg	$0 (Tier 3)	NT
allergy-congest 12hr 60-120 mg	$0 (Tier 3)	NT
allergy-congestion rlf 12h tab 5-120 mg	$0 (Tier 3)	NT
ALL-NITE COLD-FLU RELIEF LIQ 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
AQUANAZ TABLET 10-15-400 MG	$0 (Tier 3)	NT
banophen 25 mg capsule	$0 (Tier 3)	NT
banophen 25 mg tablet	$0 (Tier 3)	NT
banophen 50 mg capsule	$0 (Tier 3)	NT
benzonatate 100 mg capsule	$0 (Tier 3)	NT
benzonatate 150 mg capsule	$0 (Tier 3)	NT
benzonatate 200 mg capsule	$0 (Tier 3)	NT
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	$0 (Tier 3)	NT
CAPCOF LIQUID 2-5-10 MG/5 ML	$0 (Tier 3)	NT
CAPMIST DM TABLET 60-15-400 MG	$0 (Tier 3)	NT
CAPRON DM LIQUID 7.5-7.5 MG/5 ML	$0 (Tier 3)	NT
CAPRON DMT TABLET 30-30 MG	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children, grape (otc)	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children's (otc)	$0 (Tier 3)	NT
cetirizine hcl 10 mg chew tab outer	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet outer	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cetirizine hcl 5 mg chew tab children's,outer,u-d	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine oral solution 1 mg/ml	$0 (Tier 1)	
cetirizine-pse er 5-120 mg tab	$0 (Tier 3)	NT
chest cong rlf dm 400-20 mg tb 20-400 mg	$0 (Tier 3)	NT
chest cong rlf pe 400-10 mg tb 10-400 mg	$0 (Tier 3)	NT
chest congest rlf 400 mg tab	$0 (Tier 3)	NT
chest congestion relief dm syr 10-100 mg/5 ml	$0 (Tier 3)	NT
CHEST CONGESTION RELIEF SOLN 100 MG/5 ML	$0 (Tier 3)	NT
chest congst-cough relief tab 20-400 mg	$0 (Tier 3)	NT
chest-sinus congst rlf tablet 10-400 mg	$0 (Tier 3)	NT
child all day allergy 1 mg/ml	$0 (Tier 3)	NT
child all day allergy 1 mg/ml	$0 (Tier 3)	NT
child all day allergy 1 mg/ml bubble gum	$0 (Tier 3)	NT
child allergy (fexo) 30 mg/5 ml	$0 (Tier 3)	NT
child allergy 5 mg/5 ml soln	$0 (Tier 3)	NT
child allergy relief 1 mg/ml	$0 (Tier 3)	NT
child allergy relief 5 mg/5 ml	$0 (Tier 3)	NT
child allergy rlf 12.5 mg/5 ml	$0 (Tier 3)	NT
child cetirizine 10 mg chew tb chewable, allergy	$0 (Tier 3)	NT
child cetirizine 5 mg chew tab	$0 (Tier 3)	NT
child cetirizine hcl 1 mg/ml	$0 (Tier 3)	NT
child cold-allergy liquid 1-2.5 mg/5 ml	$0 (Tier 3)	NT
CHILD COUGH DM ER 30 MG/5 ML	$0 (Tier 3)	NT
CHILD DELSYM COUGH PLUS DY-NT 12.5 MG-5 MG- 325 MG/10ML(NT)	$0 (Tier 3)	NT
child delsym cough-chest dm lq 5-100 mg/5 ml	$0 (Tier 3)	NT
CHILD LORATADINE 5 MG TAB CHEW	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml sol	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml syr	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
child loratadine 5 mg/5 ml syr grape	$0 (Tier 3)	NT
CHILD MUCINEX CHEST 100 MG PKT	$0 (Tier 3)	NT
CHILD MUCINEX COUGH 5-100 MG PK	$0 (Tier 3)	NT
child mucinex freefrom day cgh 5-100 mg/5 ml	$0 (Tier 3)	NT
CHILD MUCINEX FREEFROM MS D-N 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
CHILD MUCINEX FREEFROM NT COLD 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
CHILD MUCINEX M-S COLD DAY-NTE 325-12.5-5 MG/10 ML(NT)	$0 (Tier 3)	NT
CHILD MUCINEX STUFFY NOSE-CHST 2.5-100 MG/5 ML	$0 (Tier 3)	NT
child mucus relief cough liq cherry,child 5-100 mg/5 ml	$0 (Tier 3)	NT
CHILD MUCUS RELIEF M-S COLD LQ 2.5-5-100 MG/5 ML	$0 (Tier 3)	NT
CHILD TRIAMINIC M-S FEVER-COLD 1-2.5-5-160 MG/5 ML	$0 (Tier 3)	NT
children's cold-cough elixir red grape,child 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
children's cold-cough liquid 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
children's mucinex cough liq 5-100 mg/5 ml	$0 (Tier 3)	NT
children's plus m-s cold susp grape,multi-symptom 1-2.5-5-160 mg/5 ml	$0 (Tier 3)	NT
child's allergy 12.5 mg/5 ml cherry,child	$0 (Tier 3)	NT
chld allrgy rlf 12.5 mg chew tb	$0 (Tier 3)	NT
CHLD DELSYM COUGH-SORE THRT LQ 325-10 MG/10 ML	$0 (Tier 3)	NT
CHLO HIST ORAL SOLUTION 1-12.5 MG/5 ML	$0 (Tier 3)	NT
CHLO TUSS LIQUID 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
CHLOPHEDIANOL-DEXCHLORP-PSE LQ 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
chlorpheniramine 4 mg tablet	$0 (Tier 3)	NT
codeine-guaifen 10-100 mg/5 ml (otc)	$0 (Tier 3)	NT
codeine-guaifen 10-100 mg/5 ml d/f (otc)	$0 (Tier 3)	NT
cold-cough elixir 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
CONEX 2 MG-60 MG/5 ML SOLN 2-60 MG/5 ML	$0 (Tier 3)	NT
conex tablet 2-60 mg	$0 (Tier 3)	NT
COUGH DM 20-200 MG/20 ML SYRUP 5-50 MG/5 ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cough dm er 30 mg/5 ml susp 12 hour	$0 (Tier 3)	NT
cough dm er 30 mg/5 ml susp 12hr,gluten-free	$0 (Tier 3)	NT
cough dm er 30 mg/5 ml susp	$0 (Tier 3)	NT
COUGH DM ER 30 MG/5 ML SUSP	$0 (Tier 3)	NT
cough dm er 30 mg/5 ml susp gluten-free,12hr	$0 (Tier 3)	NT
COUGH-COLD HBP TABLET 4-30 MG	$0 (Tier 3)	NT
COUGH-COLD TABLET 4-30 MG	$0 (Tier 3)	NT
cyproheptadine oral tablet 4 mg	$0 (Tier 2)	PA
day multi-symp flu-severe cold 10-20-500 mg	$0 (Tier 3)	NT
DAY TIME COLD-FLU SOFTGEL SOFTGEL 5-10-325 MG	$0 (Tier 3)	NT
DAYTIME COLD-FLU RELIEF LIQUID 5-10-325 MG/15 ML	$0 (Tier 3)	NT
DAYTIME COLD-FLU RELIEF SFTGL 5-10-325 MG	$0 (Tier 3)	NT
DECONEX DMX 17.5-400-10 MG TAB 10-17.5-400 MG	$0 (Tier 3)	NT
DECONEX IR 385-10 MG TABLET 10-385 MG	$0 (Tier 3)	NT
DELSYM COUGH 15 MG CAPLET	$0 (Tier 3)	NT
DELSYM COUGH PLUS DAY-NIGHT LQ 12.5 MG-5 MG- 325 MG/10ML(NT)	$0 (Tier 3)	NT
delsym cough+chest cngst dm lq 5-100 mg/5 ml	$0 (Tier 3)	NT
DELSYM COUGH-COLD NIGHTTIME LQ 12.5-5-325 MG/10 ML	$0 (Tier 3)	NT
DELSYM COUGH-SORE THROAT LIQ 325-10 MG/10 ML	$0 (Tier 3)	NT
DELSYM NIGHTTIME COUGH LIQUID 2.5-20-650 MG/20 ML	$0 (Tier 3)	NT
desloratadine oral tablet 5 mg	$0 (Tier 1)	
DEXBROMPHENIR-PHENYLEPH 2-10 MG	$0 (Tier 3)	NT
dextromethorphan 15 mg softgel	$0 (Tier 3)	NT
dextromethorphan er 30 mg/5 ml	$0 (Tier 3)	NT
dimaphen dm elixir grape,gluten-f 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
diphedryl 12.5 mg/5 ml elixir	$0 (Tier 3)	NT
diphenhydramine 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 25 mg caplet caplet	$0 (Tier 3)	NT
diphenhydramine 25 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine 25 mg tablet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
diphenhydramine 50 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	$0 (Tier 3)	NT
diphenhydramine hcl injection solution 50 mg/ml	$0 (Tier 1)	
diphenhydramine hcl injection syringe 50 mg/ml	$0 (Tier 1)	
DM-GUAIF-PE 17.5-385-10 MG TAB 10-17.5-385 MG	$0 (Tier 3)	NT
DM-GUAIF-PE 18-200-10 MG/15 ML 10-18-200 MG/15 ML	$0 (Tier 3)	NT
DOXYLAMINE-PHENYLEPH 7.5-10 MG	$0 (Tier 3)	NT
DURAFLU 325-20-200-60 MG TAB 60-20-200-325 MG	$0 (Tier 3)	NT
ED A-HIST DM TABLET 4-10-10 MG	$0 (Tier 3)	NT
ed bron gp liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
ed chlorped jr syrup 2 mg/5 ml	$0 (Tier 3)	NT
ed-a-hist 4 mg-10 mg tablet 4-10 mg	$0 (Tier 3)	NT
ed-a-hist dm liquid banana flavor (otc) 4-10-15 mg/5 ml	$0 (Tier 3)	NT
endacof-dm liquid 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (Tier 1)	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	$0 (Tier 1)	
fexofenadine hcl 180 mg tablet (otc)	$0 (Tier 3)	NT
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	$0 (Tier 3)	NT
fexofenadine hcl 60 mg tablet (otc)	$0 (Tier 3)	NT
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	$0 (Tier 3)	NT
fexofenadine-pse er 60-120 tab (otc) 60-120 mg	$0 (Tier 3)	NT
fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc) 60-120 mg	$0 (Tier 3)	NT
FLU HBP 325-2-10 MG CAPLET 2-10-325 MG	$0 (Tier 3)	NT
FLU-SEVERE COLD-COUGH DAY PKT 10-20-650 MG	$0 (Tier 3)	NT
gnp all day allergy 10 mg sfgl	$0 (Tier 3)	NT
gnp allergy multi-symptom cplt 2-5-325 mg	$0 (Tier 3)	NT
gnp allergy relief 180 mg tab	$0 (Tier 3)	NT
gnp allergy relief 4 mg tablet	$0 (Tier 3)	NT
gnp allergy relief 5 mg tablet	$0 (Tier 3)	NT
gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
gnp loratadine 10 mg tablet	$0 (Tier 3)	NT
gnp mucus dm max er 1200-60 mg 60-1,200 mg	$0 (Tier 3)	NT
GNP MUCUS-ER MAX 1,200 MG TAB	$0 (Tier 3)	NT
gnp nasal decong pe 10 mg tab	$0 (Tier 3)	NT
GNP SINUS PRESSURE-PAIN CAPLET 5-325 MG	$0 (Tier 3)	NT
GNP SINUS-HEADACHE CAPLET 5-325 MG	$0 (Tier 3)	NT
gnp tussin dm 200-20 mg/20 ml 5-50 mg/5 ml	$0 (Tier 3)	NT
gnp tussin dm max liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
gnp tussin mucus-con 200 mg/10 100 mg/5 ml	$0 (Tier 3)	NT
gs all day allergy 10 mg tab	$0 (Tier 3)	NT
gs aller-ease 180 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet non-drowsy	$0 (Tier 3)	NT
gs allergy relief 25 mg tablet	$0 (Tier 3)	NT
gs child all day aller 1 mg/ml	$0 (Tier 3)	NT
gs child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
GS CHILD MUCUS RELIEF M-S COLD 2.5-5-100 MG/5 ML	$0 (Tier 3)	NT
gs child mucus rlf cough liq 5-100 mg/5 ml	$0 (Tier 3)	NT
gs children's cold-cough soln 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
GS CHLD COUGH DM ER 30 MG/5 ML	$0 (Tier 3)	NT
GS COUGH DM ER 30 MG/5 ML SUSP	$0 (Tier 3)	NT
GS DAY TIME COLD-FLU LIQUID GLUTEN-FREE 5-10-325 MG/15 ML	$0 (Tier 3)	NT
GS DAYTIME COLD-FLU SOFTGEL 5-10-325 MG	$0 (Tier 3)	NT
GS FLU-SEV COLD-COUGH DAY PKT 10-20-650 MG	$0 (Tier 3)	NT
gs nasal decong pe 10 mg tab	$0 (Tier 3)	NT
gs nasal decongest 30 mg tab	$0 (Tier 3)	NT
GS NIGHTTIME COLD-FLU LIQUID GLUTEN-FREE,ORIGINAL 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
gs nighttime cold-flu softgel 6.25-15-325 mg	$0 (Tier 3)	NT
gs nighttime cough liquid 6.25-15 mg/15 ml	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
GS SEVERE COLD-FLU NIGHTTME LQ 6.25-5-10-325 MG/15 ML	$0 (Tier 3)	NT
GS SEVERE DAYTIME COLD-FLU LIQ 5-10-325-200 MG/15 ML	$0 (Tier 3)	NT
gs suphedrine 12hr 120 mg cplt	$0 (Tier 3)	NT
gs tussin cf liquid 5-10-100 mg/5 ml	$0 (Tier 3)	NT
GS TUSSIN DM 200-20 MG/20 ML 5-50 MG/5 ML	$0 (Tier 3)	NT
gs tussin dm cough syrup 10-100 mg/5 ml	$0 (Tier 3)	NT
gs tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
gs tussin mucus-cong 100 mg/5 100 mg/5 ml	$0 (Tier 3)	NT
gs tussin mucus-cong 200 mg/10 100 mg/5 ml	$0 (Tier 3)	NT
guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml	$0 (Tier 3)	NT
guaifenesin 100 mg/5 ml liquid	$0 (Tier 3)	NT
guaifenesin 200 mg tablet (otc)	$0 (Tier 3)	NT
guaifenesin er 600 mg tablet	$0 (Tier 3)	NT
guaifenesin-dm 100-10 mg/5 ml (otc) 10-100 mg/5 ml	$0 (Tier 3)	NT
guaifenesin-pse er 1200-120 mg (otc) 120-1,200 mg	$0 (Tier 3)	NT
guaifenesin-pse er 600-60 mg (otc) 60-600 mg	$0 (Tier 3)	NT
HISTEX 2.5 MG/5 ML SYRUP	$0 (Tier 3)	NT
HISTEX-DM SYRUP 2.5-10-20 MG/5 ML	$0 (Tier 3)	NT
hm allergy relief 10 mg tablet	$0 (Tier 3)	NT
hm allergy relief 180 mg tab	$0 (Tier 3)	NT
hm allergy relief 25 mg cap	$0 (Tier 3)	NT
hm allergy relief 4 mg tablet	$0 (Tier 3)	NT
hm allergy relief 60 mg tablet	$0 (Tier 3)	NT
hm allergy rlf-nasal decong tb non-drowsy,24 hr rlf 10-240 mg	$0 (Tier 3)	NT
hm chest congest rlf 400 mg tb caplet,d/f	$0 (Tier 3)	NT
hm chest congest rlf dm caplet caplet,d/f 20-400 mg	$0 (Tier 3)	NT
hm child all day aller 1 mg/ml	$0 (Tier 3)	NT
hm child's cold-cough elixir red grape 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
hm cold-sinus 200-30 mg caplet coated caplet 30-200 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
hm cough dm er 30 mg/5 ml susp gluten-free	$0 (Tier 3)	NT
HM COUGH DM ER 30 MG/5 ML SUSP GRAPE,GLUTEN-F	$0 (Tier 3)	NT
HM DAY SEVERE COLD-FLU CAPLET 5-10-325-200 MG	$0 (Tier 3)	NT
hm loratadine 10 mg tablet	$0 (Tier 3)	NT
hm mucus dm max er 1200-60 mg 60-1,200 mg	$0 (Tier 3)	NT
hm nasal decong pe 10 mg tab	$0 (Tier 3)	NT
hm nasal decong pe 10 mg tab non-drowsy,max-str	$0 (Tier 3)	NT
hm nasal decongest er 120 mg	$0 (Tier 3)	NT
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE,CHERRY 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
hydrocodone-chlorphen er susp 10-8 mg/5 ml	$0 (Tier 3)	NT
hydrocodone-homatropine 5-1.5 mg tablet	$0 (Tier 3)	NT
hydrocodone-homatropine soln 5-1.5 mg/5 ml	$0 (Tier 3)	NT
hydromet 5 mg-1.5 mg/5 ml soln 5-1.5 mg/5 ml	$0 (Tier 3)	NT
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (Tier 2)	PA
levocetirizine 5 mg tablet (otc)	$0 (Tier 3)	NT
levocetirizine oral solution 2.5 mg/5 ml	$0 (Tier 1)	
levocetirizine oral tablet 5 mg	$0 (Tier 1)	
lohist-d liquid 2-30 mg/5 ml	$0 (Tier 3)	NT
lohist-dm syrup 2-5-10 mg/5 ml	$0 (Tier 3)	NT
loratadine 10 mg odt	$0 (Tier 3)	NT
loratadine 10 mg tablet	$0 (Tier 3)	NT
loratadine 10 mg tablet 10x10, outer	$0 (Tier 3)	NT
loratadine 10 mg tablet inner	$0 (Tier 3)	NT
loratadine 10 mg tablet non-drowsy	$0 (Tier 3)	NT
loratadine 10 mg tablet outer	$0 (Tier 3)	NT
loratadine 5 mg/5 ml solution	$0 (Tier 3)	NT
loratadine 5 mg/5 ml syrup children's	$0 (Tier 3)	NT
loratadine 5 mg/5 ml syrup children's, d/f	$0 (Tier 3)	NT
loratadine allergy 5 mg/5 ml d/f	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
loratadine-d 12 hour tablet 5-120 mg	$0 (Tier 3)	NT
loratadine-d 24hr tablet 10-240 mg	$0 (Tier 3)	NT
LORTUSS LQ 6.25-30 MG/5 ML LIQ	$0 (Tier 3)	NT
mapap cold formula caplet 5-10-325 mg	$0 (Tier 3)	NT
MAR-COF CG LIQUID 7.5-225 MG/5 ML	$0 (Tier 3)	NT
MAXICHLOR PEH DM TABLET 4-10-18 MG	$0 (Tier 3)	NT
MAXIFED TABLET 60-360 MG	$0 (Tier 3)	NT
MAXIFED TR 30-1.25 MG TABLET 1.25-30 MG	$0 (Tier 3)	NT
maxi-tuss ac liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
MAXI-TUSS CD LIQUID 4-10-10 MG/5 ML	$0 (Tier 3)	NT
maxi-tuss g liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
maxi-tuss gmx liquid 10-200 mg/5 ml	$0 (Tier 3)	NT
MAXI-TUSS JR LIQUID 2.5-5 MG/5 ML	$0 (Tier 3)	NT
MAXI-TUSS PE JR LIQUID 2.5-50 MG/5 ML	$0 (Tier 3)	NT
MAXI-TUSS PE LIQUID 2-5 MG/5 ML	$0 (Tier 3)	NT
maxi-tuss pe max liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
maxi-tuss tr syrup 1.25-30 mg/5 ml	$0 (Tier 3)	NT
m-clear wc liquid 6.3-100 mg/5 ml	$0 (Tier 3)	NT
m-dryl 12.5 mg/5 ml solution	$0 (Tier 3)	NT
M-END DMX LIQUID 0.667-20-10 MG/5 ML	$0 (Tier 3)	NT
M-END PE LIQUID 1.33-3.33-6.33 MG/5 ML	$0 (Tier 3)	NT
MICLARA DM LIQUID 2.5-10-20 MG/5 ML	$0 (Tier 3)	NT
MICLARA LQ 1.25 MG/5 ML SYRUP	$0 (Tier 3)	NT
mucinex cough-chest cong hbp 10-200 mg	$0 (Tier 3)	NT
mucinex fast-max chest-congest 100 mg/5 ml	$0 (Tier 3)	NT
MUCINEX FAST-MAX COLD-FLU CAP 5-10-325-200 MG	$0 (Tier 3)	NT
MUCINEX FAST-MAX COLD-FLU CPLT 5-10-325-200 MG	$0 (Tier 3)	NT
MUCINEX FAST-MAX COLD-FLU-THRT 5-10-325-200 MG	$0 (Tier 3)	NT
MUCINEX FAST-MAX COLD-SINUS TB 5-325-200 MG	$0 (Tier 3)	NT
MUCINEX FAST-MAX CONGEST-COUGH 5-10-200 MG	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
MUCINEX FAST-MAX DAY-NITE COLD 325 MG(D)/12.5 MG-325 MG (N)	$0 (Tier 3)	NT
MUCINEX FAST-MAX DAY-NITE CONG 5 MG(D)/12.5 MG - 5MG-325 MG (N)	$0 (Tier 3)	NT
mucinex fast-max dm max liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
mucinex fast-max dm max liquid maximum strength 5-100 mg/5 ml	$0 (Tier 3)	NT
MUCINEX FAST-MAX DY-NT CLD-FLU 6.25-5-10-325 MG (NT)	$0 (Tier 3)	NT
MUCINEX FAST-MAX NITE COLD-FLU 12.5-5-325 MG	$0 (Tier 3)	NT
MUCINEX FAST-MAX NITE COLD-FLU 12.5-5-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX FASTMX CLD-NTSHFT CPLT 1.25 MG-5 MG- 10 MG-325 MG	$0 (Tier 3)	NT
MUCINEX FASTMX CNG-NTSHFT CPLT 1.25 MG-10 MG- 325 MG	$0 (Tier 3)	NT
MUCINEX FREEFROM COLD-FLU D-N 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX FREEFROM COLD-FLU-CONG 10-650-400 MG/20 ML	$0 (Tier 3)	NT
MUCINEX FREEFROM NT CLD-FLU LQ 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX FREEFROM SEV CONG-COUG 2.5-5-100 MG/5 ML	$0 (Tier 3)	NT
MUCINEX NIGHTSHFT COLD-FLU CLR 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX NIGHTSHFT SEVR CLD-FLU 1.25 MG-5 MG- 10 MG-325 MG	$0 (Tier 3)	NT
MUCINEX NIGHTSHFT SEVR CLD-FLU 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX NIGHTSHIFT CLD-FLU CPT 1.25-10-325 MG	$0 (Tier 3)	NT
MUCINEX NIGHTSHIFT COLD-FLU LQ 2.5-20-650 MG/20 ML	$0 (Tier 3)	NT
MUCINEX NIGHTSHIFT SINUS CAPLT 1.25 MG-5 MG- 10 MG-325 MG	$0 (Tier 3)	NT
MUCINEX NIGHTSHIFT SINUS LIQ 1.25-5-10-325 MG/10 ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
MUCINEX SINUSMAX DAY-NT CAPLET 1.25 MG-5 MG- 10 MG-325 MG	$0 (Tier 3)	NT
MUCINEX SINUS-MAX DY-NT LIQGEL 6.25-5-10-325 MG (NT)	$0 (Tier 3)	NT
MUCINEX SINUS-MAX NITE CONGEST 12.5-5-325 MG/10 ML	$0 (Tier 3)	NT
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	$0 (Tier 3)	NT
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	$0 (Tier 3)	NT
MUCINEX SINUS-MAX SEVERE CPLT 5-325-200 MG	$0 (Tier 3)	NT
MUCINEX SINUS-MAX SEVERE LIQ 10-650-400 MG/20 ML	$0 (Tier 3)	NT
mucus er 600 mg tablet	$0 (Tier 3)	NT
mucus relief 400 mg tablet	$0 (Tier 3)	NT
mucus relief dm cough tablet 20-400 mg	$0 (Tier 3)	NT
mucus relief dm max liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
MUCUS RELIEF ER 1,200 MG TAB	$0 (Tier 3)	NT
mucus relief er 600 mg tablet	$0 (Tier 3)	NT
mucus relief pe tablet 10-400 mg	$0 (Tier 3)	NT
mucus rlf dm er 600-30 mg tab 30-600 mg	$0 (Tier 3)	NT
mucus rlf dm max er 1200-60 mg 60-1,200 mg	$0 (Tier 3)	NT
MUCUS-CHEST CONG 200 MG/10 ML 100 MG/5 ML	$0 (Tier 3)	NT
nasal decongestant 30 mg tab	$0 (Tier 3)	NT
nasal decongestant 30 mg tab maximum strength	$0 (Tier 3)	NT
nasal decongestant 30 mg tab non-drowsy,max-str	$0 (Tier 3)	NT
nasal decongestant pe 10 mg tb	$0 (Tier 3)	NT
nasal decongestant pe 10 mg tb max-str	$0 (Tier 3)	NT
nasal decongestant pe 10 mg tb non-drowsy,mx-str	$0 (Tier 3)	NT
NASOPEN PE LIQUID 50-10 MG/15 ML	$0 (Tier 3)	NT
NIGHT SEVERE COLD-COUGH PKT 25-10-650 MG	$0 (Tier 3)	NT
NIGHT TIME COLD-FLU LIQUID MULTI-SYMP, ORIGINAL 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
night time cold-flu liquid multi-sympt, cherry 6.25-15-325 mg/15 ml	$0 (Tier 3)	NT
night time cold-flu softgel gluten-free, softgel 6.25-15-325 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
night time cough liquid multi sympt, cherry 6.25-15 mg/15 ml	$0 (Tier 3)	NT
nighttime cold-flu rlf sftgl 6.25-15-325 mg	$0 (Tier 3)	NT
NIGHTTIME COLD-FLU RLF SFTGL 6.25-15-325 MG	$0 (Tier 3)	NT
nighttime cough liquid 6.25-15 mg/15 ml	$0 (Tier 3)	NT
NINJACOF LIQUID 12.5-12.5 MG/5 ML	$0 (Tier 3)	NT
NINJACOF-XG LIQUID 8-200 MG/5 ML	$0 (Tier 3)	NT
nohist-dm liquid 4-10-15 mg/5 ml	$0 (Tier 3)	NT
nohist-lq liquid 4-10 mg/5 ml	$0 (Tier 3)	NT
NOREL AD TABLET 4-10-325 MG	$0 (Tier 3)	NT
PEDIACLEAR PD 0.625 MG/ML DROP	$0 (Tier 3)	NT
PEDIAVENT 2 MG/5 ML SYRUP	$0 (Tier 3)	NT
pharbedryl 25 mg capsule	$0 (Tier 3)	NT
pharbedryl 50 mg capsule	$0 (Tier 3)	NT
phenylephrine 10 mg tablet	$0 (Tier 3)	NT
POLY HIST FORTE 10.5-10 MG TAB	$0 (Tier 3)	NT
POLY-HIST DM LIQUID 25-5-10 MG/5 ML	$0 (Tier 3)	NT
POLY-TUSSIN AC LIQUID 4-10-10 MG/5 ML	$0 (Tier 3)	NT
POLY-VENT DM TABLET 60-20-380 MG	$0 (Tier 3)	NT
POLY-VENT IR TABLET 60-380 MG	$0 (Tier 3)	NT
promethazine injection solution 25 mg/ml, 50 mg/ml	$0 (Tier 2)	PA
promethazine oral syrup 6.25 mg/5 ml	$0 (Tier 2)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
promethazine vc solution 6.25-5 mg/5 ml	$0 (Tier 3)	NT
promethazine vc-codeine soln 6.25-5-10 mg/5 ml	$0 (Tier 3)	NT
promethazine-codeine solution 6.25-10 mg/5 ml	$0 (Tier 3)	NT
promethazine-codeine syrup 6.25-10 mg/5 ml	$0 (Tier 3)	NT
promethazine-dm 6.25-15 mg/5 ml	$0 (Tier 3)	NT
pseudoephedrine 30 mg tablet	$0 (Tier 3)	NT
pseudoephedrine 60 mg tablet (otc)	$0 (Tier 3)	NT
pseudoephedrine er 120 mg tab 12 hour, coated	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
pseudoephedrine er 120 mg tab	$0 (Tier 3)	NT
pseudoephedrine er 120 mg tab coated cplt, max str	$0 (Tier 3)	NT
qc all day allergy 10 mg tab	$0 (Tier 3)	NT
qc child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
qc children's allergy 1 mg/ml	$0 (Tier 3)	NT
qc cold relief plus eff tablet 2-7.8-325 mg	$0 (Tier 3)	NT
qc complete allergy 25 mg cap	$0 (Tier 3)	NT
qc complete allergy 25 mg cap	$0 (Tier 3)	NT
qc loratadine 10 mg tablet non-drowsy	$0 (Tier 3)	NT
qc loratadine-d 24hr tablet non-drowsy 10-240 mg	$0 (Tier 3)	NT
qc mucus relief 400 mg caplet	$0 (Tier 3)	NT
qc mucus relief dm tablet 20-400 mg	$0 (Tier 3)	NT
QC MUCUS RELIEF ER 1,200 MG TB	$0 (Tier 3)	NT
qc mucus relief er 600 mg tab	$0 (Tier 3)	NT
qc suphedrine 12hr 120 mg cplt non-drowsy, 12hr	$0 (Tier 3)	NT
qc tussin cf liquid 5-10-100 mg/5 ml	$0 (Tier 3)	NT
qc tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
qc tussin mucus-cong 200 mg/10 100 mg/5 ml	$0 (Tier 3)	NT
robafen 200 mg/10 ml syrup 100 mg/5 ml	$0 (Tier 3)	NT
robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml	$0 (Tier 3)	NT
robafen dm 200-20 mg/20 ml liq 5-50 mg/5 ml	$0 (Tier 3)	NT
RU-HIST D 10-4 MG TABLET 4-10 MG	$0 (Tier 3)	NT
RYMED TABLET 2-10 MG	$0 (Tier 3)	NT
rynex dm liquid gluten/f 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
rynex dm liquid prof use only 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
rynex pe liquid 1-2.5 mg/5 ml	$0 (Tier 3)	NT
rynex pse liquid 1-15 mg/5 ml	$0 (Tier 3)	NT
SEVERE COLD-FLU CAPLET 5-10-325-200 MG	$0 (Tier 3)	NT
siladryl 12.5 mg/5 ml liquid	$0 (Tier 3)	NT
siltussin dm cough syrup 10-100 mg/5 ml	$0 (Tier 3)	NT
siltussin sa 100 mg/5 ml syr	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SINUS CONGESTION-PAIN CAPLET 5-325 MG	$0 (Tier 3)	NT
SINUS CONGST-PAIN 325-200-5 MG 5-325-200 MG	$0 (Tier 3)	NT
SINUS PRESSURE-PAIN CAPLET 5-325 MG	$0 (Tier 3)	NT
SINUS-HEADACHE 5-325 MG CAPLET	$0 (Tier 3)	NT
sm all day allergy 10 mg tab	$0 (Tier 3)	NT
sm all day allergy-d tablet 5-120 mg	$0 (Tier 3)	NT
sm allergy (fexo) 60 mg tablet	$0 (Tier 3)	NT
sm allergy 4 mg tablet	$0 (Tier 3)	NT
sm allergy relief 25 mg tablet	$0 (Tier 3)	NT
sm chest congest rlf dm caplet caplet,d/f 20-400 mg	$0 (Tier 3)	NT
sm chest congestion 400 mg cplt caplet,d/f	$0 (Tier 3)	NT
sm child all day aller 1 mg/ml cherry	$0 (Tier 3)	NT
sm child allergy 5 mg/5 ml sol	$0 (Tier 3)	NT
SM DAY TIME COLD-FLU LIQUID GLUTEN-FREE 5-10-325 MG/15 ML	$0 (Tier 3)	NT
sm fexofenadine hcl 180 mg tab (otc)	$0 (Tier 3)	NT
sm fexofenadine hcl 60 mg tab (otc)	$0 (Tier 3)	NT
sm loratadine 10 mg tablet	$0 (Tier 3)	NT
sm loratadine 5 mg/5 ml syrup	$0 (Tier 3)	NT
sm lorata-dine d 24hr tablet 10-240 mg	$0 (Tier 3)	NT
sm loratadine-d 12 hour tablet 5-120 mg	$0 (Tier 3)	NT
sm mucus relief er 600 mg tab	$0 (Tier 3)	NT
SM MUCUS-ER MAX 1,200 MG TAB	$0 (Tier 3)	NT
sm nasal decong pe 10 mg tab	$0 (Tier 3)	NT
sm nasal decongest 30 mg tab	$0 (Tier 3)	NT
sm nasal decongest er 120 mg	$0 (Tier 3)	NT
SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE,CHERRY 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT
sm tussin cf syrup 5-10-100 mg/5 ml	$0 (Tier 3)	NT
SM TUSSIN DM 200-20 MG/20 ML 5-50 MG/5 ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sm tussin dm 400-20 mg/20 ml 5-100 mg/5 ml	$0 (Tier 3)	NT
sm tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
sm tussin dm syrup 10-100 mg/5 ml	$0 (Tier 3)	NT
sm tussin mucus-cong 200 mg/10 adult,non-drows 100 mg/5 ml	$0 (Tier 3)	NT
STAHIST AD TABLET 25-60 MG	$0 (Tier 3)	NT
STAHIST TP 10-2.5 MG TABLET	$0 (Tier 3)	NT
sudogest 12 hour 120 mg caplet	$0 (Tier 3)	NT
sudogest 30 mg tablet	$0 (Tier 3)	NT
sudogest 30 mg tablet boxed	$0 (Tier 3)	NT
sudogest 60 mg tablet	$0 (Tier 3)	NT
sudogest cold and allergy tab 4-60 mg	$0 (Tier 3)	NT
suphedrin 30 mg tablet	$0 (Tier 3)	NT
THERAFLU EXPRESSMAX COLD-COUGH 5-10-325 MG/15 ML	$0 (Tier 3)	NT
THERAFLU EXPRESSMAX DAY CAPLET 5-10-325 MG	$0 (Tier 3)	NT
THERAFLU EXPRESSMAX NIGHT CPLT 12.5-5-325 MG	$0 (Tier 3)	NT
THERAFLU FLU & SORE THROAT 20-10-650 MG	$0 (Tier 3)	NT
TRIAMINIC DAYTIME COLD-COUGH CHILDREN'S, CHERRY 2.5-5 MG/5 ML	$0 (Tier 3)	NT
TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE 6.25-2.5 MG/5 ML	$0 (Tier 3)	NT
TRIPROLIDINE 0.938 MG/ML DROPS	$0 (Tier 3)	NT
TUSNEL CAPLET 60-30-400 MG	$0 (Tier 3)	NT
tusnel diabetic liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
tusnel diabetic liquid d/f 10-100 mg/5 ml	$0 (Tier 3)	NT
TUSNEL DM LIQUID 10-20-400 MG/5 ML	$0 (Tier 3)	NT
TUSNEL DM PEDIATRIC LIQUID 2.5-5-75 MG/5 ML	$0 (Tier 3)	NT
TUSNEL DM PEDIATRIC(PSEUDOEPH) ORAL DROPS 7.5-2.5-25 MG/ML	$0 (Tier 3)	NT
TUSNEL LIQUID D/F 30-15-200 MG/5 ML	$0 (Tier 3)	NT
TUSNEL PED 5-50-15 MG/5 ML LIQ (OTC) 15-5-50 MG/5 ML	$0 (Tier 3)	NT
TUSNEL PEDI 25-1.25 MG/ML DROP 1.25-25 MG/ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
tusnel pediatric (guaifen-pse) oral drops 7.5-50 mg/ml	$0 (Tier 3)	NT
TUSNEL-DM PED 2.5-25-1.25 MG/ML 1.25-2.5-25 MG/ML	$0 (Tier 3)	NT
tussin 400 mg tablet	$0 (Tier 3)	NT
tussin cf cough-cold liquid non-drowsy 5-10-100 mg/5 ml	$0 (Tier 3)	NT
tussin cf cough-cold syrup non-drowsy 5-10-100 mg/5 ml	$0 (Tier 3)	NT
TUSSIN CF MAX SEVERE M-S COLD 10-20-650 MG/20 ML	$0 (Tier 3)	NT
tussin cf multi-symptom cold 5-10-100 mg/5 ml	$0 (Tier 3)	NT
tussin cough liquid long-acting 15 mg/5 ml	$0 (Tier 3)	NT
tussin cough liquid maximum strength 15 mg/5 ml	$0 (Tier 3)	NT
tussin dm 400-20 mg tablet 20-400 mg	$0 (Tier 3)	NT
tussin dm 400-20 mg/20 ml liq 5-100 mg/5 ml	$0 (Tier 3)	NT
tussin dm clear syrup d/f 10-100 mg/5 ml	$0 (Tier 3)	NT
tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
tussin mucus-cong 200 mg/10 ml 100 mg/5 ml	$0 (Tier 3)	NT
VANACOF DMX 18-396-10 MG/15 ML 10 MG-18 MG-396 MG/15 ML	$0 (Tier 3)	NT
VANACOF LIQUID 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
VANATAB DM CAPLET 5-9-198 MG	$0 (Tier 3)	NT
WESTUSSIN DM 1-5-10 MG/5 ML SYR	$0 (Tier 3)	NT
AGENTES PULMONARES		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (Tier 1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	$0 (Tier 2)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (Tier 1)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (Tier 1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	$0 (Tier 1)	18 gm inhaler; QL (36 GM per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	$0 (Tier 1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (Tier 1)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (Tier 1)	
allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
alyq oral tablet 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	$0 (Tier 2)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$0 (Tier 1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	$0 (Tier 2)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (Tier 2)	QL (25.8 GM per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	$0 (Tier 2)	PA; LA; QL (24 EA per 30 days); ^
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (Tier 2)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	$0 (Tier 2)	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$0 (Tier 1)	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	$0 (Tier 2)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (Tier 1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (Tier 2)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (Tier 1)	B/D
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (Tier 1)	QL (75 ML per 30 days)
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation	$0 (Tier 3)	NT
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (Tier 1)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (Tier 1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (Tier 2)	B/D; QL (120 ML per 30 days)
gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation	$0 (Tier 3)	NT
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	$0 (Tier 2)	PA; LA; QL (20 EA per 30 days); ^
hm allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
icatibant subcutaneous syringe 30 mg/3 ml	$0 (Tier 2)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	$0 (Tier 2)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0 (Tier 1)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$0 (Tier 1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	$0 (Tier 1)	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	$0 (Tier 1)	QL (30 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (Tier 1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (Tier 1)	
montelukast oral tablet 10 mg	$0 (Tier 1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0 (Tier 2)	PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
PIRFENIDONE ORAL TABLET 534 MG	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
pirfenidone oral tablet 801 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	$0 (Tier 2)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	$0 (Tier 2)	QL (3 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
qc allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
roflumilast oral tablet 250 mcg, 500 mcg	$0 (Tier 1)	
sajazir subcutaneous syringe 30 mg/3 ml	$0 (Tier 2)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	$0 (Tier 2)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Revatio; PA-NS; QL (90 EA per 30 days)
sm allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Adcirca; PA-NS; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	$0 (Tier 2)	PA-NS; QL (300 ML per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
theophylline oral elixir 80 mg/15 ml	$0 (Tier 1)	
theophylline oral solution 80 mg/15 ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (Tier 1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (Tier 2)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (Tier 2)	PA; LA; QL (84 EA per 28 days); ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	$0 (Tier 2)	B/D; LA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (Tier 2)	QL (36 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	$0 (Tier 2)	PA; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	$0 (Tier 2)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
zafirlukast oral tablet 10 mg, 20 mg	$0 (Tier 1)	
GASTROENTEROLOGÍA		
AGENTES GASTROINTESTINALES DIVERSOS		
acid gone antacid liquid 95-358 mg/15 ml	$0 (Tier 3)	NT
acid gone tablet chew 160-105 mg	$0 (Tier 3)	NT
almacone-2 liquid 400-400-40 mg/5 ml	$0 (Tier 3)	NT
alosetron oral tablet 0.5 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
aluminum hydroxide gel 320 mg/5 ml	$0 (Tier 3)	NT
antacid anti-gas liquid 400-400-40 mg/5 ml	$0 (Tier 3)	NT
antacid anti-gas max str liq 400-400-40 mg/5 ml	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
antacid ex-str tablet chew 160-105 mg	$0 (Tier 3)	NT
antacid extra strength chw tab 160-105 mg	$0 (Tier 3)	NT
antacid liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
antacid-antigas 1000-60 mg chw	$0 (Tier 3)	NT
antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	$0 (Tier 3)	NT
antacid-antigas suspension 200-200-20 mg/5 ml	$0 (Tier 3)	NT
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (Tier 1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (Tier 1)	B/D
balsalazide oral capsule 750 mg	$0 (Tier 1)	
betaine oral powder 1 gram/scoop	$0 (Tier 2)	LA; ^
bisacodyl 10 mg suppository	$0 (Tier 3)	NT
bisacodyl ec 5 mg tablet	$0 (Tier 3)	NT
budesonide oral capsule,delayed,extend.release 3 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
budesonide oral tablet,delayed and ext.release 9 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
castor oil 100 %	$0 (Tier 3)	NT
castor oil stimulant laxative 100 %	$0 (Tier 3)	NT
castor oil usp (rx)	$0 (Tier 3)	NT
castor oil usp 100 %	$0 (Tier 3)	NT
chocolated laxative 15 mg	$0 (Tier 3)	NT
clearlax powder 14 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 30 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder packet 17 gram	$0 (Tier 3)	NT
COLACE 2-IN-1 TABLET 8.6-50 MG	$0 (Tier 3)	NT
COLACE CLEAR 50 MG SOFTGEL	$0 (Tier 3)	NT
compro rectal suppository 25 mg	$0 (Tier 1)	
constulose oral solution 10 gram/15 ml	$0 (Tier 1)	

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	$0 (Tier 2)	
cromolyn oral concentrate 100 mg/5 ml	$0 (Tier 1)	
cvs castor oil 100 %	$0 (Tier 3)	NT
docusate cal 240 mg softgel	$0 (Tier 3)	NT
docusate sodium 100 mg softgel	$0 (Tier 3)	NT
docusate sodium 100 mg softgel softgel	$0 (Tier 3)	NT
docusate sodium 250 mg softgel	$0 (Tier 3)	NT
docusate sodium 50 mg/5 ml liq	$0 (Tier 3)	NT
DOCUSATE SODIUM MINI ENEMA 283 MG/5 ML	$0 (Tier 3)	NT
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA,OUTER 100 MG/5 ML	$0 (Tier 3)	NT
DOCUSOL MINI-ENEMA OUTER 283 MG	$0 (Tier 3)	NT
DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA,OUTER 283-20 MG/5 ML	$0 (Tier 3)	NT
dok 100 mg tablet	$0 (Tier 3)	NT
driminate 50 mg tablet	$0 (Tier 3)	NT
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
enema disposable 19-7 gram/118 ml	$0 (Tier 3)	NT
enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	$0 (Tier 3)	NT
ENEMEEZ PLUS MINI ENEMA OUTER 283-20 MG/5 ML	$0 (Tier 3)	NT
enulose oral solution 10 gram/15 ml	$0 (Tier 1)	
eql castor oil 100 %	$0 (Tier 3)	NT
fiber tablet unboxed 625 mg	$0 (Tier 3)	NT
fiber tabs 625 mg	$0 (Tier 3)	NT
fiber therapy 500 mg caplet caplet	$0 (Tier 3)	NT
fiber therapy powder 2 gram/19 gram	$0 (Tier 3)	NT
fiber-lax 625 mg tablet 500mg polycarbophil	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML	$0 (Tier 3)	NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	$0 (Tier 3)	NT
FLEET PEDIA-LAX STOOL SOFTENER 50 MG/15 ML	$0 (Tier 3)	NT
FLEET PEDIA-LAX TABLET CHEW 400 MG (170 MG MAGNESIUM)	$0 (Tier 3)	NT
gas relief (simeth) 80 mg chew	$0 (Tier 3)	NT
gas relief 125 mg chew tablet	$0 (Tier 3)	NT
gas relief 125 mg chew tablet extra str,cherry crm	$0 (Tier 3)	NT
gas relief 125 mg softgel	$0 (Tier 3)	NT
gas relief 180 mg softgel	$0 (Tier 3)	NT
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL 125 MG	$0 (Tier 3)	NT
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	$0 (Tier 3)	NT
GAS-X ULTRA STRENGTH SOFTGEL 180 MG	$0 (Tier 3)	NT
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
gavilax powder 14 day 17 gram/dose	$0 (Tier 3)	NT
gavilax powder 30 day 17 gram/dose	$0 (Tier 3)	NT
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (Tier 1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
generlac oral solution 10 gram/15 ml	$0 (Tier 1)	
gentle laxative ec 5 mg tablet	$0 (Tier 3)	NT
GNP ANTI-GAS 180 MG SOFTGEL	$0 (Tier 3)	NT
gnp gas rlf(simeth) 80 mg chew	$0 (Tier 3)	NT
gnp gentle laxative 10 mg supp	$0 (Tier 3)	NT
gnp gentle laxative ec 5 mg tb	$0 (Tier 3)	NT
gnp senna plus 8.6-50 mg tab	$0 (Tier 3)	NT
gnp stool softener 240 mg sfgl	$0 (Tier 3)	NT
gnp stool softener-stim lax tb 8.6-50 mg	$0 (Tier 3)	NT
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	$0 (Tier 2)	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	$0 (Tier 1)	

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	$0 (Tier 1)	
granisetron hcl oral tablet 1 mg	$0 (Tier 1)	B/D
gs clearlax powder 17 gram/dose	$0 (Tier 3)	NT
gs gas relief 180 mg softgel	$0 (Tier 3)	NT
GS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	$0 (Tier 3)	NT
gs stool softener 100 mg sftgl	$0 (Tier 3)	NT
healthylax powder packet inner 17 gram	$0 (Tier 3)	NT
healthylax powder packet outer 17 gram	$0 (Tier 3)	NT
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	$0 (Tier 3)	NT
hm antacid anti-gas suspension original, max str 400-400-40 mg/5 ml	$0 (Tier 3)	NT
hm antacid-antigas suspension 200-200-20 mg/5 ml	$0 (Tier 3)	NT
hm clearlax powder 17 gram/dose	$0 (Tier 3)	NT
hm clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
hm enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
hm enema ready to use twin pak 19-7 gram/118 ml	$0 (Tier 3)	NT
hm gas relief 125 mg softgel	$0 (Tier 3)	NT
hm gas relief(simeth) 80 mg chw	$0 (Tier 3)	NT
hm inf gas relief 20 mg/0.3 ml 40 mg/0.6 ml	$0 (Tier 3)	NT
hm laxative ec 5 mg tablet	$0 (Tier 3)	NT
hm magnesium citrate solution	$0 (Tier 3)	NT
hm milk of magnesia suspension mint 400 mg/5 ml	$0 (Tier 3)	NT
hm milk of magnesia suspension original 400 mg/5 ml	$0 (Tier 3)	NT
hm motion sickness 50 mg tab	$0 (Tier 3)	NT
HM READY TO USE MIN OIL ENEMA	$0 (Tier 3)	NT
hm senna 8.6 mg tablet	$0 (Tier 3)	NT
hm stool softener 100 mg sftgl	$0 (Tier 3)	NT
hm stool softener 250 mg sftgl	$0 (Tier 3)	NT
hm stool softener-stim lax tab 8.6-50 mg	$0 (Tier 3)	NT
hydrocortisone rectal enema 100 mg/60 ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	$0 (Tier 1)	
infants' gas rlf 20 mg/0.3 ml 40 mg/0.6 ml	$0 (Tier 3)	NT
infants' simethicone drops 40 mg/0.6 ml	$0 (Tier 3)	NT
konsyl 6 gm packet gluten-f, outer (otc) 6 gram	$0 (Tier 3)	NT
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml	$0 (Tier 1)	
laxative 15 mg tablet	$0 (Tier 3)	NT
laxative 25 mg tablet	$0 (Tier 3)	NT
laxative ec 5 mg tablet	$0 (Tier 3)	NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (Tier 2)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (Tier 1)	QL (60 EA per 30 days)
MAG-AL LIQUID 30 ML CUP 200-200 MG/5 ML	$0 (Tier 3)	NT
mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml	$0 (Tier 3)	NT
mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml	$0 (Tier 3)	NT
MAGNESIUM LACTATE SR 84 MG CPT	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
MAGNESIUM OXIDE 400 MG TABLET (OTC) 400 MG (241.3 MG MAGNESIUM)	$0 (Tier 3)	NT
meclizine 12.5 mg caplet (otc)	$0 (Tier 3)	NT
meclizine 12.5 mg caplet caplet (otc)	$0 (Tier 3)	NT
meclizine 25 mg tablet chew	$0 (Tier 3)	NT
meclizine oral tablet 12.5 mg, 25 mg	$0 (Tier 2)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (Tier 1)	QL (180 EA per 30 days)
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (Tier 1)	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (Tier 1)	
mesalamine rectal enema 4 gram/60 ml	$0 (Tier 1)	
mesalamine rectal suppository 1,000 mg	$0 (Tier 1)	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
metoclopramide hcl injection solution 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl injection syringe 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (Tier 1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	
milk of magnesia concentrated 2,400 mg/10 ml cup inner	$0 (Tier 3)	NT
milk of magnesia concentrated 2,400 mg/10 ml cup outer	$0 (Tier 3)	NT
milk of magnesia susp 2,400 mg/30 ml cup inner 400 mg/5 ml	$0 (Tier 3)	NT
milk of magnesia susp 2,400 mg/30 ml cup outer 400 mg/5 ml	$0 (Tier 3)	NT
milk of magnesia suspension 100's, u-d 400 mg/5 ml	$0 (Tier 3)	NT
milk of magnesia suspension 400 mg/5 ml	$0 (Tier 3)	NT
mineral oil	$0 (Tier 3)	NT
mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml	$0 (Tier 3)	NT
mintox plus tablet chewable 200-200-25 mg	$0 (Tier 3)	NT
motion sickness 50 mg tablet	$0 (Tier 3)	NT
motion sickness rlf 25 mg tab	$0 (Tier 3)	NT
motion-time 25 mg tablet chew	$0 (Tier 3)	NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl intravenous solution 2 mg/ml	$0 (Tier 1)	
ondansetron hcl oral solution 4 mg/5 ml	$0 (Tier 1)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (Tier 1)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (Tier 1)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
peg-electrolyte soln oral recon soln 420 gram	$0 (Tier 1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
polyethylene glycol 3350 powd (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 17 grams pkt,inner (otc)	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd inner (otc) 17 gram	$0 (Tier 3)	NT
polyethylene glycol 3350 powd outer (otc) 17 gram	$0 (Tier 3)	NT
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	$0 (Tier 1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prochlorperazine rectal suppository 25 mg	$0 (Tier 1)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
qc antacid suspension regular strength 200-200-20 mg/5 ml	$0 (Tier 3)	NT
qc antacid-antigas max str 400-400-40 mg/5 ml	$0 (Tier 3)	NT
qc antacid-antigas suspension regular strength 200-200-20 mg/5 ml	$0 (Tier 3)	NT
qc castor oil odorless-tasteless 100 %	$0 (Tier 3)	NT
qc gas relief 125 mg softgel	$0 (Tier 3)	NT
qc gentle laxative 10 mg supp	$0 (Tier 3)	NT
qc magnesium citrate solution	$0 (Tier 3)	NT
qc magnesium citrate solution lemon flavor	$0 (Tier 3)	NT
qc milk of magnesia suspension 400 mg/5 ml	$0 (Tier 3)	NT
qc milk of magnesia suspension mint flavor 400 mg/5 ml	$0 (Tier 3)	NT
qc milk of magnesia suspension original flavor 400 mg/5 ml	$0 (Tier 3)	NT
qc mineral oil heavy	$0 (Tier 3)	NT
qc natura-lax 17 gm powder 17 gram/dose	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
qc ready to use enema 19-7 gram/118 ml	$0 (Tier 3)	NT
qc ready to use enema twin pack 19-7 gram/118 ml	$0 (Tier 3)	NT
qc stool softener 100 mg sftgl	$0 (Tier 3)	NT
qc stool softener-laxative tab 8.6-50 mg	$0 (Tier 3)	NT
READY TO USE MINERAL OIL ENEMA	$0 (Tier 3)	NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	$0 (Tier 2)	QL (30 GM per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	$0 (Tier 2)	PA; ^
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	$0 (Tier 2)	PA; ^
REMICADE INTRAVENOUS RECON SOLN 100 MG	$0 (Tier 2)	PA; ^
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (Tier 2)	PA; QL (10 EA per 30 days)
senexon-s 50-8.6 mg tablet 8.6-50 mg	$0 (Tier 3)	NT
SENNA 8.6 MG SOFTGEL	$0 (Tier 3)	NT
senna 8.6 mg tablet	$0 (Tier 3)	NT
senna 8.8 mg/5 ml liquid	$0 (Tier 3)	NT
senna 8.8 mg/5 ml syrup	$0 (Tier 3)	NT
senna 8.8 mg/5 ml syrup	$0 (Tier 3)	NT
senna 8.8 mg/5 ml syrup cup inner	$0 (Tier 3)	NT
senna 8.8 mg/5 ml syrup cup outer	$0 (Tier 3)	NT
senna 8.8 mg/5 ml syrup cup outer	$0 (Tier 3)	NT
senna laxative 8.6 mg tablet	$0 (Tier 3)	NT
SENNA PLUS 8.6-50 MG SOFTGEL	$0 (Tier 3)	NT
senna plus 8.6-50 mg tablet	$0 (Tier 3)	NT
senna-lax 8.6 mg tablet	$0 (Tier 3)	NT
senna-time 8.6 mg tablet	$0 (Tier 3)	NT
senna-time s tablet 8.6-50 mg	$0 (Tier 3)	NT
SENOKOT EXTRA STR 17.2 MG TAB	$0 (Tier 3)	NT
simethicone 125 mg tab chew	$0 (Tier 3)	NT
simethicone 180 mg softgel	$0 (Tier 3)	NT
simethicone 80 mg tab chew	$0 (Tier 3)	NT
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	$0 (Tier 2)	PA; QL (30 ML per 135 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	$0 (Tier 2)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	$0 (Tier 2)	PA; QL (2.4 ML per 56 days); ^
sm adv antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
sm adv antacid-antigas susp max strength, cherry 400-400-40 mg/5 ml	$0 (Tier 3)	NT
sm antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
sm clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
sm enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
sm enema ready to use twin pak 19-7 gram/118 ml	$0 (Tier 3)	NT
sm epsom salt granules 495 mg/5 gram	$0 (Tier 3)	NT
sm fiber 625 mg caplet	$0 (Tier 3)	NT
sm fiber laxative 500 mg cplt	$0 (Tier 3)	NT
sm gas relief 125 mg chew tab	$0 (Tier 3)	NT
SM GAS RELIEF 180 MG SOFTGEL	$0 (Tier 3)	NT
sm gas relief(simeth) 80 mg chw	$0 (Tier 3)	NT
sm gentle laxative ec 5 mg tab	$0 (Tier 3)	NT
sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml	$0 (Tier 3)	NT
sm magnesium citrate solution	$0 (Tier 3)	NT
sm milk of magnesia suspension 400 mg/5 ml	$0 (Tier 3)	NT
sm milk of magnesia suspension mint 400 mg/5 ml	$0 (Tier 3)	NT
sm motion sickness 25 mg tab	$0 (Tier 3)	NT
sm motion sickness 50 mg tab	$0 (Tier 3)	NT
SM READY TO USE MIN OIL ENEMA	$0 (Tier 3)	NT
sm stool softener 100 mg sftgl	$0 (Tier 3)	NT
sm stool softener 100 mg tab	$0 (Tier 3)	NT
sm stool softener-laxative tab 8.6-50 mg	$0 (Tier 3)	NT
sodium bicarb 10 grain tablet 650 mg	$0 (Tier 3)	NT
sodium bicarb 325 mg tablet	$0 (Tier 3)	NT
sodium bicarb 650 mg tablet 10 gr	$0 (Tier 3)	NT
SODIUM BICARBONATE POWDER USP (RX)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	$0 (Tier 3)	NT
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (Tier 1)	
stimulant laxative plus tablet 8.6-50 mg	$0 (Tier 3)	NT
stool softener 100 mg softgel	$0 (Tier 3)	NT
STOOL SOFTENER-STIM LAX SOFTGL 8.6-50 MG	$0 (Tier 3)	NT
stool softener-stim lax tablet 8.6-50 mg	$0 (Tier 3)	NT
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	$0 (Tier 2)	PA; ^
sulfasalazine oral tablet 500 mg	$0 (Tier 1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	$0 (Tier 2)	
TRULANCE ORAL TABLET 3 MG	$0 (Tier 2)	
tums ultra str chewy delights 470 mg calcium (1,177 mg)	$0 (Tier 3)	NT
ursodiol oral capsule 300 mg	$0 (Tier 1)	
ursodiol oral tablet 250 mg, 500 mg	$0 (Tier 1)	
women's gentle lax ec 5 mg tab	$0 (Tier 3)	NT
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	$0 (Tier 2)	
ANTIDIARREICOS/ANTIESPASMÓDICOS		
acidophilus 16 mg capsule extra strength (rx)	$0 (Tier 3)	NT
acidophilus 16 mg capsule p/f, extra strength (rx)	$0 (Tier 3)	NT
acidophilus probiotic tablet 500 million cell-50 mg	$0 (Tier 3)	NT
ACIDOPHILUS X-STR CAPTAB 35 MILLION- 25 MILLION CELL	$0 (Tier 3)	NT
ACIDOPHILUS-PECTIN CAPSULE 100 MILLION CELL-10 MG	$0 (Tier 3)	NT
acidophilus-pectin capsule 75 million cell -100 mg	$0 (Tier 3)	NT
ACIDOPHILUS-PECTIN CAPTAB (RX) 25 MILLION CELL -100 MG	$0 (Tier 3)	NT
anti-diarrheal 1 mg/7.5 ml sol	$0 (Tier 3)	NT
anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
anti-diarrheal 2 mg tablet	$0 (Tier 3)	NT
AZO COMPLETE FEMININE BALANCE 5 BILLION CELL	$0 (Tier 3)	NT
BIO-K PLUS DR 50 BILLION CAP 50 BILLION CELL	$0 (Tier 3)	NT
BIOMEPRO 100 BILLION CFU LIQ OUTER 100 BILLIION CELL/104 ML	$0 (Tier 3)	NT
BIOMEPRO DR 50 BILLION CFU CAP 50 BILLION CELL	$0 (Tier 3)	NT
BIOMEPRO DR 50 BILLION CFU CAP OUTER 50 BILLION CELL	$0 (Tier 3)	NT
bismatrol tablet chew 262 mg	$0 (Tier 3)	NT
bismuth 262 mg tablet chew	$0 (Tier 3)	NT
CULTURELLE PRENATAL PRO CHEWTB 12 BILLION CELL	$0 (Tier 3)	NT
CULTURELLE TOTAL BALANCE CAP 11 BILLION CELL	$0 (Tier 3)	NT
dicyclomine oral capsule 10 mg	$0 (Tier 2)	
dicyclomine oral solution 10 mg/5 ml	$0 (Tier 2)	
dicyclomine oral tablet 20 mg	$0 (Tier 2)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (Tier 2)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (Tier 2)	
EQL PROBIOTIC ACIDOPHIL-PECTIN 100 MILLION CELL-10 MG	$0 (Tier 3)	NT
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (Tier 1)	
GS ANTI-DIARRHEAL 1 MG/7.5 ML	$0 (Tier 3)	NT
gs anti-diarrheal 2 mg caplet	$0 (Tier 3)	NT
KALA TABLET 30-20 MG	$0 (Tier 3)	NT
loperamide 1 mg/7.5 ml soln	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLN	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP INNER	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP OUTER	$0 (Tier 3)	NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER 1 MG/7.5 ML	$0 (Tier 3)	NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER 1 MG/7.5 ML	$0 (Tier 3)	NT
loperamide oral capsule 2 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
pink bismuth caplet 262 mg	$0 (Tier 3)	NT
PROBIOTIC ACIDOPHIL-PECTIN CAP 100 MILLION CELL-10 MG	$0 (Tier 3)	NT
qc anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
qc anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
RA DIGESTIVE HEALTH PROBIOTIC 10 BILLION CELL	$0 (Tier 3)	NT
sm anti-diarrheal 1 mg/7.5 ml	$0 (Tier 3)	NT
sm anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
sm anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
sm stomach rlf 262 mg caplet	$0 (Tier 3)	NT
sm stomach rlf 262 mg chew tab	$0 (Tier 3)	NT
stomach relief 525 mg/15 ml	$0 (Tier 3)	NT
stomach rlf 525 mg/30 ml susp 262 mg/15 ml	$0 (Tier 3)	NT
TRATAMIENTO PARA LAS ÚLCERAS		
acid controller 20 mg tablet maximum strength	$0 (Tier 3)	NT
acid reducer 10 mg tablet	$0 (Tier 3)	NT
acid reducer 10 mg tablet original strength	$0 (Tier 3)	NT
acid reducer 20 mg tablet	$0 (Tier 3)	NT
acid reducer 20 mg tablet maximum strength	$0 (Tier 3)	NT
acid reducer 20 mg tablet max-str	$0 (Tier 3)	NT
acid reducer dr 20 mg cap	$0 (Tier 3)	NT
CARAFATE ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (Tier 1)	
esomeprazole mag dr 20 mg cap (otc)	$0 (Tier 3)	NT
esomeprazole mag dr 20 mg cap outer (otc)	$0 (Tier 3)	NT
esomeprazole mag dr 20 mg tab	$0 (Tier 3)	NT
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	$0 (Tier 1)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	$0 (Tier 1)	
famotidine 10 mg tablet	$0 (Tier 3)	NT
famotidine 20 mg tablet (otc)	$0 (Tier 3)	NT
famotidine intravenous solution 10 mg/ml	$0 (Tier 1)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
gnp esomeprazole mag dr 20 mg (otc)	$0 (Tier 3)	NT
gnp omeprazole mag dr 20 mg cp	$0 (Tier 3)	NT
gs acid reducer 10 mg tablet	$0 (Tier 3)	NT
gs acid reducer 20 mg tablet	$0 (Tier 3)	NT
gs esomeprazole mag dr 20 mg (otc)	$0 (Tier 3)	NT
gs lansoprazole dr 15 mg cap (otc)	$0 (Tier 3)	NT
gs omeprazole dr 20 mg odt	$0 (Tier 3)	NT
gs omeprazole dr 20 mg tablet 14 day course	$0 (Tier 3)	NT
gs omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
heartburn relief 10 mg tablet	$0 (Tier 3)	NT
heartburn relief 20 mg tablet	$0 (Tier 3)	NT
hm esomeprazole mag dr 20 mg (otc)	$0 (Tier 3)	NT
hm omeprazole dr 20 mg tablet 1x14 day course	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 1x14 day course (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 3x14 day course (otc)	$0 (Tier 3)	NT
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	$0 (Tier 1)	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	$0 (Tier 1)	QL (60 EA per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	$0 (Tier 1)	
misoprostol oral tablet 100 mcg, 200 mcg	$0 (Tier 1)	
nizatidine oral capsule 150 mg, 300 mg	$0 (Tier 1)	
omeprazole dr 20 mg odt	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 14 day course	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
omeprazole dr 20 mg tablet 1x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 3x14 day course	$0 (Tier 3)	NT
omeprazole mag dr 20 mg tablet	$0 (Tier 3)	NT
omeprazole mag dr 20 mg tablet outer	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap one 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap two 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	$0 (Tier 1)	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
qc acid controller 10 mg tab	$0 (Tier 3)	NT
qc esomeprazole mag dr 20 mg (otc)	$0 (Tier 3)	NT
qc lansoprazole dr 15 mg cap (otc)	$0 (Tier 3)	NT
qc omeprazole mag dr 20.6 mg three 14-day course 20 mg	$0 (Tier 3)	NT
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
sm acid reducer 10 mg tablet	$0 (Tier 3)	NT
sm acid reducer 20 mg tablet	$0 (Tier 3)	NT
sm acid reducer 20 mg tablet maximum strength	$0 (Tier 3)	NT
sm esomeprazole mag dr 20 mg (otc)	$0 (Tier 3)	NT
sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)	$0 (Tier 3)	NT
sm omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
sm omeprazole dr 20 mg tablet 3x14 day course	$0 (Tier 3)	NT
sucralfate oral suspension 100 mg/ml	$0 (Tier 1)	
sucralfate oral tablet 1 gram	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
INMUNOLOGÍA, VACUNAS/BIOTECNOLOGÍA		
MEDICAMENTOS BIOTECNOLÓGICOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (Tier 2)	PA-NS; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (Tier 2)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (Tier 2)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (Tier 2)	PA-NS; QL (14 EA per 28 days); ^
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	$0 (Tier 2)	PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	$0 (Tier 2)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (Tier 2)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days); ^
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (Tier 2)	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	$0 (Tier 2)	PA; ^
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (Tier 2)	PA; ^
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (Tier 2)	PA; ^
VACUNAS/MEDICAMENTOS INMUNOLÓGICOS DIVERSOS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (Tier 2)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 2)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 2)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 2)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (Tier 2)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (Tier 2)	NM

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (Tier 2)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$0 (Tier 2)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (Tier 2)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (Tier 2)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	$0 (Tier 2)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	$0 (Tier 2)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (Tier 2)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	$0 (Tier 2)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	$0 (Tier 2)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (Tier 2)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (Tier 2)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (Tier 2)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0 (Tier 2)	NM

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 2)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (Tier 2)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (Tier 2)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 (Tier 2)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (Tier 2)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (Tier 2)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (Tier 2)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (Tier 2)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (Tier 2)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (Tier 2)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	$0 (Tier 2)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (Tier 2)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (Tier 2)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	$0 (Tier 2)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	$0 (Tier 2)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (Tier 2)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (Tier 2)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (Tier 2)	NM

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	$0 (Tier 2)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	$0 (Tier 2)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$0 (Tier 2)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	$0 (Tier 2)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	$0 (Tier 2)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (Tier 2)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (Tier 2)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (Tier 2)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	$0 (Tier 2)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (Tier 2)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (Tier 2)	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	$0 (Tier 2)	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	$0 (Tier 2)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (Tier 2)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (Tier 2)	NM

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	$0 (Tier 2)	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0 (Tier 2)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (Tier 2)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	$0 (Tier 2)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (Tier 2)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0 (Tier 2)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (Tier 2)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (Tier 2)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (Tier 2)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 (Tier 2)	NM
MEDICAMENTOS ANTINEOPLÁSICOS/INMUNOSUPRESORES		
AGENTES COMPLEMENTARIOS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	$0 (Tier 2)	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (Tier 2)	PA-NS; ^
MEDICAMENTOS ANTINEOPLÁSICOS/INMUNOSUPRESORES		
abiraterone oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 180 days); ^
anastrozole oral tablet 1 mg	$0 (Tier 1)	
AUGTYRO ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
azacitidine injection recon soln 100 mg	$0 (Tier 2)	B/D; ^
azathioprine oral tablet 50 mg	$0 (Tier 1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (Tier 2)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	B/D; ^
bexarotene oral capsule 75 mg	$0 (Tier 2)	PA-NS; ^
bexarotene topical gel 1 %	$0 (Tier 2)	PA-NS; QL (60 GM per 30 days); ^
bicalutamide oral tablet 50 mg	$0 (Tier 1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	$0 (Tier 2)	PA-NS; ^
bortezomib injection recon soln 3.5 mg	$0 (Tier 2)	PA-NS; ^
BOSULIF ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
carboplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
cisplatin intravenous solution 1 mg/ml	$0 (Tier 1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	$0 (Tier 2)	PA-NS; LA; QL (56 EA per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (Tier 2)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	$0 (Tier 2)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	$0 (Tier 2)	PA-NS; LA; QL (63 EA per 28 days); ^
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$0 (Tier 2)	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	$0 (Tier 2)	B/D; ^
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (Tier 1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	$0 (Tier 2)	B/D
cyclosporine intravenous solution 250 mg/5 ml	$0 (Tier 1)	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	B/D
cyclosporine modified oral solution 100 mg/ml	$0 (Tier 1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
cytarabine injection solution 20 mg/ml	$0 (Tier 1)	
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
dasatinib oral tablet 20 mg, 70 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	$0 (Tier 2)	B/D; ^
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	$0 (Tier 1)	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	$0 (Tier 2)	B/D; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (Tier 2)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (Tier 2)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (Tier 2)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (Tier 2)	PA-NS
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	$0 (Tier 2)	B/D

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$0 (Tier 2)	PA-NS; ^
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (Tier 2)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$0 (Tier 2)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
erlotinib oral tablet 100 mg, 150 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
etoposide intravenous solution 20 mg/ml	$0 (Tier 1)	B/D
EULEXIN ORAL CAPSULE 125 MG	$0 (Tier 2)	^
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (Tier 2)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (Tier 2)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (Tier 2)	B/D; ^
exemestane oral tablet 25 mg	$0 (Tier 1)	
EXKIVITY ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	$0 (Tier 2)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$0 (Tier 2)	PA-NS
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	$0 (Tier 1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	$0 (Tier 2)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	$0 (Tier 2)	PA-NS; QL (21 EA per 28 days); ^
fulvestrant intramuscular syringe 250 mg/5 ml	$0 (Tier 2)	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
gefitinib oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	$0 (Tier 1)	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	$0 (Tier 1)	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	$0 (Tier 1)	B/D
gengraf oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
gengraf oral solution 100 mg/ml	$0 (Tier 1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	$0 (Tier 2)	
GLEOSTINE ORAL CAPSULE 100 MG	$0 (Tier 2)	^
hydroxyurea oral capsule 500 mg	$0 (Tier 1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib oral tablet 100 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
imatinib oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 420 MG, 560 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	$0 (Tier 2)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	$0 (Tier 1)	B/D
IWILFIN ORAL TABLET 192 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (Tier 2)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	$0 (Tier 2)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	$0 (Tier 2)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	$0 (Tier 2)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	$0 (Tier 2)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (Tier 2)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (Tier 2)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (Tier 2)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (Tier 2)	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
lanreotide subcutaneous syringe 120 mg/0.5 ml	$0 (Tier 2)	PA-NS; ^
lapatinib oral tablet 250 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (Tier 1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
letrozole oral tablet 2.5 mg	$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	$0 (Tier 2)	
leuprolide subcutaneous kit 1 mg/0.2 ml	$0 (Tier 1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (Tier 2)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	$0 (Tier 2)	PA-NS; LA; ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
LUMAKRAS ORAL TABLET 320 MG	$0 (Tier 2)	PA-NS; ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	$0 (Tier 2)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	$0 (Tier 2)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	$0 (Tier 2)	PA-NS; ^
MATULANE ORAL CAPSULE 50 MG	$0 (Tier 2)	LA; ^
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	$0 (Tier 2)	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	$0 (Tier 2)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (Tier 2)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (Tier 2)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
mercaptopurine oral tablet 50 mg	$0 (Tier 1)	
methotrexate sodium (pf) injection recon soln 1 gram	$0 (Tier 1)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (Tier 1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	$0 (Tier 2)	PA-NS; ^
mycophenolate mofetil oral capsule 250 mg	$0 (Tier 1)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (Tier 2)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	$0 (Tier 1)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (Tier 1)	B/D
mycophenolic acid dr 180 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
mycophenolic acid dr 360 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
NERLYNX ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
nilutamide oral tablet 150 mg	$0 (Tier 2)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (Tier 2)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	$0 (Tier 2)	^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (Tier 2)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (Tier 1)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	$0 (Tier 1)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (Tier 2)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	$0 (Tier 2)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	$0 (Tier 2)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	$0 (Tier 2)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
oxaliplatin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	B/D; ^
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	$0 (Tier 1)	B/D
paclitaxel intravenous concentrate 6 mg/ml	$0 (Tier 1)	B/D
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	$0 (Tier 2)	B/D; ^
paraplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
pazopanib oral tablet 200 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (Tier 2)	PA-NS; LA; ^
pemetrexed disodium 750 mg vl	$0 (Tier 1)	B/D; ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	B/D; ^
pemetrexed disodium intravenous recon soln 100 mg	$0 (Tier 1)	B/D
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	$0 (Tier 1)	B/D; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (Tier 2)	PA-NS; ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (Tier 2)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	$0 (Tier 2)	^
QINLOCK ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (Tier 2)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	$0 (Tier 2)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	B/D
SCEMBLIX ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (Tier 2)	PA; LA; ^
sirolimus oral solution 1 mg/ml	$0 (Tier 2)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	$0 (Tier 2)	PA-NS; ^
sorafenib oral tablet 200 mg	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (84 EA per 28 days); ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
TABLOID ORAL TABLET 40 MG	$0 (Tier 2)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (Tier 1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (Tier 2)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	$0 (Tier 2)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
tamoxifen oral tablet 10 mg, 20 mg	$0 (Tier 1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	$0 (Tier 2)	PA-NS; ^
TEPMETKO ORAL TABLET 225 MG	$0 (Tier 2)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	$0 (Tier 2)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	$0 (Tier 2)	PA-NS; LA; ^
toremifene oral tablet 60 mg	$0 (Tier 2)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	$0 (Tier 2)	PA-NS; ^
tretinoin (antineoplastic) oral capsule 10 mg	$0 (Tier 2)	^
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (64 EA per 28 days); ^
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; ^
TUKYSA ORAL TABLET 150 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (Tier 2)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (Tier 2)	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	$0 (Tier 1)	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$0 (Tier 1)	B/D
VITRAKVI ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
VORANIGO ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (Tier 2)	
XERMELO ORAL TABLET 250 MG	$0 (Tier 2)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	$0 (Tier 2)	PA-NS; LA; QL (8 EA per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1)	$0 (Tier 2)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	$0 (Tier 2)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	$0 (Tier 2)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^
ZOLINZA ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
MEDICAMENTOS AUTONÓMICOS/PARA EL SISTEMA NERVIOSO CENTRAL, NEUROLOGÍA/PSIQUIATRÍA		
AGENTES ANTIPARKINSONIANOS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	$0 (Tier 2)	PA; LA; QL (90 ML per 30 days); ^
apomorphine subcutaneous cartridge 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days); ^
benztropine injection solution 1 mg/ml	$0 (Tier 1)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	PA
bromocriptine oral capsule 5 mg	$0 (Tier 1)	
bromocriptine oral tablet 2.5 mg	$0 (Tier 1)	
carbidopa oral tablet 25 mg	$0 (Tier 2)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0 (Tier 1)	
entacapone oral tablet 200 mg	$0 (Tier 1)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (Tier 2)	PA; QL (300 EA per 30 days); ^
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	$0 (Tier 2)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Tier 1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (Tier 1)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (30 EA per 30 days)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Tier 1)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (Tier 1)	
selegiline hcl oral capsule 5 mg	$0 (Tier 1)	
selegiline hcl oral tablet 5 mg	$0 (Tier 1)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (Tier 2)	PA
ANALGÉSICOS NO OPIOIDES		
8 hour acetaminophen er 650 mg	$0 (Tier 3)	NT
8hr arthritis pain er 650 mg	$0 (Tier 3)	NT
acetaminophen 120 mg suppos	$0 (Tier 3)	NT
acetaminophen 120 mg suppos inner	$0 (Tier 3)	NT
acetaminophen 120 mg suppos outer	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml liq	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
acetaminophen 325 mg gelcap	$0 (Tier 3)	NT
acetaminophen 325 mg tablet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
acetaminophen 500 mg caplet	$0 (Tier 3)	NT
acetaminophen 500 mg gelcap	$0 (Tier 3)	NT
acetaminophen 500 mg tablet	$0 (Tier 3)	NT
acetaminophen 500 mg tablet extra strength	$0 (Tier 3)	NT
acetaminophen 650 mg suppos	$0 (Tier 3)	NT
acetaminophen 650 mg suppos outer	$0 (Tier 3)	NT
ACETAMINOPHEN 650 MG/20.3 ML CUP INNER	$0 (Tier 3)	NT
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	$0 (Tier 3)	NT
acetaminophen er 650 mg tablet	$0 (Tier 3)	NT
ACETAMINOPHEN POWDER USP (RX) 100 %	$0 (Tier 3)	NT
adult aspirin regimen ec 81 mg	$0 (Tier 3)	NT
all day pain relief 220 mg tab	$0 (Tier 3)	NT
all day pain rlf 220 mg caplet	$0 (Tier 3)	NT
all day pain rlf 220 mg caplet caplet	$0 (Tier 3)	NT
all day relief 220 mg caplet caplet, gluten-free	$0 (Tier 3)	NT
all day relief 220 mg tablet gluten-free	$0 (Tier 3)	NT
arthritis pain er 650 mg caplt	$0 (Tier 3)	NT
arthritis pain er 650 mg caplt caplet	$0 (Tier 3)	NT
aspirin 300 mg suppository	$0 (Tier 3)	NT
aspirin 325 mg tablet	$0 (Tier 3)	NT
aspirin 325 mg tablet regular strength	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet adult low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet child low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet gluten-free, orange	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet low dose, cherry	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet tab chew,cherry	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet tab chew,orange	$0 (Tier 3)	NT
aspirin ec 325 mg tablet	$0 (Tier 3)	NT
aspirin ec 325 mg tablet regular strength	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
aspirin ec 81 mg tablet	$0 (Tier 3)	NT
aspirin ec 81 mg tablet adult low dose	$0 (Tier 3)	NT
buprenorphine-naloxone sublingual film 12-3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	$0 (Tier 2)	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	$0 (Tier 1)	QL (30 EA per 30 days)
child acetaminophen 160 mg	$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml	$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml as, ibu/f	$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml gluten-f, grape	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry flavor	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml d/f	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml dye/free	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, berry	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, grape	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f,bubble	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml grape	$0 (Tier 3)	NT
children's mapap 80 mg tab chw	$0 (Tier 3)	NT
child's mapap 160 mg tab chew	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f, grape	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f,cherry	$0 (Tier 3)	NT
diclofenac potassium oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
diclofenac sodium topical gel 1 %	$0 (Tier 1)	QL (1000 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	$0 (Tier 1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (Tier 1)	
diflunisal oral tablet 500 mg	$0 (Tier 1)	
DOLOGESIC 500-1 MG CAPLET	$0 (Tier 3)	NT
DOLOGESIC-DF 500-1 MG CAPLET	$0 (Tier 3)	NT
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
ed-apap 160 mg/5 ml liquid	$0 (Tier 3)	NT
etodolac oral capsule 200 mg, 300 mg	$0 (Tier 1)	
etodolac oral tablet 400 mg, 500 mg	$0 (Tier 1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (Tier 1)	
feverall 120 mg suppository childrens, outer	$0 (Tier 3)	NT
feverall 120 mg suppository children's, outer	$0 (Tier 3)	NT
feverall 325 mg suppository junior str, outer	$0 (Tier 3)	NT
feverall 650 mg suppository adult, outer	$0 (Tier 3)	NT
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	$0 (Tier 3)	NT
flurbiprofen oral tablet 100 mg	$0 (Tier 1)	
gnp 8 hour pain relief 650 mg	$0 (Tier 3)	NT
gnp 8hr arthrit pain er 650 mg	$0 (Tier 3)	NT
gnp aspirin ec 81 mg tablet	$0 (Tier 3)	NT
gnp child pain relief 160 mg	$0 (Tier 3)	NT
gnp ibuprofen 100 mg chew tab	$0 (Tier 3)	NT
gnp ibuprofen 200 mg mini sfgl	$0 (Tier 3)	NT
gnp ibuprofen 200 mg softgel	$0 (Tier 3)	NT
gnp ibuprofen 200 mg tablet	$0 (Tier 3)	NT
gnp naproxen sod 220 mg caplet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
gnp naproxen sod 220 mg tablet	$0 (Tier 3)	NT
gnp pain relief 500 mg caplet	$0 (Tier 3)	NT
gnp pain relief 500 mg caplet	$0 (Tier 3)	NT
gs arthritis pain er 650 mg	$0 (Tier 3)	NT
gs aspirin 325 mg tablet	$0 (Tier 3)	NT
gs aspirin 81 mg chewable tab	$0 (Tier 3)	NT
gs child fever-pain 160 mg/5 ml	$0 (Tier 3)	NT
gs child ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
gs child pain-fever 160 mg/5 ml	$0 (Tier 3)	NT
gs ibuprofen 200 mg caplet	$0 (Tier 3)	NT
gs ibuprofen 200 mg liquid gel	$0 (Tier 3)	NT
gs ibuprofen 200 mg tablet	$0 (Tier 3)	NT
gs inf ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
gs infant pain-fever 160 mg/5 160 mg/5 ml	$0 (Tier 3)	NT
gs naproxen sod 220 mg caplet	$0 (Tier 3)	NT
gs naproxen sod 220 mg tablet	$0 (Tier 3)	NT
gs pain relief 325 mg tablet	$0 (Tier 3)	NT
gs pain relief 500 mg caplet	$0 (Tier 3)	NT
gs pain relief 500 mg tablet	$0 (Tier 3)	NT
gs pain relief er 650 mg cplt	$0 (Tier 3)	NT
hm arthrit pain rlf er 650 mg	$0 (Tier 3)	NT
hm aspirin ec 325 mg tablet	$0 (Tier 3)	NT
hm aspirin ec 81 mg tablet	$0 (Tier 3)	NT
hm child acetaminophen 160 mg	$0 (Tier 3)	NT
hm child ibuprofen 100 mg/5 ml bubble gum	$0 (Tier 3)	NT
hm child ibuprofen 100 mg/5 ml grape	$0 (Tier 3)	NT
hm ibuprofen 200 mg tablet	$0 (Tier 3)	NT
hm naproxen sodium 220 mg cap	$0 (Tier 3)	NT
hm pain reliever 325 mg tablet regular strength	$0 (Tier 3)	NT
ibu oral tablet 600 mg, 800 mg	$0 (Tier 1)	
ibuprofen 200 mg caplet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
ibuprofen 200 mg caplet caplet, coated	$0 (Tier 3)	NT
ibuprofen 200 mg caplet coated caplet	$0 (Tier 3)	NT
ibuprofen 200 mg capsule	$0 (Tier 3)	NT
ibuprofen 200 mg softgel	$0 (Tier 3)	NT
ibuprofen 200 mg tablet	$0 (Tier 3)	NT
ibuprofen 200 mg tablet coated	$0 (Tier 3)	NT
ibuprofen 200 mg tablet coated caplet	$0 (Tier 3)	NT
ibuprofen jr str 100 mg tb chw	$0 (Tier 3)	NT
ibuprofen oral suspension 100 mg/5 ml	$0 (Tier 1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Tier 1)	
inf acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml berry	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml berry,infant	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml d/f,berry,infant	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml d/f,non-staining	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml gluten/f, berry	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml grape	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml w/syringe, cherry	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml w/syringe, grape	$0 (Tier 3)	NT
infants pain-fever 160 mg/5 ml dye-free, cherry	$0 (Tier 3)	NT
mapap 500 mg capsule	$0 (Tier 3)	NT
mapap arthritis er 650 mg cplt	$0 (Tier 3)	NT
meloxicam oral tablet 15 mg	$0 (Tier 1)	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	$0 (Tier 1)	
m-pap 160 mg/5 ml liquid	$0 (Tier 3)	NT
nabumetone oral tablet 500 mg, 750 mg	$0 (Tier 1)	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	$0 (Tier 2)	
naloxone injection solution 0.4 mg/ml	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	$0 (Tier 1)	
naloxone nasal spray,non-aerosol 4 mg/actuation	$0 (Tier 1)	
naltrexone oral tablet 50 mg	$0 (Tier 1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (Tier 1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
naproxen sodium 220 mg capsule	$0 (Tier 3)	NT
naproxen sodium 220 mg tablet	$0 (Tier 3)	NT
naproxen sodium oral tablet 275 mg, 550 mg	$0 (Tier 1)	
oxaprozin oral tablet 600 mg	$0 (Tier 1)	
pain relief 325 mg tablet	$0 (Tier 3)	NT
pain relief 500 mg caplet caplet,ex-strength	$0 (Tier 3)	NT
pain relief 500 mg tablet extra strength	$0 (Tier 3)	NT
pharbetol 325 mg tablet regular strength	$0 (Tier 3)	NT
pharbetol 500 mg tablet extra strength	$0 (Tier 3)	NT
piroxicam oral capsule 10 mg, 20 mg	$0 (Tier 1)	
qc arthritis pain er 650 mg caplet	$0 (Tier 3)	NT
qc aspirin 325 mg tablet	$0 (Tier 3)	NT
qc aspirin 81 mg chewable tab	$0 (Tier 3)	NT
qc aspirin ec 325 mg tablet	$0 (Tier 3)	NT
qc aspirin ec 81 mg tablet	$0 (Tier 3)	NT
qc child ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
qc child pain rlf 160 mg/5 ml	$0 (Tier 3)	NT
qc child pain rlf 160 mg/5 ml bubble gum	$0 (Tier 3)	NT
qc naproxen sod 220 mg caplet	$0 (Tier 3)	NT
qc naproxen sod 220 mg tablet	$0 (Tier 3)	NT
qc non-aspirin 500 mg caplet xtra strength,caplet	$0 (Tier 3)	NT
qc non-aspirin 500 mg gelcap gelcap, ex-str	$0 (Tier 3)	NT
qc non-aspirin pain relief tb extra strength 500 mg	$0 (Tier 3)	NT
qc pain relief 325 mg tablet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
qc pain relief 500 mg caplet	$0 (Tier 3)	NT
silapap 160 mg/5 ml liquid	$0 (Tier 3)	NT
sm aspirin 325 mg tablet	$0 (Tier 3)	NT
sm aspirin ec 325 mg tablet	$0 (Tier 3)	NT
sm aspirin ec 81 mg tablet adult low strength	$0 (Tier 3)	NT
sm child aspirin 81 mg chw tab children's	$0 (Tier 3)	NT
sm child's pain reliever susp 160 mg/5 ml	$0 (Tier 3)	NT
sm chld pain-fever 160 mg/5 ml as, gluten-f	$0 (Tier 3)	NT
sm ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
sm ibuprofen 200 mg softgel	$0 (Tier 3)	NT
sm ibuprofen 200 mg tablet	$0 (Tier 3)	NT
sm ibuprofen ib 100 mg chew tb	$0 (Tier 3)	NT
sm ibuprofen ib 200 mg caplet caplet	$0 (Tier 3)	NT
sm ibuprofen ib 200 mg tablet	$0 (Tier 3)	NT
sm ibuprofen ib 200 mg tablet coated	$0 (Tier 3)	NT
sm inf ibuprofen 50 mg/1.25 ml d/f	$0 (Tier 3)	NT
sm inf ibuprofen 50 mg/1.25 ml w/dropper	$0 (Tier 3)	NT
sm infant pain-fever 160 mg/5 gluten-f,grape 160 mg/5 ml	$0 (Tier 3)	NT
sm naproxen sod 220 mg caplet	$0 (Tier 3)	NT
sm naproxen sod 220 mg caplet gluten free, caplet	$0 (Tier 3)	NT
sm pain reliever 325 mg tablet	$0 (Tier 3)	NT
sm pain reliever 500 mg caplet caplet, extra str	$0 (Tier 3)	NT
sm pain reliever 500 mg caplet caplet, extra str	$0 (Tier 3)	NT
sm pain reliever 500 mg gelcap gelcap,ex strength	$0 (Tier 3)	NT
sm pain reliever 500 mg tablet extra strength	$0 (Tier 3)	NT
st. joseph aspirin 81 mg chew	$0 (Tier 3)	NT
sulindac oral tablet 150 mg, 200 mg	$0 (Tier 1)	
tramadol oral tablet 50 mg	$0 (Tier 1)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ANALGÉSICOS OPIOIDES		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	$0 (Tier 1)	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0 (Tier 1)	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (Tier 1)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0 (Tier 1)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	$0 (Tier 1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (180 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (Tier 1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	$0 (Tier 2)	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (Tier 1)	QL (180 ML per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	$0 (Tier 2)	
MORPHINE INJECTION SYRINGE 2 MG/ML	$0 (Tier 2)	
morphine injection syringe 4 mg/ml	$0 (Tier 2)	
morphine intravenous solution 10 mg/ml, 50 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	$0 (Tier 2)	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	$0 (Tier 2)	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (Tier 1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine sulfate 4 mg/ml vial inner, suv	$0 (Tier 2)	
oxycodone oral capsule 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (Tier 1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (Tier 1)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
ANTICONVULSIVOS		
APTIOM ORAL TABLET 200 MG, 400 MG	$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	$0 (Tier 2)	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	$0 (Tier 1)	
carbamazepine oral tablet 200 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
carbamazepine oral tablet,chewable 100 mg	$0 (Tier 1)	
clobazam oral suspension 2.5 mg/ml	$0 (Tier 1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	$0 (Tier 2)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	$0 (Tier 2)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (Tier 1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (Tier 2)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	$0 (Tier 2)	
DILANTIN ORAL CAPSULE 30 MG	$0 (Tier 2)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	$0 (Tier 2)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (Tier 1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (Tier 1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	$0 (Tier 1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; QL (480 ML per 30 days)
ethosuximide oral capsule 250 mg	$0 (Tier 1)	
ethosuximide oral solution 250 mg/5 ml	$0 (Tier 1)	
felbamate oral suspension 600 mg/5 ml	$0 (Tier 2)	^
felbamate oral tablet 400 mg, 600 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (Tier 2)	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	$0 (Tier 1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (Tier 1)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	$0 (Tier 1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (Tier 1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	$0 (Tier 2)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	$0 (Tier 2)	QL (1200 ML per 30 days); ^
lacosamide oral solution 10 mg/ml	$0 (Tier 1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (Tier 1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (Tier 1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (Tier 1)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	$0 (Tier 1)	
levetiracetam intravenous solution 500 mg/5 ml	$0 (Tier 1)	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	$0 (Tier 1)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	$0 (Tier 2)	PA-NS; QL (10 EA per 30 days); ^
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
methsuximide oral capsule 300 mg	$0 (Tier 1)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (Tier 2)	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (Tier 1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (Tier 2)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (Tier 2)	PA-NS
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0 (Tier 2)	PA-NS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$0 (Tier 2)	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	$0 (Tier 1)	
phenytoin oral tablet,chewable 50 mg	$0 (Tier 1)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
phenytoin sodium intravenous solution 50 mg/ml	$0 (Tier 1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	$0 (Tier 1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	$0 (Tier 2)	
primidone oral tablet 250 mg, 50 mg	$0 (Tier 1)	
roweepra oral tablet 500 mg	$0 (Tier 1)	
rufinamide oral suspension 40 mg/ml	$0 (Tier 2)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	$0 (Tier 1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	$0 (Tier 2)	QL (90 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	$0 (Tier 2)	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	$0 (Tier 2)	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (Tier 1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (Tier 1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	$0 (Tier 1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	$0 (Tier 1)	
valproic acid oral capsule 250 mg	$0 (Tier 1)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	$0 (Tier 2)	
vigabatrin oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	$0 (Tier 1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	$0 (Tier 1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	$0 (Tier 2)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (Tier 2)	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (Tier 2)	QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (Tier 2)	PA-NS; QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (1100 ML per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
MEDICAMENTOS PSICOTERAPÉUTICOS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (Tier 2)	
aripiprazole oral solution 1 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (Tier 2)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (Tier 2)	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (Tier 2)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (Tier 2)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (Tier 2)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (Tier 2)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (Tier 1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (Tier 1)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	$0 (Tier 2)	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
chlorpromazine injection solution 25 mg/ml	$0 (Tier 1)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (Tier 2)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
citalopram oral solution 10 mg/5 ml	$0 (Tier 1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA-NS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$0 (Tier 1)	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	$0 (Tier 1)	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 150 mg	$0 (Tier 1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	$0 (Tier 2)	QL (120 EA per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	$0 (Tier 1)	PA-NS
diazepam injection syringe 5 mg/ml	$0 (Tier 1)	PA-NS

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
diazepam intensol oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	$0 (Tier 1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
doxepin oral concentrate 10 mg/ml	$0 (Tier 2)	
doxepin oral tablet 3 mg, 6 mg	$0 (Tier 1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (Tier 2)	QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	$0 (Tier 1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	$0 (Tier 2)	PA-NS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (Tier 2)	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (Tier 2)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (Tier 1)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (Tier 1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (Tier 1)	
haloperidol lactate injection solution 5 mg/ml	$0 (Tier 1)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (Tier 2)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (Tier 2)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (Tier 2)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (Tier 2)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (Tier 2)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (Tier 2)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (Tier 2)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (Tier 2)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (Tier 2)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (Tier 2)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (Tier 2)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (Tier 1)	
lithium citrate oral solution 8 meq/5 ml	$0 (Tier 1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0 (Tier 1)	
lorazepam injection syringe 2 mg/ml	$0 (Tier 1)	
lorazepam intensol oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days); ^
lurasidone oral tablet 80 mg	$0 (Tier 1)	QL (60 EA per 30 days); ^
MARPLAN ORAL TABLET 10 MG	$0 (Tier 2)	QL (180 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	$0 (Tier 1)	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (Tier 1)	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0 (Tier 1)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (Tier 1)	
modafinil oral tablet 100 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (Tier 1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
nortriptyline oral solution 10 mg/5 ml	$0 (Tier 2)	
NUPLAZID ORAL CAPSULE 34 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
olanzapine intramuscular recon soln 10 mg	$0 (Tier 1)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (Tier 2)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 2)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	$0 (Tier 2)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	$0 (Tier 2)	QL (1 EA per 30 days)
phenelzine oral tablet 15 mg	$0 (Tier 1)	
pimozide oral tablet 1 mg, 2 mg	$0 (Tier 1)	
protriptyline oral tablet 10 mg, 5 mg	$0 (Tier 2)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (Tier 1)	
QUETIAPINE ORAL TABLET 150 MG	$0 (Tier 1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	$0 (Tier 2)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (Tier 1)	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (Tier 1)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$0 (Tier 1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$0 (Tier 2)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	$0 (Tier 1)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (Tier 2)	PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
tranylcypromine oral tablet 10 mg	$0 (Tier 1)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
trimipramine oral capsule 100 mg	$0 (Tier 2)	QL (60 EA per 30 days)
trimipramine oral capsule 25 mg, 50 mg	$0 (Tier 2)	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (Tier 1)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (Tier 1)	QL (6 EA per 3 days)
zolpidem oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA-NS; ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	$0 (Tier 2)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	$0 (Tier 2)	PA-NS; QL (2.4 EA per 30 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$0 (Tier 2)	PA-NS; QL (1.2 EA per 30 days); ^
PRODUCTOS DIVERSOS PARA EL TRATAMIENTO NEUROLÓGICO		
AUSTEDO ORAL TABLET 12 MG, 9 MG	$0 (Tier 2)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	$0 (Tier 2)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	$0 (Tier 2)	PA; QL (42 EA per 28 days); ^
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg	$0 (Tier 1)	
donepezil oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg	$0 (Tier 1)	
donepezil oral tablet,disintegrating 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fingolimod oral capsule 0.5 mg	$0 (Tier 1)	PA-NS; QL (28 EA per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (Tier 1)	
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (Tier 1)	PA
memantine oral solution 2 mg/ml	$0 (Tier 1)	PA
memantine oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	$0 (Tier 2)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0 (Tier 2)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	$0 (Tier 2)	PA-NS; QL (20 ML per 135 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (Tier 1)	QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	$0 (Tier 2)	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	$0 (Tier 2)	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
teriflunomide oral tablet 14 mg, 7 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
tetrabenazine oral tablet 12.5 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
RELAJANTES MUSCULARES/TRATAMIENTO ANTIESPASMÓDICO		
baclofen oral tablet 10 mg, 20 mg	$0 (Tier 1)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
pyridostigmine bromide oral tablet 60 mg	$0 (Tier 1)	
tizanidine oral tablet 2 mg, 4 mg	$0 (Tier 1)	
TRATAMIENTO PARA LA MIGRAÑA/CEFALEA EN BROTES		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (Tier 2)	PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	$0 (Tier 2)	^
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (Tier 2)	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	$0 (Tier 2)	PA; QL (3 ML per 30 days); ^
ergotamine-caffeine oral tablet 1-100 mg	$0 (Tier 1)	PA; QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (Tier 2)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	$0 (Tier 1)	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
MEDICAMENTOS PARA EL OÍDO, LA NARIZ/LA GARGANTA		
AGENTES VARIOS		
4 way 1% nasal spray	$0 (Tier 3)	NT
altamist 0.65% nose spray	$0 (Tier 3)	NT
AYR ALLERGY & SINUS NASAL MIST 2.65 %	$0 (Tier 3)	NT
ayr saline 0.65% nose drops	$0 (Tier 3)	NT
ayr saline 0.65% nose spray	$0 (Tier 3)	NT
AYR SALINE NASAL GEL	$0 (Tier 3)	NT
AYR SALINE NASAL GEL SPRAY	$0 (Tier 3)	NT
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	$0 (Tier 1)	QL (60 ML per 30 days)
baby ayr saline 0.65% drops	$0 (Tier 3)	NT
BENZEDREX INHALER	$0 (Tier 3)	NT
child mucinex stuffy nose spray 0.05 %	$0 (Tier 3)	NT
child saline 0.65% nasal spray	$0 (Tier 3)	NT
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
cvs saline 0.65% nasal spray	$0 (Tier 3)	NT
deep sea 0.65% nose spray	$0 (Tier 3)	NT
eq nasal 0.65% spray	$0 (Tier 3)	NT
eql saline 0.65% nasal spray	$0 (Tier 3)	NT
GNP NASAL FOUR 1% NASAL SPRAY	$0 (Tier 3)	NT
gnp nasal moist 0.65% spray	$0 (Tier 3)	NT
gnp saline 0.65% nose spray	$0 (Tier 3)	NT
gs nasal four 1% nasal spray	$0 (Tier 3)	NT
gs nasal moist 0.65% spray	$0 (Tier 3)	NT
gs nasal spray 0.05%	$0 (Tier 3)	NT
gs no drip 0.05% nasal spray	$0 (Tier 3)	NT
gs sinus nasal spray 0.05%	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
hm nose drops 1 %	$0 (Tier 3)	NT
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	$0 (Tier 1)	
kourzeq dental paste 0.1 %	$0 (Tier 1)	
little remedies 0.65% spray for noses	$0 (Tier 3)	NT
LITTLE REMEDIES SALINE MIST 0.9 %	$0 (Tier 3)	NT
mucinex sinus-max nasal spray 0.05 %	$0 (Tier 3)	NT
NASADROPS SALINE ON THE GO AMP 0.9 %	$0 (Tier 3)	NT
nasal decongestant 0.05% spray	$0 (Tier 3)	NT
nasal four 1% nasal spray	$0 (Tier 3)	NT
nasal mist 0.9% spray	$0 (Tier 3)	NT
nasal spray 0.05%	$0 (Tier 3)	NT
nasal spray 0.05% 12 hour,no drip	$0 (Tier 3)	NT
nasal spray 0.05% 12 hour,original	$0 (Tier 3)	NT
nasal spray 0.05% 12 hour,sinus	$0 (Tier 3)	NT
nasal spray 0.05% 12hr, original	$0 (Tier 3)	NT
nasal spray 0.05% extra moisturizing	$0 (Tier 3)	NT
NASAL SPRAY 1%	$0 (Tier 3)	NT
nasal spray original 0.05% 12 hr relief	$0 (Tier 3)	NT
NASOGEL NASAL SPRAY 0.9 %	$0 (Tier 3)	NT
NASOGEL SALINE NOSE GEL 0.9 %	$0 (Tier 3)	NT
NEO-SYNEPHRINE 0.5% SPRAY	$0 (Tier 3)	NT
no drip 0.05% nasal spray	$0 (Tier 3)	NT
olopatadine nasal spray,non-aerosol 0.6 %	$0 (Tier 1)	
periogard mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
pub saline 0.65% nasal spray	$0 (Tier 3)	NT
ra nasal mist 0.9% spray	$0 (Tier 3)	NT
ra saline 0.65% nasal spray	$0 (Tier 3)	NT
saline 0.65% nasal spray	$0 (Tier 3)	NT
saline 0.65% nasal spray moisturizing	$0 (Tier 3)	NT
saline mist 0.65% nose spry	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SALINE NASAL GEL	$0 (Tier 3)	NT
SINUS RELIEF 1% NASAL SPRAY	$0 (Tier 3)	NT
sm nasal 0.05% spray 12 hour, original	$0 (Tier 3)	NT
sm nasal spray 0.05%	$0 (Tier 3)	NT
sm nasal spray 0.05% extra moisturizing	$0 (Tier 3)	NT
sm nasal spray sinus 0.05 %	$0 (Tier 3)	NT
sm nose drops 1 %	$0 (Tier 3)	NT
sm saline 0.65% nasal spray	$0 (Tier 3)	NT
SODIUM BENZOATE POWDER NF (RX)	$0 (Tier 3)	NT
SOOTHING SALINE-ALOE MIST	$0 (Tier 3)	NT
triamcinolone acetonide dental paste 0.1 %	$0 (Tier 1)	
CORTICOIDE/ANTIBIÓTICO ÓTICO		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	$0 (Tier 2)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (Tier 1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
PREPARACIONES ÓTICAS DIVERSAS		
acetic acid otic (ear) solution 2 %	$0 (Tier 1)	
ear drops 6.5%	$0 (Tier 3)	NT
ear wax removal 6.5% drop	$0 (Tier 3)	NT
ear wax removal 6.5% kit	$0 (Tier 3)	NT
flac otic oil otic (ear) drops 0.01 %	$0 (Tier 1)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (Tier 1)	
ofloxacin otic (ear) drops 0.3 %	$0 (Tier 1)	
MEDICAMENTOS UROLÓGICOS		
ANTICOLINÉRGICOS/ANTIESPASMÓDICOS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
GEMTESA ORAL TABLET 75 MG	$0 (Tier 2)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	$0 (Tier 2)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (Tier 1)	
oxybutynin chloride oral tablet 5 mg	$0 (Tier 1)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (Tier 1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR	$0 (Tier 3)	NT
solifenacin oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (60 EA per 30 days)
trospium oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
MEDICAMENTOS UROLÓGICOS DIVERSOS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (Tier 2)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
ORACIT ORAL SOLUTION 490-640 MG/5 ML	$0 (Tier 3)	NT
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (Tier 1)	
sod citrate-citric acid soln (rx) 500-334 mg/5 ml	$0 (Tier 3)	NT
sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx) 500-334 mg/5 ml	$0 (Tier 3)	NT
sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx) 500-334 mg/5 ml	$0 (Tier 3)	NT
sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx) 500-334 mg/5 ml	$0 (Tier 3)	NT
sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx) 500-334 mg/5 ml	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
NON-FRF		
HM URINARY PAIN RLF 99.5 MG	$0 (Tier 3)	NT
sm urinary pain rlf 95 mg tab	$0 (Tier 3)	NT
SM URINARY PAIN RLF 99.5 MG TB	$0 (Tier 3)	NT
urinary pain relief 95 mg tab	$0 (Tier 3)	NT
URINARY PAIN RELIEF 99.5 MG TB	$0 (Tier 3)	NT
TRATAMIENTO PARA LA HIPERPLASIA PROSTÁTICA BENIGNA (BPH)		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	$0 (Tier 1)	
silodosin oral capsule 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tamsulosin oral capsule 0.4 mg	$0 (Tier 1)	
MUSCULOESQUELÉTICO/REUMATOLOGÍA		
OTROS MEDICAMENTOS REUMATOLÓGICOS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (Tier 2)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (Tier 2)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	$0 (Tier 2)	PA; LA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	$0 (Tier 2)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (6 EA per 180 days); ^
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	$0 (Tier 2)	PA; QL (55 EA per 180 days); ^
penicillamine oral tablet 250 mg	$0 (Tier 2)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	$0 (Tier 2)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	$0 (Tier 2)	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
TRATAMIENTO PARA LA GOTA		
allopurinol oral tablet 100 mg, 300 mg	$0 (Tier 1)	
colchicine oral tablet 0.6 mg	$0 (Tier 1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (Tier 1)	
MITIGARE ORAL CAPSULE 0.6 MG	$0 (Tier 2)	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	$0 (Tier 1)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (Tier 1)	
TRATAMIENTO PARA LA OSTEOPOROSIS		
alendronate oral solution 70 mg/75 ml	$0 (Tier 1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (Tier 1)	QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	$0 (Tier 2)	PA; ^
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	$0 (Tier 2)	ST; QL (4 EA per 28 days)
ibandronate intravenous solution 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate intravenous syringe 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (Tier 2)	QL (1 ML per 180 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
raloxifene oral tablet 60 mg	$0 (Tier 1)	
risedronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (Tier 1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (Tier 1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	$0 (Tier 2)	Only Teriparatide NDC 47781065289 is covered; PA; QL (2.48 ML per 28 days); ^
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	$0 (Tier 2)	PA; ^
OBSTETRICIA/GINECOLOGÍA		
ANTICONCEPTIVOS ORALES/AGENTES RELACIONADOS		
AFTERA 1.5 MG TABLET	$0 (Tier 3)	NT
altavera (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
apri oral tablet 0.15-0.03 mg	$0 (Tier 1)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (Tier 1)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
aviane oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
cyred eq oral tablet 0.15-0.03 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	$0 (Tier 1)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (Tier 1)	
econtra ez 1.5 mg tablet inner	$0 (Tier 3)	NT
econtra ez 1.5 mg tablet outer	$0 (Tier 3)	NT
econtra one-step 1.5 mg tablet inner	$0 (Tier 3)	NT
econtra one-step 1.5 mg tablet outer	$0 (Tier 3)	NT
elinest oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
emoquette oral tablet 0.15-0.03 mg	$0 (Tier 1)	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
enskyce oral tablet 0.15-0.03 mg	$0 (Tier 1)	
estarylla oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0 (Tier 1)	
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
isibloom oral tablet 0.15-0.03 mg	$0 (Tier 1)	
jasmiel (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
juleber oral tablet 0.15-0.03 mg	$0 (Tier 1)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
lessina oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levonorgestrel 1.5 mg tablet (otc)	$0 (Tier 3)	NT
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	$0 (Tier 1)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levora-28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
loryna (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
lutera (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
mili oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
mono-linyah oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
my choice 1.5 mg tablet	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
my way 1.5 mg tablet (otc)	$0 (Tier 3)	NT
new day 1.5 mg tablet	$0 (Tier 3)	NT
nikki (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Tier 1)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	$0 (Tier 1)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (Tier 1)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
opcicon one-step 1.5 mg tablet	$0 (Tier 3)	NT
option 2 1.5 mg tablet	$0 (Tier 3)	NT
philith oral tablet 0.4-35 mg-mcg	$0 (Tier 1)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
pirmella oral tablet 1-35 mg-mcg	$0 (Tier 1)	
portia 28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
sprintec (28) oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
sronyx oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
syeda oral tablet 3-0.03 mg	$0 (Tier 1)	
TAKE ACTION 1.5 MG TABLET	$0 (Tier 3)	NT
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (Tier 1)	
vestura (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
vienva oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
wera (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
zumandimine (28) oral tablet 3-0.03 mg	$0 (Tier 1)	
ESTRÓGENOS/PROGESTERONA		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
camila oral tablet 0.35 mg	$0 (Tier 1)	
deblitane oral tablet 0.35 mg	$0 (Tier 1)	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (Tier 2)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
emzahh oral tablet 0.35 mg	$0 (Tier 1)	
errin oral tablet 0.35 mg	$0 (Tier 1)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (Tier 1)	
estradiol vaginal tablet 10 mcg	$0 (Tier 1)	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0 (Tier 1)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
heather oral tablet 0.35 mg	$0 (Tier 1)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	$0 (Tier 2)	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	$0 (Tier 2)	
incassia oral tablet 0.35 mg	$0 (Tier 1)	
jinteli oral tablet 1-5 mg-mcg	$0 (Tier 2)	
lyleq oral tablet 0.35 mg	$0 (Tier 1)	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
lyza oral tablet 0.35 mg	$0 (Tier 1)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
mimvey oral tablet 1-0.5 mg	$0 (Tier 2)	
nora-be oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone acetate oral tablet 5 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (Tier 2)	
progesterone intramuscular oil 50 mg/ml	$0 (Tier 1)	
progesterone micronized oral capsule 100 mg, 200 mg	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sharobel oral tablet 0.35 mg	$0 (Tier 1)	
yuvafem vaginal tablet 10 mcg	$0 (Tier 1)	
PRODUCTOS DE OBSTETRICIA/GINECOLOGÍA DIVERSOS		
3-day vaginal cream 2 %	$0 (Tier 3)	NT
clindamycin phosphate vaginal cream 2 %	$0 (Tier 1)	
clotrimazole 1% vaginal cream	$0 (Tier 3)	NT
clotrimazole-3 2% cream	$0 (Tier 3)	NT
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
GNP MICONAZOLE 1 COMBO PACK	$0 (Tier 3)	NT
gs miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
gs miconazole 7 cream 2 %	$0 (Tier 3)	NT
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (Tier 1)	
miconazole 2% vaginal cream	$0 (Tier 3)	NT
miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
miconazole 3 combo pack 3 sup,9gm crm w/app 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
miconazole 7 100 mg vag supp	$0 (Tier 3)	NT
miconazole 7 cream 2 %	$0 (Tier 3)	NT
miconazole 7 cream 2 %	$0 (Tier 3)	NT
miconazole 7 cream w/7 disp applicators 2 %	$0 (Tier 3)	NT
miconazole-7 cream 2 %	$0 (Tier 3)	NT
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (Tier 2)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
qc miconazole-7 cream 1 applicator 2 %	$0 (Tier 3)	NT
sm 3-day vaginal cream 2 %	$0 (Tier 3)	NT
sm clotrimazole 1% vag cream	$0 (Tier 3)	NT
sm miconazole 2% vaginal cream w/disp applicators	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sm miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	$0 (Tier 3)	NT
sm miconazole 3 combo pack w/disposable applica 200 mg-2 % (9 gram)	$0 (Tier 3)	NT
sm miconazole 7 100 mg vag sup	$0 (Tier 3)	NT
sm miconazole 7 cream w/reusable applic 2 %	$0 (Tier 3)	NT
terconazole vaginal cream 0.4 %, 0.8 %	$0 (Tier 1)	
terconazole vaginal suppository 80 mg	$0 (Tier 1)	
tranexamic acid oral tablet 650 mg	$0 (Tier 1)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
OFTALMOLOGÍA		
ANTIBIÓTICOS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (Tier 1)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	$0 (Tier 2)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	$0 (Tier 2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (Tier 1)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	$0 (Tier 1)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	$0 (Tier 1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (Tier 2)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (Tier 1)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (Tier 1)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (Tier 1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
ANTIINFLAMATORIOS NO ESTEROIDEOS		
bromfenac ophthalmic (eye) drops 0.09 %	$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	$0 (Tier 2)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	$0 (Tier 2)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (Tier 2)	
ANTIVIRALES		
trifluridine ophthalmic (eye) drops 1 %	$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (Tier 2)	
BLOQUEADORES BETA		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
carteolol ophthalmic (eye) drops 1 %	$0 (Tier 1)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (Tier 1)	
COMBINACIONES DE ESTEROIDES Y ANTIBIÓTICOS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (Tier 1)	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (Tier 2)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	$0 (Tier 2)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	$0 (Tier 2)	
ESTEROIDES		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	$0 (Tier 2)	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
difluprednate ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	$0 (Tier 2)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	$0 (Tier 2)	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (Tier 2)	
MEDICAMENTOS ORALES PARA EL GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	$0 (Tier 1)	
acetazolamide oral tablet 125 mg, 250 mg	$0 (Tier 1)	
methazolamide oral tablet 25 mg, 50 mg	$0 (Tier 1)	
OTROS MEDICAMENTOS PARA EL GLAUCOMA		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (Tier 2)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (Tier 1)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (Tier 1)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (Tier 2)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (Tier 2)	
travoprost ophthalmic (eye) drops 0.004 %	$0 (Tier 1)	
PRODUCTOS OFTALMOLÓGICOS DIVERSOS		
alaway 0.025% eye drops 0.025 % (0.035 %)	$0 (Tier 3)	NT
artificial tears drops 0.5-0.6 %	$0 (Tier 3)	NT
atropine ophthalmic (eye) drops 1 %	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	$0 (Tier 1)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
BORIC ACID GRANULAR NF, EP (RX)	$0 (Tier 3)	NT
BORIC ACID GRANULES NF (RX)	$0 (Tier 3)	NT
BORIC ACID POWDER N.F (RX)	$0 (Tier 3)	NT
BORIC ACID POWDER NF (RX)	$0 (Tier 3)	NT
CARBOXYMETHYLCELL 0.5% EYE DRP	$0 (Tier 3)	NT
child's alaway 0.025% eye drop 0.025 % (0.035 %)	$0 (Tier 3)	NT
cromolyn ophthalmic (eye) drops 4 %	$0 (Tier 1)	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	$0 (Tier 2)	PA; LA; ^
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (Tier 2)	PA; LA; ^
DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	$0 (Tier 3)	NT
eye itch relief 0.025% drops 0.025 % (0.035 %)	$0 (Tier 3)	NT
FRESHKOTE EYE DROP 2.7-2 %	$0 (Tier 3)	NT
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	$0 (Tier 3)	NT
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 %	$0 (Tier 3)	NT
GENTEAL TEARS SEVERE 0.3% GEL	$0 (Tier 3)	NT
GENTEAL TEARS SEVERE 3-94% OIN 94-3 %	$0 (Tier 3)	NT
GENTEAL TEARS SEVERE GEL DROPS 0.4-0.3 %	$0 (Tier 3)	NT
gs lubricat plus 0.5% eye drps p/f, 30x0.4ml	$0 (Tier 3)	NT
HM DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	$0 (Tier 3)	NT
hm lubricating tears eye drops 0.4-0.3 %	$0 (Tier 3)	NT
lubricant 0.5% eye drops	$0 (Tier 3)	NT
LUBRICANT 0.6% EYE DROP	$0 (Tier 3)	NT
LUBRICANT EYE 0.4%-0.3% DROP 0.4-0.3 %	$0 (Tier 3)	NT
lubricant eye drops 0.4-0.3 %	$0 (Tier 3)	NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	$0 (Tier 3)	NT
lubricating eye drop 0.4-0.3 %	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 30x0.4ml	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 50x0.4ml	$0 (Tier 3)	NT

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
LUBRICATING TEARS 0.1-0.3% DRP	$0 (Tier 3)	NT
lubrifresh pm eye ointment 83-15 %	$0 (Tier 3)	NT
METHOCEL E 4 M PREMIUM POWDER PREMIUM (RX)	$0 (Tier 3)	NT
METHOCEL E 4 M PREMIUM POWDER USP (RX)	$0 (Tier 3)	NT
MURO-128 2% EYE DROPS	$0 (Tier 3)	NT
olopatadine ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (Tier 1)	
polyvinyl alcohol 1.4% eyedrop	$0 (Tier 3)	NT
QC BORIC ACID POWDER NF (RX)	$0 (Tier 3)	NT
REFRESH CELLUVISC 1% EYE GEL	$0 (Tier 3)	NT
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML 1.4-0.6 %	$0 (Tier 3)	NT
REFRESH CLASSIC EYE DROPS U-D,P/F,50X.4ML 1.4-0.6 %	$0 (Tier 3)	NT
REFRESH DIGITAL EYE DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH DIGITAL PF EYE DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	$0 (Tier 3)	NT
REFRESH LIQUIGEL 1% EYE DROP	$0 (Tier 3)	NT
REFRESH OPTIVE ADVANCED DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH OPTIVE ADVANCED DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH OPTIVE EYE DROPS 0.5-0.9 %	$0 (Tier 3)	NT
REFRESH OPTIVE GEL EYE DROPS 1-0.9 %	$0 (Tier 3)	NT
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH OPTIVE SENSITIVE DROPS 30X0.4ML, P/F 0.5-0.9 %	$0 (Tier 3)	NT
REFRESH OPTIVE SENSITIVE DROPS 60X0.4ML, P/F 0.5-0.9 %	$0 (Tier 3)	NT
REFRESH RELIEVA 0.5-0.9% DROP	$0 (Tier 3)	NT
REFRESH RELIEVA PF 0.5-0.9%	$0 (Tier 3)	NT
REFRESH RELIEVA PF 0.5-1% DROP	$0 (Tier 3)	NT
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	$0 (Tier 2)	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	$0 (Tier 2)	QL (60 EA per 30 days)
SM BORIC ACID POWDER NF (RX)	$0 (Tier 3)	NT
SM DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sm eye itch relief 0.025% drop up to 12 hrs,sterile 0.025 % (0.035 %)	$0 (Tier 3)	NT
sm lubricant eye drops strl 0.4-0.3 %	$0 (Tier 3)	NT
sm lubricat plus 0.5% eye drps	$0 (Tier 3)	NT
sm lubricating tears eye drops sterile 0.4-0.3 %	$0 (Tier 3)	NT
sodium chloride 5% eye drop	$0 (Tier 3)	NT
sodium chloride 5% eye oint	$0 (Tier 3)	NT
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (Tier 1)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (Tier 1)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (Tier 1)	
SYSTANE GEL EYE DROPS 0.4-0.3 %	$0 (Tier 3)	NT
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	$0 (Tier 3)	NT
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	$0 (Tier 2)	
ultra lubricant eye drops 0.4-0.3 %	$0 (Tier 3)	NT
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (Tier 2)	PA; QL (10 ML per 42 days); ^
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	$0 (Tier 2)	
SIMPATICOMIMÉTICOS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (Tier 2)	
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	$0 (Tier 1)	
SISTEMA ENDOCRINO/DIABETES		
AGENTES ANTITIROIDEOS		
methimazole oral tablet 10 mg, 5 mg	$0 (Tier 1)	
potassium iodide 1 gm/ml sol 1 gram/ml	$0 (Tier 3)	NT
propylthiouracil oral tablet 50 mg	$0 (Tier 1)	
HORMONAS DE LA TIROIDE		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
HORMONAS SUPRARRENALES		
dexamethasone intensol oral drops 1 mg/ml	$0 (Tier 2)	
dexamethasone oral elixir 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral solution 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (Tier 1)	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection syringe 4 mg/ml	$0 (Tier 1)	
fludrocortisone oral tablet 0.1 mg	$0 (Tier 1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0 (Tier 1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (Tier 1)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	$0 (Tier 1)	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	
prednisolone oral solution 15 mg/5 ml	$0 (Tier 1)	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (Tier 1)	
prednisone intensol oral concentrate 5 mg/ml	$0 (Tier 2)	
prednisone oral solution 5 mg/5 ml	$0 (Tier 1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Tier 1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (Tier 1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	$0 (Tier 2)	
HORMONAS VARIAS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	$0 (Tier 2)	PA; ^
cabergoline oral tablet 0.5 mg	$0 (Tier 1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (Tier 1)	
calcitriol intravenous solution 1 mcg/ml	$0 (Tier 1)	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (Tier 1)	B/D
calcitriol oral solution 1 mcg/ml	$0 (Tier 1)	B/D
CERDELGA ORAL CAPSULE 84 MG	$0 (Tier 2)	PA; LA; ^
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	$0 (Tier 2)	PA; ^
cinacalcet oral tablet 30 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	$0 (Tier 2)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	$0 (Tier 2)	B/D; QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	
desmopressin injection solution 4 mcg/ml	$0 (Tier 2)	^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	$0 (Tier 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (Tier 1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	$0 (Tier 1)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (Tier 1)	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	$0 (Tier 2)	PA; ^
KORLYM ORAL TABLET 300 MG	$0 (Tier 2)	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	$0 (Tier 2)	PA; ^
mifepristone oral tablet 300 mg	$0 (Tier 1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	$0 (Tier 2)	PA; ^
OVIDREL 250 MCG/0.5 ML SYRG	$0 (Tier 3)	NT
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	$0 (Tier 1)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (Tier 1)	B/D
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	$0 (Tier 2)	^
sapropterin oral powder in packet 100 mg, 500 mg	$0 (Tier 2)	PA; ^
sapropterin oral tablet,soluble 100 mg	$0 (Tier 2)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (Tier 1)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (Tier 1)	
testosterone transdermal gel 50 mg/5 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (Tier 1)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	$0 (Tier 1)	PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	$0 (Tier 1)	B/D
TRATAMIENTO PARA LA DIABETES		
acarbose oral tablet 100 mg	$0 (Tier 1)	QL (90 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
acarbose oral tablet 25 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (Tier 1)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (Tier 2)	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	$0 (Tier 2)	PA; QL (3.4 ML per 28 days)
CHEMSTRIP 10 MD	$0 (Tier 3)	NT
CHEMSTRIP 50B	$0 (Tier 3)	NT
CHEMSTRIP 7	$0 (Tier 3)	NT
CVS KETONE CARE TEST STRIP	$0 (Tier 3)	NT
diazoxide oral suspension 50 mg/ml	$0 (Tier 2)	
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
glimepiride oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (Tier 2)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	$0 (Tier 2)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0 (Tier 2)	^
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (Tier 2)	^
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
KETO-DIASTIX REAGENT STRIPS	$0 (Tier 3)	NT
metformin oral tablet 1,000 mg	$0 (Tier 1)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	$0 (Tier 1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$0 (Tier 1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	$0 (Tier 1)	QL (90 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	$0 (Tier 2)	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	$0 (Tier 2)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SYNJARDY ORAL TABLET 5-500 MG	$0 (Tier 2)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	$0 (Tier 2)	
TRADJENTA ORAL TABLET 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	$0 (Tier 2)	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	$0 (Tier 2)	QL (15 ML per 30 days)
SUMINISTROS VARIOS		
SUMINISTROS VARIOS		
AEROCHAMBER MINI	$0 (Tier 3)	NT
AEROCHAMBER MV HOLD CHAMBER	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU LARGE	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
AEROCHAMBER PLUS FLOW-VU MED	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU MED WITH MASK	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU SMALL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS W-FLOW	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	$0 (Tier 3)	NT
AEROVENT PLUS HOLDING CHAMBER	$0 (Tier 3)	NT
AIMSCO LATEX CONDOM	$0 (Tier 3)	NT
AIRZONE PEAK FLOW METER ADULTS & CHILDREN	$0 (Tier 3)	NT
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (Tier 2)	
CLEVER CHOICE CHAMBER-LRG MASK	$0 (Tier 3)	NT
CLEVER CHOICE CHAMBER-MED MASK	$0 (Tier 3)	NT
CLEVER CHOICE CHAMBER-SM MASK	$0 (Tier 3)	NT
CLEVER CHOICE PEAK FLOW METER	$0 (Tier 3)	NT
CLINITEST COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (8 EA per 30 days)
COMPACT SPACE CHAMBER	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-LRG MASK	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-MED MASK	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-SM MASK	$0 (Tier 3)	NT
COVID-19 AT-HOME TEST (EUA)	$0 (Tier 3)	NT; QL (8 EA per 30 days)
COVID-19 TEST SPECIMEN COLLECTION NCPDP	$0 (Tier 3)	NT; QL (8 EA per 30 days)
DUREX AVANTI REAL FEEL CONDOM	$0 (Tier 3)	NT
EASIVENT HOLDING CHAMBER HOSPITAL PACK	$0 (Tier 3)	NT
EASIVENT HOLDING CHAMBER RETAIL PACK	$0 (Tier 3)	NT
EASIVENT MASK-LARGE	$0 (Tier 3)	NT
EASIVENT MASK-MEDIUM	$0 (Tier 3)	NT
EASIVENT MASK-SMALL	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
EQ SPACE CHAMBER	$0 (Tier 3)	NT
EQ SPACE CHAMBER-LARGE MASK	$0 (Tier 3)	NT
EQ SPACE CHAMBER-MEDIUM MASK	$0 (Tier 3)	NT
EQ SPACE CHAMBER-SMALL MASK	$0 (Tier 3)	NT
FANTASY CONDOM	$0 (Tier 3)	NT
FC2 FEMALE CONDOM	$0 (Tier 3)	NT
FLEXICHAMBER	$0 (Tier 3)	NT
FLEXICHAMBER-LG CHILD MASK	$0 (Tier 3)	NT
FLEXICHAMBER-SM ADULT MASK	$0 (Tier 3)	NT
FLEXICHAMBER-SM CHILD MASK	$0 (Tier 3)	NT
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (Tier 2)	
INSPIRACHAMBER SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-LARGE SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-MED SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-SMALL SPACER	$0 (Tier 3)	NT
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	$0 (Tier 2)	BD Preferred
KIMONO CONDOMS	$0 (Tier 3)	NT
KIMONO MAXX CONDOM	$0 (Tier 3)	NT
KIMONO MICROTHIN AQUA LUBE	$0 (Tier 3)	NT
KIMONO MICROTHIN CONDOM	$0 (Tier 3)	NT
KIMONO MICROTHIN LARGE CONDOM	$0 (Tier 3)	NT
KIMONO TEXTURED CONDOM	$0 (Tier 3)	NT
KIMONO THIN LUBRICATED CONDOMS	$0 (Tier 3)	NT
LUCIRA CHECK-IT COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (8 EA per 30 days)
MICROCHAMBER	$0 (Tier 3)	NT
MICROLIFE PEAK FLOW METER	$0 (Tier 3)	NT
MINI WRIGHT PEAK FLOW METER AFS, (30-400)	$0 (Tier 3)	NT
MINI WRIGHT PEAK FLOW METER STANDARD, (60-800)	$0 (Tier 3)	NT
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OPTICHAMBER DIAMOND VHC	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-LRG MASK	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-MED MASK	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-SML MASK	$0 (Tier 3)	NT
PANDA MASK LARGE	$0 (Tier 3)	NT
PANDA MASK MEDIUM	$0 (Tier 3)	NT
PANDA MASK SMALL	$0 (Tier 3)	NT
PEAK-AIR PEAK FLOW METER	$0 (Tier 3)	NT
PEDIATRIC PANDA MASK	$0 (Tier 3)	NT
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (Tier 2)	BD Preferred
PERSONAL BEST PEAK FLOW MTR	$0 (Tier 3)	NT
PIKO 1 FLOW METER	$0 (Tier 3)	NT
POCKET CHAMBER	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
POCKET PEAK FLOW METER 12'S	$0 (Tier 3)	NT
PRECISION XTR B-KETONE STRIP BETA-KETONE	$0 (Tier 3)	NT
PRO COMFORT SPACER-ADULT MASK	$0 (Tier 3)	NT
PRO COMFORT SPACER-CHILD MASK	$0 (Tier 3)	NT
PROCARE SPACER WITH ADULT MASK	$0 (Tier 3)	NT
PROCARE SPACER WITH CHILD MASK	$0 (Tier 3)	NT
PURECOMFORT PEAK FLOW MTR ADLT	$0 (Tier 3)	NT
PURECOMFORT PEAK FLOW MTR CHLD	$0 (Tier 3)	NT
RITEFLO SPACER	$0 (Tier 3)	NT
TRUSTEX CONDOM	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S, LUBRICATED	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S, RESERVOIR TIP	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S,EXTRA STRENGTH	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S,LUBRICATED	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	$0 (Tier 3)	NT
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	$0 (Tier 3)	NT
TRUSTEX LATEX CONDOM 12'S	$0 (Tier 3)	NT
TRUSTEX LATEX CONDOM 48'S	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 12'S	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 12'S,NON-LUBRICATED	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 12'S,W/SPERMICIDE	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 48'S	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED	$0 (Tier 3)	NT
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE	$0 (Tier 3)	NT
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC	$0 (Tier 3)	NT
V-GO 20 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
V-GO 30 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
V-GO 40 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
VORTEX HOLDING CHAMBER HRI	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
VORTEX VHC FROG CHILD MASK HRI	$0 (Tier 3)	NT
TRATAMIENTOS DERMATOLÓGICOS/TÓPICOS		
ANTIBACTERIANOS TÓPICOS		
bacitracin 500 unit/gm ointmnt 500 unit/gram	$0 (Tier 3)	NT
bacitracin 500 unit/gm ointmnt outer 500 unit/gram	$0 (Tier 3)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	$0 (Tier 3)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	$0 (Tier 3)	NT
bacitracin zn 500 unit/gm oint usp 500 unit/gram	$0 (Tier 3)	NT
BETADINE 5% CREAM	$0 (Tier 3)	NT
BETADINE 5% SPRAY	$0 (Tier 3)	NT
BETADINE 7.5% SCRUB SCRUB,W/O PUMP	$0 (Tier 3)	NT
BETADINE 7.5% SCRUB SCRUB,W/PUMP	$0 (Tier 3)	NT
BETADINE 7.5% SCRUB SURGICAL SCRUB	$0 (Tier 3)	NT
BETADINE SURGICAL SCRUB 7.5 %	$0 (Tier 3)	NT
BETADINE SWABSTICKS 200'S 10 %	$0 (Tier 3)	NT
BETADINE SWABSTICKS 50'S 10 %	$0 (Tier 3)	NT
FIRST AID ANTISEPTIC 10% OINT	$0 (Tier 3)	NT
gentamicin topical cream 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
GS FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	$0 (Tier 3)	NT
hm bacitracin zn 500 unit/gm 500 unit/gram	$0 (Tier 3)	NT
hm double antibiotic ointment 500-10,000 unit/gram	$0 (Tier 3)	NT
hm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
hm triple antibiotic plus oint maximum strength 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
mupirocin topical ointment 2 %	$0 (Tier 1)	QL (44 GM per 30 days)
POLY BACITRACIN OINTMENT 500-10,000 UNIT/GRAM	$0 (Tier 3)	NT
povidone-iodine 10% solution	$0 (Tier 3)	NT
qc povidone-iodine 10% soln	$0 (Tier 3)	NT
qc triple antibiotic-pain oint 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sm antibiotic 500 unit/gm oint 500 unit/gram	$0 (Tier 3)	NT
sm antibiotic plus cream maximum strength 3.5-10,000-10 mg-unit-mg/gram	$0 (Tier 3)	NT
sm double antibiotic oint 500-10,000 unit/gram	$0 (Tier 3)	NT
sm povidone-iodine 10% soln	$0 (Tier 3)	NT
sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
sm triple antibiotic plus oint maximum strength 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
sulfacetamide sodium (acne) topical suspension 10 %	$0 (Tier 1)	QL (118 ML per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	$0 (Tier 2)	QL (453.6 GM per 30 days)
triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC) 3.5-400-5,000 MG-UNIT-UNIT	$0 (Tier 3)	NT
triple antibiotic ointment pkt outer (otc) 3.5-400-5,000 mg-unit-unit	$0 (Tier 3)	NT
triple antibiotic plus oint maximum strength 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
triple antibiotic plus ointmnt 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
triple antibiotic-pain oint 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
ANTIFÚNGICOS TÓPICOS		
ALEVAZOL 1% OINTMENT	$0 (Tier 3)	NT
antifungal 1% cream	$0 (Tier 3)	NT
antifungal 1% topical cream	$0 (Tier 3)	NT
antifungal 2% powder	$0 (Tier 3)	NT
athlete's foot 1% cream	$0 (Tier 3)	NT
ATHLETE'S FOOT 1% CREAM	$0 (Tier 3)	NT
athlete's foot 1% powder spray	$0 (Tier 3)	NT
athlete's foot 2% powder spray	$0 (Tier 3)	NT
baza antifungal 2% cream	$0 (Tier 3)	NT
butenafine hcl 1% cream	$0 (Tier 3)	NT
ciclopirox topical cream 0.77 %	$0 (Tier 1)	QL (90 GM per 30 days)
ciclopirox topical suspension 0.77 %	$0 (Tier 1)	QL (60 ML per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
clotrimazole 1% solution (otc)	$0 (Tier 3)	NT
clotrimazole 1% topical cream (otc)	$0 (Tier 3)	NT
clotrimazole topical cream 1 %	$0 (Tier 1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (Tier 1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (Tier 1)	QL (45 GM per 30 days)
cvs jock itch 1% cream	$0 (Tier 3)	NT
fungoid 2% tincture	$0 (Tier 3)	NT
gnp athlete's foot 1% cream	$0 (Tier 3)	NT
gnp miconazorb af 2% powder	$0 (Tier 3)	NT
ketoconazole topical cream 2 %	$0 (Tier 1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	$0 (Tier 1)	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
miconazole 2% topical cream	$0 (Tier 3)	NT
micotrin ac 1% topical cream	$0 (Tier 3)	NT
micotrin al 1% liquid	$0 (Tier 3)	NT
nyamyc topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical ointment 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
qc tolnaftate 1% cream	$0 (Tier 3)	NT
sm antifungal 1% cream	$0 (Tier 3)	NT
sm antifungal 1% topical cream	$0 (Tier 3)	NT
sm athlete's 1% foot cream	$0 (Tier 3)	NT
sm miconazole 2% topical cream	$0 (Tier 3)	NT
terbinafine 1% cream	$0 (Tier 3)	NT
terbinafine 1% cream antifungal	$0 (Tier 3)	NT
tolnaftate 1% cream	$0 (Tier 3)	NT
tolnaftate 1% powder	$0 (Tier 3)	NT
CORTICOESTEROIDES TÓPICOS		
ala-cort topical cream 1 %, 2.5 %	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
alclometasone topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone valerate topical cream 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (Tier 1)	QL (50 ML per 30 days)
clobetasol topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol-emollient topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone topical cream 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (Tier 1)	QL (90 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (Tier 1)	QL (60 ML per 30 days)
fluocinonide-e topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	$0 (Tier 1)	
gs anti-itch 1% cream	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
halobetasol propionate topical cream 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
hm hydrocortisone 1% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 0.5% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 0.5% cream	$0 (Tier 3)	NT
hydrocortisone 1% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream	$0 (Tier 3)	NT
hydrocortisone 1% cream max str, w/aloe (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream maximum strength (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream moisturizer,max. str (otc)	$0 (Tier 3)	NT
hydrocortisone 1% ointment (otc)	$0 (Tier 3)	NT
hydrocortisone 1% ointment	$0 (Tier 3)	NT
hydrocortisone 1% ointment maximum strength (otc)	$0 (Tier 3)	NT
hydrocortisone topical cream 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical lotion 2 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical ointment 2.5 %	$0 (Tier 1)	
hydrocortisone-aloe 1% cream	$0 (Tier 3)	NT
mometasone topical cream 0.1 %	$0 (Tier 1)	
mometasone topical ointment 0.1 %	$0 (Tier 1)	
mometasone topical solution 0.1 %	$0 (Tier 1)	
sm hydrocortisone 1% ointment maximum strength (otc)	$0 (Tier 3)	NT
sm hydrocortisone plus 1% crm	$0 (Tier 3)	NT
sm hydrocortisone-aloe 1% crm	$0 (Tier 3)	NT
triamcinolone acetonide topical cream 0.025 %, 0.5 %	$0 (Tier 1)	
triamcinolone acetonide topical cream 0.1 %	$0 (Tier 1)	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (Tier 1)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (Tier 1)	
ESCABICIDAS TÓPICOS/PEDICULICIDAS		
dandruff 1% shampoo	$0 (Tier 3)	NT
gs lice killing shampoo w/nit comb 0.33-4 %	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
lice killing shampoo 0.33-4 %	$0 (Tier 3)	NT
lice killing shampoo w/nit comb 0.33-4 %	$0 (Tier 3)	NT
lice treatment 1% creme rinse	$0 (Tier 3)	NT
lice treatment 1% creme rinse 1 nit removal comb	$0 (Tier 3)	NT
lice treatment shampoo 1 nit comb included 0.33-4 %	$0 (Tier 3)	NT
malathion topical lotion 0.5 %	$0 (Tier 1)	QL (59 ML per 30 days)
permethrin topical cream 5 %	$0 (Tier 1)	QL (60 GM per 30 days)
sb lice killing shampoo maximum strength 0.33-4 %	$0 (Tier 3)	NT
sm lice treatment 1% crm rinse	$0 (Tier 3)	NT
VANALICE GEL 0.3-3.5 %	$0 (Tier 3)	NT
MEDICAMENTOS ANTIPSORIÁSICOS/ANTISEBORREICOS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (Tier 1)	PA
anti-dandruff 1% shampoo	$0 (Tier 3)	NT
calcipotriene scalp solution 0.005 %	$0 (Tier 1)	PA; QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (Tier 1)	PA; QL (120 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	$0 (Tier 2)	PA; QL (120 GM per 30 days)
medicated dandruff 1% shampoo	$0 (Tier 3)	NT
selenium sulfide topical lotion 2.5 %	$0 (Tier 1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (Tier 2)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (Tier 2)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (Tier 2)	PA; QL (1 ML per 28 days); ^
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	$0 (Tier 2)	PA; QL (0.25 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
NON-FRF		
callus removers patch 40 %	$0 (Tier 3)	NT
corn remover 40% patch	$0 (Tier 3)	NT
DERMACINRX ATRIX 2% CREAM	$0 (Tier 3)	NT
DERMACINRX ATRIX 2% WASH	$0 (Tier 3)	NT
DERMACINRX ATRIX SYSTEM 1 PACK 2 %	$0 (Tier 3)	NT
liquid corn-callus remover 17 %	$0 (Tier 3)	NT
liquid wart remover 17% liquid	$0 (Tier 3)	NT
SALICYLIC ACID POWDER (RX)	$0 (Tier 3)	NT
SALICYLIC ACID POWDER USP (RX)	$0 (Tier 3)	NT
sebex shampoo 2-2 %	$0 (Tier 3)	NT
therapeutic 3% dandruff shmp	$0 (Tier 3)	NT
wart remover 17% liquid	$0 (Tier 3)	NT
wart remover clear strip 40 %	$0 (Tier 3)	NT
PRODUCTOS DERMATOLÓGICOS DIVERSOS		
ALOE VESTA PROTECTANT OINTMENT TOPICAL OINTMENT 43 %	$0 (Tier 3)	NT
ammonium lactate 12% cream (otc)	$0 (Tier 3)	NT
ammonium lactate 12% lotion (otc)	$0 (Tier 3)	NT
ammonium lactate topical cream 12 %	$0 (Tier 1)	
ammonium lactate topical lotion 12 %	$0 (Tier 1)	
anti-itch 2% cream extra strength 2-0.1 %	$0 (Tier 3)	NT
anti-itch 2%-0.1% cream 2-0.1 %	$0 (Tier 3)	NT
aqua glycolic face cream	$0 (Tier 3)	NT
aquaphilic ointment	$0 (Tier 3)	NT
ARTHRITIS PAIN RLF 0.075% CRM	$0 (Tier 3)	NT
banophen anti-itch 2% cream 2-0.1 %	$0 (Tier 3)	NT
benzoin compound tincture 10-2-8-4 %	$0 (Tier 3)	NT
benzoin tincture (otc)	$0 (Tier 3)	NT
benzoin tincture plain (rx)	$0 (Tier 3)	NT
beta care cream	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
capsaicin 0.025% cream	$0 (Tier 3)	NT
CAPSAICIN 0.025% HEAT PATCH	$0 (Tier 3)	NT
capsaicin 0.1% cream	$0 (Tier 3)	NT
CUTTER 10% SPRAY	$0 (Tier 3)	NT
CUTTER ALL FAMILY 7% SPRAY	$0 (Tier 3)	NT
CUTTER ALL FAMILY 7% SPRAY	$0 (Tier 3)	NT
CUTTER ALL FAMILY 7.15% WIPE	$0 (Tier 3)	NT
CUTTER BACKWOODS 25% SPRAY	$0 (Tier 3)	NT
CUTTER BACKWOODS 25% SPRAY	$0 (Tier 3)	NT
CUTTER BACKWOODS DRY 25% SPRAY	$0 (Tier 3)	NT
CUTTER DRY 10% SPRAY	$0 (Tier 3)	NT
CUTTER LEMON EUCALYPTUS SPRAY 30 %	$0 (Tier 3)	NT
CUTTER NATURAL REPELLENT SPRAY 5-2-0.4-0.1 %	$0 (Tier 3)	NT
CUTTER NATURAL REPELLENT2 SPRY 5-2 %	$0 (Tier 3)	NT
CUTTER SKINSATIONS 7% SPRAY	$0 (Tier 3)	NT
CUTTER SKINSATIONS 7% SPRAY	$0 (Tier 3)	NT
CUTTER SPORT 15% SPRAY	$0 (Tier 3)	NT
cvs advanced healing 41% oint	$0 (Tier 3)	NT
CVS INSECT REPELLENT 15% SPRAY	$0 (Tier 3)	NT
CVS TOTAL HOME INSECT 30% SPR	$0 (Tier 3)	NT
daylogic advanced healing oint 41 %	$0 (Tier 3)	NT
dermabase cream (rx)	$0 (Tier 3)	NT
DERMACINRX CIRCATA 0.05% CREAM	$0 (Tier 3)	NT
DERMACINRX CIRCATRIX 0.05% CRM	$0 (Tier 3)	NT
dermacinrx lidocan topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
DERMACINRX PENETRAL 0.025% CRM	$0 (Tier 3)	NT
DERMACINRX SKIN REPAIR 5% CRM	$0 (Tier 3)	NT
dry skin treatment 41 %	$0 (Tier 3)	NT
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	$0 (Tier 2)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$0 (Tier 2)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	$0 (Tier 2)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
emollient cream base	$0 (Tier 3)	NT
FLANDERS BUTTOCKS OINTMENT	$0 (Tier 3)	NT
fluorouracil topical cream 5 %	$0 (Tier 1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (Tier 1)	QL (10 ML per 30 days)
glycerin 99.5% liquid usp, anhydrous (otc)	$0 (Tier 3)	NT
glycerin 99.5% skin protect lq vegetable based, usp (otc)	$0 (Tier 3)	NT
glycerin 99.7% liquid (rx)	$0 (Tier 3)	NT
glycerin liquid anhydrous synthetic (otc) 100 %	$0 (Tier 3)	NT
glycerin liquid usp (rx) 100 %	$0 (Tier 3)	NT
glycerin liquid usp, ep (rx) 100 %	$0 (Tier 3)	NT
glycerin liquid usp, natural (rx) 100 %	$0 (Tier 3)	NT
glycerin skin protectant liq anhydrous synthetic (otc) 99.5 %	$0 (Tier 3)	NT
glydo mucous membrane jelly in applicator 2 %	$0 (Tier 1)	PA; QL (60 ML per 30 days)
gs itch relief 2%-0.1% cream 2-0.1 %	$0 (Tier 3)	NT
hydrolatum ointment 12's	$0 (Tier 3)	NT
hydrolatum ointment 57 gm x 24	$0 (Tier 3)	NT
HYDROPHILIC PETROLATUM (RX)	$0 (Tier 3)	NT
imiquimod topical cream in packet 5 %	$0 (Tier 1)	QL (24 EA per 30 days)
INSECT REPELLENT 20% SPRAY	$0 (Tier 3)	NT
itch relief 2%-0.1% cream 2-0.1 %	$0 (Tier 3)	NT
ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	$0 (Tier 3)	NT
leader fingers skin cream (rx)	$0 (Tier 3)	NT
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
LIDOCAINE 4% CREAM	$0 (Tier 3)	NT; QL (120 GM per 30 days)

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
lidocaine hcl laryngotracheal solution 4 %	$0 (Tier 1)	PA; QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	$0 (Tier 1)	PA; QL (30 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (Tier 1)	PA; QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (Tier 1)	PA; QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (Tier 1)	PA; QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
MAXI-DEET 98.11% SPRAY	$0 (Tier 3)	NT
minerin creme	$0 (Tier 3)	NT
NATRAPEL 20% SPRAY	$0 (Tier 3)	NT
NATRAPEL 20% SPRAY	$0 (Tier 3)	NT
numbcream 5% cream	$0 (Tier 3)	NT
OFF ACTIVE 15% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS 25% TOWELETTE	$0 (Tier 3)	NT
OFF DEEP WOODS DRY 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS SPORTMN 25% SPR	$0 (Tier 3)	NT
OFF DEEP WOODS SPORTMN 30% SPR	$0 (Tier 3)	NT
OFF DEEP WOODS SPORTMN 98.25%	$0 (Tier 3)	NT
OFF FAMILYCARE 15% RPLNT I SPR	$0 (Tier 3)	NT
OFF FAMILYCARE 5% REPELLNT III	$0 (Tier 3)	NT
OFF FAMILYCARE 5% RPLNT II SPR	$0 (Tier 3)	NT
OFF FAMILYCARE 7% RPLNT SPRAY	$0 (Tier 3)	NT
PANRETIN TOPICAL GEL 0.1 %	$0 (Tier 2)	PA-NS; QL (60 GM per 30 days); ^

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
pentravan cream base (rx)	$0 (Tier 3)	NT
petrolatum base ointment	$0 (Tier 3)	NT
podofilox topical solution 0.5 %	$0 (Tier 1)	QL (7 ML per 28 days)
PROPYLENE GLYCOL LIQUID (RX) 99.5 % (NOT LESS THAN, USP)	$0 (Tier 3)	NT
PROPYLENE GLYCOL LIQUID USP (RX) 99.5 % (NOT LESS THAN, USP)	$0 (Tier 3)	NT
RANGER READY REPELLENT 20% SPR	$0 (Tier 3)	NT
REGRANEX TOPICAL GEL 0.01 %	$0 (Tier 2)	QL (15 GM per 30 days); ^
REPEL 100 98.11% SPRAY	$0 (Tier 3)	NT
REPEL 30% WIPE	$0 (Tier 3)	NT
REPEL FAMILY 10% SPRAY	$0 (Tier 3)	NT
REPEL FAMILY 15% SPRAY	$0 (Tier 3)	NT
REPEL HUNTER'S 25% SPRAY	$0 (Tier 3)	NT
REPEL LEMON EUCALYPTUS 30% SPR	$0 (Tier 3)	NT
REPEL SPORTSMEN 25% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN 29% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN DRY 25% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN MAX 40% LOTION	$0 (Tier 3)	NT
REPEL SPORTSMEN MAX 40% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN MAX 40% SPRAY	$0 (Tier 3)	NT
REPEL TICK DEFENSE 15% SPRAY	$0 (Tier 3)	NT
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (Tier 2)	QL (180 GM per 30 days)
SAWYER CONTROL RELEASE 20% LOT	$0 (Tier 3)	NT
silver sulfadiazine topical cream 1 %	$0 (Tier 1)	
sm anti-itch 2% cream extra strength 2-0.1 %	$0 (Tier 3)	NT
sm benzoin tincture nxfi	$0 (Tier 3)	NT
sorbidon hydrate cream (rx)	$0 (Tier 3)	NT
sorbidon hydrate cream 12's (rx)	$0 (Tier 3)	NT
ssd topical cream 1 %	$0 (Tier 1)	
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (Tier 1)	QL (100 GM per 30 days)
TENDER CARE LANOLIN CREAM	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
therapeutic moisturizing cream fragrance free	$0 (Tier 3)	NT
therapeutic moisturizing cream fragrance-free	$0 (Tier 3)	NT
tridacaine ii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
ULTRATHON 25% REPELLENT SPRAY (RX)	$0 (Tier 3)	NT
ULTRATHON 34.34% REPEL LOTION	$0 (Tier 3)	NT
VALCHLOR TOPICAL GEL 0.016 %	$0 (Tier 2)	PA-NS; LA; QL (60 GM per 30 days); ^
vanicream skin cream (rx)	$0 (Tier 3)	NT
vanicream skin cream 40lb pail (rx)	$0 (Tier 3)	NT
vanicream skin cream no dye / fragrance (rx)	$0 (Tier 3)	NT
vanicream skin cream w/pump dispenser (rx)	$0 (Tier 3)	NT
XERAC AC 6.25% SOLUTION	$0 (Tier 3)	NT
ZIKS ARTHRITIS PAIN RELIEF 0.025-12-1 %	$0 (Tier 3)	NT
zinc oxide 20% ointment (otc)	$0 (Tier 3)	NT
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	$0 (Tier 2)	QL (7.5 GM per 28 days); ^
TRATAMIENTO CONTRA EL ACNÉ		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
acne medication 10% gel	$0 (Tier 3)	NT
ACNE MEDICATION 10% LOTION	$0 (Tier 3)	NT
acne medication 2.5% gel	$0 (Tier 3)	NT
ACNE MEDICATION 5% GEL	$0 (Tier 3)	NT
ACNE MEDICATION 5% LOTION	$0 (Tier 3)	NT
adapalene 0.1% gel (otc)	$0 (Tier 3)	NT
amnesteem oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
azelaic acid topical gel 15 %	$0 (Tier 1)	QL (50 GM per 30 days)
BENZEFOAM TOPICAL FOAM 5.3 %	$0 (Tier 3)	NT
benzoyl peroxide 10% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 10% gel aqueous (otc)	$0 (Tier 3)	NT
benzoyl peroxide 10% wash (otc)	$0 (Tier 3)	NT
benzoyl peroxide 2.5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel aqueous (otc)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
benzoyl peroxide 5% wash (otc)	$0 (Tier 3)	NT
bpo 6% foaming cloths (otc)	$0 (Tier 3)	NT
bpo 6% foaming cloths outer (otc)	$0 (Tier 3)	NT
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
clindamycin phosphate topical gel 1 %	$0 (Tier 1)	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (Tier 1)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
DERMACINRX ATRIX 2% TONER	$0 (Tier 3)	NT
ery pads topical swab 2 %	$0 (Tier 1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (Tier 1)	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	$0 (Tier 2)	QL (50 GM per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
metronidazole topical cream 0.75 %	$0 (Tier 1)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	$0 (Tier 1)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	$0 (Tier 1)	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	$0 (Tier 2)	QL (60 GM per 30 days); ^
tazarotene topical cream 0.1 %	$0 (Tier 1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (Tier 1)	PA
TAZORAC TOPICAL CREAM 0.05 %	$0 (Tier 2)	PA; QL (60 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
VITAMINAS, MINERALES/ELECTROLITOS		
ELECTROLITOS		
antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
antacid 750 mg chewable tablet 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ex-str 750 mg tab chew 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
antacid xtra strength chew tab extra strength 300 mg (750 mg)	$0 (Tier 3)	NT
CAL-CITRATE PLUS VITAMIN D TAB 250 MG-2.5 MCG (100 UNIT)	$0 (Tier 3)	NT
CALCIUM 1,000 MG-D3 20 MCG TAB	$0 (Tier 3)	NT
calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT
CALCIUM 500 MG CHEWABLE TABLET (RX) 500 MG-2.5 MCG (100 UNIT)	$0 (Tier 3)	NT
calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 500 MG-VIT D3 15 MCG TAB 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM 500 MG-VIT D3 600 UNIT 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
calcium 500-vit d3 400 tablet easy absorption, p/f (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,gluten-f (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,n,no lactose (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 500-VIT D3 600 TABLET 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg-d3 20 mcg cplt (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600 mg-d3 400 unit sfgl 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600 with vit d chew tb p/f 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600+d softgel 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM 600-VIT D3 2,500 SFTGL 600 MG-62.5 MCG (2,500 UNIT)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
calcium 600-vit d3 200 tablet caplet, no lactose (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet lactose free, p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet lactose free,p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet high potency (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet new formula (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f, n (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f,lactose-free (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX) 600 MG-12.5 MCG (500 UNIT)	$0 (Tier 3)	NT
CALCIUM 600-VIT D3 500 SOFTGEL SOFTGEL (RX) 600 MG-12.5 MCG (500 UNIT)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium acetate(phosphat bind) oral capsule 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium acetate(phosphat bind) oral tablet 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 750 mg chew tab 300 mg (750 mg)	$0 (Tier 3)	NT
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
CALCIUM CARB 260 MG TAB CHEW 260 MG CALCIUM (650 MG)	$0 (Tier 3)	NT
calcium carb 500 mg tab chew 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium carbonate 648 mg tab 260 mg calcium (648 mg)	$0 (Tier 3)	NT
CALCIUM CARBONATE POWDER 800 MG CALCIUM /2 GRAM	$0 (Tier 3)	NT
calcium cit 200 mg-d3 3 mcg tb (rx) 200 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
calcium cit 200 mg-d3 6.25 mcg (rx) 200 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
CALCIUM CIT 200-VIT D3 250 TAB (RX) 200 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium cit 250 mg-d3 200 unit (rx) 250 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM CIT 315-VIT D3 250 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate - vit d caplet (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet caplet,p/f (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 250 mg caplet 250 mg calcium	$0 (Tier 3)	NT
calcium citrate 250 mg tablet 250 mg calcium	$0 (Tier 3)	NT
CALCIUM CITRATE GRANULES 760 MG CALCIUM /3.5 GRAM	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 CAPLET CAPLET (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate-vit d3 tablet (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 TABLET COATED, PETITES (RX) 200 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CALCIUM CITRATE-VIT D3 TABLET INNER (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate-vit d3 tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 TABLET PETITES (RX) 200 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate-vitamin d3 liq 1,000 mg-10 mcg /30 ml	$0 (Tier 3)	NT
calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM LACTATE 100 MG TABLET 100 MG CALCIUM	$0 (Tier 3)	NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	$0 (Tier 3)	NT
CAL-MINT 260 MG TABLET CHEW 260 MG CALCIUM (650 MG)	$0 (Tier 3)	NT
CAL-QUICK LIQUID 500 MG-10 MCG (400 UNIT)/5 ML	$0 (Tier 3)	NT
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG-20 MCG (800 UNIT)	$0 (Tier 3)	NT
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME 600 MG-20 MCG (800 UNIT)	$0 (Tier 3)	NT
CITRACAL-D3 MAXIMUM PLUS CAPLT 325 MG-12.5 MCG - 2.75 MG	$0 (Tier 3)	NT
CVS CAL CIT 200 MG-D3 6.25 MCG (RX) 200 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT
cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
cvs magnesium 250 mg caplet (rx) 250 mg magnesium	$0 (Tier 3)	NT
CVS MAGNESIUM 500 MG CAPLET (RX) 500 MG MAGNESIUM	$0 (Tier 3)	NT
cvs pediatric electrolyte pops 16's,freezer pops (rx)	$0 (Tier 3)	NT
cvs pediatric electrolyte soln (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cvs pediatric electrolyte soln dye/free, strawberry (rx)	$0 (Tier 3)	NT
CVS TRIPLE MAGNESIUM COMPLEX 400 MG MAGNESIUM	$0 (Tier 3)	NT
eq calcium 500-vit d3 400 tab oyster shell (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
eq calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
EQ CALCIUM CITRATE-D TABLET P/F,GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
EQL CALCIUM CITRATE-VIT D3 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
GALZIN 25 MG CAPSULE 25 MG (ZINC)	$0 (Tier 3)	NT
GALZIN 50 MG CAPSULE 50 MG (ZINC)	$0 (Tier 3)	NT
gnp antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (Tier 3)	NT
gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
gs pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
heb pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
hm antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (Tier 3)	NT
hydralyte electrolyte soln	$0 (Tier 3)	NT
kinderlyte electrolyte soln	$0 (Tier 3)	NT
klor-con 10 oral tablet extended release 10 meq	$0 (Tier 1)	
klor-con 8 oral tablet extended release 8 meq	$0 (Tier 1)	
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (Tier 1)	
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (Tier 1)	
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (Tier 1)	
klor-con oral packet 20 meq	$0 (Tier 1)	

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
lactated ringers intravenous parenteral solution	$0 (Tier 1)	
liquid calcium 600-vit d3 sfgl softgel,p/f,gluten-f (rx) 600 mg-12.5 mcg (500 unit)	$0 (Tier 3)	NT
LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX) 600 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT
LIQUID CALCIUM-VIT D SOFTGEL 600 MG-25 MCG (1,000 UNIT)	$0 (Tier 3)	NT
MAG DELAY DR 64 MG TABLET	$0 (Tier 3)	NT
mag64 dr 64 mg tablet (rx)	$0 (Tier 3)	NT
mag-g 500 mg tablet 27 mg magnesium (500 mg)	$0 (Tier 3)	NT
magnesium 250 mg tablet p/f, no lactose (rx) 250 mg magnesium	$0 (Tier 3)	NT
MAGNESIUM 400 MG SOFTGEL 400 MG MAGNESIUM	$0 (Tier 3)	NT
magnesium 500 mg tablet p/f, gluten/f (rx) 500 mg magnesium	$0 (Tier 3)	NT
MAGNESIUM CHLORIDE 64 MG TAB 64 MG MAGNESIUM	$0 (Tier 3)	NT
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	$0 (Tier 3)	NT
MAGNESIUM CHLORIDE EC 64 MG TB (RX)	$0 (Tier 3)	NT
MAGNESIUM CHLORIDE EC 70 MG TB	$0 (Tier 3)	NT
MAGNESIUM CITRATE 100 MG TAB	$0 (Tier 3)	NT
magnesium gluc 500 mg tablet 27 mg magnesium (500 mg)	$0 (Tier 3)	NT
MAGNESIUM GLUCONATE 250 MG TAB 12.5 MG MAGNE-SIUM (250 MG)	$0 (Tier 3)	NT
magnesium gluconate tablet y/f,gluten/f (rx) 27.5 mg magne- sium (500 mg)	$0 (Tier 3)	NT
magnesium oxide 250 mg caplet p/f, gluten/f (rx) 250 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 250 mg tablet (rx) 250 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 250 mg tablet p/f (rx) 250 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
magnesium oxide 400 mg tablet gluten free (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet p/f,soy-free (rx) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
magnesium oxide 420 mg tablet (rx)	$0 (Tier 3)	NT
magnesium oxide 500 mg capsule (rx)	$0 (Tier 3)	NT
magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium	$0 (Tier 3)	NT
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	$0 (Tier 2)	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	$0 (Tier 2)	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	$0 (Tier 2)	
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (Tier 2)	
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (Tier 2)	
MAGONATE (MAGNESIUM CARB) ORAL LIQUID 54 MG/5 ML	$0 (Tier 3)	NT
MAG-OXIDE 200 MG TAB 200 MG MAGNESIUM	$0 (Tier 3)	NT
mag-oxide magnesium 200 mg tab 200 mg magnesium	$0 (Tier 3)	NT
mgo-400 tablet 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
NU-MAG 71.5 MG TABLET	$0 (Tier 3)	NT
oralyte solution	$0 (Tier 3)	NT
ORAZINC 220 MG CAPSULE 50 MG ZINC (220 MG)	$0 (Tier 3)	NT
OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT
OS-CAL 500-VIT D3 200 CAPLET COATED CAPLET (RX) 500 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
OYSTER SHELL 250 MG-D3 3.12 MCG 250 MG-3.125 MCG (125 UNIT)	$0 (Tier 3)	NT
OYSTER SHELL 250-VIT D3 125 TB (RX) 250 MG-3.125 MCG (125 UNIT)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb caplet (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
pedi electrolyte freezer pop 16'sx62.5ml pops (rx)	$0 (Tier 3)	NT
pedi electrolyte freezer pop 16x62.1ml pops (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution cherry punch (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution mango,p/f (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution p/f,fruit (rx)	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
pediatric electrolyte solution p/f,unflavored (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution strawberry,w/zinc (rx)	$0 (Tier 3)	NT
phosphorous powder packet inner 280-160-250 mg	$0 (Tier 3)	NT
phosphorous powder packet outer 280-160-250 mg	$0 (Tier 3)	NT
phosphorus-sodium-potassium 280-160-250 mg	$0 (Tier 3)	NT
POTASSIUM BROMIDE CRYSTALS (RX)	$0 (Tier 3)	NT
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	$0 (Tier 2)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (Tier 1)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (Tier 1)	
potassium chloride oral packet 20 meq	$0 (Tier 1)	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	$0 (Tier 1)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	$0 (Tier 2)	
qc antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
ra calcium citrate-vit d3 tab petites (rx) 200 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
ra magnesium 500 mg capsule (rx)	$0 (Tier 3)	NT
ra pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
ra pediatric electrolyte soln strawberry (rx)	$0 (Tier 3)	NT
SLOW-MAG 71.5 MG TABLET	$0 (Tier 3)	NT
sm antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
sm cal antacid 750 mg chew tab ex-str, orange 300 mg (750 mg)	$0 (Tier 3)	NT
SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
sm calcium 500-vit d3 200 cplt (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
SM CALCIUM CIT 315-D3 6.5 MCG (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
sm magnesium 250 mg tablet (rx) 250 mg magnesium	$0 (Tier 3)	NT
sm pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (Tier 1)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (Tier 1)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (Tier 1)	
SODIUM CHLORIDE GRANULES (RX)	$0 (Tier 3)	NT
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	$0 (Tier 1)	
SODIUM CHLORIDE POWDER USP (RX)	$0 (Tier 3)	NT
sodium-potassium-phos powder 280-160-250 mg	$0 (Tier 3)	NT
super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
SV CALC 600 MG-D3 12.5 MCG SFGL (RX) 600 MG-12.5 MCG (500 UNIT)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
SV CALCIUM CITRATE-VIT D3 TAB P/F,GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
thermotabs tablet 287-180-15 mg	$0 (Tier 3)	NT
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	$0 (Tier 2)	
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT 300 MG (750 MG)	$0 (Tier 3)	NT
UPCAL D POWDER 500 MG-12.5 MCG /5 GRAM	$0 (Tier 3)	NT
UPCAL D POWDER PACKET 500 MG-12.5 MCG /5 GRAM	$0 (Tier 3)	NT
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
ZINC SULFATE POWDER FCC, DRIED (RX) 100 %	$0 (Tier 3)	NT
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	$0 (Tier 3)	NT
PRODUCTOS NUTRICIONALES DIVERSOS		
ABATINEX CAPSULE 680 MG (750 MILLION CELL)	$0 (Tier 3)	NT
ACIDOPHILUS 1 MG WAFER	$0 (Tier 3)	NT
ACIDOPHILUS 100 MG CAPSULE 100 MG (1 BILLION CELL)	$0 (Tier 3)	NT
acidophilus capsule n,starch/f (rx)	$0 (Tier 3)	NT
acidophilus lactbaclli 500 mil 500 million cell	$0 (Tier 3)	NT
ACIDOPHILUS LACTBACLLI 500 MIL INNER 500 MILLION CELL	$0 (Tier 3)	NT
ACIDOPHILUS LACTBACLLI 500 MIL OUTER 500 MILLION CELL	$0 (Tier 3)	NT
ACIDOPHILUS PROBIO 500M CFU CP 500 MILLION CELL	$0 (Tier 3)	NT
acidophilus probiotic tablet 0.5 mg (100 million cell)	$0 (Tier 3)	NT
ACIDOPHILUS PROBIOTICS TABLET 500 MILLION CELL	$0 (Tier 3)	NT
acidophilus tablet p/f,no-gluten 1 billion cell	$0 (Tier 3)	NT
AIRBORNE EFFERVESCENT TABLET 1,000-50 MG	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F 1,000-50 MG	$0 (Tier 3)	NT
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY 1,000-50 MG	$0 (Tier 3)	NT
AIRBORNE EFFERVESCENT TABLET P/F,GLUTEN/F,ORANGE 1,000-50 MG	$0 (Tier 3)	NT
ARGININE 2000 POWDER PACKET	$0 (Tier 3)	NT
arginine 500 mg tablet	$0 (Tier 3)	NT
ARGININE PACKET 500 MG	$0 (Tier 3)	NT
ARGININE-L POWDER FCC (RX) 100 %	$0 (Tier 3)	NT
CHLOROCAPS CAPSULE 10 MG-30 MCG- 30 MCG	$0 (Tier 3)	NT
CHOLESTEROL POWDER 100 %	$0 (Tier 3)	NT
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (Tier 2)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (Tier 2)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
co q-10 100 mg softgel (rx) 100-5 mg-unit	$0 (Tier 3)	NT
CO-ENZYME Q10 100 MG SOFTGEL 100-20-15 MG	$0 (Tier 3)	NT
COROMEGA OMEGA-3 SQUEEZE PACK (RX) 2,000-650-12 MG/2.5 GRAM	$0 (Tier 3)	NT
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX) 284-850 MG/2.5 GRAM	$0 (Tier 3)	NT
COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX) 2,000-650-12 MG/2.5 GRAM	$0 (Tier 3)	NT

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12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
COROMEGA OMEGA-3 SQUEEZE PACK ORANGE-CHOCOLATE (RX) 2,000-650-12 MG/2.5 GRAM	$0 (Tier 3)	NT
cvs acidophilus probiotic tab 0.5 mg (100 million cell)	$0 (Tier 3)	NT
cvs acidophilus tablet 1 billion cell	$0 (Tier 3)	NT
CVS AIRSHIELD EFFERVESCENT TAB 1,000-50 MG	$0 (Tier 3)	NT
CVS CHILD OMEGA-3 GUMMY FISH 35-25-5-113.5 MG	$0 (Tier 3)	NT
cvs coenzyme q-10 100 mg sftgl (rx) 100-5 mg-unit	$0 (Tier 3)	NT
cvs fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
CVS FISH OIL 1,000 MG SOFTGEL	$0 (Tier 3)	NT
cvs fish oil 1,000 mg softgel softgel, natural (rx)	$0 (Tier 3)	NT
CVS FISH OIL 1,200 MG SOFTGEL (RX)	$0 (Tier 3)	NT
CVS FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	$0 (Tier 3)	NT
cvs fish oil 1,200 mg softgel softgel, odorless (rx)	$0 (Tier 3)	NT
CVS FISH OIL 500 MG SOFTGEL (RX) 300-500 MG	$0 (Tier 3)	NT
CYTO ARG ORAL POWDER 70 GRAM/100 GRAM	$0 (Tier 3)	NT
CYTO-Q 80 MG/10 ML LIQUID (RX)	$0 (Tier 3)	NT
cyto-q max 100 mg/ml liquid	$0 (Tier 3)	NT
CYTO-Q T-F 8 MG/ML LIQUID	$0 (Tier 3)	NT
electrolyte-148 intravenous parenteral solution	$0 (Tier 1)	
electrolyte-48 in d5w intravenous parenteral solution	$0 (Tier 2)	
electrolyte-a intravenous parenteral solution	$0 (Tier 1)	
ensure clear liquid	$0 (Tier 3)	NT
ensure clear liquid inner, mixed fruit	$0 (Tier 3)	NT
EQL DIGESTIVE PROBIOTIC CAP (RX) 10 BILLION CELL	$0 (Tier 3)	NT
EQL FISH OIL 1,200 MG SOFTGEL SOFTGEL (RX)	$0 (Tier 3)	NT
eql omega-3 fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
EXTREME OMEGA-3 MICROGEL SFTGL 120-180-600 MG	$0 (Tier 3)	NT
fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
FISH OIL 1,000 MG SOFTGEL	$0 (Tier 3)	NT
FISH OIL 1,000 MG SOFTGEL	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
fish oil 1,000 mg softgel	$0 (Tier 3)	NT
FISH OIL 1,000 MG SOFTGEL INNER	$0 (Tier 3)	NT
fish oil 1,000 mg softgel n, yeast free (rx)	$0 (Tier 3)	NT
FISH OIL 1,000 MG SOFTGEL OUTER	$0 (Tier 3)	NT
fish oil 1,000 mg softgel p/f (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel p/f,no lactose (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel p/f,sodium/f (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel reflux-free, ec (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
fish oil 1,000 mg softgel softgel,p/f,n (rx)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel (rx)	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL (RX)	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL (RX)	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL	$0 (Tier 3)	NT
fish oil 1,200 mg softgel	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL	$0 (Tier 3)	NT
fish oil 1,200 mg softgel enteric coated (rx)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel omega-3 (rx)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel omega-3, p/f (rx)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel p/f (rx)	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel p/f,no lactose (rx)	$0 (Tier 3)	NT
fish oil 1,200 mg softgel soft gel,odorless,ec (rx)	$0 (Tier 3)	NT
FISH OIL 1,200 MG SOFTGEL SOFTGEL (RX)	$0 (Tier 3)	NT
FISH OIL 1,400 MG SOFTGEL (RX)	$0 (Tier 3)	NT
FISH OIL 1,400 MG SOFTGEL	$0 (Tier 3)	NT
FISH OIL 1,600 MG/5 ML LIQUID	$0 (Tier 3)	NT
FISH OIL 500 MG SOFTGEL 120-180-500 MG, 183.3 MG-75 MG -91.6 MG-306 MG	$0 (Tier 3)	NT
FISH OIL 500 MG SOFTGEL INNER 60-90-500 MG	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
FISH OIL 500 MG SOFTGEL OUTER 60-90-500 MG	$0 (Tier 3)	NT
FISH OIL 500 MG SOFTGEL SOFTGEL 60-90-500 MG	$0 (Tier 3)	NT
fish oil conc 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
fish oil conc 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
fish oil conc 1,000 mg softgel softgel, economy sz. (rx)	$0 (Tier 3)	NT
fish oil concentrate softgel ec softgel,p/f (rx) 120-180 mg	$0 (Tier 3)	NT
fish oil concentrate softgel softgel, ex-strengh (rx) 435-880 mg	$0 (Tier 3)	NT
FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	$0 (Tier 3)	NT
FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	$0 (Tier 3)	NT
fish oil dr 500 mg softgel 60-90-500 mg	$0 (Tier 3)	NT
fish oil ec 1,000 mg softgel	$0 (Tier 3)	NT
fish oil ec 1,000 mg softgel	$0 (Tier 3)	NT
FISH OIL EC 1,000 MG SOFTGEL	$0 (Tier 3)	NT
FISH OIL EC 1,000 MG SOFTGEL SOFTGEL	$0 (Tier 3)	NT
FISH OIL EC 1,200 MG SOFTGEL	$0 (Tier 3)	NT
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	$0 (Tier 3)	NT
FISH OIL EC 1,200 MG SOFTGEL SOFTGEL (RX)	$0 (Tier 3)	NT
FISH OIL GUMMIES 28.5 MG(23.75- 4.75MG)-113.5MG	$0 (Tier 3)	NT
FISH OIL OMEGA-3 SOFTGEL 980-253-647 MG	$0 (Tier 3)	NT
FISH OIL PEARLS SOFTGEL 150-400 MG, 180-400 MG, 300-400 MG	$0 (Tier 3)	NT
FLORANEX GRANULES PACKET LACTOBACILLUS,INNER 100 MILLION CELL	$0 (Tier 3)	NT
floranex granules packet lactobacillus,outer 100 million cell	$0 (Tier 3)	NT
floranex tablet (rx) 1 million cell	$0 (Tier 3)	NT
freeze dried acidophilus oral capsule	$0 (Tier 3)	NT
gnp fish oil 1,000 mg softgel omega-3 (rx)	$0 (Tier 3)	NT
GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	$0 (Tier 3)	NT
gnp fish oil ec 1,000 mg sftgl softgel	$0 (Tier 3)	NT
GNP FISH OIL SOFTGEL 150-217-840 MG	$0 (Tier 3)	NT

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
intralipid intravenous emulsion 20 %	$0 (Tier 2)	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	$0 (Tier 2)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
LACTOBACILLUS 1 MILLION CFU TB 1 MILLION CELL	$0 (Tier 3)	NT
LACTOBACILLUS 100 MIL CFU PKT INNER 100 MILLION CELL	$0 (Tier 3)	NT
LACTOBACILLUS 100 MIL CFU PKT OUTER 100 MILLION CELL	$0 (Tier 3)	NT
LACTOBACILLUS TABLET 1 MILLION CELL	$0 (Tier 3)	NT
L-ARGININE 1,000 MG TABLET	$0 (Tier 3)	NT
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	$0 (Tier 3)	NT
L-ARGININE 500 MG CAPSULE (RX)	$0 (Tier 3)	NT
L-ARGININE 500 MG CAPSULE D/F,N (RX)	$0 (Tier 3)	NT
L-ARGININE POWDER USP (RX) 100 %	$0 (Tier 3)	NT
L-CITRULLINE POWDER	$0 (Tier 3)	NT
L-CITRULLINE POWDER (RX)	$0 (Tier 3)	NT
LIQ-10 SYRUP 50-15 MG-UNIT/5 ML	$0 (Tier 3)	NT
L-ISOLEUCINE CRYSTAL (RX) 100 %	$0 (Tier 3)	NT
L-ISOLEUCINE POWDER	$0 (Tier 3)	NT
L-ISOLEUCINE POWDER USP (RX)	$0 (Tier 3)	NT
L-VALINE POWDER	$0 (Tier 3)	NT
LYSINE HCL POWDER (RX) 100 %	$0 (Tier 3)	NT
MEGARED KIDS GUMMY 35 MG	$0 (Tier 3)	NT
MORE-DOPHILUS POWDER	$0 (Tier 3)	NT
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
omega 3 1,000 mg softgel softgel (rx)	$0 (Tier 3)	NT
OMEGA 3 FISH OIL SOFTGEL 684-1,200 MG	$0 (Tier 3)	NT
OMEGA MONOPURE 1300 EC SOFTGEL 860-260-1,300 MG	$0 (Tier 3)	NT
OMEGA-3 EC SOFTGEL 350 MG-235 MG- 90 MG-597 MG	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,000 MG SFGL	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)	$0 (Tier 3)	NT
omega-3 fish oil 1,000 mg sfgl softgel (rx)	$0 (Tier 3)	NT
omega-3 fish oil 1,000 mg sfgl softgel (rx)	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,P/F (RX)	$0 (Tier 3)	NT
omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)	$0 (Tier 3)	NT
omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,200 MG SFGL	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,200 MG SFGL	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,400 MG SFGL	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,400 MG SFGL P/F, GLUTEN-FREE	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	$0 (Tier 3)	NT
OMEGA-3 FISH OIL 1,760 MG STGL 440-880 MG	$0 (Tier 3)	NT
omega-3 fish oil ec 1,000 mg softgel,gluten-f	$0 (Tier 3)	NT
OMEGAMINT FISH OIL 750 MG SFGL 100-150-750 MG	$0 (Tier 3)	NT
OMEGAPURE 780 EC SOFTGEL 910 MG-330 MG- 450 MG-1,400 MG	$0 (Tier 3)	NT
OMEGAPURE 900 EC SOFTGEL 967 MG-385 MG- 515 MG-1,290 MG	$0 (Tier 3)	NT
OMERA CAPSULE 750-300-400-50 MG	$0 (Tier 3)	NT
OVEGA-3 SOFTGEL 500-270-135 MG, 500-320-130 MG	$0 (Tier 3)	NT
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (Tier 1)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
PROBIOTIC ACIDOPHILUS 250 MILL 250 MILLION CELL	$0 (Tier 3)	NT
PROBIOTIC GOLD ACIDOPHILUS CAP 1 BILLION CELL	$0 (Tier 3)	NT
probiotic softgel p/f,gluten-f,softgel 10 billion cell	$0 (Tier 3)	NT
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	B/D
PURE L-ARGININE HCL 500 MG CAP	$0 (Tier 3)	NT
PURE L-CITRULLINE 600 MG CAP (RX)	$0 (Tier 3)	NT
ra fish oil 1,000 mg softgel	$0 (Tier 3)	NT
ra fish oil 120-180 softgel softgel,natural,p/f (rx) 120-180 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
RA L-ARGININE 1,000 MG TABLET P/F	$0 (Tier 3)	NT
sm fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
SM FISH OIL 1,200 MG SOFTGEL (RX)	$0 (Tier 3)	NT
sm fish oil 1,200 mg softgel softgel,p/f,no lac (rx)	$0 (Tier 3)	NT
smart heart omega-3 1,000 mg	$0 (Tier 3)	NT
SUPER DHA GEMS SOFTGEL 500-100-1,000 MG	$0 (Tier 3)	NT
sv acidophilus caplet 1 billion cell	$0 (Tier 3)	NT
sv acidophilus tablet caplet, p/f 1 billion cell	$0 (Tier 3)	NT
sv fish oil 1,000 mg softgel (rx)	$0 (Tier 3)	NT
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	$0 (Tier 3)	NT
SV L-ARGININE 500 MG CAPSULE P/F (RX)	$0 (Tier 3)	NT
SV PROBIOTIC ACIDOPHILUS CPLT 2 BILLION CELL	$0 (Tier 3)	NT
SV SALMON OIL 1,000 MG SOFTGEL	$0 (Tier 3)	NT
THEROMEGA SOFTGEL 250-350-1,000 MG	$0 (Tier 3)	NT
travasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (Tier 2)	B/D
ultra omega-3 softgel 200-300-1,000 mg	$0 (Tier 3)	NT
VITAMINAS/MINERALES		
50 PLUS ADULT EYE HEALTH SFTGL 250-5-1 MG	$0 (Tier 3)	NT
a thru z advanced formula tab advanced formula 18-400 mg-mcg	$0 (Tier 3)	NT
a thru z advanced formula tab w/lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg	$0 (Tier 3)	NT
a thru z select multivit tab 500-300-250 mcg	$0 (Tier 3)	NT
a thru z select tablet new formulation (rx)	$0 (Tier 3)	NT
a thru z select women's tablet	$0 (Tier 3)	NT
A-25 7,500 MCG CAPSULE	$0 (Tier 3)	NT
ACCRUFER 30 MG CAPSULE	$0 (Tier 3)	NT
ACTIVE FE TABLET LACTOSE,GLUTEN & 75 MG IRON- 1,250 MCG	$0 (Tier 3)	NT
activite oral tablet 1 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ADULT MULTI GUMMIES 200 MCG	$0 (Tier 3)	NT
ADULT MULTIVITAMIN GUMMIES 200 MCG	$0 (Tier 3)	NT
ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS 200 MCG	$0 (Tier 3)	NT
ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG	$0 (Tier 3)	NT
adult one daily multivitamin oral tablet 0.4 mg	$0 (Tier 3)	NT
adults 50 plus multivitamin tb 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
ADVANCED MULTI EA CHEW TABLET 22.5 MG-400 MCG -150 MCG-10 MG	$0 (Tier 3)	NT
AIRBORNE CHEWABLE TABLET 250-8.875 MG, 250-87.5 MG	$0 (Tier 3)	NT
AIRBORNE EFFERVESCENT PWD PACK 1,000-350 MG	$0 (Tier 3)	NT
AIRBORNE ELDERBERRY TABLET EFF 1,000 MG-50 MG-35.5 MG	$0 (Tier 3)	NT
AIRBORNE GUMMIES 333-1.7 MG	$0 (Tier 3)	NT
AIRBORNE KIDS GUMMIES 334-1.7 MG	$0 (Tier 3)	NT
AIRBORNE STRESS AWAY POWDER PK 1,000 MG-200 MG-360 MG	$0 (Tier 3)	NT
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,BERRY 250-12.5 MG	$0 (Tier 3)	NT
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,CITRUS 250-12.5 MG	$0 (Tier 3)	NT
ANTIOXIDANT SOFTGEL P/F,SOFTGELS	$0 (Tier 3)	NT
APETIGEN-PLUS TABLET 10-300-30 MG-MG-UNIT	$0 (Tier 3)	NT
AQUA-E CONCENTRATE 75 UNIT/ML	$0 (Tier 3)	NT
ASCOR 25,000 MG/50 ML BULK VL P/F, OUTER, MUV 500 MG/ML	$0 (Tier 3)	NT
ascorbic acid 500 mg tablet (rx)	$0 (Tier 3)	NT
B COMPLEX WITH VITAMIN C CAP P/F (RX) 15-10-50-5-300 MG	$0 (Tier 3)	NT
B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG	$0 (Tier 3)	NT
BABY D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	$0 (Tier 3)	NT
BABY IRON-MULTIVITAMIN ORAL DROPS 10 MG/ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
BABY VIT D3 10 MCG/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	$0 (Tier 3)	NT
BABY VIT D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	$0 (Tier 3)	NT
BABY VIT D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	$0 (Tier 3)	NT
b-complex plus vitamin c cplt (rx) 400 mcg	$0 (Tier 3)	NT
b-complex with c tablet (rx)	$0 (Tier 3)	NT
b-complex with vit c caplet (rx) 400 mcg	$0 (Tier 3)	NT
b-complex with vit c caplet p/f,gluten-free (rx) 400 mcg	$0 (Tier 3)	NT
b-complex with vit c tablet (rx) 400 mcg	$0 (Tier 3)	NT
b-complex w-vitamin c caplet caplet,p/f (rx)	$0 (Tier 3)	NT
B-COMPLEX-VITAMIN C TR TABLET 400 MCG	$0 (Tier 3)	NT
BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX) 400-89.45-44 MCG-MG-MG	$0 (Tier 3)	NT
BEROCCA EFFERVESCENT TABLET ORANGE (RX) 400-89.45-44 MCG-MG-MG	$0 (Tier 3)	NT
beta carotene 7,500 mcg sfgl (rx)	$0 (Tier 3)	NT
beta-carotene 25,000 unit sfgl softgel (rx) 7,500 mcg (25,000 unit)	$0 (Tier 3)	NT
BIO-D-MULSION FORTE 2,000 UNIT (RX) 50 MCG/DROP (2, 000 UNIT/DROP)	$0 (Tier 3)	NT
BIO-D-MULSN 400 UNIT/DROP CONC (RX) 10 MCG/DROP (400 UNIT/DROP)	$0 (Tier 3)	NT
BIOTIN 10,000 MCG SOFTGEL SOFTGEL	$0 (Tier 3)	NT
biotin 5,000 mcg capsule mx-str (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg capsule p/f,gluten-free (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel p/f,gluten-free (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel softgel (rx) 5 mg	$0 (Tier 3)	NT
BIOTIN POWDER USP (RX) 100 %	$0 (Tier 3)	NT
BIOTIN POWDER USP (VITAMIN H) (RX) 100 %	$0 (Tier 3)	NT
BIOTIN-D POWDER (RX) 100 %	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
BIOTIN-D POWDER USP (RX) 100 %	$0 (Tier 3)	NT
BIOTIN-D POWDER USP (VITAMIN H) (RX) 100 %	$0 (Tier 3)	NT
BIOTIN-D POWDER USP, (VITAMIN H) (RX) 100 %	$0 (Tier 3)	NT
BODY, HAIR, SKIN AND NAILS CAP 3-133 MG-MCG	$0 (Tier 3)	NT
bp vit 3 capsule 500 mg-500 mcg -1 mg-12.5 mg	$0 (Tier 3)	NT
c-1,000 mg tablet (rx)	$0 (Tier 3)	NT
c-1,000 mg with rose hips cplt caplet	$0 (Tier 3)	NT
c-1,000 mg with rose hips tab p/f	$0 (Tier 3)	NT
c-500 mg tablet (rx)	$0 (Tier 3)	NT
c-500 mg tablet rose hips (rx)	$0 (Tier 3)	NT
calcidol drops 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 600-D3 PLUS CAPLET 600 MG CALCIUM- 20 MCG-50 MG	$0 (Tier 3)	NT
CALCIUM 600-D3-MINERALS CHW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	$0 (Tier 3)	NT
calcium 600-vit d3-min chew tb 600 mg-400 unit -40 mg-7.5 mg	$0 (Tier 3)	NT
CALCIUM PETITES ORAL CAPSULE 200 MG-10 MCG (400 UNIT)	$0 (Tier 3)	NT
CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY 250 MG-12.5 MCG (500 UNIT)	$0 (Tier 3)	NT
CALTRATE-D3 PLUS MINERAL MINIS 300 MG-20 MCG- 25 MG-0.5 MG	$0 (Tier 3)	NT
centratex capsule 106 mg iron- 1 mg	$0 (Tier 3)	NT
centravites 50 plus tablet	$0 (Tier 3)	NT
centravites tablet 0.4-162-18 mg	$0 (Tier 3)	NT
cerovite jr tablet chew 18 mg iron- 10 mcg	$0 (Tier 3)	NT
children multivitamin chew tab	$0 (Tier 3)	NT
CHILDREN MULTIVITAMIN GUMMIES	$0 (Tier 3)	NT
CHILDREN MULTIVITAMIN GUMMIES	$0 (Tier 3)	NT
CHILDREN MULTIVITAMIN GUMMIES BERRY,GLUTEN-FREE	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	$0 (Tier 3)	NT
children's chew multivitamin	$0 (Tier 3)	NT
children's chewables 300 mcg	$0 (Tier 3)	NT
children's chewables 300 mcg	$0 (Tier 3)	NT
children's iron 15 mg/ml drops 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
CHILDREN'S MULTI-VIT GUMMIES 200 MCG	$0 (Tier 3)	NT
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	$0 (Tier 3)	NT
CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	$0 (Tier 3)	NT
CHROMAGEN SOFTGEL 75 MG-60 MG- 1 MG-10 MCG	$0 (Tier 3)	NT
CITRACAL-D3 250 MG GUMMY 250 MG-12.5 MCG (500 UNIT)	$0 (Tier 3)	NT
COMPLETE MULTIVIT-MINERAL LIQ 9 MG IRON/15 ML	$0 (Tier 3)	NT
CONCEPTIONXR MOTILITY COMBO PK 250 MG-500 UNIT-200 UNIT	$0 (Tier 3)	NT
corvita 150 tablet 150-1.25-120-10 mg	$0 (Tier 3)	NT
corvita tablet 1.25-2.5-7 mg	$0 (Tier 3)	NT
CORVITE 150 TABLET 150 MG IRON- 1 MG	$0 (Tier 3)	NT
CORVITE FE TABLET 150 MG IRON- 1 MG	$0 (Tier 3)	NT
CULTURELLE KID PROB-MV 5B CHEW 5 BILLION CELL	$0 (Tier 3)	NT
CULTURELLE KID PRO-MV 2.5B CHW 2.5 BILLION CELL	$0 (Tier 3)	NT
CVS AIRSHIELD CHEWABLE TABLET 250-87.5 MG	$0 (Tier 3)	NT
cvs b-complex-vit c caplet caplet (rx)	$0 (Tier 3)	NT
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,.P/F,GLU-F	$0 (Tier 3)	NT
cvs calcium 600-d3 plus tablet 600 mg calcium- 20 mcg-50 mg	$0 (Tier 3)	NT
CVS CALCIUM 600-D3-MIN CHEW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	$0 (Tier 3)	NT
CVS CHILD CHEW VITAMN COMPLETE 18 MG IRON	$0 (Tier 3)	NT
CVS CHILD GUMMY DINOS GUMMIES	$0 (Tier 3)	NT
CVS DAILY GUMMIES 200 MCG	$0 (Tier 3)	NT
CVS DAILY GUMMIES COMPLETE ADULT VIT 200 MCG	$0 (Tier 3)	NT
CVS DAILY GUMMIES P/F, GLUTEN-FREE 200 MCG	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cvs folic acid 800 mcg tablet (rx)	$0 (Tier 3)	NT
cvs gummy dinos vitamin 200 mcg	$0 (Tier 3)	NT
cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
cvs iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
cvs iron 65 mg tablet p/f,lactose/free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
CVS KIDS' MULTIVITAMIN GUMMY	$0 (Tier 3)	NT
CVS MEN'S DAILY GUMMIES P/F 200 MCG	$0 (Tier 3)	NT
cvs one daily essential tablet 400 mcg	$0 (Tier 3)	NT
cvs slow release iron 45 mg tb (rx) 143 mg (45 mg iron)	$0 (Tier 3)	NT
CVS SLOW RELEASE IRON 45 MG TB (RX) 143 MG (45 MG IRON)	$0 (Tier 3)	NT
cvs spectravite men's tablet 8 mg iron- 200 mcg-600 mcg	$0 (Tier 3)	NT
cvs super b-complex-vit c cplt (rx) 400 mcg	$0 (Tier 3)	NT
cvs vit c-rose hip 1,000 mg tb (rx)	$0 (Tier 3)	NT
cvs vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
cvs vit d3 1,000 unit gummies p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
CVS VIT E OIL 45 MG/0.25 ML 45 MG/0.25ML 100 UNIT/0.25ML	$0 (Tier 3)	NT
cvs vitamin a 2,400 mcg sftgl (rx)	$0 (Tier 3)	NT
cvs vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
CVS VITAMIN C 1,000 MG FIZZY PKT	$0 (Tier 3)	NT
cvs vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin d3 10 mcg softgel (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
cvs vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
cvs vitamin d3 25 mcg gummies (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
cvs vitamin d3 25 mcg softgel softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cvs vitamin d3 250 mcg softgel (rx) 250 mcg (10,000 unit)	$0 (Tier 3)	NT
cvs vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
CVS VITAMIN E 450 MG SOFTGEL (RX) 450 MG (1,000 UNIT)	$0 (Tier 3)	NT
cvs vitamin e 90 mg softgel 90 mg (200 unit)	$0 (Tier 3)	NT
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES 200 MCG	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl inner,suv	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl mdv,inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl muv, inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl muv, outer	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer, suv, p/f	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer,mdv	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer,suv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml inner,mdv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml inner,muv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv, inner	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv, outer	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv,inner	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv,outer	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer, muv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer,mdv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer,muv	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml inner,muv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml muv 1,000 mcg/ml	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml	$0 (Tier 3)	NT
CYANOCOBALAMIN POWDER USP (RX)	$0 (Tier 3)	NT
CYANOCOBALAMIN POWDER USP, VITAMIN B-12 (RX)	$0 (Tier 3)	NT
CYANOCOBALAMIN POWDER USP,VITAMIN B-12 (RX)	$0 (Tier 3)	NT
D3 LIQUID 25 MCG DROP 25 MCG/DROP (1000 UNIT/DROP)	$0 (Tier 3)	NT
d3-2000 unit softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
D3-50 50,000 UNIT CAPSULE D/F,GLUTEN FREE (RX) 1,250 MCG (50,000 UNIT)	$0 (Tier 3)	NT
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX) 1,250 MCG (50,000 UNIT)	$0 (Tier 3)	NT
DAILY MULTIVITAMIN CAPSULE 200-100-500 MCG	$0 (Tier 3)	NT
daily multivitamin with d3 tab 0.4 mg	$0 (Tier 3)	NT
daily value multivitamin tab	$0 (Tier 3)	NT
daily vite tablet (rx)	$0 (Tier 3)	NT
daily vite with iron tablet	$0 (Tier 3)	NT
daily-vite tablet 400 mcg	$0 (Tier 3)	NT
DAILY-VITE TABLET 400 MCG	$0 (Tier 3)	NT
D-BIOTIN POWDER USP (RX) 100 %	$0 (Tier 3)	NT
DDROPS 1,000 UNIT/DROP 25 MCG/DROP (1000 UNIT/DROP)	$0 (Tier 3)	NT
DDROPS 2,000 UNIT/DROP 50 MCG/DROP (2, 000 UNIT/DROP)	$0 (Tier 3)	NT
DECARA 25,000 UNIT VEGICAP 625 MCG (25,000 UNIT)	$0 (Tier 3)	NT
decara 50,000 unit softgel 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
DECARA K 1,250-200 MCG SOFTGEL	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML	$0 (Tier 3)	NT
DEKAS PLUS LIQUID 500 MCG/ML	$0 (Tier 3)	NT
delta d3 400 unit tablet y/f,gluten/f 10 mcg (400 unit)	$0 (Tier 3)	NT
DERMACINRX FOLDITAM TABLET 250 MCG (10,000 UNIT)-1 MG	$0 (Tier 3)	NT
DERMACINRX FOLIXAPURE TABLET 125 MCG (5,000 UNIT)-1 MG	$0 (Tier 3)	NT
DERMACINRX FOLTAMIN TABLET 125 MCG (5,000 UNIT)-1 MG	$0 (Tier 3)	NT
DERMACINRX FOLTREXYL TABLET 125 MCG (5,000 UNIT)-1 MG	$0 (Tier 3)	NT
DIABETES HEALTH PACK 500 MCG-30 MCG- 360 MG	$0 (Tier 3)	NT
DIALYVITE 3,000 TABLET 3-70-15 MG-MCG-MG	$0 (Tier 3)	NT
DIALYVITE 5000 TABLET 5 MG	$0 (Tier 3)	NT
DIALYVITE 800 CHEWABLE WAFER 800 MCG	$0 (Tier 3)	NT
dialyvite 800 tablet 0.8 mg	$0 (Tier 3)	NT
dialyvite tablet 100-1 mg	$0 (Tier 3)	NT
DIALYVITE VIT D3 50,000 UNIT 1,250 MCG (50,000 UNIT)	$0 (Tier 3)	NT
dialyvite vitamin d 5,000 unit 125 mcg (5,000 unit)	$0 (Tier 3)	NT
dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg	$0 (Tier 3)	NT
DRY EYE FORMULA CAPSULE 133 MG-167 MG- 170 MG	$0 (Tier 3)	NT
e-200 unit softgel 90 mg (200 unit)	$0 (Tier 3)	NT
e-400 c-500 & beta caro tab	$0 (Tier 3)	NT
eldertonic elixir 0.5-0.6-7-0.7 mg	$0 (Tier 3)	NT
ELDERTONIC LIQUID 3.6 MG-0.75 MG /15 ML	$0 (Tier 3)	NT
EMERGEN-C 1,000 MG PACKET	$0 (Tier 3)	NT
EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR	$0 (Tier 3)	NT
EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR	$0 (Tier 3)	NT
EMERGEN-C 1,000 MG VARIETY PK	$0 (Tier 3)	NT
EMERGEN-C BLUE 1,000 MG PACKET	$0 (Tier 3)	NT
EMERGEN-C IMMUNE PLUS PACKET BLUEBERRY-ACAI FLVOR 1,000 MG	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
EMERGEN-C IMMUNE PLUS PACKET CITRUS FLAVOR 1,000 MG	$0 (Tier 3)	NT
EMERGEN-C KIDZ 250 MG PACKET FRUIT PUNCH	$0 (Tier 3)	NT
EMERGEN-C KIDZ 250 MG PACKET GRAPE	$0 (Tier 3)	NT
EMERGEN-C KIDZ 250 MG PACKET ORANGE	$0 (Tier 3)	NT
EMERGEN-C MSM LITE PACKET 1,000-1,000 MG	$0 (Tier 3)	NT
ENDUR-VM IRON-FREE SR TABLET 400 MCG	$0 (Tier 3)	NT
ENDUR-VM WITH IRON SR TABLET 18 MG IRON -400 MCG	$0 (Tier 3)	NT
eq calcium 600-d3-minerals tab gluten-free (rx) 600 mg calcium- 20 mcg-50 mg	$0 (Tier 3)	NT
EQ CHILD COMPLETE CHEW TABLET 18 MG IRON	$0 (Tier 3)	NT
EQ CHILD MULTIVITAMIN GUMMIES P/F	$0 (Tier 3)	NT
eq slow release iron 45 mg tab gluten-free (rx) 142 mg (45 mg iron)	$0 (Tier 3)	NT
eql carbonyl iron 45 mg caplet (rx)	$0 (Tier 3)	NT
eql century mature tablet 400-30 mcg	$0 (Tier 3)	NT
eql slow release iron 50 mg tb 250 mg (50 mg iron)	$0 (Tier 3)	NT
EQL STRESS B-COMPLEX TABLET 500 MG-400 MCG- 24 MG-3 MG	$0 (Tier 3)	NT
eql vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
eql vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
eql vitamin c 1,000 mg tablet p/f, lactose free (rx)	$0 (Tier 3)	NT
eql vitamin d3 1,000 unit sfgl softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
eql vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
eql vitamin d3 400 unit sftgl (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
eql vitamin d3 5,000 unit sfgl softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
essential daily oral tablet 18-0.4 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ezfe 200 capsule 200 mg iron	$0 (Tier 3)	NT
FA-8 CAPSULES 0.8 MG	$0 (Tier 3)	NT
fabb tablet 2.2-25-1 mg	$0 (Tier 3)	NT
FERAHEME 510 MG/17 ML VIAL SDV, P/F 510 MG/17 ML (30 MG/ML)	$0 (Tier 3)	NT
FERAHEME 510 MG/17 ML VIAL SDV, P/F, 10'S 510 MG/17 ML (30 MG/ML)	$0 (Tier 3)	NT
ferate 27 mg tablet 240 mg (27 mg iron)	$0 (Tier 3)	NT
FERGON 27 MG TABLET 225 MG (27 MG IRON)	$0 (Tier 3)	NT
FERIVA 21-7 TABLET 75 MG IRON-175 MG-1 MG-12 MCG	$0 (Tier 3)	NT
FERIVA FA CAPSULE 110 MG-175 MG- 1 MG-12 MCG	$0 (Tier 3)	NT
ferosul 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	$0 (Tier 3)	NT
ferrex 150 capsule 150 mg iron	$0 (Tier 3)	NT
ferrex 150 capsule outer, u-d 150 mg iron	$0 (Tier 3)	NT
ferrex 150 capsule u-d,10x10 150 mg iron	$0 (Tier 3)	NT
ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)	$0 (Tier 3)	NT
ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet p/f (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
FERROUS SULFATE DRIED POWDER USP (RX) 100 %	$0 (Tier 3)	NT
fish oil 1,200 mg fish oil	$0 (Tier 3)	NT
FLINTSTONES + CALCIUM TAB	$0 (Tier 3)	NT
FLINTSTONES COMPLETE CHEW TAB 10 MG IRON	$0 (Tier 3)	NT
FLINTSTONES COMPLETE TABLET	$0 (Tier 3)	NT
FLINTSTONES GUMMIES CHEW TAB	$0 (Tier 3)	NT
FLINTSTONES GUMMIES CHEW TAB 16 MG	$0 (Tier 3)	NT
FLINTSTONES MULTIVIT CHEW TAB 300 MCG	$0 (Tier 3)	NT
FLINTSTONES TABLET CHEWABLE	$0 (Tier 3)	NT
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON	$0 (Tier 3)	NT
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	$0 (Tier 3)	NT
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	$0 (Tier 3)	NT
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	$0 (Tier 3)	NT
FLORIVA PLUS 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	$0 (Tier 1)	
folic acid 0.4 mg tablet (rx) 400 mcg	$0 (Tier 3)	NT
folic acid 0.8 mg tablet (rx) 800 mcg	$0 (Tier 3)	NT
folic acid 1 mg tablet (rx)	$0 (Tier 3)	NT
folic acid 1,000 mcg tablet (rx) 1 mg	$0 (Tier 3)	NT
folic acid 1,000 mcg tablet p/f (rx) 1 mg	$0 (Tier 3)	NT
FOLIC ACID 20 MG CAPSULE	$0 (Tier 3)	NT
folic acid 400 mcg tablet (rx)	$0 (Tier 3)	NT
folic acid 400 mcg tablet p/f (rx)	$0 (Tier 3)	NT
folic acid 400 mcg tablet p/f, lactose free (rx)	$0 (Tier 3)	NT
folic acid 400 mcg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
FOLIC ACID 5 MG CAPSULE	$0 (Tier 3)	NT
folic acid 5 mg/ml vial mdv	$0 (Tier 3)	NT
folic acid 50 mg/10 ml vial muv 5 mg/ml	$0 (Tier 3)	NT
FOLIC ACID 800 MCG CAPSULE 0.8 MG	$0 (Tier 3)	NT
folic acid 800 mcg tablet (rx)	$0 (Tier 3)	NT
folic acid 800 mcg tablet maximum strength (rx)	$0 (Tier 3)	NT
folic acid 800 mcg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
folic acid 800 mcg tablet pure,gluten-free (rx)	$0 (Tier 3)	NT
FOLIC ACID POWDER (RX) 100 %	$0 (Tier 3)	NT
FOLITE TABLET 1-200-50-100 MG-MG-MCG-MG	$0 (Tier 3)	NT
folivane-f capsule 125-1-40-3 mg	$0 (Tier 3)	NT
FOLTRATE TABLET (RX) 0.5-1 MG	$0 (Tier 3)	NT
FUSION PLUS CAPSULE 130 MG IRON -1,250 MCG	$0 (Tier 3)	NT
GENADEK LIQUID DROPS 19 MCG-500 MCG /ML	$0 (Tier 3)	NT
GERBER GROW MIGHTY GUMMY	$0 (Tier 3)	NT
GERBER LIL BRAINIES GUMMY 6.67 MG-1.87MCG -0.77 MG	$0 (Tier 3)	NT
GNP B-COMPLEX PLUS VIT C TAB 300 MG-150 MG CALCIUM	$0 (Tier 3)	NT
gnp biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
gnp calcium 600-d3-minerals tb p/f, gluten-f (rx) 600 mg calcium- 20 mcg-50 mg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
gnp folic acid 400 mcg tablet (rx)	$0 (Tier 3)	NT
gnp hair, skin and nails tab vitamins & minerals 3.3 mg iron-25 mcg	$0 (Tier 3)	NT
gnp healthy eyes tablet advanced antioxidant (rx) 300 mcg-200 mg-27 mg-2 mg	$0 (Tier 3)	NT
gnp iron 45 mg tablet 159 mg (45 mg iron)	$0 (Tier 3)	NT
gnp iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
gnp mega multi for men tablet high potency (rx) 200-175-250 mcg	$0 (Tier 3)	NT
gnp vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
gnp vit d3 10 mcg(400 unit) chw (rx)	$0 (Tier 3)	NT
gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
gnp vitamin b-6 100 mg tablet gluten free (rx)	$0 (Tier 3)	NT
gnp vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin c 1,000 mg tablet with rose hips (rx)	$0 (Tier 3)	NT
gnp vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin d3 1,000 unit tab extra strength (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
gnp vitamin d3 2,000 unit tab maximum strength (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
gnp vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
gnp vitamin d3 25 mcg(1000 unt) (rx)	$0 (Tier 3)	NT
gnp vitamin d3 5,000 unit tab super strength (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
gnp vitamin e 180 mg softgel (rx) 400 unit	$0 (Tier 3)	NT
gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
GNP VITAMIN E 450 MG SOFTGEL (RX) 450 MG (1,000 UNIT)	$0 (Tier 3)	NT
gnp vitamin e 90 mg softgel softgel 90 mg (200 unit)	$0 (Tier 3)	NT
gummi bear multivit tab chew multivit & minerals (rx)	$0 (Tier 3)	NT
HAIR, SKIN AND NAILS SOFTGEL 133.3 MCG- 1,666.7 MCG	$0 (Tier 3)	NT
HAIR, SKIN AND NAILS TABLET 400-2,000 MCG	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
HEALTHY EYES LUTEIN-ZEAXTHN CP 60 MG-13.5 MG- 15 MG-2 MG-6 MG	$0 (Tier 3)	NT
HEMATEX 100 MG/5 ML LIQUID 100 MG IRON/5 ML	$0 (Tier 3)	NT
HEMATEX 150 MG TABLET 150 MG IRON	$0 (Tier 3)	NT
hematogen fa softgel 200-250-0.01-1 mg	$0 (Tier 3)	NT
hm biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
hm vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
honey bears chewable tablet	$0 (Tier 3)	NT
hydroxocobalamin 1,000 mcg/ml	$0 (Tier 3)	NT
HYDROXOCOBALAMIN POWDER USP (RX)	$0 (Tier 3)	NT
icaps areds softgel softgel (rx) 4,296 mcg-226 mg-90 mg	$0 (Tier 3)	NT
ICAPS AREDS2 SOFTGEL 250 MG-200 UNIT -12.5 MG-1 MG	$0 (Tier 3)	NT
I-CAPS WITH LUTEIN-OMEGA 3 SFG 280-10-2 MG	$0 (Tier 3)	NT
INFED 100 MG/2 ML VIAL INNER,SUV 50 MG/ML	$0 (Tier 3)	NT
INFED 100 MG/2 ML VIAL OUTER,SUV 50 MG/ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
INJECTAFER 750 MG/15 ML VIAL SUV 50 MG IRON/ML	$0 (Tier 3)	NT
INTEGRA PLUS CAPSULE 125 MG IRON- 1 MG	$0 (Tier 3)	NT
IRON 18 MG TABLET	$0 (Tier 3)	NT
iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)	$0 (Tier 3)	NT
iron 45 mg tablet 159 mg (45 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet p/f (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet p/f, gluten-free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron chews 15 mg tablet chew	$0 (Tier 3)	NT
IRONUP 15 MG/0.5 ML DROPS 15 MG IRON/0.5 ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
IROSPAN 24/6 TABLET 65 MG-65 MG -1,000 MCG (24)	$0 (Tier 3)	NT
IS-D-10,000 250 MCG SOFTGEL 250 MCG (10,000 UNIT)	$0 (Tier 3)	NT
kids first vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	$0 (Tier 3)	NT
kids vitamin d3 tab chew 10 mcg (400 unit)	$0 (Tier 3)	NT
lysiplex plus liquid	$0 (Tier 3)	NT
MACULAR HEALTH FORMULA CAPSULE 5-1-7.5 MG	$0 (Tier 3)	NT
macuvite eye care tablet 7,160 unit- 113 mg-1 mg	$0 (Tier 3)	NT
MAXIMIN PACK 500-30-300 MCG	$0 (Tier 3)	NT
MAXIMUM D3 325 MCG(13,000 UNIT 325 MCG (13,000 UNIT)	$0 (Tier 3)	NT
mega multi for women tab 13.5-200-250 mg-mcg-mcg	$0 (Tier 3)	NT
MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG	$0 (Tier 3)	NT
MEN'S DAILY PACK 0.4-250 MG-MCG	$0 (Tier 3)	NT
MEN'S MULTIVITAMIN GUMMIES 200 MCG	$0 (Tier 3)	NT
MERIBIN 5 MG CAPSULE	$0 (Tier 3)	NT
MONOFERRIC 1,000 MG/10 ML VIAL 100 MG IRON/ML	$0 (Tier 3)	NT
MULTI FOR HER 50 PLUS SOFTGEL (RX) 400-80 MCG	$0 (Tier 3)	NT
MULTI FOR HER SOFTGEL (RX) 18 MG IRON-600 MCG-40 MCG	$0 (Tier 3)	NT
multi for her tablet 18 mg iron-600 mcg-80 mcg	$0 (Tier 3)	NT
multiple vitamin with iron tab (rx)	$0 (Tier 3)	NT
multiple vitamin w-minerals tb	$0 (Tier 3)	NT
multiple vitamins tablet	$0 (Tier 3)	NT
multiple vitamins tablet one daily	$0 (Tier 3)	NT
multiple vitamins tablet p/f,n,lactose fre	$0 (Tier 3)	NT
multivit with iron tab chew	$0 (Tier 3)	NT
MULTIVITAMIN GUMMIES 200 MCG	$0 (Tier 3)	NT
MULTI-VITAMIN GUMMIES 200-137.5 MCG	$0 (Tier 3)	NT
MULTIVITAMIN LIQUID 9 MG IRON/15 ML	$0 (Tier 3)	NT
multivitamin tablet (rx)	$0 (Tier 3)	NT
multivitamin women 50 plus tab 8 mg iron-400 mcg-50 mcg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
multivitamin-mineral liquid 9 mg iron/15 ml	$0 (Tier 3)	NT
multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg	$0 (Tier 3)	NT
multivitamins tablet (rx)	$0 (Tier 3)	NT
MULTI-VITE LIQUID 9 MG IRON/15 ML	$0 (Tier 3)	NT
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D3000 CHEW	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D5000 CHEW	$0 (Tier 3)	NT
MVW COMPLETE FORMUL PEDIA DRPS 750-500 UNIT-MCG/0.5 ML	$0 (Tier 3)	NT
NANO VM 1-3 POWDER 3.5-75 MG-MCG	$0 (Tier 3)	NT
NANO VM 4-8 POWDER 5-100 MG-MCG	$0 (Tier 3)	NT
NANOVM 9-18 POWDER 2 MG IRON/ 2.6 GRAM	$0 (Tier 3)	NT
NANOVM T-F POWDER 2.75 MG IRON/ 5.4 GRAM	$0 (Tier 3)	NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	$0 (Tier 3)	NT
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg	$0 (Tier 3)	NT
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG	$0 (Tier 3)	NT
nephronex liquid 900 mcg/5 ml	$0 (Tier 3)	NT
nicotinamide tablet 500 mcg- 750 mg	$0 (Tier 3)	NT
NIFEREX TABLET 150 MG IRON- 60 MG-1 MG	$0 (Tier 3)	NT
NOVAFERRUM 125 MG/5 ML LIQUID 125 MG IRON/5 ML	$0 (Tier 3)	NT
NOVAFERRUM 15 MG/ML DROPS PEDIATRIC (RX) 15 MG IRON/ML	$0 (Tier 3)	NT
NOVAMV MULTIVITAMIN DROP 750 UNIT-35 MG- 400 UNIT/ML	$0 (Tier 3)	NT
NUFERA TABLET 125 MG-1 MG-170 MG-1,000 UNIT	$0 (Tier 3)	NT
NU-IRON 150 CAPSULE 150 MG IRON	$0 (Tier 3)	NT
ocutabs tablet (rx)	$0 (Tier 3)	NT
OCUVITE EYE HEALTH GUMMIES 50 MG-15 UNIT- 4.5 MG-2.5 MG	$0 (Tier 3)	NT
omnicap tablet 0.4 mg	$0 (Tier 3)	NT
one daily essential tablet (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
one daily for men 50+ adv tab 400-600-120 mcg-mcg-mg	$0 (Tier 3)	NT
one daily for men tablet 0.4-600 mg-mcg	$0 (Tier 3)	NT
one daily for women 50+ adv tb w/ginkgo,50+advanced 400-120 mcg-mg	$0 (Tier 3)	NT
one daily maximum tablet (rx) 18-0.4 mg	$0 (Tier 3)	NT
one daily multivitamin tab (rx)	$0 (Tier 3)	NT
one daily multivitamin tablet 400 mcg	$0 (Tier 3)	NT
ONE DAILY MULTIVITAMIN TABLET 400 MCG	$0 (Tier 3)	NT
one daily multivitamin-iron tb 18-400 mg-mcg	$0 (Tier 3)	NT
one daily multivit-mineral tab 4.5 mg iron	$0 (Tier 3)	NT
one daily with iron-calcium tb	$0 (Tier 3)	NT
one daily womens 50 plus tab (rx) 0.4 mg	$0 (Tier 3)	NT
ONE-A-DAY VITACRAVES OMEGA-3 200-16 MCG-MG	$0 (Tier 3)	NT
one-daily multi-vitamin tab (rx)	$0 (Tier 3)	NT
ONE-DAILY MULTI-VIT-IRON TAB 18 MG IRON	$0 (Tier 3)	NT
optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
OPTIMAL D3 M 14,000 UNIT CAP 350 MCG (14,000 UNIT)	$0 (Tier 3)	NT
OPTIMAL D3M 350 MCG(14,000 UNIT 350 MCG (14,000 UNIT)	$0 (Tier 3)	NT
OSTEO-VIT3 1,250 MCG/3 ML DROP	$0 (Tier 3)	NT
pedia d-vite 400 unit/ml liq 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
PEDIA POLY-VITE DROPS 750 UNIT-35 MG- 400 UNIT/ML	$0 (Tier 3)	NT
PEDIA POLY-VITE WITH IRON DROP 11 MG IRON/ML	$0 (Tier 3)	NT
PEDIA TRI-VITE DROP 250 MCG-50 MG- 10 MCG/ML	$0 (Tier 3)	NT
pharm chc ped iron 15 mg/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
PHARM CHOICE POLY-VIT-IRON DRP 10 MG IRON/ML	$0 (Tier 3)	NT
PHARMACIST CHOICE PED POLY-VIT 750 UNIT-35 MG- 400 UNIT/ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
PHARMACIST CHOICE PED TRI-VIT 750 UNIT-35 MG -400 UNIT/ML	$0 (Tier 3)	NT
phlexy-vits powder packet 15 mg- 700 mcg	$0 (Tier 3)	NT
poly-iron 150 mg capsule 150 mg iron	$0 (Tier 3)	NT
polysaccharide iron 150 mg cap (rx) 150 mg iron	$0 (Tier 3)	NT
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG- 10 MCG/ML	$0 (Tier 3)	NT
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML	$0 (Tier 3)	NT
POLY-VITA DROPS 750 UNIT-35 MG- 400 UNIT/ML	$0 (Tier 3)	NT
POLY-VITA WITH IRON DROPS 10 MG/ML	$0 (Tier 3)	NT
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (Tier 2)	
PRO FE 180 MG CAPSULE 180 MG IRON	$0 (Tier 3)	NT
prosight tablet 5,000-60-30 unit-mg-unit	$0 (Tier 3)	NT
PROTECT IRON LIQUID 100 MG IRON-250 MG/5 ML	$0 (Tier 3)	NT
PROXEED PLUS POWDER PACKET 200 MCG-1 GRAM -0.5 GRAM-50 MG	$0 (Tier 3)	NT
purevit dualfe plus capsule 162-115.2-1 mg	$0 (Tier 3)	NT
pyridoxine 100 mg/ml vial muv, outer	$0 (Tier 3)	NT
pyridoxine 50 mg tablet (rx)	$0 (Tier 3)	NT
PYRIDOXINE HCL CRYSTALS (RX)	$0 (Tier 3)	NT
PYRIDOXINE HCL POWDER (RX) 100 %	$0 (Tier 3)	NT
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	$0 (Tier 3)	NT
ra b-complex with vit c tab sa (rx)	$0 (Tier 3)	NT
ra biotin 2,500 mcg capsule p/f, d/f	$0 (Tier 3)	NT
ra calcium 600-minerals tab (rx) 600 mg calcium- 200 unit	$0 (Tier 3)	NT
RA CHILD COMPLETE CHEWABLE VIT 18 MG IRON	$0 (Tier 3)	NT
RA ESSENCE C 1,000 MG PACKET ORANGE FLAVOR (RX)	$0 (Tier 3)	NT
RA ESSENCE C 1,000 MG PACKET RASPBERRY FLAVOR (RX)	$0 (Tier 3)	NT
RA ESSENCE C 1,000 MG PACKET TANGERINE FLAVOR (RX)	$0 (Tier 3)	NT
ra folic acid 0.4 mg tablet p/f (rx) 400 mcg	$0 (Tier 3)	NT
ra folic acid 800 mcg tablet p/f (rx)	$0 (Tier 3)	NT
ra high potency iron 27 mg tab 134 mg (27 mg iron)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
RA HIGH POTENCY IRON 27 MG TAB 27 MG IRON	$0 (Tier 3)	NT
RA SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	$0 (Tier 3)	NT
ra vit c-rose hips 500 mg tab natural,p/f (rx)	$0 (Tier 3)	NT
ra vitamin a 10,000 unit sftgl p/f,softgel (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
ra vitamin b-6 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin b-6 50 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 1,000 mg tablet p/f,natural (rx)	$0 (Tier 3)	NT
ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f,natural (rx)	$0 (Tier 3)	NT
ra vitamin d3 1,000 unit tab (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
ra vitamin d3 2,000 unit sfgl (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
ra vitamin d3 2,000 unit sfgl softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
ra vitamin d3 2,000 unit sftgl (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
renal caps softgel 1 mg	$0 (Tier 3)	NT
rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg	$0 (Tier 3)	NT
rena-vite tablet (rx) 0.8 mg	$0 (Tier 3)	NT
replesta 50,000 units wafer 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
REPLESTA NX 14,000 UNITS WAFER 350 MCG (14,000 UNIT)	$0 (Tier 3)	NT
risacal-d tablet 100 mg calcium- 3 mcg	$0 (Tier 3)	NT
se-tan plus capsule 162-115.2-1 mg	$0 (Tier 3)	NT
slow release iron 160 mg tab p/f,gluten-free (rx) 160 mg (50 mg iron)	$0 (Tier 3)	NT
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON)	$0 (Tier 3)	NT
SLOW RELEASE IRON 45 MG TABLET 144 MG (45 MG IRON)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
slow release iron 45 mg tablet gluten-free (rx) 142 mg (45 mg iron)	$0 (Tier 3)	NT
slow release iron tablet (rx) 160 mg (50 mg iron)	$0 (Tier 3)	NT
SLOW RELEASE IRON TABLET 168 MG (50 MG IRON)	$0 (Tier 3)	NT
sm b complex with vit c tablet (rx)	$0 (Tier 3)	NT
sm biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
sm calcium 600-d3-minerals tab (rx) 600 mg calcium- 20 mcg-50 mg	$0 (Tier 3)	NT
sm folic acid 400 mcg tablet (rx)	$0 (Tier 3)	NT
sm iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
sm super vitamin b complex tab (rx) 400 mcg	$0 (Tier 3)	NT
sm vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
sm vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
sm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
sm vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
SOLUVITA-E 22.5 MG/ML DROP 22.5 MG (50 UNIT)/ML	$0 (Tier 3)	NT
soothing pureway-c 500 mg tab	$0 (Tier 3)	NT
stress b with zinc tablet	$0 (Tier 3)	NT
STRESS B-COMPLEX TABLET (RX) 500 MG-400 MCG- 23.9 MG-3 MG	$0 (Tier 3)	NT
stress formula tablet (rx)	$0 (Tier 3)	NT
stress formula with iron tab 500 mg-400 mcg- 27 mg iron	$0 (Tier 3)	NT
stress formula with zinc tab (rx)	$0 (Tier 3)	NT
stresstabs with zinc oral tablet	$0 (Tier 3)	NT
super antioxidant capsule p/f (rx)	$0 (Tier 3)	NT
super antioxidant softgel sftgl,n,p/f	$0 (Tier 3)	NT
super b complex tablet (rx) 400 mcg	$0 (Tier 3)	NT
super b complex tablet p/f (rx) 400 mcg	$0 (Tier 3)	NT
super b complex-vit c caplet (rx) 400 mcg	$0 (Tier 3)	NT
super b with vit c capsule (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
SUPER DAILY D3 1,000 UNIT/DROP 25 MCG/DROP (1000 UNIT/DROP)	$0 (Tier 3)	NT
SUPER DAILY D3 2,000 UNIT/DROP 50 MCG/DROP (2, 000 UNIT/DROP)	$0 (Tier 3)	NT
super thera vite m tablet (rx)	$0 (Tier 3)	NT
SV BIOTIN 1,000 MCG SOFTGEL 1 MG	$0 (Tier 3)	NT
sv biotin 5,000 mcg softgel softgel (rx) 5 mg	$0 (Tier 3)	NT
sv folic acid 800 mcg tablet (rx)	$0 (Tier 3)	NT
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	$0 (Tier 3)	NT
sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	$0 (Tier 3)	NT
sv vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
sv vitamin d3 1,000 unit gummy (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
sv vitamin d3 1,000 unit sftgl (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
sv vitamin d3 1,000 unit sftgl softgel, p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
sv vitamin d3 25 mcg(1000 unit) (rx)	$0 (Tier 3)	NT
sv vitamin d3 400 unit softgel softgel , p/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
sv vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
sv vitamin d3 5,000 unit sftgl softgel, p/f (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
sv vitamin e 450 mg softgel water soluble, p/f (rx) 450 mg (1,000 unit)	$0 (Tier 3)	NT
sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)	$0 (Tier 3)	NT
TAB-A-VITE MULTIVIT WITH IRON 15 MG IRON- 400 MCG	$0 (Tier 3)	NT
tab-a-vite tablet 400 mcg	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
taron forte capsule 150-60-25-1 mg-mg-mcg-mg	$0 (Tier 3)	NT
thera tablet 400 mcg	$0 (Tier 3)	NT
thera-d 2000 tablet 50 mcg (2,000 unit)	$0 (Tier 3)	NT
THERA-D 4000 TABLET 100 MCG (4,000 UNIT)	$0 (Tier 3)	NT
thera-d rapid repletion tablet rapid repletion 50 mcg (2,000 unit)	$0 (Tier 3)	NT
therapeutic-m caplet 19 mg iron- 400 mcg	$0 (Tier 3)	NT
therapeutic-m tablet 9 mg iron-400 mcg	$0 (Tier 3)	NT
thera-tabs caplet	$0 (Tier 3)	NT
therems multivitamin tablet 400 mcg	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial inner,muv 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv, inner 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv, outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial outer,muv 100 mg/ml	$0 (Tier 3)	NT
tricon capsule 110-0.5 mg	$0 (Tier 3)	NT
TRIFERIC 272 MG POWDER PACKET OUTER 272 MG IRON	$0 (Tier 3)	NT
trigels-f forte softgel 460-60-0.01-1 mg	$0 (Tier 3)	NT
triphrocaps softgel softgel (rx) 1 mg	$0 (Tier 3)	NT
TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML	$0 (Tier 3)	NT
TROPICAL LIQUID NUTRITION	$0 (Tier 3)	NT
VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F 100 MG IRON/5 ML	$0 (Tier 3)	NT
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F 100 MG IRON/5 ML	$0 (Tier 3)	NT
VENOFER 100 MG/5 ML VIAL SUV,P/F 100 MG IRON/5 ML	$0 (Tier 3)	NT
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER 100 MG IRON/5 ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER 200 MG IRON/10 ML	$0 (Tier 3)	NT
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER 50 MG IRON/2.5 ML	$0 (Tier 3)	NT
VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F 50 MG IRON/2.5 ML	$0 (Tier 3)	NT
VENOFER 50 MG/2.5 ML VIAL SUV,P/F,OUTER 50 MG IRON/2.5 ML	$0 (Tier 3)	NT
VIRT-CAPS SOFTGEL (RX) 1 MG	$0 (Tier 3)	NT
virt-gard tablet 2.2-25-1 mg	$0 (Tier 3)	NT
vit c-rose hips 1,000 mg cplt caplet,p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips 1,000 mg tab (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet with rose hips,p/f (rx)	$0 (Tier 3)	NT
vit d3 125 mcg (5000 unit) tab	$0 (Tier 3)	NT
VIT D3 5,000 UNIT FAST DISSOLV 125 MCG (5,000 UNIT)	$0 (Tier 3)	NT
vitajoy daily d gummy 25 mcg (1,000 unit)	$0 (Tier 3)	NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	$0 (Tier 3)	NT
vitalee tablet 0.4 mg	$0 (Tier 3)	NT
vitalets tablet chewable child, orange (rx)	$0 (Tier 3)	NT
vitalets tablet chewable child, raspberry 10 mg iron	$0 (Tier 3)	NT
vitalets tablet chewable child,unflavored 10 mg iron	$0 (Tier 3)	NT
VITAMIN A 10,000 UNIT SOFTGEL (RX) 3,000 MCG (10,000 UNIT)	$0 (Tier 3)	NT
vitamin a 10,000 unit softgel p/f,n,softgel (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
vitamin a 3,000 mcg softgel (rx)	$0 (Tier 3)	NT
vitamin a 8,000 unit capsule (rx) 2,400 mcg	$0 (Tier 3)	NT
vitamin a 8,000 unit softgel (rx) 2,400 mcg	$0 (Tier 3)	NT
VITAMIN A PALM 10,000 UNIT TAB 3,000 MCG (10,000 UNIT)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
VITAMIN A PALM 15,000 UNIT TAB 4,500 MCG (15,000 UNIT)	$0 (Tier 3)	NT
vitamin b complex-vit c caplet (rx)	$0 (Tier 3)	NT
vitamin b complex-vitamin c tb (rx)	$0 (Tier 3)	NT
vitamin b complex-vitamin c tb (rx) 400 mcg	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f,no lactose (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f,no-lactose (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet inner (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet outer (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin b-complex & c caplet p/f, caplet 400-500 mcg-mg	$0 (Tier 3)	NT
vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg	$0 (Tier 3)	NT
vitamin b-complex & c caplet p/f,no lactose,cplt 400-500 mcg-mg	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet n,caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet n,caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin c 250 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet u-d (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin c tr 1,000 mg tablet timed release (rx)	$0 (Tier 3)	NT
vitamin c-rose hip 1,000 mg tb (rx)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) capsule	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) softgel	$0 (Tier 3)	NT
VITAMIN D2 2,000 UNIT TABLET 50 MCG (2,000 UNIT)	$0 (Tier 3)	NT
vitamin d2 400 unit tablet y/f,gluten/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
VITAMIN D2 50 MCG (2,000 UNIT)	$0 (Tier 3)	NT
vitamin d3 1,000 unit gummies adult gummies 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit gummies gluten-free, gummies (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit gummy (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel p/f, n,sftgl (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel softgel, p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel softgel,p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit softgel softgel,p/f,n (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 1,000 UNIT SPRAY 25 MCG/SPRAY 1,000UNIT/SPRAY	$0 (Tier 3)	NT
vitamin d3 1,000 unit tab chew grape flavor 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tab chew p/f, gluten-free 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tab chew p/f, peach vanilla 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet gluten-free (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet p/f, gluten-free (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 1,000 unit tablet p/f,gluten free (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 1,000 UNIT/10 ML LQ 12.5 MCG/5 ML (500 UNIT/5 ML)	$0 (Tier 3)	NT
vitamin d3 1,250 mcg capsule (rx)	$0 (Tier 3)	NT
vitamin d3 1.25 mg softgel (rx)	$0 (Tier 3)	NT
vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
VITAMIN D3 10,000 UNIT CAPSULE (RX) 250 MCG (10,000 UNIT)	$0 (Tier 3)	NT
vitamin d3 10,000 unit softgel (rx) 250 mcg (10,000 unit)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin d3 10,000 unit softgel softgel,p/f (rx) 250 mcg (10,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 10,000 UNIT TABLET 250 MCG (10,000 UNIT)	$0 (Tier 3)	NT
vitamin d3 125 mcg (5000 unit) (rx)	$0 (Tier 3)	NT
vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 125 mcg tablet 125 mcg (5,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 125 MCG/0.5 ML DROP 125 MCG/0.5 ML (5K UNIT/0.5ML)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel p/f, color-free (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel p/f, softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel p/f,n,softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel p/f,n,softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel softgel, p/f (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel soy-free,softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit softgel ultra-str,softgel (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 2,000 UNIT TAB CHEW 50 MCG (2,000 UNIT)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet gluten-free (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet p/f, gluten-free (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin d3 2,000 unit tablet super strength (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 2,000 unit tablet w/ calcium carbonate (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg (1,000 unit) (rx)	$0 (Tier 3)	NT
vitamin d3 25 mcg gummy (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg tablet bonus 10 tb,max str (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg tablet p/f, ex-strength (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
vitamin d3 25 mcg tablet y/f,p/f (rx) 25 mcg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN D3 250 MCG TABLET 250 MCG (10,000 UNIT)	$0 (Tier 3)	NT
VITAMIN D3 3,000 UNIT TABLET 75 MCG (3,000 UNIT)	$0 (Tier 3)	NT
vitamin d3 400 unit softgel (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit softgel p/f,n,softgel (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit softgel softgel (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit softgel softgel, p/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit softgel softgel,p/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tab chew (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tab chew orange, p/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tab chew vanilla 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tablet 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tablet gluten-free (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tablet inner 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tablet outer 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin d3 400 unit tablet p/f (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
VITAMIN D3 400 UNIT/5 ML LIQ 10 MCG/5 ML (400 UNIT/5 ML)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
vitamin d3 5,000 unit capsule gluten-free (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit capsule veggie caps (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel softgel, p/f (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel softgel,no lactose (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit softgel softgel,p/f (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit tablet 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit tablet p/f (rx) 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit tablet p/f,gluten-free 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit tablet y/f,gluten/f 125 mcg (5,000 unit)	$0 (Tier 3)	NT
vitamin d3 5,000 unit/ml drops p/f, yeast-free 125 mcg/ml (5,000 unit/ml)	$0 (Tier 3)	NT
vitamin d3 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)	$0 (Tier 3)	NT
vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
vitamin d-400 tablet easy to swallow (rx) 10 mcg (400 unit)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel p/f, blend, softgel (rx)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel softgel, finest (rx)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vitamin e 1,000 unit softgel softgel, p/f (rx) 450 mg (1,000 unit)	$0 (Tier 3)	NT
vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)	$0 (Tier 3)	NT
VITAMIN E 100 UNIT TABLET	$0 (Tier 3)	NT
VITAMIN E 100 UNIT TABLET Y/F,GLUTEN/F (RX) 67 MG (100 UNIT)	$0 (Tier 3)	NT
vitamin e 15 unit/0.3 ml drop 22.5 mg (50 unit)/ml	$0 (Tier 3)	NT
VITAMIN E 15 UNIT/0.3 ML DROP 22.5 MG (50 UNIT)/ML	$0 (Tier 3)	NT
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl (rx)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl inner (rx)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl outer (rx)	$0 (Tier 3)	NT
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)	$0 (Tier 3)	NT
vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)	$0 (Tier 3)	NT
vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel p/f,softgel (rx)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 45 mg softgel (rx) 45 mg (100 unit)	$0 (Tier 3)	NT
vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN E 450 MG SOFTGEL (RX) 450 MG (1,000 UNIT)	$0 (Tier 3)	NT
vitamin e 90 mg softgel 90 mg (200 unit)	$0 (Tier 3)	NT
VITAMIN E NATURAL OIL DROPS 100 UNIT/0.25 ML	$0 (Tier 3)	NT
VITAMIN E OIL DROPS 100 UNIT/0.25 ML	$0 (Tier 3)	NT
VITAMIN E OIL DROPS 45 MG/0.25ML 100 UNIT/0.25ML	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o limitaciones de uso
vp-vite rx tablet 1-60-300 mg-mg-mcg	$0 (Tier 3)	NT
wee care 15 mg/1.25 ml susp	$0 (Tier 3)	NT
weekly-d 1,250 mcg softgel	$0 (Tier 3)	NT
WELLESSE MULT VITAMIN PLUS LIQ 400 MCG-200 MG/30 ML	$0 (Tier 3)	NT
westab one tablet 2.5-25-1 mg	$0 (Tier 3)	NT
women's daily formula caplet 27-0.4 mg	$0 (Tier 3)	NT
WOMEN'S DAILY PACK 400 MCG-800 MG -10 MCG	$0 (Tier 3)	NT
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG	$0 (Tier 3)	NT
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,N,FRUIT 200 MCG	$0 (Tier 3)	NT
XCELLENT E SOFTGEL 33.5-125-25 MG	$0 (Tier 3)	NT
zinc 15 mg lozenges	$0 (Tier 3)	NT
ZOO FRIENDS TABLET CHEWABLE (RX)	$0 (Tier 3)	NT

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla en la página 11.
12/01/2024

D. Índice de medicamentos cubiertos

12 hour decongestant 52
12 hour nasal decongest (pse) 52
24hr allergy relief 52
3-day vaginal 140
4 way 127
50 PLUS ADULT EYE HEALTH 190
8 hour pain reliever 103, 106
a thru z 190
a thru z advanced formula 190
a thru z select 190
a thru z select women's 190
A-25 (VIT A PALMITATE) 190
abacavir 31
abacavir-lamivudine 31
ABATINEX 183
ABELCET 30
ABILIFY MAINTENA 117
abiraterone 91
ABRYSVO (PF) 87
acamprosate 15
acarbose 149, 150
ACCRUFER 190
accutane 169
acebutolol 45
acetaminophen 103, 104
ACETAMINOPHEN 104
ACETAMINOPHEN (BULK) 104
acetaminophen-codeine 111
acetazolamide 143
acetic acid 15, 129
acetylcysteine 68
acid controller 84, 86
acid gone antacid 72
acid gone antacid e.strength 72
acid reducer (famotidine) 84, 85, 86
acid reducer (omeprazole) 84
acidophilus 183
ACIDOPHILUS EX STR (L. SPOROG) 82
acidophilus-pectin 82
ACIDOPHILUS-PECTIN, CITRUS 82
acitretin 163
acne medication 169
ACNE MEDICATION 169
ACTEMRA 131
ACTEMRA ACTPEN 131
ACTHIB (PF) 87
ACTIMMUNE 87
ACTIVE FE 190
activite 190
acyclovir 31
acyclovir sodium 31
ADACEL(TDAP ADOLESN/ADULT)(PF) 87
adapalene 169
adefovir 31
ADEMPAS 68
adrenalin 52
adult aspirin regimen 104
ADULT MULTIVITAMIN GUMMIES 191
adult one daily multivitamin 191
adult tussin chest congestion 59, 67
adults 50 plus 191
ADVAIR HFA 68
advanced antacid-antigas 81
advanced healing (petrolatum) 165
ADVANCED MULTI EA 191
AEROCHAMBER MINI 153
AEROCHAMBER MV 153
AEROCHAMBER PLUS FLOW-VU 153
AEROCHAMBER PLUS FLOW-VU,L MSK 153
AEROCHAMBER PLUS FLOW-VU,M MSK 154
AEROCHAMBER PLUS FLOW-VU,S MSK 154
AEROCHAMBER PLUS Z STAT 154
AEROCHAMBER PLUS Z STAT LG MSK 154
AEROCHAMBER PLUS Z STAT MD MSK 154
AEROCHAMBER PLUS Z STAT SM MSK 154
AEROCHAMBER Z-STAT PLUS-FLW SG 154
AEROVENT PLUS 154
AFTERA 134
AIMOVIG AUTOINJECTOR 126
AIMSCO LATEX CONDOM 154
AIRBORNE (ASCORBATE SODIUM) 191
AIRBORNE (ASCORBIC ACID) 191
AIRBORNE (LYSINE HCL) 183, 184
AIRBORNE (WITH LYSINE ACETATE) 191
AIRBORNE ELDERBERRY 191
AIRBORNE EVERYDAY STRESS AWAY 191
AIRSHIELD 194
AIRSHIELD IMMUNE 185
AIRZONE PEAK FLOW METER ... 154
AKEEGA 91
ak-poly-bac 141
ala-cort 160
ALAHIST CF 52
ALAHIST D 52
ALAHIST DM (DEXBROMPHEN-PE-DM) 52
ala-hist ir 52
ALAHIST PE 52
alaway 143
albendazole 37
albuterol sulfate 68, 69
ALBUTEROL SULFATE 68
alclometasone 161
alcohol pads 150
ALDURAZYME 148
ALECENSA 91
alendronate 133
ALEVAZOL 159
alfuzosin 131
aliskiren 45
all day allergy (cetirizine) 52, 54, 57, 58, 65, 66
all day allergy-d 52, 66
ALL DAY COLD AND SINUS 52
all day pain relief 104
all day relief 104
aller-chlor 52
aller-ease 58
aller-g-time 52
allergy (chlorpheniramine) ... 52, 66
allergy (diphenhydramine) 52, 59
allergy and congestion relief 53
allergy multi-symptom 52, 57
allergy relief (cetirizine) 53, 59
allergy relief (fexofenadine) 52, 57, 59, 66

allergy relief (fluticasone) 69, 70, 71
allergy relief (levocetirizin) 57
allergy relief (loratadine) 52, 58
allergy relief d12 52
allergy relief d-24hr 52
allergy relief(chlorpheniramn) 52, 57, 59
allergy relief(diphenhydramin) 52, 57, 58, 66
ALLERGY RELIEF(DIPHENHYDRAMIN) 53
allergy relief,nasal decongest 53, 59
allergy relief-d (cetirizine) 53
allergy-congest relief-d(fexo) 53
ALL-NITE COLD-FLU 53
allopurinol 133
almacone-2 72
ALOE VESTA PROTECTANT OINTMENT 164
alosetron 72
ALPHA LIPOIC ACID 15, 24
alpha lipoic acid 15
ALPHAGAN P 146
alprazolam 117
ALREX 143
altamist 127
altavera (28) 134
ALTOPREV 43
aluminum hydroxide gel 72
ALUNBRIG 91, 92
alyacen 1/35 (28) 134
alyacen 7/7/7 (28) 134
alyq 69
amabelz 138
amantadine hcl 31
ambrisentan 69
amikacin 37
amiloride 45
amiloride-hydrochlorothiazide ... 45
amiodarone 42
amitriptyline 117
amlodipine 45
amlodipine-atorvastatin 43
amlodipine-benazepril 45
amlodipine-olmesartan 45
amlodipine-valsartan 46
amlodipine-valsartan-hcthiazid .. 46
ammonium lactate 164
amnesteem 169
amoxapine 117
amoxicillin 40
amoxicillin-pot clavulanate 40
amphotericin b 30
ampicillin 40
ampicillin sodium 40
ampicillin-sulbactam 40
anagrelide 15
anastrozole 92
ANORO ELLIPTA 69
antacid 79
antacid (calcium carbonate) 170, 181, 182
antacid anti-gas 72, 76
antacid anti-gas (ca carb-sim) 73
antacid exst (mag carb-al hyd) ... 73
antacid ext str (calcium carb) 170, 177
antacid extra-strength 171
antacid regular strength 73
antacid ultra strength 170
antacid-antigas ... 72, 73, 76, 79, 81
ANTACID-ANTIGAS 73
antibiotic (bacitracin zinc) 159
antibiotic plus (pramoxine) 159
anti-dandruff 163
anti-diarrheal (loperamide) 82, 83, 84
ANTI-DIARRHEAL (LOPERAMIDE) 83
antifungal (clotrimazole) .. 159, 160
antifungal (miconazole) 159
antifungal (tolnaftate) 159, 160
ANTI-GAS ULTRA STRENGTH 75
anti-itch (hc) 161
anti-itch(diphenhyd) with zinc 164, 168
ANTIOXIDANT A/C/E/SELENIUM 191
antioxidant a/c/e/selenium 210
APETIGEN PLUS 191
APOKYN 102
apomorphine 102
apraclonidine 146
aprepitant 73
apri 134
APTIOM 112
APTIVUS 31
aqua glycolic face 164
AQUA-E CONCENTRATE 191
AQUANAZ 53
aquaphilic 164
ARALAST NP 15
aranelle (28) 134
ARCALYST 87
AREXVY (PF) 87
arformoterol 69
ARGININE (L-ARGININE) 184, 188, 190
arginine (l-arginine) 184
ARGININE (L-ARGININE) (BULK) 184, 188
ARGININE HCL (L-ARGININE) 188, 189, 190
ARIKAYCE 37
aripiprazole 117
ARISTADA 117
ARISTADA INITIO 117
armodafinil 117
ARNUITY ELLIPTA 69
arthritis pain relief (acetam) 104, 107, 109
ARTHRITIS PAIN RELIEF(CAPSAIC) 164
artificial tears(pvalch-povid) 143
ASCOR 191
ascorbic acid (vitamin c) 191, 195, 214, 215
asenapine maleate 117
aspirin 104, 105, 106, 107, 109, 110
aspirin-dipyridamole 50
atazanavir 31
atenolol 46
atenolol-chlorthalidone 46
athlete's foot 159
athlete's foot (clotrimazole) 159, 160
ATHLETE'S FOOT (TERBINAFINE) 159
athlete's foot (terbinafine) 160
athlete's foot (tolnaftate) 159
atomoxetine 117
atorvastatin 43

atovaquone 37
atovaquone-proguanil 37
atropine 143
ATROPINE SULFATE (PF) 144
ATROVENT HFA 69
aubra eq 134
AUGTYRO 92
aurovela fe 1.5/30 (28) 134
aurovela fe 1-20 (28) 134
AUSTEDO 124
AUSTEDO XR 124
AUSTEDO XR TITRATION KT(WK1-4) 124
AUVELITY 117
aviane 134
AYR ALLERGY AND SINUS 127
ayr saline 127
AYR SALINE 127
AYR SALINE GEL 127
AYVAKIT 92
azacitidine 92
azathioprine 92
azelaic acid 169
azelastine 127, 144
azithromycin 36
AZO COMPLETE FEMININE BALANCE 83
aztreonam 37
azurette (28) 134
B COMPLEX PLUS VITAMIN C 191
B COMPLEX W-VIT C 191
b complex-vitamin c-folic acid 192, 195, 210, 214
B COMPLEX-VITAMIN C-FOLIC ACID 192
baby ayr saline 127
BABY IRON-MULTIVITAMIN 191
BABY VITAMIN D3 192
BABY'S SUPER DAILY D3 191
bacitracin 141, 158
bacitracin zinc 158
bacitracin-polymyxin b 141
baclofen 126
balsalazide 73
BALVERSA 92
banophen 53
banophen anti-itch 164
BARACLUDE 31
BASAGLAR KWIKPEN U-100 INSULIN 150
baza antifungal 159
BCG VACCINE, LIVE (PF) 87
B-COMPLEX PLUS VIT C (CALCIUM) 202
b-complex with vitamin c 192, 194, 208, 210, 214
BD SAFETYGLIDE INSULIN SYRINGE 154
BELSOMRA 117
benazepril 46
benazepril-hydrochlorothiazide 46
BENDEKA 92
BENLYSTA 131
BENZEDREX 127
BENZEFOAM 169
benzoin 168
benzoin (bulk) 164
benzoin compound 164
benzonatate 53
benzoyl peroxide 169, 170
benztropine 102
BENZYL ALCOHOL (BULK) 15
BENZYL BENZOATE (BULK) 15
BERINERT 69
BEROCCA (FA-GUARANA-CAFF) 192
BESIVANCE 141
BESREMI 87
beta care 164
beta carotene 192
BETADINE 158
BETADINE SURGICAL SCRUB 158
BETADINE SWABSTICKS 158
betaine 73
betamethasone dipropionate 161
betamethasone valerate 161
betamethasone, augmented 161
BETASERON 87
betaxolol 142
bethanechol chloride 130
BEVESPI AEROSPHERE 69
bexarotene 92
BEXSERO 88
bicalutamide 92
BICILLIN L-A 40
BIKTARVY 31
BIO-D-MULSION 192
BIO-D-MULSION FORTE 192
BIO-K PLUS 83
BIOMEPRO 83
BIOTIN 192, 194, 211
biotin 192, 202, 204, 208, 210, 211
BIOTIN (BULK) 192, 193, 197
bisacodyl 73
bismatrol 83
bismuth subsalicylate 83
bisoprolol fumarate 46
bisoprolol-hydrochlorothiazide 46
BIVIGAM 88
blisovi fe 1.5/30 (28) 134
blisovi fe 1/20 (28) 134
BODY, HAIR, SKIN AND NAILS 193
BOOSTRIX TDAP 88
BORIC ACID (BULK) 144, 145
BORTEZOMIB 92
bortezomib 92
bosentan 69
BOSULIF 92
bpo 170
BRAFTOVI 92
BREO ELLIPTA 69
breyna 69
BREZTRI AEROSPHERE 69
BRILINTA 50
brimonidine 146
brinzolamide 143
BRIVIACT 112
bromfenac 142
bromocriptine 102
brompheniramine-pseudoeph-dm 53
BROMSITE 142
BRUKINSA 92
budesonide 69, 73
bumetanide 46
buprenorphine hcl 111
buprenorphine-naloxone 105
bupropion hcl 117, 118
bupropion hcl (smoking deter) 24
buspirone 118
butenafine 159
butorphanol 105
BYDUREON BCISE 150
c-1000 193
c-1000 with rose hips 193

c-500 193
cabergoline 148
CABOMETYX 92
CA-D3-MAG OX-ZINC-COP-MANG-BOR 193, 194
ca-d3-mag ox-zinc-cop-mang-bor 193, 199, 202, 210
CAFFEINE (BULK) 15
calcidol 193
calcipotriene 163
calcitonin (salmon) 148
CAL-CITRATE 171
calcitriol 148
calcium 500 + d 171, 172
calcium 500 with d 171, 172, 177
calcium 600 .....172, 181
calcium 600 + d(3) 172, 173, 174, 182
calcium 600 + minerals 208
calcium 600 with vitamin d3 ..... 172, 178
CALCIUM 600 WITH VITAMIN D3 174
CALCIUM 600-D3 PLUS (MAG-ZINC) 193
calcium 600-d3 plus (mag-zinc) 194
calcium acetate(phosphat bind) 174
calcium antacid 174, 182
calcium carbonate 171, 172, 174, 177, 180, 183
CALCIUM CARBONATE 174
calcium carbonate-vit d3-min ...193
CALCIUM CARBONATE-VITAMIN D3 .....171, 172, 174, 178, 180, 182
calcium carbonate-vitamin d3 171, 172, 173, 174, 176, 177, 182, 183
calcium citrate 175
CALCIUM CITRATE 175
calcium citrate + d 175
calcium citrate-vitamin d3 .....174, 175, 176, 177, 182
CALCIUM CITRATE-VITAMIN D3 .....175, 176, 177, 182, 183
CALCIUM LACTATE 176
CALCIUM PETITES 193
CALCIUM PHOSPHATE-VITAMIN D3 193
calcium with vitamin d 173
cal-gest antacid 176
callus removers 164
CAL-MINT 176
CALQUENCE 92
CALQUENCE (ACALABRUTINIB MAL) 92
CAL-QUICK 176
CALTRATE 600 PLUS D 176
CALTRATE-D3 PLUS MINERALS . 193
camila 138
camrese 134
candesartan 46
candesartan-hydrochlorothiazid .46
CAPCOF 53
CAPLYTA 118
CAPMIST DM 53
CAPRELSA 92
CAPRON DM 53
CAPRON DMT 53
capsaicin 165
CAPSAICIN 165
CAPSULE #0 .....15, 16
CAPSULE #00 .....16, 17
CAPSULE #00 (HYPROMELLOSE) . 29
CAPSULE #000 17
CAPSULE #1 .....17, 18
CAPSULE #10 18
CAPSULE #11 18
CAPSULE #13 18
CAPSULE #2 18
CAPSULE #3 .....18, 19
CAPSULE #4 19
CAPSULE #5 19
CAPSULE #7 19
captopril 46
captopril-hydrochlorothiazide 46
CARAFATE 84
carbamazepine 112, 113
carbidopa 102
carbidopa-levodopa 102
carbidopa-levodopa-entacapone 103
carboplatin 92
CARBOXYMETHYLCELLULOSE SODIUM 144
carglumic acid 19
carteolol 142
cartia xt 46
carvedilol 46
caspofungin 30
castor oil 73, 74, 79
CAYSTON 37
cefaclor 35
cefadroxil 35
cefazolin 35
cefazolin in dextrose (iso-os) 35
CEFAZOLIN IN DEXTROSE (ISO-OS) 35
cefdinir 35
cefepime 35
CEFEPIME IN DEXTROSE 5 % 35
cefepime in dextrose,iso-osm 35
cefixime 35
cefoxitin 35
cefoxitin in dextrose, iso-osm 35
cefpodoxime 35, 36
cefprozil 36
ceftazidime 36
ceftriaxone 36
CEFTRIAXONE 36
ceftriaxone in dextrose,iso-os 36
cefuroxime axetil 36
cefuroxime sodium 36
celecoxib 105
CELLULOSE (BULK) 29
centratex 193
centravites 193
centravites 50 plus 193
century mature 199
cephalexin 36
CERDELGA 148
CEREZYME 148
cerovite jr 193
cetirizine 53, 54
cetirizine-pseudoephedrine 54
cevimeline 19
CHEMET 19
CHEMSTRIP 10 MD 150
CHEMSTRIP 50B 150
CHEMSTRIP 7 150
chest congestion relief 54, 59, 66
CHEST CONGESTION RELIEF 54

chest congestion relief dm 54, 59, 66
chest congestion relief pe 54
chest congestion-cough relief 54
chest-sinus congestion relief 54
child allergy relf(cetirizine) 54
CHILD CHEWABLE VITAMN COMPLETE 194, 208
CHILD COMPLETE MULTIVITAMIN 199
CHILD DELSYM COUGH PLUS DY-NT 54
child delsym cough-chest dm 54
CHILD DELSYM COUGH-SORE THROAT 55
CHILD MUCINEX CHEST MINI-MELTS 55
CHILD MUCINEX COUGH MINI-MELTS 55
child mucinex freefrom day cgh .. 55
CHILD MUCINEX FREEFROM MS D-N 55
CHILD MUCINEX FREEFROM NT COLD 55
CHILD MUCINEX M-S COLD DAY-NTE 55
child mucinex stuffy nose spry .. 127
CHILD MUCINEX STUFFY NOSE-CHST 55
child mucus relief cough 55, 58
CHILD TRIAMINIC MS FEVER-COLD 55
CHILDREN MULTIVITAMIN 193
children's acetaminophen . 105, 107
children's alaway 144
children's allergy (diphenhyd) 54, 55, 58, 65
children's allergy relief(fex) 54
children's allergy relief(lor) ... 54, 66
children's allergy(cetirizine) 65
children's aspirin 110
children's cetirizine 54
children's chew multivitamin 194
CHILDREN'S CHEWABLE VITAMIN 194
children's chewables 194
children's chewables extra c 194
children's cold and cough (pe) 55, 58, 59
children's cold-allergy (pe) 54
CHILDREN'S COUGH DM ER .. 54, 58
children's ibuprofen .. 105, 107, 109
children's iron 194
CHILDREN'S LORATADINE 54
children's mapap 105
children's mucinex cough 55
CHILDREN'S MULTI-VIT GUMMIES 194
children's multivitamin 193
CHILDREN'S MULTIVITAMIN 193, 194, 199
CHILDREN'S OMEGA-3 GUMMY FISH 185
children's pain relief 106, 109
children's pain reliever 110
children's pain-fever relief 105, 107, 110
childrens plus multi-symp cold 55
children's saline nasal spray 127
child's all day allergy(cetir) 54, 58, 59, 66
CHILD'S MUCUS RELIEF M-S COLD 55, 58
CHLO HIST 55
CHLO TUSS 55
chlorhexidine gluconate 127
CHLOROCAPS 184
chloroquine phosphate 37
chlorpheniramine maleate 55
chlorpromazine 118
chlorthalidone 46
chocolate laxative 73
CHOLECALCIFEROL (VITAMIN D3) 192, 197, 213, 216, 217, 218
cholecalciferol (vitamin d3) 195, 196, 199, 203, 207, 209, 210, 211, 213, 215, 216, 217, 218, 219
CHOLESTEROL (BULK) 184
cholestyramine (with sugar) 43
cholestyramine light 43
cholestyramine-aspartame 43
CHROMAGEN(SUMALATE-QUATREFOLI) 194
ciclopirox 159
cilostazol 50
CILOXAN 141
CIMDUO 31
cinacalcet 148
CIPRO 41
CIPRO HC 129
ciprofloxacin 41
ciprofloxacin hcl 41, 141
ciprofloxacin in 5 % dextrose 41
ciprofloxacin-dexamethasone ... 129
cisplatin 92
citalopram 118
CITRACAL-D3 GUMMIES 194
CITRACAL-D3 MAXIMUM PLUS . 176
CITRULLINE (BULK) 188
claravis 170
clarithromycin 36
clearlax 73, 76, 81
CLEVER CHOICE CHAMBER-LRG MASK 154
CLEVER CHOICE CHAMBER-MED MASK 154
CLEVER CHOICE CHAMBER-SM MASK 154
CLEVER CHOICE PEAK FLOW METER 154
clindamycin hcl 37
CLINDAMYCIN IN 0.9 % SOD CHLOR 37
clindamycin in 5 % dextrose 37
clindamycin phosphate 37, 140, 170
CLINIMIX 5%/D15W SULFITE FREE 184
CLINIMIX 4.25%/D10W SULF FREE 184
CLINIMIX 4.25%/D5W SULFIT FREE 20
CLINIMIX 5%-D20W(SULFITE-FREE) 184
CLINIMIX 6%-D5W (SULFITE-FREE) 184
CLINIMIX 8%-D10W(SULFITE-FREE) 184
CLINIMIX 8%-D14W(SULFITE-FREE) 184
CLINITEST COVID-19 HOME TEST 154
CLINOLIPID 184

clobazam 113
clobetasol 161
clobetasol-emollient 161
clomipramine 118
clonazepam 113
clonidine 46
clonidine hcl 46
clopidogrel 50
clorazepate dipotassium 118
clotrimazole 30, 140, 160
clotrimazole-3 140
clotrimazole-betamethasone 160
clozapine 118
co q-10 ..... 27, 28, 29
CO Q-10 28
co q-10 (with vit e) 184
COARTEM 37
codeine-guaifenesin 55, 59
coenzyme q10 ..... 27, 28, 29
COENZYME Q10 28
COENZYME Q10 (BULK) 28
COENZYME Q10-VIT E-VIT E MIXED 184
coenzyme q10-vitamin e 185
COLACE 2-IN-1 73
COLACE CLEAR 73
colchicine 133
cold and cough elixir 55
cold relief plus 65
cold-sinus relief 59
colesevelam 43
colestipol 43
colistin (colistimethate na) 37
COLUMVI 92
COMBIGAN 143
COMBIVENT RESPIMAT 69
COMETRIQ 92, 93
COMPACT SPACE CHAMBER 154
COMPACT SPACE CHAMBER-LRG MASK 154
COMPACT SPACE CHAMBER-MED MASK 154
COMPACT SPACE CHAMBER-SM MASK 154
COMPLERA 31
complete allergy 65
complete allergy medicine 65
COMPLETE MULTIVITAMIN-MINERAL 194
compro 73
CONCEPTIONXR MOTILITY 194
CONEX 55
conex 55
constulose 73
COPIKTRA 93
coq-10 ..... 27, 28
CORLANOR 42
corn remover 164
corn-callus remover 164
COROMEGA 184, 185
corvita 194
corvita 150 194
CORVITE 150 194
CORVITE FE 194
COTELLIC 93
COUGH AND COLD (CHLORPHEN-DM) 56
COUGH AND SEVERE COLD 63
cough dm er 56, 60
COUGH DM ER 56, 58, 60
COUGH SYRUP DM 55
COUGH-COLD RELIEF HBP 56
COVID-19 AT-HOME TEST 154
COVID-19 TEST SPECIMEN COLLECT 154
CREON 74
CRESEMBA 30
cromolyn 69, 74, 144
cryselle (28) 134
CULTURELLE KIDS PROBIOTIC-MV 194
CULTURELLE PRENATAL PROBIOTIC 83
CULTURELLE TOTAL BALANCE 83
CUTTER 165
CUTTER ALL FAMILY 165
CUTTER BACKWOODS 165
CUTTER BACKWOODS DRY 165
CUTTER DRY 165
CUTTER LEMON EUCALYPTUS .. 165
CUTTER NATURAL INSECT REPELLNT 165
CUTTER NATURAL REPELLENT2 165
CUTTER SKINSATIONS 165
CUTTER SPORT 165
cyanocobalamin (vitamin b-12) 196, 197
CYANOCOBALAMIN(VIT B-12)(BULK) 197
cyclobenzaprine 126
cyclophosphamide 93
CYCLOPHOSPHAMIDE 93
cyclosporine 93
cyclosporine modified 93
CYLTEZO(CF) 131
CYLTEZO(CF) PEN 131
CYLTEZO(CF) PEN CROHN'S-UC-HS 131
CYLTEZO(CF) PEN PSORIASIS-UV 131
cyproheptadine 56
cyred eq 134
CYSTADROPS 144
CYSTAGON 130
CYSTARAN 144
cytarabine 93
CYTO ARG 185
CYTO-Q 185
cyto-q max 185
CYTO-Q T-F 185
d10 %-0.45 % sodium chloride 20
d2.5 %-0.45 % sodium chloride ...20
d3-2000 197
d5 % and 0.9 % sodium chloride . 20
d5 %-0.45 % sodium chloride 20
DAILY GUMMIES 194
DAILY MULTIVITAMIN 197
daily value 197
daily vites/iron 197
daily-vite 197
daily-vite (with folic acid) 197
DAILY-VITE (WITH FOLIC ACID) . 197
dalfampridine 124
danazol 148
dandruff shampoo (pyrithione) .162
dandruff shampoo (selenium) .. 163
dantrolene 126
dapsone 37
DAPTACEL (DTAP PEDIATRIC) (PF) 88
daptomycin 37
darifenacin 129
darunavir 31

dasatinib 93
dasetta 1/35 (28) 135
dasetta 7/7/7 (28) 135
DAURISMO 93
day multi-symp flu-severe cold ... 56
daylogic advanced healing 165
daysee 135
DAYTIME COLD-FLU 58, 66
DAYTIME COLD-FLU RELIEF (PE) 56, 58
DDROPS 197
deblitane 138
DECARA 197
decara 197
DECARA K 197
DECONEX DMX 56
DECONEX IR 56
deep sea nasal 127
deferasirox 20
DEKAS ESSENTIAL 198
DEKAS PLUS LIQUID 198
DELESTROGEN 138
DELSTRIGO 31
DELSYM COUGH 56
DELSYM COUGH PLUS DAY-NIGHT 56
delsym cough-chest congest dm . 56
DELSYM COUGH-COLD NIGHTTIME 56
DELSYM COUGH-SORE THROAT . 56
DELSYM NIGHTTIME COUGH 56
delta d3 198
DENGVAXIA (PF) 88
DEPO-SUBQ PROVERA 104 138
dermabase 165
DERMACINRX ATRIX 164, 170
DERMACINRX ATRIX SYSTEM 1 . 164
DERMACINRX CIRCATA 165
DERMACINRX CIRCATRIX 165
DERMACINRX FOLDITAM 198
DERMACINRX FOLIXAPURE 198
DERMACINRX FOLTAMIN 198
DERMACINRX FOLTREXYL 198
dermacinrx lidocan 165
DERMACINRX PENETRAL 165
DERMACINRX SKIN REPAIR COMPLEX 165
DESCOVY 32
desipramine 118
desloratadine 56
desmopressin 148, 149
desog-e.estradiol/e.estradiol 135
desogestrel-ethinyl estradiol 135
desvenlafaxine succinate 118
dex4 glucose 20
dex4 glucose pouch pack 20
dex4 glucose quick dissolve 20
dexamethasone 147
dexamethasone intensol 147
dexamethasone sodium phos (pf) 147
dexamethasone sodium phosphate 143, 147
DEXBROMPHENIRAMINE-PHENYLEPH 56
DEXCHLORPHEN-PSE-CHLOPHEDIANOL 55
dexlansoprazole 84
dexmethylphenidate 118
dextroamphetamine-amphetamine 118
dextromethorphan hbr 56
dextromethorphan polistirex 56
dextromethorphan-guaifenesin .. 59
dextrose 20
dextrose 10 % and 0.2 % nacl 20
dextrose 10 % in water (d10w) ... 20
dextrose 5 % in water (d5w) 21
dextrose 5 %-lactated ringers 21
dextrose 5%-0.2 % sod chloride .. 21
dextrose 5%-0.3 % sod.chloride .. 21
dextrose 50 % in water (d50w) ... 21
dextrose 70 % in water (d70w) ... 21
DIABETES HEALTH PACK 198
DIACOMIT 113
dialyvite 198
DIALYVITE 3000 198
DIALYVITE 5000 198
DIALYVITE 800 198
dialyvite 800 198
dialyvite vitamin d 198
DIALYVITE VITAMIN D3 MAX 198
diazepam 113, 118, 119
diazepam intensol 119
diazoxide 150
diclofenac potassium 105
diclofenac sodium 105, 106, 142
diclofenac-misoprostol 106
dicloxacillin 40
dicyclomine 83
DIFICID 36
diflunisal 106
difluprednate 143
DIGESTIVE HEALTH PROBIOTIC ... 84
DIGESTIVE PROBIOTIC 185
digoxin 42, 43
dihydroergotamine 126
DILANTIN 113
DILANTIN EXTENDED 113
DILANTIN INFATABS 113
DILANTIN-125 113
diltiazem hcl 46, 47
dilt-xr 47
dimaphen dm 56
diphedryl 56
diphenhydramine hcl 56, 57
diphenoxylate-atropine 83
dipyridamole 50
disopyramide phosphate 42
disulfiram 21
divalproex 113
docetaxel 93
docusate calcium 74
docusate sodium 74
DOCUSATE SODIUM 74
DOCUSOL 74
DOCUSOL KIDS 74
DOCUSOL PLUS 74
dofetilide 42
dok 74
DOLOGESIC (W-DEXBROMPHENIRMN) 106
DOLOGESIC-DF 106
donepezil 124
DOPTELET (10 TAB PACK) 50
DOPTELET (15 TAB PACK) 50
DOPTELET (30 TAB PACK) 50
dorzolamide 143
dorzolamide-timolol 143
dotti 138
double antibiotic (b.tracn zn) 158, 159
DOVATO 32
doxazosin 47

doxepin 119
doxercalciferol 149
doxorubicin 93
doxorubicin, peg-liposomal 93
doxy-100 42
doxycycline hyclate 42
doxycycline monohydrate 42
DOXYLAMINE-PHENYLEPHRINE .. 57
driminate 74
DRIZALMA SPRINKLE 119
dronabinol 74
drospirenone-ethinyl estradiol .. 135
DROXIA 93
droxidopa 21
DRY EYE FORMULA 198
DRY EYE RELIEF 144, 145
duloxetine 119
DUPIXENT PEN 165
DUPIXENT SYRINGE 166
DURAFLU 57
DUREX AVANTI BARE REAL FEEL 154
dutasteride 131
dutasteride-tamsulosin 131
e.e.s. 400 36
e-200 198
e-400 c-500 and beta carotene . 198
ear drops (carbamide peroxide) 129
ear wax removal drops 129
ear wax removal kit 129
EASIVENT HOLDING CHAMBER . 154
EASIVENT MASK LARGE 154
EASIVENT MASK MEDIUM 154
EASIVENT MASK SMALL 154
ec-naproxen 106
econtra ez 135
econtra one-step 135
ed a-hist 57
ED A-HIST DM 57
ed a-hist dm 57
ed bron gp 57
ed chlorped jr 57
ed-apap 106
EDARBI 47
EDARBYCLOR 47
EDURANT 32
efavirenz 32
efavirenz-emtricitabin-tenofov ... 32
efavirenz-lamivu-tenofov disop .. 32
eldertonic 198
ELDERTONIC 198
electrolyte-148 185
electrolyte-48 in d5w 185
electrolyte-a 185
electrolytes-dextrose 177, 180
ELIGARD 93
ELIGARD (3 MONTH) 93
ELIGARD (4 MONTH) 93
ELIGARD (6 MONTH) 93
elinest 135
ELIQUIS 50
ELIQUIS DVT-PE TREAT 30D START 50
ELLENCE 93
ELMIRON 130
ELREXFIO 94
eluryng 140
EMERGEN-C 198
EMERGEN-C IMMUNE PLUS 198, 199
EMERGEN-C KIDZ 199
EMERGEN-C MSM LITE 199
EMGALITY PEN 126
EMGALITY SYRINGE 126
emollient 166
emoquette 135
EMSAM 119
emtricitabine 32
emtricitabine-tenofovir (tdf) 32
EMTRIVA 32
EMVERM 37
emzahh 138
enalapril maleate 47
enalapril-hydrochlorothiazide 47
ENBREL 132
ENBREL MINI 132
ENBREL SURECLICK 132
endacof - dm 57
ENDARI 21
endocet 111
endur-acin 43
ENDUR-VM IRON-FREE 199
ENDUR-VM WITH IRON 199
enema 74, 80
enema disposable 74
ENEMEEZ 74
ENEMEEZ PLUS 74
ENGERIX-B (PF) 88
ENGERIX-B PEDIATRIC (PF) 88
enoxaparin 50, 51
enpresse 135
enskyce 135
ENSTILAR 163
ensure clear 185
entacapone 103
entecavir 32
ENTRESTO 43
enulose 74
ENVARSUS XR 94
EPCLUSA 32
EPIDIOLEX 113
epinephrine 57
EPINEPHRINE 57
epitol 113
EPKINLY 94
eplerenone 47
EPRONTIA 113
epsom salt (laxative) 81
ergocalciferol (vitamin d2) 199, 215
ERGOCALCIFEROL (VITAMIN D2) 215
ergotamine-caffeine 126
ERIVEDGE 94
ERLEADA 94
erlotinib 94
errin 138
ertapenem 37
ery pads 170
ery-tab 37
ERYTHROCIN 37
erythrocin (as stearate) 37
erythromycin 37, 141
erythromycin ethylsuccinate 37
erythromycin with ethanol 170
escitalopram oxalate 119
esomeprazole magnesium 84, 85, 86
ESSENCE C 208
essential daily 199
estarylla 135
estradiol 138, 139
estradiol valerate 139
estradiol-norethindrone acet 139
ethambutol 38

ethosuximide 113
ethynodiol diac-eth estradiol 135
etodolac 106
etonogestrel-ethinyl estradiol ...140
etoposide 94
etravirine 32
EULEXIN 94
euthyrox 146
everolimus (antineoplastic) 94
everolimus (immunosuppressive) 94
EVOTAZ 32
exemestane 94
EXKIVITY 94
EXTREME OMEGA-3 185
eye itch relief 144, 146
EZALLOR SPRINKLE 43
ezetimibe 43
ezetimibe-simvastatin 43
ezfe 200 200
FA-8 200
fabb 200
FABRAZYME 149
falmina (28) 135
famciclovir 32
famotidine 85
famotidine (pf) 84
famotidine (pf)-nacl (iso-os) 85
FANAPT 119
FANTASY CONDOM 155
FARXIGA 150
FASENRA 70
FASENRA PEN 70
FAST ACTING NASAL 128
FC2 FEMALE CONDOM 155
febuxostat 133
felbamate 113
felodipine 47
fenofibrate 44
fenofibrate micronized 43
fenofibrate nanocrystallized 44
fenofibric acid (choline) 44
fentanyl 111
fentanyl citrate 111
FERAHEME 200
ferate 200
FERGON 200
FERIVA 21-7 200
FERIVA FA (WITH SUMALATE) .. 200
ferosul 200
FERRALET 90 DUAL-IRON DELIVERY 200
ferrex 150 200
ferro-time 200
ferrous gluconate 195, 200, 204
ferrous sulfate 195, 200, 201, 204, 207
FERROUS SULFATE, DRIED (BULK) 201
fesoterodine 129
FETZIMA 119
feverall 106
FEVERALL 106
fexofenadine 57, 66
fexofenadine-pseudoephedrine .. 57
FIASP FLEXTOUCH U-100 INSULIN 150
FIASP PENFILL U-100 INSULIN ...150
FIASP U-100 INSULIN 150
fiber (calcium polycarbophil) 74, 81
fiber laxative(methylcellulos) 81
fiber therapy (m-cell/sugar) 74
fiber therapy (m-cellulose) 74
fiber-lax 74
fiber-tabs 74
FINACEA 170
finasteride 131
finger cream 166
fingolimod 124
FINTEPLA 114
FIRMAGON KIT W DILUENT SYRINGE 94
FIRST AID ANTIBIOTIC 158
FIRST AID ANTISEPTIC(POVIDONE) 158
fish oil 185, 186, 187, 189, 190
FISH OIL 185, 186, 187, 190
fish oil extra strength 187
FISH OIL PEARLS 187
fish oil-dha-epa 201
flac otic oil 129
FLANDERS BUTTOCKS 166
FLAREX 143
FLEBOGAMMA DIF 88
flecainide 42
FLEET BISACODYL 75
FLEET PEDIATRIC 75
FLEXICHAMBER 155
FLEXICHAMBER-LG CHILD MASK 155
FLEXICHAMBER-SM ADULT MASK 155
FLEXICHAMBER-SM CHILD MASK 155
FLINTSTONES COMPLETE (FE SULF) 201
FLINTSTONES COMPLETE (IRON) 201
FLINTSTONES GUMMIES 201
FLINTSTONES GUMMIES OMEGA-3 201
FLINTSTONES MULTIVITAMIN .. 201
FLINTSTONES PLUS CALCIUM ... 201
FLINTSTONES WITH IRON 201
FLORANEX 187
floranex 187
FLORIVA 201
FLORIVA PLUS 201
FLU HBP 57
fluconazole 30
fluconazole in nacl (iso-osm) 30
flucytosine 30
fludrocortisone 147
flunisolide 70
fluocinolone 161
fluocinolone acetonide oil 129
fluocinolone and shower cap 161
fluocinonide 161
fluocinonide-e 161
fluocinonide-emollient 161
fluoride (sodium) 202
fluorometholone 143
fluorouracil 94, 166
fluoxetine 119
fluphenazine decanoate 119
fluphenazine hcl 119
flurbiprofen 106
flurbiprofen sodium 142
FLU-SEVERE COLD-COUGH DAYTIME 57, 58
fluticasone propionate 70, 161
fluticasone propion-salmeterol ...70
fluvastatin 44
fluvoxamine 119

folic acid 195, 202, 203, 208, 210, 211
FOLIC ACID 202
FOLIC ACID (BULK) 202
FOLITE 202
folivane-f 202
FOLTRATE 202
fondaparinux 51
formoterol fumarate 70
FORTEO 133
FOSAMAX PLUS D 133
fosamprenavir 32
fosinopril 47
fosinopril-hydrochlorothiazide 47
FOTIVDA 94
freeze dried acidophilus 187
FRESHKOTE 144
FRUCTOSE (BULK) 21
FRUZAQLA 94
fulvestrant 94
fungoid tincture 160
furosemide 47
FUSION PLUS 202
FUZEON 32
fyavolv 139
FYCOMPA 114
gabapentin 114
galantamine 125
GALZIN 177
GAMASTAN 88
GAMMAGARD LIQUID 88
GAMMAGARD S-D (IGA < 1 MCG/ML) 88
GAMMAKED 88
GAMMAPLEX 88
GAMMAPLEX (WITH SORBITOL) . 88
GAMUNEX-C 88
ganciclovir sodium 32
GARDASIL 9 (PF) 88
gas relief (simethicone) ... 75, 76, 81
GAS RELIEF (SIMETHICONE) 81
gas relief 80 (simethicone) 75
gas relief extra strength 75, 76, 79, 81
gas relief ultra strength 75, 76
GAS-X EXTRA STRENGTH 75
GAS-X ULTRA-STRENGTH 75
gatifloxacin 141
GATTEX 30-VIAL 75
GATTEX ONE-VIAL 75
GAUZE PAD 155
gavilax 75
gavilyte-c 75
gavilyte-g 75
GAVRETO 94
gefitinib 95
gemcitabine 95
GEMCITABINE 95
gemfibrozil 44
GEMTESA 130
GENADEK 202
generlac 75
gengraf 95
GENOTROPIN 87
GENOTROPIN MINIQUICK 87
gentak 141
gentamicin 38, 141, 158
gentamicin in nacl (iso-osm) 38
gentamicin sulfate (ped) (pf) 38
GENTEAL TEARS MODERATE 144
GENTEAL TEARS MODERATE (PF) 144
GENTEAL TEARS SEVERE GEL 144
GENTEAL TEARS SEVERE GEL DROPS 144
GENTEAL TEARS SEVERE(PETROLAT) 144
gentle laxative (bisacodyl) 75, 79, 81
GENVOYA 32
GERBER GROW MIGHTY 202
GERBER LIL BRAINIES 202
GILOTRIF 95
glatiramer 125
glatopa 125
GLEOSTINE 95
glimepiride 150
glipizide 150
glipizide-metformin 150
glucose 20, 21, 22, 23
glucose gel 20, 24
GLUTAMINE (BULK) 22
glutamine (sickle cell) 21
GLUTATHIONE (BULK) 22
glycerin 166
glycerin (bulk) 166
glycopyrrolate 83
glydo 166
GLYXAMBI 150
GOLYTELY 75
GRALISE 114
granisetron (pf) 75
granisetron hcl 76
griseofulvin microsize 30
griseofulvin ultramicrosize 30
guaifenesin 59
guanfacine 47, 120
gummi bear multivitamin 203
GUMMY DINOS 194
gummy dinos 195
GVOKE 151
GVOKE HYPOPEN 1-PACK 150
GVOKE HYPOPEN 2-PACK 150
GVOKE PFS 1-PACK SYRINGE 151
GVOKE PFS 2-PACK SYRINGE 151
HAEGARDA 70
hair, skin and nails advanced 203
HAIR,SKIN AND NAILS(FA-BIOTIN) 203
HAIR-SKIN-NAILS (MV-FA-BIOTIN) 203
halobetasol propionate 162
haloperidol 120
haloperidol decanoate 120
haloperidol lactate 120
HARVONI 32
HAVRIX (PF) 88
healthy eyes 203
HEALTHY EYES LUTEIN-ZEAXANTHIN 204
healthylax 76
HEARTBURN RELIEF 76
heartburn relief (famotidine) 85
heather 139
HEMATEX 204
hematogen fa 204
HEMORRHOIDAL(PE-MIN OIL-PETRO) 76
heparin (porcine) 51
heparin (porcine) in 5 % dex 51
HEPARIN(PORCINE) IN 0.45% NACL 51
heparin(porcine) in 0.45% nacl ... 51
HEPLISAV-B (PF) 89

HIBERIX (PF) 89
hi-cal plus vit d 182
high potency iron 208
HIGH POTENCY IRON 209
HISTEX (TRIPROLIDINE) 59
HISTEX DM 59
honey bears multivitamin 204
HUMIRA 132
HUMIRA PEN 132
HUMIRA(CF) 132
HUMIRA(CF) PEDI CROHNS STARTER 132
HUMIRA(CF) PEN 132
HUMIRA(CF) PEN CROHNS-UC-HS 132
HUMIRA(CF) PEN PEDIATRIC UC 132
HUMIRA(CF) PEN PSOR-UV-ADOL HS 132
HUMULIN R U-500 (CONC) INSULIN 151
HUMULIN R U-500 (CONC) KWIKPEN 151
hydralazine 47
hydralyte 177
hydrochlorothiazide 47
hydrocodone-acetaminophen ... 111
hydrocodone-chlorpheniramine . 60
hydrocodone-homatropine 60
hydrocodone-ibuprofen 111
hydrocortisone 76, 77, 147, 162
hydrocortisone acetate 162
hydrocortisone plus 162
hydrocortisone-aloe vera 162
hydrolatum 166
hydromet 60
hydromorphone 111
HYDROPHILIC PETROLATUM 166
hydroxocobalamin 204
HYDROXOCOBALAMIN (BULK) .. 204
hydroxychloroquine 38
hydroxyurea 95
hydroxyzine hcl 60
hydroxyzine pamoate 60
HYSINGLA ER 111
ibandronate 133
IBRANCE 95
ibu 107
ibuprofen 106, 107, 108, 110
ibuprofen ib 110
ibuprofen jr strength 108
I-CAPS 204
icaps areds 204
ICAPS AREDS2 204
icatibant 70
ICLUSIG 95
IDACIO(CF) 132
IDACIO(CF) PEN 132
IDACIO(CF) PEN CROHN-UC STARTR 132
IDACIO(CF) PEN PSORIASIS START 132
IDHIFA 95
ILEVRO 142
imatinib 95
IMBRUVICA 95
imipenem-cilastatin 38
imipramine hcl 120
imiquimod 166
IMOVAX RABIES VACCINE (PF) 89
IMVEXXY MAINTENANCE PACK 139
IMVEXXY STARTER PACK 139
INBRIJA 103
incassia 139
INCRELEX 21
INCRUSE ELLIPTA 70
indapamide 47
INFANRIX (DTAP) (PF) 89
infant pain reliever 108
infant's acetaminophen 108
infants gas relief 76, 77, 81
infant's ibuprofen 107, 108, 110
infants' pain and fever 107, 108, 110
infants' pain relief 108
infants simethicone 77
INFED 204
INFUVITE PEDIATRIC 204
INJECTAFER 204
INLYTA 95
INQOVI 95
INREBIC 95
INSECT REPELLENT (DEET) 165
INSECT REPELLENT (PICARIDIN) 166
INSPIRACHAMBER 155
INSPIRACHAMBER WITH MASK-LARGE 155
INSPIRACHAMBER WITH MASK-MED 155
INSPIRACHAMBER WITH MASK-SMALL 155
INSULIN SYRINGE-NEEDLE U-100 155
INTEGRA PLUS 204
INTELENCE 32
intralipid 188
INTRALIPID 188
introvale 135
INVEGA HAFYERA 120
INVEGA SUSTENNA 120
INVEGA TRINZA 120
IPOL 89
ipratropium bromide 70, 128
ipratropium-albuterol 70
irbesartan 47
irbesartan-hydrochlorothiazide .. 47
irinotecan 95
iron 203, 204, 210
IRON 204
iron (ferrous sulfate) 195, 204
iron chews 204
iron, carbonyl 199
IRONUP 204
IROSPAN 24/6 205
IS-D-10,000 205
ISENTRESS 32, 33
ISENTRESS HD 32
isibloom 135
ISOLEUCINE 188
ISOLEUCINE (BULK) 188
ISOLYTE S PH 7.4 188
ISOLYTE-P IN 5 % DEXTROSE 188
ISOLYTE-S 188
isoniazid 38
isosorbide dinitrate 45
isosorbide mononitrate 45
isotretinoin 170
isradipine 48
itch relief 166
ITCH RELIEF 166
itraconazole 30
ivabradine 43
ivermectin 38

IWILFIN 95
IXCHIQ (PF) 89
IXIARO (PF) 89
JAKAFI 95
jantoven 51
JANUMET 151
JANUMET XR 151
JANUVIA 151
JARDIANCE 151
jasmiel (28) 135
JAYPIRCA 95
JENTADUETO 151
JENTADUETO XR 151
jinteli 139
jock itch (terbinafine) 160
jolessa 135
juleber 135
JULUCA 33
junel fe 1.5/30 (28) 135
junel fe 1/20 (28) 135
JYLAMVO 96
JYNNEOS (PF) 89
KADCYLA 96
KALA 83
KALYDECO 70
kariva (28) 135
kelnor 1/35 (28) 135
kelnor 1/50 (28) 135
KERENDIA 48
ketoconazole 30, 160
KETO-DIASTIX 151
KETONE CARE 150
ketorolac 142
KEYTRUDA 96
kids first vitamin d3 205
KIDS' GUMMY 195
kids vitamin d3 205
KIMONO CONDOMS(NON-LUBRICATED) 155
KIMONO MAXX CONDOMS 155
KIMONO MICROTHIN AQUA LUBE CON 155
KIMONO MICROTHIN CONDOMS 155
KIMONO MICROTHIN LARGE CONDOMS 155
KIMONO TEXTURED CONDOMS155
KIMONO THIN LUBRICATED CONDOMS 155
kinderlyte 177
KINRIX (PF) 89
kionex (with sorbitol) 22
KISQALI 96
KISQALI FEMARA CO-PACK 96
klayesta 160
klor-con 177
klor-con 10 177
klor-con 8 177
klor-con m10 177
klor-con m15 177
klor-con m20 177
konsyl sugar-free 77
KORLYM 149
KOSELUGO 96
kourzeq 128
KRAZATI 96
kurvelo (28) 136
l norgest/e.estradiol-e.estrad ... 136
l.acidophilus-bifido.longum 82
labetalol 48
lacosamide 114
lactated ringers 178
lactobac acidoph-fructooligos 82
LACTOBACILLUS ACIDOPHILUS 183, 190
lactobacillus acidophilus 183, 185, 190
LACTOBACILLUS ACIDOPH-L.BULGAR 188
LACTOSE (BULK) 22
lactulose 77
LAGEVRIO (EUA) 33
lamivudine 33
lamivudine-zidovudine 33
lamotrigine 114
lanreotide 96
lansoprazole 85, 86
lapatinib 96
larin 1.5/30 (21) 136
larin 1/20 (21) 136
larin 24 fe 136
larin fe 1.5/30 (28) 136
larin fe 1/20 (28) 136
latanoprost 143
laxative (bisacodyl) 76, 77
laxative (sennosides) 77
LAZCLUZE 96
L-CITRULLINE 188
leflunomide 132
lenalidomide 96
LENVIMA 96
lessina 136
letrozole 96
leucovorin calcium 91
LEUKERAN 96
leuprolide 96
levalbuterol hcl 70
LEVALBUTEROL TARTRATE 70
levetiracetam 114
levetiracetam in nacl (iso-os) 114
levobunolol 142
levocarnitine 22
LEVOCARNITINE (BULK) 22
levocarnitine (with sugar) 22
levocetirizine 60
levofloxacin 41
levofloxacin in d5w 41
levonest (28) 136
levonorgestrel 136
levonorgestrel-ethinyl estrad 136
levonorg-eth estrad triphasic ... 136
levora-28 136
levo-t 147
levothyroxine 147
levoxyl 147
L-GLUTAMINE 22
LIBERVANT 115
lice killing 162, 163
lice treatment 163
lice treatment (permethrin) 163
LIDOCAINE 166
lidocaine 167
lidocaine (pf) 166
lidocaine hcl 167
lidocaine viscous 167
lidocaine-prilocaine 167
lidocan iii 167
lidocan iv 167
lidocan v 167
linezolid 38
linezolid in dextrose 5% 38
linezolid-0.9% sodium chloride ... 38

LINEZOLID-0.9% SODIUM CHLORIDE 38
LINZESS 77
liothyronine 147
LIQ-10 188
LIQUID CALCIUM WITH VITAMIN D 178
lisdexamfetamine 120, 121
lisinopril 48
lisinopril-hydrochlorothiazide 48
L-ISOLEUCINE 188
lithium carbonate 121
lithium citrate 121
little remedies 128
LITTLE REMEDIES SALINE MIST . 128
LIVALO 44
lohist - d 60
lohist-dm 60
LOKELMA 22
LOLLIBASE 22
LONSURF 96
loperamide 83
LOPERAMIDE 83
lopinavir-ritonavir 33
loratadine 54, 55, 58, 60, 65, 66
lorata-dine d 66
loratadine-d 61, 65, 66
lorazepam 121
lorazepam intensol 121
LORBRENA 96
LORTUSS LQ 61
loryna (28) 136
losartan 48
losartan-hydrochlorothiazide 48
LOTEMAX 143
lovastatin 44
low-ogestrel (28) 136
loxapine succinate 121
lubiprostone 77
LUBRICANT EYE 144
lubricant eye (pg-peg 400) 144, 146
LUBRICANT EYE (PG-PEG 400)(PF) 144
LUBRICANT EYE (PROPYL GLYCOL) 144
lubricant eye drops 144
lubricating plus 144, 146
LUBRICATING TEARS 145
lubrifresh pm 145
LUCIRA CHECK-IT COVID HOME TST 155
LUMAKRAS 96, 97
LUMIGAN 143
LUMIZYME 149
LUPRON DEPOT 97
lurasidone 121
lutera (28) 136
L-VALINE 188
lyleq 139
lyllana 139
LYNPARZA 97
LYRICA CR 115
LYSINE HCL (BULK) 188
lysiplex plus 205
LYSODREN 97
LYTGOBI 97
lyza 139
MACULAR HEALTH FORMULA .. 205
macuvite eye care 205
mag 64 178
MAG-AL 77
mag-al plus 77
mag-al plus extra strength 77
MAG-DELAY 178
mag-g 178
MAGNESIUM CHLORIDE 178
MAGNESIUM CHLORIDE (BULK) 178
magnesium citrate 76, 79, 81
MAGNESIUM CITRATE 178
magnesium gluconate 178
MAGNESIUM GLUCONATE 178
MAGNESIUM L-LACTATE 77
magnesium oxide 77, 176, 178, 179, 182
MAGNESIUM OXIDE 77, 176, 178, 179
magnesium sulfate 179
MAGNESIUM SULFATE IN D5W 179
magnesium sulfate in water 179
MAGONATE (MAGNESIUM CARB) 179
malathion 163
mapap (acetaminophen) 108
mapap arthritis pain 108
mapap cold formula 61
maraviroc 33
MAR-COF CG 61
marlissa (28) 136
MARPLAN 121
MATULANE 97
matzim la 48
MAXICHLOR PEH DM 61
MAXI-DEET 167
MAXIFED 61
MAXIFED TR 61
MAXIMIN PACK(WITH LYCOPENE) 205
MAXIMUM D3 205
maxi-tuss ac 61
MAXI-TUSS CD 61
maxi-tuss g 61
maxi-tuss gmx 61
MAXI-TUSS JR 61
MAXI-TUSS PE 61
MAXI-TUSS PE JR 61
maxi-tuss pe max 61
maxi-tuss tr 61
m-clear wc 61
m-dryl 61
meclizine 77
medroxyprogesterone 139
mefloquine 38
mega multi for women 205
mega multivitamin for men 203
MEGARED KIDS 188
megestrol 97
MEKINIST 97
MEKTOVI 97
meloxicam 108
memantine 125
MENACTRA (PF) 89
M-END DMX 61
M-END PE 61
MENQUADFI (PF) 89
MEN'S DAILY 205
MEN'S DAILY GUMMIES 195
MEN'S MULTIVITAMIN GUMMIES 205
MEN'S PACK 205
MENVEO A-C-Y-W-135-DIP (PF) ..89
mercaptopurine 97
MERIBIN 205
meropenem 38

MEROPENEM-0.9% SODIUM CHLORIDE ... 38
mesalamine ... 77
mesalamine with cleansing wipe ... 77
MESNEX ... 91
metformin ... 151
methadone ... 111
methadone intensol ... 111
methazolamide ... 143
methenamine hippurate ... 30
methimazole ... 146
METHOCEL E 4 M ... 145
methotrexate sodium ... 97
methotrexate sodium (pf) ... 97
methsuximide ... 115
methylcellulose 1500cps (bulk) ... 22
methylcellulose 4000cps (bulk) ... 22
methylphenidate hcl ... 121
methylprednisolone ... 147
methylprednisolone acetate ... 147
methylprednisolone sodium succ ... 148
metoclopramide hcl ... 78
metolazone ... 48
metoprolol succinate ... 48
metoprolol ta-hydrochlorothiaz ... 48
metoprolol tartrate ... 48
metro i.v. ... 38
metronidazole ... 38, 140, 170
metronidazole in nacl (iso-os) ... 38
metyrosine ... 48
mgo ... 179
micafungin ... 30
MICLARA DM ... 61
MICLARA LQ ... 61
MICONAZOLE NITRATE ... 140
miconazole nitrate ... 140, 160
miconazole-3 ... 140, 141
miconazole-7 ... 140, 141
miconazorb af ... 160
micotrin ac ... 160
micotrin al ... 160
MICROCHAMBER ... 155
microgestin 1.5/30 (21) ... 136
microgestin 1/20 (21) ... 136
microgestin fe 1.5/30 (28) ... 136
microgestin fe 1/20 (28) ... 136
MICROLIFE PEAK FLOW METER 155
midodrine ... 22
mifepristone ... 149
mili ... 136
milk of magnesia ... 76, 78, 79, 81
milk of magnesia concentrated ... 78
mimvey ... 139
mineral oil ... 78, 79
minerin creme ... 167
MINI WRIGHT PEAK FLOW METER ... 155
minocycline ... 42
minoxidil ... 48
mintox maximum strength ... 78
mintox plus ... 78
mirtazapine ... 121
misoprostol ... 85
MITIGARE ... 133
M-M-R II (PF) ... 89
modafinil ... 121
moexipril ... 48
molindone ... 121
mometasone ... 70, 162
MONJUVI ... 97
MONOFERRIC ... 205
mono-linyah ... 136
montelukast ... 70
MORE-DOPHILUS ... 188
MORPHINE ... 112
morphine ... 112
morphine (pf) ... 111
morphine concentrate ... 111
motion sickness ... 76, 81
motion sickness (meclizine) ... 81
motion sickness relief ... 78
motion sickness relief(mecliz) ... 78
motion-time ... 78
MOUNJARO ... 151
MOVANTIK ... 78
moxifloxacin ... 41, 141
MOXIFLOXACIN-SOD.ACE,SUL-WATER ... 41
moxifloxacin-sod.chloride(iso) ... 41
m-pap ... 108
MRESVIA (PF) ... 89
mucinex cough-chest congest hb ... 61
mucinex fast-max chest-congest 61
MUCINEX FAST-MAX COLD-FLU ... 61
MUCINEX FAST-MAX COLD-FLU-THRT ... 61
MUCINEX FAST-MAX COLD-NGHTSHFT ... 62
MUCINEX FAST-MAX COLD-SINUS ... 61
MUCINEX FAST-MAX CONGEST-COUGH ... 61
MUCINEX FAST-MAX CONG-NGHTSHFT ... 62
MUCINEX FAST-MAX DAY-NITE COLD ... 62
MUCINEX FAST-MAX DAY-NITE CONG ... 62
MUCINEX FAST-MAX DAY-NT(DOXYL) ... 62
mucinex fast-max dm max ... 62
MUCINEX FAST-MAX NITE COLD-FLU ... 62
MUCINEX FREEFROM COLD-FLU D-N ... 62
MUCINEX FREEFROM COLD-FLU-CONG ... 62
MUCINEX FREEFROM NT COLD-FLU ... 62
MUCINEX FREEFROM SEV CONG-COUG ... 62
MUCINEX NIGHTSHFT COLD-FLU CLR ... 62
MUCINEX NIGHTSHFT SEVR CLD-FLU ... 62
MUCINEX NIGHTSHIFT COLD-FLU ... 62
MUCINEX NIGHTSHIFT SINUS ... 62
mucinex sinus-max ... 128
MUCINEX SINUS-MAX DAY-NIGHT ... 63
MUCINEX SINUS-MAX DY-NT (DXYL) ... 63
MUCINEX SINUS-MAX NITE CONGEST ... 63
MUCINEX SINUS-MAX PRESSURE-CGH ... 63
MUCINEX SINUS-MAX SEV CONGESTN ... 63
mucus dm ... 63
mucus dm max er ... 58, 60, 63

mucus relief 63, 65
mucus relief dm 65
mucus relief dm cough 63
mucus relief dm max 63
mucus relief er 63, 65, 66
MUCUS RELIEF ER 63, 65
mucus relief pe 63
MUCUS-CHEST CONGESTION 63
MUCUS-ER MAX 58, 66
MULTAQ 42
MULTI FOR HER 205
multi for her 205
MULTI FOR HER 50 PLUS 205
MULTI VITAMIN 205
multiple vitamin-minerals 205
multiple vitamins 205
multivit with min-folic acid 197
multivitamin 205, 206
MULTIVITAMIN GUMMIES 205
multivitamin with iron 205
multivitamin with minerals 206
multivitamin women 50 plus 205
multi-vitamins with iron 205
MULTI-VITE 206
MULTIVIT-MIN-FOLIC ACID-LUTEIN 205
multivit-min-iron fum-folic ac ... 206
mupirocin 158
MURO 128 145
MVW COMPLETE FORMUL MULTIVIT 206
MVW COMPLETE FORMUL PEDIATRIC 206
MVW COMPLETE FORMULATION D3000 206
MVW COMPLETE FORMULATION D5000 206
MX-SOL BLEND 29
MX-SOL BLEND SF 29
MX-SOL SUSPEND 29
my choice 136
my way 137
mycophenolate mofetil 97
mycophenolate sodium 97
myorisan 170
MYRBETRIQ 130
nabumetone 108
nadolol 48
nafcillin 40
nafcillin in dextrose iso-osm 40
NAGLAZYME 149
nalbuphine 108
naloxone 108, 109
naltrexone 109
NAMZARIC 125
NANO VM 1-3 206
NANO VM 4-8 206
NANOVM 9-18 206
NANOVM T-F 206
naproxen 109
naproxen sodium 106, 107, 109, 110
naratriptan 126
NASADROPS 128
nasal decongestant (oxymetazl) 128
nasal decongestant (pe) 58, 60, 63, 66
nasal decongestant (pseudoeph) 58, 60, 63, 66
NASAL FOUR 127
nasal four 127, 128
nasal mist 128
nasal moisturizing 127
nasal spray (oxymetazoline) 127, 128, 129
nasal spray (sodium chloride) ... 127
nasal spray 12hr(oxymetazoline 128, 129
nasal spray extra moisturizing 128, 129
nasal spray sinus 129
NASCOBAL 206
NASOGEL 128
NASOPEN PE 63
NATACYN 141
nateglinide 151
NATRAPEL 167
natura-lax 79
NAYZILAM 115
nebivolol 48
nefazodone 121
neomycin 38
neomycin-bacitracin-poly-hc 142
neomycin-bacitracin-polymyxin 141
neomycin-polymyxin b-dexameth 142
neomycin-polymyxin-gramicidin 141
neomycin-polymyxin-hc 129, 142
NEOQ10 28
NEO-SYNEPHRINE (PHENYLEPHRINE) 128
nephplex rx 206
NEPHRON FA 206
nephronex 206
NERLYNX 97
NEUPRO 103
nevirapine 33
new day 137
NEXPLANON 140
niacin 44, 45
NIACIN 44
NIACIN (INOSITOL NIACINATE) ... 45
nicardipine 48
nicotinamide (with chromium) . 206
nicotine 24, 25, 26, 27
nicotine (polacrilex) ...24, 25, 26, 27
NICOTINE (POLACRILEX) 24, 25, 26, 27
NICOTROL 27
NICOTROL NS 27
nifedipine 48
NIFEREX (SUMALATE-QUATREFOLIC) 206
NIGHT TIME COLD AND FLU RELIEF 60, 63
night time cold and flu relief 63
nighttime cold-flu 58, 63, 64
NIGHTTIME COLD-FLU 64
NIGHTTIME COLD-FLU RELIEF 58
nighttime cough 58, 64
nikki (28) 137
nilutamide 98
nimodipine 48
NINJACOF 64
NINJACOF-XG 64
NINLARO 98
nisoldipine 48
nitazoxanide 38
NITE TIME COLD-FLU 66
nitisinone 22
nitro-bid 45

nitrofurantoin macrocrystal 31
nitrofurantoin monohyd/m-cryst 31
nitroglycerin 45
nizatidine 85
no drip 127, 128
nohist-dm 64
nohist-lq 64
non-aspirin pain relief 109
nora-be 139
NOREL AD 64
norelgestromin-ethin.estradiol . 140
norethindrone (contraceptive) ..139
norethindrone acetate 139
norethindrone ac-eth estradiol 137, 139
norethindrone-e.estradiol-iron . 137
norgestimate-ethinyl estradiol . 137
NORITATE 170
NORPACE CR 42
nortrel 0.5/35 (28) 137
nortrel 1/35 (21) 137
nortrel 1/35 (28) 137
nortrel 7/7/7 (28) 137
nortriptyline 122
NORVIR 33
nose drops 128, 129
NOVAFERRUM 206
NOVAMV 206
NOVOLIN 70/30 U-100 INSULIN152
NOVOLIN 70-30 FLEXPEN U-100 152
NOVOLIN N FLEXPEN 152
NOVOLIN N NPH U-100 INSULIN 152
NOVOLIN R FLEXPEN 152
NOVOLIN R REGULAR U100 INSULIN 152
NOVOLOG FLEXPEN U-100 INSULIN 152
NOVOLOG MIX 70-30 U-100 INSULN 152
NOVOLOG MIX 70-30FLEXPEN U-100 152
NOVOLOG PENFILL U-100 INSULIN 152
NOVOLOG U-100 INSULIN ASPART 152
NOXAFIL 30
NUBEQA 98
NUEDEXTA 125
NUFERA 206
NU-IRON 206
NULOJIX 98
NU-MAG 179
numbcream 167
NUPLAZID 122
NURTEC ODT 126
NUTRILIPID 188
nyamyc 160
NYMALIZE 48, 49
nystatin 30, 160
nystop 160
OCALIVA 78
OCREVUS 125
OCTAGAM 89
octreotide acetate 98
ocutabs 206
OCUVITE EYE HEALTH 206
ODEFSEY 33
ODOMZO 98
OFEV 71
OFF ACTIVE 167
OFF DEEP WOODS 167
OFF DEEP WOODS DRY 167
OFF DEEP WOODS SPORTSMEN167
OFF FAMILYCARE (WITH DEET) . 167
OFF FAMILYCARE(WITH PICARIDIN) 167
ofloxacin 129, 141
OGSIVEO 98
OJEMDA 98
OJJAARA 98
olanzapine 122
olmesartan 49
olmesartan-amlodipin-hcthiazid . 49
olmesartan-hydrochlorothiazide 49
olopatadine 128, 145
omega 3-dha-epa-fish oil 44, 186, 187, 189
OMEGA 3-DHA-EPA-FISH OIL 185, 186, 187, 189
OMEGA MONOPURE 188
OMEGA-3 188
omega-3 fatty acids 44
omega-3 fatty acids-fish oil 185, 186, 187, 188, 189, 190
OMEGA-3 FATTY ACIDS-FISH OIL 189
OMEGA-3 FISH OIL 188, 189
OMEGA-3S-DHA-EPA-FISH OIL 185, 186, 187, 189
omega-3s-dha-epa-fish oil 186
OMEGAPURE-780 EC 189
OMEGAPURE-900 EC 189
omeprazole 85, 86
omeprazole magnesium 85, 86
OMERA 189
omnicap 206
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 155
OMNIPOD 5 G6-G7 PODS (GEN 5) 156
OMNIPOD CLASSIC PDM KIT(GEN 3) 156
OMNIPOD CLASSIC PODS (GEN 3) 156
OMNIPOD DASH INTRO KIT (GEN 4) 156
OMNIPOD DASH PODS (GEN 4) 156
OMNIPOD GO PODS 156
OMNIPOD GO PODS 10 UNITS/DAY 156
OMNIPOD GO PODS 15 UNITS/DAY 156
OMNIPOD GO PODS 20 UNITS/DAY 156
OMNIPOD GO PODS 25 UNITS/DAY 156
OMNIPOD GO PODS 30 UNITS/DAY 156
ondansetron 78
ondansetron hcl 78
ondansetron hcl (pf) 78
one daily calcium/iron 207
one daily essential 195, 206
one daily for men 207
one daily for men 50 plus adv ...207
one daily maximum 207
one daily multi-vit w-mineral 207
one daily multivitamin 207
ONE DAILY MULTIVITAMIN 207

ONE DAILY MULTIVITAMIN-IRON 207
one daily multivit-iron(folic) 207
one daily women 50 plus 207
one daily womens 50 plus 207
ONE-A-DAY VITACRAVES OMEGA-3 207
ONE-PER-DAY OMEGA-3 188
ONUREG 98
opcicon one-step 137
OPSUMIT 71
OPTICHAMBER DIAMOND LG MASK 156
OPTICHAMBER DIAMOND VHC 156
OPTICHAMBER DIAMOND-MED MSK 156
OPTICHAMBER DIAMOND-SML MASK 156
optimal d3 207
OPTIMAL D3 M 207
option-2 137
ORA-BLEND 29
ORA-BLEND SF 23
ORACIT 130
ORAL MIX 23
ORAL MIX SF 29
ORAL SUSPEND 23
oralyte 179
ORA-PLUS 29
ora-sweet 23
ORAZINC 179
ORGOVYX 98
ORKAMBI 71
ORSERDU 98
OS-CAL 500 + D3 ..... 179, 180
oseltamivir 33
OSTEO-VIT3 207
OTEZLA 133
OTEZLA STARTER 133
OVEGA-3 189
OVIDREL 149
oxacillin 40
oxaliplatin 98
oxaprozin 109
oxcarbazepine 115
oxybutynin chloride 130
oxycodone 112
oxycodone-acetaminophen 112
OXYTROL FOR WOMEN 130
oysco 500/d 180
oyster shell calcium 500 180
OYSTER SHELL CALCIUM-VIT D3 180
oyster shell calcium-vit d3 180
OZEMPIC 152
pacerone 42
paclitaxel 98
PACLITAXEL PROTEIN-BOUND 98
pain relief (acetaminophen) 107, 109, 110
pain relief es (acetaminophen) 107, 109
pain reliever (acetaminophen) 107, 110
pain reliever es(acetaminophn) 107, 110
paliperidone 122
pamidronate 149
PANDA MASK 156
PANRETIN 167
pantoprazole 86
PANZYGA 89
paraplatin 98
paricalcitol 149
paromomycin 38
paroxetine hcl 122
PAXLOVID 33
pazopanib 98
PEAK AIR PEAK FLOW METER 156
PEDI MULTIVIT NO.194-IRON SULF 207
pedia d-vite 207
pedia iron 207
PEDIA POLY-VITE 207
PEDIA POLY-VITE WITH IRON 207
PEDIA TRI-VITE 207
PEDIACLEAR PD 64
PEDIA-LAX (MAG HYDROXIDE) 75
PEDIA-LAX STOOL SOFTENER 75
PEDIARIX (PF) 89
pediatric electrolyte 176, 177, 180, 181, 182
PEDIATRIC MULTIVITAMIN NO.171 207
PEDIATRIC PANDA MASK 156
PEDIAVENT 64
PEDVAX HIB (PF) 89
peg 29
peg 3350-electrolytes 78
PEGASYS 87
peg-electrolyte soln 78
PEMAZYRE 98
pemetrexed disodium 98, 99
PEMETREXED DISODIUM 99
PEN NEEDLE, DIABETIC 156
PENBRAYA (PF) 89
penicillamine 133
PENICILLIN G POT IN DEXTROSE 40
penicillin g potassium 41
penicillin g procaine 41
penicillin g sodium 41
penicillin v potassium 41
PENTACEL (PF) 90
pentamidine 38
pentoxifylline 51
pentravan 168
perindopril erbumine 49
periogard 128
permethrin 163
perphenazine 122
PERSERIS 122
PERSONAL BEST FULL RANGE 156
petrolatum 168
pfizerpen-g 41
pharbedryl 64
pharbetol 109
phenelzine 122
phenobarbital 115
phenobarbital sodium 115
phenylephrine hcl 64
PHENYLEPHRINE-DM-GUAIFENESIN 57
PHENYTEK 115
phenytoin 115
phenytoin sodium 115
phenytoin sodium extended 115
philith 137
phlexy-vits 208
phosphorous supplement 181
phytonadione (vitamin k1) 51
PIFELTRO 33
PIKO 1 156
pilocarpine hcl 23, 145
pimozide 122
pimtrea (28) 137

pinaway 38
pindolol 49
pink bismuth 84
pinworm treatment 37, 38
pioglitazone 152
pioglitazone-glimepiride 152
pioglitazone-metformin 152
PIPERACILLIN-TAZOBACTAM 41
piperacillin-tazobactam 41
PIQRAY 99
pirfenidone 71
PIRFENIDONE 71
pirmella 137
piroxicam 109
PLASMA-LYTE A 189
PLENAMINE 189
PLENVU 78
POCKET CHAMBER 156
POCKET PEAK FLOW METER 157
podofilox 168
POLY BACITRACIN (ZINC) 158
POLY HIST FORTE 64
polyethylene glycol 1000(bulk) ... 23
polyethylene glycol 3350 79
POLYETHYLENE GLYCOL 3350(BULK) 23
POLYETHYLENE GLYCOL 8000(BULK) 23
POLY-HIST DM (THONZYLAMINE) 64
poly-iron 208
polymyxin b sulf-trimethoprim . 142
polysaccharide iron complex 208
POLY-TUSSIN AC 64
POLY-VENT DM 64
POLY-VENT IR 64
polyvinyl alcohol 145
POLY-VI-SOL 208
POLY-VI-SOL WITH IRON 208
POLY-VITA DROPS 208
POLY-VITA WITH IRON 208
POMALYST 99
portia 28 137
posaconazole 30
POTASSIUM BROMIDE (BULK) .. 181
potassium chlorid-d5-0.45%nacl 181
potassium chloride 181
potassium chloride in 0.9%nacl 181
potassium chloride in 5 % dex .. 181
potassium chloride in water 181
potassium chloride-0.45 % nacl 181
potassium chloride-d5-0.2%nacl 181
potassium chloride-d5-0.9%nacl 181
potassium citrate 130
potassium iodide 146
potassium, sodium phosphates 181, 182
povidone-iodine 158, 159
PRALUENT PEN 45
pramipexole 103
prasugrel 51
pravastatin 45
praziquantel 39
prazosin 49
PRECISION XTRA B-KETONE 157
prednisolone 148
prednisolone acetate 143
prednisolone sodium phosphate 143, 148
prednisone 148
prednisone intensol 148
pregabalin 115
PREHEVBRIO (PF) 90
PREMARIN 139
premasol 10 % 189
prenatal vitamin plus low iron .. 208
prevalite 45
PREVYMIS 33
PREZCOBIX 33
PREZISTA 33
PRIFTIN 39
PRIMAQUINE 39
PRIMIDONE 115
primidone 115
PRIORIX (PF) 90
PRIVIGEN 90
PRO COMFORT SPACER-ADULT MASK 157
PRO COMFORT SPACER-CHILD MASK 157
PRO FE 208
probenecid 133
probenecid-colchicine 133
probiotic 189
PROBIOTIC ACIDOPHILUS 189
PROBIOTIC ACIDOPHILUS-PECTIN 83, 84
PROBIOTIC GOLD ACIDOPHILUS 189
PROCARE SPACER WITH ADULT MASK 157
PROCARE SPACER WITH CHILD MASK 157
prochlorperazine 79
prochlorperazine edisylate 79
prochlorperazine maleate 79
PROCRIT 87
procto-med hc 79
proctosol hc 79
proctozone-hc 79
progesterone 139
progesterone micronized 139
PROGRAF 99
PROLASTIN-C 23
PROLENSA 142
PROLIA 133
PROMACTA 51
promethazine 64
promethazine vc 64
promethazine vc-codeine 64
promethazine-codeine 64
promethazine-dm 64
propafenone 42
propranolol 49
PROPYLENE GLYCOL (BULK) 168
propylthiouracil 146
PROQUAD (PF) 90
prosight 208
PROSOL 20 % 189
PROTECT IRON LIQUID 208
protriptyline 122
PROXEED PLUS 208
pseudoephedrine hcl 64, 65
pseudoephedrine-guaifenesin 59
PULMICORT FLEXHALER 71
PULMOZYME 71
PURE L-CITRULLINE 189
PURECOMFORT PEAK FLOW METER 157
purevit dualfe plus 208
PURIXAN 99

pyrazinamide 39
pyridostigmine bromide 126
PYRIDOXINE (BULK) 208
pyridoxine (vitamin b6)
.....195, 208, 210, 211, 214
QINLOCK 99
q-sorb co q-10 29
QUADRACEL (PF) 90
quetiapine 122
QUETIAPINE 122
QUFLORA FE 208
quinapril 49
quinapril-hydrochlorothiazide 49
quinidine sulfate 42
quinine sulfate 39
RABAVERT (PF) 90
rabeprazole 86
RADICAVA ORS 125
RADICAVA ORS STARTER KIT
SUSP 125
raloxifene 134
ramipril 49
RANGER READY REPELLENT 168
ranolazine 43
rasagiline 103
RAYALDEE 149
ready-to-use enema 74, 76, 81
READY-TO-USE ENEMA (MIN
OIL) 76, 80, 81
reclipsen (28) 137
RECOMBIVAX HB (PF) 90
RECTIV 80
reese's pinworm medicine 39
REFRESH CELLUVISC 145
REFRESH CLASSIC (PF) 145
REFRESH DIGITAL 145
REFRESH DIGITAL PF 145
REFRESH LACRI-LUBE 145
REFRESH LIQUIGEL 145
REFRESH OPTIVE 145
REFRESH OPTIVE ADVANCED 145
REFRESH OPTIVE ADVANCED
(PF) 145
REFRESH OPTIVE MEGA-3 (PF) . 145
REFRESH OPTIVE SENSITIVE (PF)
..... 145
REFRESH RELIEVA 145
REFRESH RELIEVA PF 145
REGRANEX 168
RELENZA DISKHALER 34
RELISTOR 80
REMICADE 80
renal caps 209
rena-vite 209
rena-vite rx 209
repaglinide 152
REPEL 168
REPEL 100 168
REPEL FAMILY 168
REPEL HUNTER'S 168
REPEL LEMON EUCALYPTUS 168
REPEL SPORTSMEN 168
REPEL SPORTSMEN DRY 168
REPEL SPORTSMEN MAX 168
REPEL TICK DEFENSE 168
replesta 209
REPLESTA NX 209
RESTASIS 145
RESTASIS MULTIDOSE 145
RETEVMO 99
REXULTI 122
REYATAZ 34
REZLIDHIA 99
REZUROCK 99
RHOPRESSA 143
ribavirin 34
rifabutin 39
rifampin 39
riluzole 23
rimantadine 34
RINVOQ 133
risacal-d 209
risedronate 23, 134
RISPERDAL CONSTA 123
risperidone 123
RITEFLO AEROCHAMBER 157
ritonavir 34
rivastigmine 125
rivastigmine tartrate 125
rizatriptan 126
robafen 65
robafen cf (phenylephrine) 65
robafen dm 65
ROCKLATAN 143
roflumilast 71
ropinirole 103
rosuvastatin 45
ROTARIX 90
ROTATEQ VACCINE 90
roweepra 115
ROZLYTREK 99
RUBRACA 99
rufinamide 115
RU-HIST D 65
RUKOBIA 34
RYBELSUS 152
RYDAPT 99
RYMED
(DEXCHLORPHENIRAMINE-PE) ... 65
rynex dm 65
rynex pe 65
rynex pse 65
sajazir 71
SALICYLIC ACID (BULK) 164
saline mist 128
saline nasal 127, 128, 129
SALINE NASAL (ALOE VERA) 129
saline nasal mist 127
SALMON OIL-OMEGA-3 FATTY
ACIDS 190
SANDIMMUNE 99
SANTYL 168
sapropterin 149
SAVELLA 133
SAWYER CONTROLLED RELEASE
..... 168
SCEMBLIX 99
scopolamine base 80
sebex 164
SECUADO 123
selegiline hcl 103
selenium sulfide 163
SELZENTRY 34
senexon-s 80
senna 76, 80
SENNA 80
senna lax 80
senna laxative 80
senna plus 75, 80
SENNA PLUS 80
senna-time s 80
sennosides 80
SENOKOT EXTRA STRENGTH 80
SEREVENT DISKUS 71

sertraline 123
sesame oil 23
se-tan plus 209
setlakin 137
sevelamer carbonate 23
SEVERE COLD AND FLU (PE) 59, 60, 65
SEVERE COLD AND FLU NIGHTTIME 59
sharobel 140
SHINGRIX (PF) 90
SIGNIFOR 99
siladryl sa 65
silapap 110
sildenafil (pulm.hypertension) 71
silodosin 131
siltussin sa 65
siltussin-dm 65
silver sulfadiazine 168
simethicone 80
simvastatin 45
SINUS CONGESTION AND PAIN ... 66
SINUS CONGESTION-PAIN(GUAIF) 66
SINUS HEADACHE PE 58, 66
sinus nasal spray 127
SINUS PAIN-PRESSURE (PE) .. 58, 66
SINUS RELIEF (PHENYLEPHRINE) 129
sirolimus 99
SIRTURO 39
SKYRIZI 80, 81, 163
slow release iron 195, 199, 209, 210
SLOW RELEASE IRON 195, 209, 210, 211
SLOW-MAG 182
smart heart omega-3 190
SODIUM BENZOATE (BULK) 129
sodium bicarbonate 81
SODIUM BICARBONATE (BULK) 81, 82
SODIUM BROMIDE (BULK) 23
sodium chloride 24, 146, 182
SODIUM CHLORIDE (BULK) 182
sodium chloride 0.45 % 182
sodium chloride 0.9 % 23
sodium chloride 3 % hypertonic 182
sodium chloride 5 % hypertonic 182
sodium citrate-citric acid 130
sodium ferric gluconat-sucrose ... 23
SODIUM OXYBATE 123
sodium phenylbutyrate 24
sodium polystyrene sulfonate 24
sodium,potassium,mag sulfates . 82
solifenacin 130
SOLIQUA 100/33 152
SOLTAMOX 99
SOLU-CORTEF ACT-O-VIAL (PF) . 148
SOLUVITA-E 210
SOMATULINE DEPOT 100
SOMAVERT 149
soothing pureway-c 210
SOOTHING SALINE-ALOE 129
sorafenib 100
sorbidon hydrate 168
sorbitol 24
sorine 42
sotalol 42
sotalol af 42
SPACE CHAMBER 155
SPACE CHAMBER WITH LARGE MASK 155
SPACE CHAMBER WITH MEDIUM MASK 155
SPACE CHAMBER WITH SMALL MASK 155
spectravite men's 195
spironolactone 49
spironolacton-hydrochlorothiaz .. 49
sprintec (28) 137
SPRITAM 115, 116
SPRYCEL 100
sps (with sorbitol) 24
sronyx 137
ssd 168
st joseph aspirin 110
STAHIST AD 67
STAHIST TP 67
STAMARIL (PF) 90
STELARA 163
stimulant laxative plus 82
STIVARGA 100
stomach relief 84
stool softener 76, 80, 81, 82
stool softener (docusate cal) 75
stool softener-laxative 80, 81
stool softener-stimulant laxat 75, 76, 82
STOOL SOFTENER-STIMULANT LAXAT 82
STREPTOMYCIN 39
stress b with zinc 210
STRESS B-COMPLEX 199, 210
stress formula 210
stress formula with iron(sulf) 210
stress formula with zinc 210
stresstabs with zinc 210
STRIBILD 34
SUCRAID 82
sucralfate 86
sudogest 67
sudogest 12-hour 67
sudogest cold and allergy 67
sulfacetamide sodium 146
sulfacetamide sodium (acne) 159
sulfacetamide-prednisolone 146
sulfadiazine 31
sulfamethoxazole-trimethoprim . 31
SULFAMYLON 159
sulfasalazine 82
sulindac 110
sumatriptan 126
sumatriptan succinate 126, 127
sunitinib malate 100
SUNLENCA 34
super antioxidant 210
super b/c 210
SUPER DAILY D3 211
SUPER DHA GEMS 190
super omega-3 45
super thera vite m 211
suphedrin 67
suphedrine 12 hour 59, 65
SUPREP BOWEL PREP KIT 82
syeda 137
SYMDEKO 71
SYMPAZAN 116
SYMTUZA 34
SYNERCID 39
SYNJARDY 152, 153
SYNJARDY XR 153
SYNTHROID 147
SYRSPEND SF 29

SYRSPEND SF ALKA 29
SYRSPEND SF LIQUID 29
SYSTANE GEL 146
SYSTANE NIGHTTIME 146
tab-a-vite 211
TAB-A-VITE MULTIVITAMIN W-IRON 211
TABLOID 100
TABRECTA 100
tacrolimus 100, 168
tadalafil (pulm. hypertension) 71
TADLIQ 71
TAFINLAR 100
TAGRISSO 100
TAKE ACTION 137
TALTZ AUTOINJECTOR 163
TALTZ AUTOINJECTOR (2 PACK) 163
TALTZ AUTOINJECTOR (3 PACK) 163
TALTZ SYRINGE 163
TALVEY 100
TALZENNA 100
tamoxifen 100
tamsulosin 131
tarina 24 fe 137
tarina fe 1-20 eq (28) 137
taron forte 212
TASIGNA 100
tazarotene 170
tazicef 36
TAZORAC 170
TAZVERIK 100
TDVAX 90
TECENTRIQ 100
TECFIDERA 125
TEFLARO 36
telmisartan 49
telmisartan-amlodipine 49
telmisartan-hydrochlorothiazid .. 49
temazepam 123
TENDER CARE LANOLIN 168
TENIVAC (PF) 90
tenofovir disoproxil fumarate 34
TEPMETKO 100
terazosin 49
terbinafine hcl 30, 160
terbutaline 71
terconazole 141
teriflunomide 125
TERIPARATIDE 134
testosterone 149
testosterone cypionate 149
testosterone enanthate 149
TETANUS,DIPHTHERIA TOX PED(PF) 91
tetrabenazine 125
tetracycline 42
THALOMID 100
THEO-24 71
theophylline 71, 72
thera 212
thera-d 212
THERA-D 4000 212
THERAFLU EXPRESSMAX COLD DAY 67
THERAFLU EXPRESSMAX COLD NIGHT 67
THERAFLU FLU-SORE THROAT 67
therapeutic dandruff shampoo . 164
therapeutic moisturizing 169
therapeutic-m 212
thera-tabs 212
therems multivitamin 212
thermotabs 183
THEROMEGA 190
thiamine hcl (vitamin b1) 212
thioridazine 123
thiothixene 123
tiadylt er 49
tiagabine 116
TIBSOVO 100
TICOVAC 91
tigecycline 39
tilia fe 137
timolol maleate 49, 142
TIVICAY 34
TIVICAY PD 34
tizanidine 126
TOBRADEX 142
TOBRADEX ST 142
tobramycin 142
tobramycin in 0.225 % nacl 39
tobramycin sulfate 39
tobramycin-dexamethasone 143
tolnaftate 160
tolterodine 130
tolvaptan 149
topiramate 116
toremifene 100
torsemide 49
TOTAL HOME INSECT REPELLENT 165
TOUJEO MAX U-300 SOLOSTAR 153
TOUJEO SOLOSTAR U-300 INSULIN 153
TPN ELECTROLYTES 183
TRADJENTA 153
tramadol 110
tramadol-acetaminophen 110
trandolapril 49
tranexamic acid 141
tranylcypromine 123
travasol 10 % 190
travoprost 143
TRAZIMERA 100
trazodone 123
TRECATOR 39
TRELEGY ELLIPTA 72
treprostinil sodium 50
TRESIBA FLEXTOUCH U-100 153
TRESIBA FLEXTOUCH U-200 153
TRESIBA U-100 INSULIN 153
tretinoin 170
tretinoin (antineoplastic) 100
TREXALL 100
triamcinolone acetonide ... 129, 162
TRIAMINIC COLD AND COUGH (PE) 67
TRIAMINIC COLD AND COUGHNT(PE) 67
triamterene-hydrochlorothiazid . 50
tricon 212
tridacaine ii 169
trientine 24
tri-estarylla 137
TRIFERIC 212
trifluoperazine 123
trifluridine 142
trigels-f forte 212
trihexyphenidyl 103
TRIJARDY XR 153
TRIKAFTA 72
tri-legest fe 137
tri-linyah 138
tri-lo-estarylla 138

tri-lo-marzia 138
tri-lo-mili 138
tri-lo-sprintec 138
trimethoprim 31
trimipramine 123
TRINTELLIX 123
triphrocaps 212
triple antibiotic 158, 159
TRIPLE ANTIBIOTIC 159
triple antibiotic plus 158, 159
triple antibiotic-pain relief 158, 159
TRIPLE MAGNESIUM COMPLEX 177
TRIPROLIDINE HCL 67
tri-sprintec (28) 138
TRIUMEQ 34
TRIUMEQ PD 34
TRI-VI-SOL 212
trivora (28) 138
TROGARZO 34
TROPHAMINE 10 % 190
TROPICAL LIQUID NUTRITION ... 212
trospium 130
TRUEPLUS GLUCOSE 24
TRULANCE 82
TRULICITY 153
TRUMENBA 91
TRUQAP 101
TRUSTEX LATEX CONDOM 157
TRUSTEX LUBRICATED CONDOMS 157
TRUSTEX NON-LUB CONDOMS . 157
TRUSTEX-RIA LUB/SPERMICIDE 157
TRUSTEX-RIA LUBRICATED CONDOMS 157
TRUSTEX-RIA NON-LUB CONDOMS 157
TRUXIMA 101
TRUZONE PEAK FLOW METER .. 157
TUKYSA 101
TUMS EXTRA STRENGTH SMOOTHIES 183
tums ultra 82
TURALIO 101
turqoz (28) 138
tusnel diabetic 67
TUSNEL DM 67
TUSNEL DM PEDIATRIC(PHENYLEPH) 67, 68
TUSNEL DM PEDIATRIC(PSEUDOEPH) 67
TUSNEL NEW FORMULA 67
TUSNEL PEDIATRIC 67
TUSNEL PEDIATRIC (GUAIFEN-PE) 67
tusnel pediatric (guaifen-pse) 68
tussin 68
tussin cf (pe-dm-guaif) 59, 65, 66, 68
tussin cf cough-cold 68
TUSSIN CF MAX SEVERE M-S COLD 68
tussin cough (dm only) 68
tussin dm 58, 59, 65, 67, 68
TUSSIN DM 59, 66
tussin dm clear 68
tussin dm cough and chest ... 67, 68
tussin dm max 58
tussin mucus-chest congestion 58, 65, 68
TWINRIX (PF) 91
TYBOST 34
TYMLOS 134
TYPHIM VI 91
TYRVAYA 146
ultra lubricant eye 146
ultra omega-3 190
ULTRATHON 169
UNISPEND ANHYDROUS SWEET . 24
unithroid 147
UPCAL D 183
URINARY PAIN RELIEF 131
urinary pain relief 131
ursodiol 82
valacyclovir 34
VALCHLOR 169
valganciclovir 34
valproate sodium 116
valproic acid 116
valproic acid (as sodium salt) ... 116
valsartan 50
valsartan-hydrochlorothiazide 50
VALTOCO 116
VANACOF 68
VANACOF DMX 68
VANALICE 163
VANATAB DM 68
vancomycin 39
VANCOMYCIN 39
VANCOMYCIN IN 0.9 % SODIUM CHL 39
VANFLYTA 101
vanicream 169
VAQTA (PF) 91
varenicline 27
VARIVAX (PF) 91
VASCEPA 45
velivet triphasic regimen (28) ... 138
VELPHORO 24
VELTASSA 24
VEMLIDY 34
VENCLEXTA 101
VENCLEXTA STARTING PACK 101
venlafaxine 123
VENOFER 212, 213
VENTAVIS 72
VENTOLIN HFA 72
verapamil 50
VERQUVO 43
VERSACLOZ 123
VERZENIO 101
vestura (28) 138
V-GO 20 157
V-GO 30 157
V-GO 40 157
vienva 138
vigabatrin 116
vigadrone 116
vigpoder 116
vilazodone 123
vincristine 101
vinorelbine 101
viorele (28) 138
VIRACEPT 34
VIREAD 34
VIRT-CAPS 213
virt-gard 213
vit 3 193
VIT A PALMITATE-VIT C-VIT D3 . 208
vitajoy daily d 213
VITAL-D RX 213
vitalee 213
vitalets 213
vitamin a 195, 203, 209, 213
VITAMIN A PALMITATE 213, 214

vitamin b-6 199, 203, 209, 210, 214
vitamin c 195, 199, 203, 209, 214, 215
VITAMIN C FIZZY DRINK 195
vitamin c with rose hips 195, 199, 203, 211, 213, 215
vitamin d2 215
vitamin d3 203, 209, 210, 211, 215, 216, 217, 218, 219
vitamin e 209, 211, 219, 220
VITAMIN E 220
VITAMIN E (DL, ACETATE) 195, 196, 203, 220
vitamin e (dl, acetate) 196, 199, 203, 204, 211, 220
vitamin e acetate 220
vitamin e mixed 203, 219, 220
VITAMIN E MIXED 219, 220
VITAMIN E SUCCINATE 220
vitamin k1 51
VITRAKVI 101
VIVITROL 110
VIZIMPRO 101
VONJO 101
VORANIGO 101
voriconazole 30
VORTEX HOLDING CHAMBER ... 157
VORTEX VHC FROG MASK-CHILD 158
VOSEVI 34
VOTRIENT 101
vp-vite rx 221
VRAYLAR 123
VUMERITY 126
VYNDAQEL 43
VYVANSE 123, 124
walgreens dry skin treatment ... 165
warfarin 51
wart remover 164
WATER (BULK) 20, 21, 22
water for irrigation, sterile 24
wee care 221
weekly-d 221
WELIREG 101
WELLESSE MULTI VITAMIN PLUS 221
wera (28) 138
westab one 221
WESTUSSIN DM (DEXCHLORPHENIR) 68
women's daily formula 221
WOMENS DAILY GUMMIES 196
WOMEN'S DAILY PACK 221
women's gentle laxative(bisac) .. 82
WOMEN'S MULTIVITAMIN GUMMIES 221
XALKORI 101
XARELTO 51
XARELTO DVT-PE TREAT 30D START 51
XATMEP 101
XCELLENT E 221
XCOPRI 116
XCOPRI MAINTENANCE PACK ... 116
XCOPRI TITRATION PACK 116
XDEMVY 146
XELJANZ 133
XELJANZ XR 133
XERAC AC 169
XERMELO 101
XGEVA 91
XHANCE 72
XIFAXAN 39
XIGDUO XR 153
XOLAIR 72
XOSPATA 101
XPOVIO 101, 102
XTANDI 102
xulane 141
XULTOPHY 100/3.6 153
YF-VAX (PF) 91
yuvafem 140
zafemy 141
zafirlukast 72
ZARXIO 87
ZEJULA 102
ZELBORAF 102
ZEMAIRA 24
zenatane 170
ZENPEP 82
ZERVIATE 146
zidovudine 35
ZIEXTENZO 87
ZIKS ARTHRITIS PAIN RELIEF 169
zinc oxide 169
zinc sulfate 183
ZINC SULFATE (BULK) 183
ZINC SULFATE HEPTAHYDRAT(BULK) 24
zinc with vitamins a and c 221
ziprasidone hcl 124
ziprasidone mesylate 124
ZIRABEV 102
ZIRGAN 142
zoledronic acid 149
zoledronic acid-mannitol-water .. 24
ZOLINZA 102
zolmitriptan 127
zolpidem 124
ZONISADE 116
zonisamide 116
ZOO FRIENDS 221
zovia 1-35 (28) 138
ZTALMY 116
zumandimine (28) 138
ZURZUVAE 124
ZYCLARA 169
ZYDELIG 102
ZYKADIA 102
ZYLET 143
ZYPITAMAG 45
ZYPREXA RELPREVV 124

Multi-Language Insert
Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-866-549-8289** (TTY: **711**). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al **1-866-549-8289** (TTY: **711**), de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-866-549-8289** (TTY：**711**) 與我們聯絡。非營業時間、週末及假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。 要获得口译服务，请于周一至周五上午 8 点至晚上 8 点致电 **1-866-549-8289**（TTY：**711**）。下班后、周末和节假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-866-549-8289** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-549-8289** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez en dehors des heures d'ouverture, ou pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-549-8289** (TTY: **711**). Giờ làm việc của chúng tôi là từ 8 a.m. đến 8 p.m., thứ Hai đến thứ Sáu. Ngoài giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-866-549-8289** (TTY: **711**). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일~금요일, 오전 8시부터 오후 8시까지 **1-866-549-8289**(TTY: **711**)번으로 당사에 연락해 주십시오. 근무시간 이후나 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-549-8289** (TTY: **711**). Часы работы: с 8 a.m. до 8 p.m. с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-866-549-8289** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات. وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-866-549-8289** (TTY: **711**) dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte--nos através do número **1-866-549-8289** (TTY: **711**). O serviço está disponível das 8:00 às 20:00, de segunda-feira a sexta-feira. Se ligar fora deste horário, ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-866-549-8289** (TTY: **711**). Lè biwo yo se soti 8è a.m. rive 8è p.m., Lendi rive Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Yo pral rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-549-8289** (TTY: **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-866-549-8289** (TTY: **711**) पर कॉल करें। कॉल करने का समय है, सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। कार्य समय के बाद, सप्ताहांत और छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前 8 時～午後 8 時に、**1-866-549-8289**（TTY：**711**）までお電話ください。営業時間外、週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。“

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंसँग हुन सक्ने कुनै पनि प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। एक दोभासे प्राप्त गर्नका लागि सोमबारदेखि शुक्रबारसम्म बिहान 8 बजेदेखि बेलुकी 8 बजेसम्म हामीलाई **1-866-549-8289** (TTY: **711**) मा कल मात्र गरे पुग्छ। कामको बेलाबाहेक, सप्ताहान्तका दिनमा र बिदाका दिनमा हामी तपाईंलाई सन्देश छोड्न भन्न सक्छौँ। व्यवसाय खुल्ने अर्को दिनभित्रमा तपाईंलाई फिर्ता कल गरिनेछ। नेपाली बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो एक निःशुल्क सेवा हो।

Somali: Waxa aanu haynaa adeegyada turjubaada oo bilaash ah si lagaaga jawaabo wixii su'aalo ah ee ay dhici karto inaad ka qabto caymiskeena caafimaadka ama dawooyinka. Si aad u hesho turjubaan kaliya lasoo hadal **1-866-549-8289** (TTY: **711**) laga bilaabo 8 subaxnimo ilaa 8 habeenimo, Isniin ilaa Jimce. Saacadaha shaqada kadib, maalmaha fasaxa todobaadkii iyo maalmaha ciida, waxa aad noo reebi kartaa fariin. Taleefanka waxaa lagugu soo celin doonaa maalinta shaqo ee xigta . Qof ku hadla Somali ayaa ku caawin kara. Kani waa adeeg bilaash ah.

Swahili: Tuna huduma za ukalimani za bila malipo za kujibu maswali yoyote unayoweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani tupigie simu tu kwa nambari **1-866-549-8289** (TTY: **711**). Saa za kazi ni saa 8 asubuhi hadi saa 8 usiku, Jumatatu hadi Ijumaa. Baada ya saa za kazi, wikendi na likizo, unaweza kuombwa uache ujumbe. Utapigiwa simu ndani ya siku ifuatayo ya kazi. Mtu ambaye anazungumza Kiswahili anaweza kukusaidia. Hii ni huduma ya bila malipo.

Ukrainian: Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-866-549-8289** (TTY: **711**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочі години, вихідні та святкові дні вас можуть попросити залишити повідомлення. Вам передзвонять протягом наступного робочого дня. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

Burundi: Dufise serevise z'ubuhinduzi ku buntu zokwishura ikibazo cose woba ufise kuri porogaramu yacu y'amagara canke imiti. Kugira uronke umuhinduzi duterere akamo gusa kuri **1-866-549-8289** (TTY: **711**) gutangura 8 z'igitondo gushika 8 z'umuhingamo, Kuwa Mbere gushika Kuwa Gatanu. Hama y'amasaha y'akazi, mu mpera z'indwi n'imisi mikuru, urashobora gusabwa gusiga ubutumwa. Tuzoguterera akamo umusi w'akazi ukurikirako. Umuntu avuga Ikirundi yogufasha. Iyi serevise ni ku buntu.

Afghani: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است شما در مورد پلان صحی یا دوا خود داشته باشید پاسخ دهیم. برای دریافت ترجمان کافی است با شماره **1-866-549-8289** (TTY: **711**) از ساعت 8 صبح الی 8 شام از دوشنبه تا جمعه با ما تماس بگیرید. پس از ساعات ها، در رخصتی های آخر هفته و در روزهای رخصتی، ممکن است از شما خواسته شود که یک پیام بگذارید. در روز بعد کاری با شما تماس گرفته خواهد شد. کسی که دری صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Amharic: ስለ እኛ የጤና ወይም የመድኃኒት ዕቅዳችን ያለዎትን ማንኛውንም ጥያቄ ለመመለስ ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት ከሰኞ እስከ አርብ ከ8 a.m. እስከ 8 p.m. በ **1-866-549-8289** (TTY: **711**) ይደውሉልን። በእላፊ ሰዓት፣ ቅዳሜ እና እሁድ እና በበዓል ቀናት መልእክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ በሚቀጥለው የስራ ቀን ውስጥ ይመለሳል። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ ነፃ አገልግሎት ነው።

Gujarati: અમારી આરોગ્ય અથવા દવા સંબંધી યોજના વિશે તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, અમને બસ **1-866-549-8289** (TTY: **711**) પર કૉલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. કામકાજના સમય સિવાયના સમયે, વીકેન્ડ પર અથવા રજાઓના દિવસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કૉલના જવાબમાં વળતો કૉલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Actualizado el 12/01/2024.

Mensaje Importante sobre lo que Paga por las Vacunas: Algunas vacunas se consideran beneficios médicos. Otras vacunas se consideran medicamentos de la Part D. Nuestro plan cubre la mayoría de las vacunas de la Part D sin costo alguno para usted.

Para obtener información más reciente o hacer otras preguntas, comuníquese con nosotros al **1-866-549-8289** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le solicite que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. O puede visitar **mmp.buckeyehealthplan.com**.

MedicareRx
Prescription Drug Coverage