2025
Lista de medicamentos cubiertos (formulario): Ohio

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

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Para obtener la información más reciente o si tiene otras preguntas, comuníquese con nosotros al (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time, o puede visitar MolinaHealthcare.com/Duals

Molina Dual Options MyCare Ohio | 2025 *Lista de medicamentos cubiertos (Lista de medicamentos* o Formulario)

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como la *Lista de medicamentos*). En ella, se indica qué medicamentos recetados están cubiertos por Molina Dual Options MyCare Ohio. En la *Lista de Medicamentos*, también se indica si hay políticas o restricciones especiales sobre los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Los términos principales y sus definiciones aparecen en el último capítulo del *Manual del miembro*.

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Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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A. Exenciones de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden obtener en Molina Dual Options MyCare Ohio.

- Molina Dual Options MyCare Ohio (Plan Medicare-Medicaid) es un plan de salud con contratos con Medicare y Medicaid de Ohio para proporcionar los beneficios de ambos programas a las personas inscritas.

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

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

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.

- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

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

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

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

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: https://molinahealthcare.Alertline.com

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

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

- 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 (855) 665-4623 and TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time. Someone that speaks English can help you. This is a free service.

  Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

  Traditional Chinese 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (855) 665-4623，TTY: 711，服務時間為當地時間的週一到週五的上午8 點至晚上8 點。能說中文的人士會為您 提供協助。這是免費的服務。

  Simplified Chinese 如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 665-4623，TTY: 711，周一至周五提供服务，服务时间为当地时间上午8 点至晚上8 点。说中文的人士会帮助您。这是免费服务。

  Tagalog Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (855) 665-4623, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

  French Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 665-4623, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

  Vietnamese Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số (855) 665-4623, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

German Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 665-4623, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통 역 서비스를 이용하려면 전화 (855) 665-4623번, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 665-4623 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.

Arabic للإجابة على أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY) نوفر خدمات الترجمة الفورية المحلي، ويمكن مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم 665-4623 (855)، الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجاناً. يرجى االتصال على لشخص

Italian È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (855) 665-4623, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ora locale. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 665-4623, TTY: 711, segunda – sexta, 08h00 até 20h00 horário local. Alguém que fala português pode ajudá-lo. Este é um serviço 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, jis rele nou nan (855) 665-4623, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 665-4623, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Hindi हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें सोमवार – शुक्रवार, स्थानीय समयानुसार सुबह 8 बजे से रात 8 बजे तक (855) 665-4623, TTY: 711 पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese 弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利いただけます。通訳をご希望の場合は、(855) 665-4623（TTY：711）までお電話にてご連絡く ださい（営業時間：月～金、午前8時～午後8時）。日本語を話せるスタッフがお手伝いいたします。このサ ービスは無料でご利用いただけます。

- Puede solicitar este documento sin costo alguno en otros formatos, como en sistema braille, en audio o en letra grande. Llame al (855) 665-4623 y TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time. La llamada es gratuita.
- Para solicitar materiales en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro, póngase en contacto con Member Services al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local.

B. Preguntas frecuentes (FAQ)

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

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

Los medicamentos que se encuentran en la *Lista de medicamentos cubiertos* que comienza en la sección C son los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está incluida dentro de nuestra red si tenemos un contrato para trabajar con ellos y ofrecerle los servicios. Nos referimos a estas farmacias como "farmacias de la red".

- Molina Dual Options MyCare Ohio cubrirá todos los medicamentos médicamente necesarios incluidos en la *Lista de medicamentos* si:
  - Su médico u otra persona que le receta dice que los necesita para mejorar o mantenerse saludable, **y**
  - surte la receta médica en las farmacias de la red de Molina Dual Options MyCare Ohio.
- Es posible que Molina Dual Options MyCare Ohio disponga pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

También puede consultar la lista actualizada de los medicamentos que tienen cobertura en nuestra página web en MolinaHealthcare.com/Duals o puede llamar a Member Services al (855) 665-4623 y TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time.

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

Sí, y Molina Dual Options MyCare Ohio debe seguir las políticas de Medicare y Medicaid cuando realiza cambios. Durante el año, podemos agregar medicamentos a la *Lista de medicamentos* o eliminarlos de ella.

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

- Decidir si exigir o no una autorización previa (PA) para algún medicamento. (Una autorización previa es el permiso otorgado por Molina Dual Options MyCare Ohio antes de que usted pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que usted puede obtener (llamado “límites de cantidad”).
- Añadir o cambiar restricciones de terapia progresiva con respecto a un medicamento. (“Terapia progresiva” significa que usted podría tener que probar un medicamento antes de que cubramos otro medicamento).

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

Si está tomando un medicamento que estaba cubierto **al principio** del año, generalmente no retiraremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

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

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

- Siempre puede consultar la *Lista de Medicamentos* actualizada de Molina Dual Options MyCare Ohio en línea en MolinaHealthcare.com/Duals. Las actualizaciones de la *Lista de Medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Member Services para ver la *Lista de medicamentos* actualizada al (855) 665-4623 y TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time.

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

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

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

          Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la Sección B14.
    - Usted o su proveedor pueden solicitar una excepción a esos cambios. Le enviaremos una notificación con los pasos que puede tomar para una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) dice que un medicamento que usted está tomando no es seguro ni efectivo o el fabricante del medicamento retira un medicamento del mercado, podemos retirarlo inmediatamente de la *Lista de medicamentos.* Si está tomando el medicamento, le enviaremos un aviso después de realizar el cambio. Talk with your doctor or other prescriber to find an alternative that is safe for you.

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

- la FDA proporciona nuevas guías o hay nuevas pautas clínicas sobre un medicamento,

- eliminamos un medicamento de marca de la *Lista de medicamentos* al agregar un medicamento genérico que no es nuevo en el mercado,
- eliminamos un producto biológico original al agregar un biosimilar, o
- cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando estos cambios se efectúen, realizaremos lo siguiente:

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

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

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

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

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

- **Autorización previa (PA) o aprobación previa:** Para algunos medicamentos, usted, su doctor u otra persona que le receta deben obtener una PA de Molina Dual Options MyCare Ohio antes de surtir la receta médica. Molina Dual Options MyCare Ohio podría no cubrir el medicamento si no obtiene una autorización.
- **Límites de cantidades:** A veces, Molina Dual Options MyCare Ohio limita la cantidad de un medicamento que puede recibir.
- **Terapia progresiva:** A veces, Molina Dual Options MyCare Ohio le solicita que realice terapia progresiva. Esto significa que tendrá que probar medicamentos en un orden determinado para el tratamiento de su enfermedad. Tendrá que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no funciona para tratar su enfermedad, entonces cubriremos el segundo.

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

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

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

La tabla de medicamentos de la sección C tiene una columna llamada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Molina Dual Options MyCare Ohio cambia sus normas sobre algunos medicamentos (p. ej., la PA o aprobación, los límites de cantidad o las restricciones en la terapia progresiva)?

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

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

Hay dos maneras de encontrar un medicamento:

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

Para buscar **alfabéticamente**, consulte el Índice de la sección de Medicamentos Lo puedes encontrar en la sección D.

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

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

Si no encuentra el medicamento en la *Lista de medicamentos,* llame a Member Services al (855) 665-4623 y TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time para obtener información. Si le informan que Molina Dual Options MyCare Ohio no cubrirá el medicamento, puede tomar alguna de las siguientes medidas:

- Solicitar a Member Services una lista de medicamentos que son similares al que tiene que tomar. Luego, muestre la lista a su médico o persona que le receta. Esta persona le puede recetar un medicamento que sea similar al que necesita tomar y que se encuentre en la *Lista de medicamentos*. **O bien,**

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

B9. ¿Qué sucede si soy un miembro nuevo de Molina Dual Options MyCare Ohio y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo problemas para obtenerlo?

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

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

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

- usted toma un medicamento que no está en nuestra *Lista de medicamentos*,

- las políticas del plan de salud no le permiten obtener la cantidad solicitada por la persona que le receta,

- el medicamento requiere la autorización previa de Molina Dual Options MyCare Ohio, **o**

- está tomando un medicamento sujeto a una restricción de terapia progresiva.

Podemos ayudarle si se encuentra en una residencia para ancianos o en otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede

obtener fácilmente el medicamento que necesita. Si usted ha estado en el plan durante más de 90 días y reside en un centro de atención a largo plazo y necesita un suministro inmediato.

- Cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de si es un miembro nuevo de Molina Dual Options MyCare Ohio.

- Esto se proporcionará de forma adicional al suministro provisional durante los primeros 90 días de su membresía en Molina Dual Options MyCare Ohio.

Política de transición

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

Durante el periodo en que los miembros consultan con sus doctores para determinar el curso de acción correcto, es posible que proporcionemos un suministro provisional del medicamento que no está en el formulario si esos miembros necesitan renovar el medicamento durante los primeros 90 días de la nueva membresía en nuestro plan para medicamentos Parte D (categoría 1 y 2) y 90 días para los medicamentos de Medicaid (categoría 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al otro, proporcionaremos un suministro provisional del medicamento que no está en el formulario si necesita una renovación del medicamento durante los primeros 90 días del nuevo año del plan.

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

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

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

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Sí. Puede solicitarle a Molina Dual Options MyCare Ohio una excepción para que cubra un medicamento que no esté incluido en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las políticas de su medicamento.

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

B11. ¿Cómo puedo solicitar una excepción?

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

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

Después de que obtengamos una declaración de la persona que le receta que respalde su solicitud de una excepción, le informaremos nuestra decisión en un plazo de 72 horas. La persona que le receta puede llamar a Molina Dual Options o enviar por fax la declaración de apoyo al (866) 290-1309.

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

B13. ¿Qué son los medicamentos genéricos?

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

Molina Dual Options MyCare Ohio cubre medicamentos de marca registrada y medicamentos genéricos.

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

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

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

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

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

Puede consultar la *Lista de medicamentos* de Molina Dual Options MyCare Ohio para ver qué medicamentos OTC están cubiertos.

B16. ¿Cuál es mi copago?

Como miembro de Molina Dual Options MyCare Ohio, no tiene copagos por los medicamentos recetados y OTC, siempre que siga las políticas de Molina Dual Options MyCare Ohio.

- Los medicamentos de la categoría 1 son medicamentos genéricos. Por los medicamentos de la categoría 1, usted no paga nada.
- Los medicamentos de la categoría 2 son los medicamentos de marca. Por los medicamentos de la categoría 2, usted no paga nada.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC) no cubiertos por Medicare. Por los medicamentos de la categoría 3, usted no paga nada.

B17. ¿Qué son las categorías de medicamentos?

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

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

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Ninguna categoría tiene copago.

C. Medicamentos agrupados por enfermedad

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

En la siguiente lista de medicamentos cubiertos se le ofrece información sobre los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la sección D. En el índice, puede encontrar ordenados alfabéticamente todos los medicamentos cubiertos por Molina Dual Options MyCare Ohio.

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

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

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

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

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

- Estos medicamentos también tienen diferentes políticas para las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos nuestra decisión de cobertura y la cambiemos si usted cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted necesita ya no está cubierto por Medicare o Medicaid.

- Si usted o su recetador no están de acuerdo con nuestra decisión, puede apelar. Para solicitar información sobre cómo apelar, llame a Member Services (855) 665-

4623 y TTY: 711, Monday - Friday 8 a.m. to 8 p.m., local time. También puede leer el Capítulo 9 del *Manual del miembro* para aprender cómo apelar una decisión.

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

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

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

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

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

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine CAPS .6mg	$0(1)	QL (60 caps / 30 days)
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
acetaminophen CHEW 160mg; LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg, 650mg; SUSP 80mg/2.5ml, 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg; TBCR 650mg	$0(3)	*
arthritis pain relief TBCR 650mg	$0(3)	*
aspirin CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	$0(3)	*
ASPIRIN SUPP 300mg	$0(3)	*
aspirin adult low dose TBEC 81mg	$0(3)	*
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	*
aspirin low strength CHEW 81mg	$0(3)	*
aspirin regimen TBEC 81mg	$0(3)	*
childrens acetaminophen SUSP 160mg/5ml	$0(3)	*
ed-apap LIQD 160mg/5ml	$0(3)	*
feverall adults SUPP 650mg	$0(3)	*
feverall childrens SUPP 120mg	$0(3)	*
FEVERALL INFANTS SUPP 80mg	$0(3)	*
FEVERALL JUNIOR STRENGTH SUPP 325mg	$0(3)	*
ft 8 hour pain relief TBCR 650mg	$0(3)	*
ft aspirin TABS 325mg	$0(3)	*
ft aspirin low dose TBEC 81mg	$0(3)	*
ft children's chewables p CHEW 160mg	$0(3)	*
ft enteric coated aspirin TBEC 325mg	$0(3)	*
ft pain relief TABS 325mg	$0(3)	*
ft pain relief adult extr TABS 500mg	$0(3)	*
gnp 8 hour arthritis reli TBCR 650mg	$0(3)	*
gnp 8 hour pain relief TBCR 650mg	$0(3)	*
gnp 8 hour pain reliever TBCR 650mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp acetaminophen TABS 325mg	$0(3)	*
gnp adult aspirin low str CHEW 81mg	$0(3)	*
gnp aspirin TABS 325mg; TBEC 81mg, 325mg	$0(3)	*
gnp aspirin low dose TBEC 81mg	$0(3)	*
gnp infants pain/fever SUSP 160mg/5ml	$0(3)	*
gnp pain & fever children SUSP 160mg/5ml	$0(3)	*
gnp pain & fever infants SUSP 160mg/5ml	$0(3)	*
gnp pain relief CHEW 160mg; TABS 325mg	$0(3)	*
gnp pain relief extra str TABS 500mg	$0(3)	*
goodsense arthritis pain TBCR 650mg	$0(3)	*
goodsense aspirin CHEW 81mg	$0(3)	*
goodsense aspirin adults TABS 325mg	$0(3)	*
goodsense pain & fever ch SUSP 160mg/5ml	$0(3)	*
goodsense pain & fever in SUSP 160mg/5ml	$0(3)	*
goodsense pain relief TABS 325mg	$0(3)	*
goodsense pain relief ext TABS 500mg	$0(3)	*
hm adult aspirin TABS 325mg	$0(3)	*
hm arthritis pain relief TBCR 650mg	$0(3)	*
hm pain relief TBCR 650mg	$0(3)	*
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
liquid acetaminophen LIQD 160mg/5ml	$0(3)	*
m-pap LIQD 160mg/5ml	$0(3)	*
mapap CAPS 500mg	$0(3)	*
mapap childrens CHEW 80mg, 160mg	$0(3)	*
pain & fever childrens SUSP 160mg/5ml	$0(3)	*
pain & fever infants SUSP 160mg/5ml	$0(3)	*
pain relief extra strengt TABS 500mg	$0(3)	*
pharbetol TABS 325mg	$0(3)	*
pharbetol extra strength TABS 500mg	$0(3)	*
qc acetaminophen 8 hours TBCR 650mg	$0(3)	*
qc acetaminophen infants SUSP 160mg/5ml	$0(3)	*
qc arthritis pain relief TBCR 650mg	$0(3)	*
qc aspirin TABS 325mg	$0(3)	*
qc aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	*
qc enteric aspirin TBEC 325mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc non-aspirin extra stre TABS 500mg	$0(3)	*
qc pain relief TABS 325mg	$0(3)	*
qc pain relief childrens SUSP 160mg/5ml	$0(3)	*
qc pain relief extra stre TABS 500mg	$0(3)	*
sm 8 hour pain relief TBCR 650mg	$0(3)	*
sm arthritis pain relief TBCR 650mg	$0(3)	*
sm arthritis pain relieve TBCR 650mg	$0(3)	*
sm aspirin adult low stre TBEC 81mg	$0(3)	*
sm aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	*
sm childrens aspirin CHEW 81mg	$0(3)	*
sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml	$0(3)	*
sm pain & fever infants SUSP 160mg/5ml	$0(3)	*
sm pain reliever TABS 325mg	$0(3)	*
sm pain reliever children SUSP 160mg/5ml	$0(3)	*
sm pain reliever extra st TABS 500mg	$0(3)	*
st joseph low dose aspiri CHEW 81mg	$0(3)	*
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
acetaminophen/ibuprofen	$0(3)	*
all day pain relief TABS 220mg	$0(3)	*
all day relief TABS 220mg	$0(3)	*
celecoxib CAPS 50mg, 100mg, 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
childrens ibuprofen SUSP 100mg/5ml, 200mg/10ml	$0(3)	*
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
ft ibuprofen CAPS 200mg; TABS 200mg	$0(3)	*
ft ibuprofen childrens SUSP 100mg/5ml	$0(3)	*
ft ibuprofen ib childrens CHEW 100mg	$0(3)	*
ft ibuprofen minis CAPS 200mg	$0(3)	*
ft naproxen sodium CAPS 220mg	$0(3)	*
gnp childrens ibuprofen SUSP 100mg/5ml	$0(3)	*
gnp ibuprofen CAPS 200mg; TABS 200mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp ibuprofen childrens CHEW 100mg	$0(3)	*
gnp ibuprofen infants SUSP 50mg/1.25ml	$0(3)	*
gnp naproxen TABS 220mg	$0(3)	*
gnp naproxen sodium CAPS 220mg	$0(3)	*
goodsense ibuprofen CAPS 200mg; TABS 200mg	$0(3)	*
goodsense ibuprofen child SUSP 100mg/5ml	$0(3)	*
goodsense ibuprofen infan SUSP 50mg/1.25ml	$0(3)	*
goodsense naproxen sodium TABS 220mg	$0(3)	*
hm ibuprofen childrens SUSP 100mg/5ml	$0(3)	*
ibu TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen CAPS 200mg; TABS 200mg	$0(3)	*
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen childrens SUSP 100mg/5ml, 200mg/10ml	$0(3)	*
ibuprofen infants SUSP 50mg/1.25ml	$0(3)	*
ibuprofen junior strength CHEW 100mg	$0(3)	*
infants ibuprofen SUSP 50mg/1.25ml	$0(3)	*
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	
naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
naproxen dr TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
naproxen sodium TABS 220mg	$0(3)	*
naproxen sodium TABS 275mg, 550mg	$0(1)	
piroxicam CAPS 10mg, 20mg	$0(1)	
qc childrens ibuprofen SUSP 100mg/5ml	$0(3)	*
qc ibuprofen TABS 200mg	$0(3)	*
qc naproxen sodium TABS 220mg	$0(3)	*
sb naproxen sodium TABS 220mg	$0(3)	*
sm childrens ibuprofen SUSP 100mg/5ml	$0(3)	*
sm ibuprofen CAPS 200mg; TABS 200mg	$0(3)	*
sm ibuprofen ib TABS 200mg	$0(3)	*
sm ibuprofen ib childrens CHEW 100mg	$0(3)	*
sm infants ibuprofen SUSP 50mg/1.25ml	$0(3)	*
sm naproxen sodium TABS 220mg	$0(3)	*
sulindac TABS 150mg, 200mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	$0(1)	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	$0(1)	QL (180 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	
cvs pinworm treatment SUSP 144mg/ml	$0(3)	*
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
IMPAVIDO CAPS 50mg	$0(2)	NDS, PA
ivermectin TABS 3mg	$0(1)	QL (12 tabs / 90 days), PA
ivermectin TABS 6mg	$0(1)	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	$0(2)	
meropenem SOLR 1gm, 2gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	
pin-away SUSP 144mg/ml	$0(3)	*
pinworm medicine SUSP 144mg/ml	$0(3)	*
polymyxin b sulfate SOLR 500000unit	$0(1)	
praziquantel TABS 600mg	$0(1)	
pyrimethamine TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), PA
reeses pinworm medicine SUSP 144mg/ml	$0(3)	*
streptomycin sulfate SOLR 1gm	$0(2)	NDS
sulfadiazine TABS 500mg	$0(2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
tinidazole TABS 250mg, 500mg	$0(1)	
TOBI PODHALER CAPS 28mg	$0(2)	NDS, NM, PA
tobramycin NEBU 300mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	$0(1)	
trimethoprim TABS 100mg	$0(1)	
vancomycin hcl CAPS 125mg	$0(1)	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	$0(1)	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b SOLR 50mg	$0(1)	B/D
amphotericin b liposome SUSR 50mg	$0(2)	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	$0(1)	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flucytosine CAPS 250mg, 500mg	$0(2)	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	$0(1)	
griseofulvin ultramicrosize TABS 125mg, 250mg	$0(1)	
itraconazole CAPS 100mg	$0(1)	PA
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(1)	
nystatin TABS 500000unit	$0(1)	
posaconazole SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	$0(1)	PA
voriconazole SUSR 40mg/ml	$0(2)	NDS, QL (600 mL / 28 days), PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days)
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	NM
APTIVUS CAPS 250mg	$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	NM
darunavir TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TABS 25mg	$0(2)	NDS, NM
EDURANT PED TBSO 2.5mg	$0(2)	NDS, NM
efavirenz TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	$0(2)	NDS, NM
FUZEON SOLR 90mg	$0(2)	NDS, NM
INTELENCE TABS 25mg	$0(2)	NM
ISENTRESS CHEW 25mg	$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	$0(1)	NM
NORVIR PACK 100mg	$0(2)	NM
PIFELTRO TABS 100mg	$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	$0(2)	NDS, NM
ritonavir TABS 100mg	$0(1)	NM
RUKOBIA TB12 600mg	$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml	$0(2)	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	$0(2)	NDS, NM
tenofovir disoproxil fumarate TABS 300mg	$0(1)	NM
TIVICAY TABS 10mg	$0(2)	NM
TIVICAY TABS 25mg, 50mg	$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, NM
TYBOST TABS 150mg	$0(2)	NM
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
BIKTARVY TAB 30-120-15 MG	$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	$0(2)	NDS, NM
CIMDUO TAB 300-300	$0(2)	NDS, NM
COMPLERA TAB	$0(2)	NDS, NM
DELSTRIGO TAB	$0(2)	NDS, NM
DESCOVY TAB 120-15MG	$0(2)	NDS, NM
DESCOVY TAB 200/25MG	$0(2)	NDS, NM
DOVATO TAB 50-300MG	$0(2)	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(1)	NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM
KALETRA SOL	$0(2)	NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$0(1)	NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 675/150	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM
TRIUMEQ PD TAB	$0(2)	NM

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIUMEQ TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, NM, PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(1)	NM
BARACLUDE SOLN .05mg/ml	$0(2)	NDS, NM, ST
entecavir TABS .5mg, 1mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine (hbv) TABS 100mg	$0(1)	NM
LIVTENCITY TABS 200mg	$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PAXLOVID PAK	$0(1)	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	$0(1)	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	$0(2)	NDS, NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREVYMIS TABS 240mg, 480mg	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml	$0(2)	NDS
valganciclovir hcl TABS 450mg	$0(1)	
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg	$0(1)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	$0(2)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	$0(2)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefotetan disodium SOLR 1gm, 2gm	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
erythromycin lactobionate SOLR 500mg	$0(1)	
fidaxomicin TABS 200mg	$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	
ampicillin CAPS 500mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EULEXIN CAPS 125mg	$0(2)	NDS
exemestane TABS 25mg	$0(1)	
FIRMAGON SOLR 80mg	$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	$0(2)	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS, NM
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	$0(2)	NDS, NM, PA
ORSERDU TABS 86mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(1)	PA
XTANDI CAPS 40mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	$0(2)	NDS, B/D
hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
IWILFIN TABS 192mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, NM
MODEYSO CAPS 125mg	$0(2)	NDS, QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
paclitaxel inj 100mg	$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALUNBRIG PAK	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	$0(2)	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	$0(2)	NM, PA
bortezomib SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMETRIQ KIT 140MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	$0(2)	NDS, QL (168 caps / 28 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI CAPS 2mg	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	$0(2)	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, NM, PA
HERNEXEOS TABS 60mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	$0(2)	NDS, NM, PA
NERLYNX TABS 40mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	$0(2)	NDS, NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OGSIVEO TABS 50mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	$0(2)	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
pazopanib hcl TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	$0(2)	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROZLYTREK CAPS 200mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, NM, PA
TECENTRIQ INJ HYBREZA	$0(2)	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

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

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	$0(2)	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	$0(1)	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	$0(1)	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	$0(2)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omega-3-acid ethyl esters cap 1 gm	$0(1)	PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
REPATHA SOSY 140mg/ml	$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, PA
UPTRAVI TABS 200mcg	$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	$0(2)	NDS, QL (1 pack / 28 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lorazepam SOLN 4mg/ml, 20mg/10ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(1)	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	$0(1)	
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
AUVELITY TAB 45-105MG	$0(2)	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	$0(1)	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
RALDESY SOLN 10mg/ml	$0(2)	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trimipramine maleate CAPS 25mg, 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	$0(2)	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
vilazodone hcl TABS 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	$0(2)	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA applies if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone TABS 200mg	$0(1)	
INBRIJA CAPS 42mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS .5mg, 1mg	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(1)	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	$0(2)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(1)	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	$0(2)	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	$0(2)	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK B	$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK C	$0(2)	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	$0(2)	NDS, QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	$0(1)	QL (30 tabs / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lurasidone hcl TABS 80mg	$0(1)	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	$0(1)	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	$0(2)	NDS, QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg	$0(1)	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	$0(1)	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	NDS, QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg	$0(1)	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	$0(1)	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	$0(1)	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
diazepam intensol CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, PA
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	QL (480 mL / 30 days), PA
eslicarbazepine acetate TABS 200mg, 400mg	$0(1)	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	$0(1)	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	$0(1)	QL (360 caps / 30 days)
gabapentin CAPS 400mg	$0(1)	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	$0(1)	
lacosamide TABS 50mg	$0(1)	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	$0(1)	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	$0(1)	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$0(1)	
LEVETIRACETAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methsuximide CAPS 300mg	$0(1)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
perampanel TABS 2mg	$0(1)	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA applies if 70 years and older
phenytek CAPS 200mg, 300mg	$0(1)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMPAZAN FILM 5mg, 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
topiramate SOLN 25mg/ml	$0(1)	QL (480 mL / 30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	$0(2)	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	$0(2)	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	$0(2)	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	$0(2)	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	$0(2)	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZONISADE SUSP 100mg/5ml	$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ZTALMY SUSP 50mg/ml	$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older

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

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

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

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

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	$0(1)	
gnp nicotine gum GUM 4mg	$0(3)	*
gnp nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	*
gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	*
gnp nicotine polacrilex m LOZG 4mg	$0(3)	*
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	*
goodsense nicotine LOZG 2mg, 4mg	$0(3)	*
goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg	$0(3)	*
hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg	$0(3)	*
KLOXXADO LIQD 8mg/0.1ml	$0(2)	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	*
nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	*
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	*
nicotine polacrilex mini LOZG 2mg	$0(3)	*
NICOTINE SYS KIT TRANSDER	$0(3)	*
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	*
NICOTROL INHALER INHA 10mg	$0(2)	
NICOTROL NS SOLN 10mg/ml	$0(2)	
sm nicotine GUM 4mg; LOZG 2mg	$0(3)	*
sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	*
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	*
varenicline tartrate TABS .5mg, 1mg	$0(1)	QL (56 tabs / 28 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	QL (2 packs / year)
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
depo-testosterone SOLN 100mg/ml, 200mg/ml	$0(1)	PA
methyltestosterone CAPS 10mg	$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
testosterone pump GEL 1.62%	$0(1)	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	$0(2)	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	$0(1)	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	$0(1)	QL (90 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	$0(2)	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	$0(2)	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	$0(2)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	$0(2)	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	$0(2)	
FIASP PENFILL SOCT 100unit/ml	$0(2)	
FIASP PUMPCART SOCT 100unit/ml	$0(2)	B/D
GAUZE PADS 2" X 2"	$0(2)	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	$0(2)	PA
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	$0(2)	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	$0(2)	
TRESIBA SOLN 100unit/ml	$0(2)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	$0(1)	ST
alendronate sodium TABS 10mg, 35mg, 70mg	$0(1)	
BONSITY SOPN 560mcg/2.24ml	$0(2)	NDS, NM, PA
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
ibandronate sodium TABS 150mg	$0(1)	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	$0(1)	
risedronate sodium TBEC 35mg	$0(1)	ST
TERIPARATIDE SOPN 560mcg/2.24ml	$0(2)	NDS, NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	NDS
deferasirox TABS 90mg; TBSO 125mg	$0(1)	NM, PA
deferasirox TABS 180mg, 360mg	$0(2)	NM, PA
deferasirox TBSO 250mg, 500mg	$0(2)	NDS, NM, PA
kionex SUSP 15gm/60ml	$0(1)	
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps SUSP 15gm/60ml	$0(1)	
sps rectal SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
aftera TABS 1.5mg	$0(3)	*
AIMSCO MIS LUBRICAT	$0(3)	*
altavera	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
amethyst	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
chateal eq	$0(1)	
cryselle-28	$0(1)	
curae TABS 1.5mg	$0(3)	*
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	$0(2)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
dolishale	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DUREX MIS REALFEEL	$0(3)	*
econtra one-step TABS 1.5mg	$0(3)	*
elinest	$0(1)	
eluryng	$0(1)	
emzahh TABS .35mg	$0(1)	
enilloring	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0(1)	
falmina	$0(1)	
FANTASY LUBR MIS COLORS	$0(3)	*
FANTASY LUBR MIS SPERMICI	$0(3)	*
FANTASY MIS LUBRICAT	$0(3)	*
FC2 FEMALE MIS CONDOM	$0(3)	*
feirza 1.5/30	$0(1)	
feirza 1/20	$0(1)	
finzala	$0(1)	
galbriela	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
haloette	$0(1)	
heather TABS .35mg	$0(1)	
her style TABS 1.5mg	$0(3)	*
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	
introvale	$0(1)	
isibloom	$0(1)	
jaimiess	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50	$0(1)	
KIMONO COLOR MIS	$0(3)	*
KIMONO MAXX MIS LG FLARE	$0(3)	*
KIMONO MICRO MIS THIN	$0(3)	*
KIMONO MICRO MIS THIN +	$0(3)	*
KIMONO MIS LUBRICAT	$0(3)	*
KIMONO MIS SENSATIO	$0(3)	*
KIMONO PLUS MIS SPERMICI	$0(3)	*
KIMONO SENSA MIS PLUS	$0(3)	*
KIMONO SPEC MIS	$0(3)	*
kurvelo	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	
layolis fe	$0(1)	
lessina	$0(1)	
levonest	$0(1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel (emergency oc) TABS 1.5mg	$0(3)	*
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0(1)	
levora 0.15/30-28	$0(1)	
LILETTA IUD 20.1mcg/day	$0(2)	NM
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	
lojaimiess	$0(1)	
loryna	$0(1)	
low-ogestrel	$0(1)	
luizza 1.5/30	$0(1)	
luizza 1/20	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
MAXX MIS LUBRICAT	$0(3)	*
MAXX PLUS MIS SPERMICI	$0(3)	*
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
meleya TABS .35mg	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice TABS 1.5mg	$0(3)	*
my way TABS 1.5mg	$0(3)	*
necon 0.5/35-28	$0(1)	
new day TABS 1.5mg	$0(3)	*
NEXPLANON IMPL 68mg	$0(2)	NM
nikki	$0(1)	
nora-be TABS .35mg	$0(1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone (contraceptive) TABS .35mg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	
norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	
nortrel 7/7/7	$0(1)	
nylia 1/35	$0(1)	
nylia 7/7/7	$0(1)	
ocella	$0(1)	
opcicon one-step TABS 1.5mg	$0(3)	*
option 2 TABS 1.5mg	$0(3)	*
orquidea TABS .35mg	$0(1)	
philith	$0(1)	
pimtrea	$0(1)	
portia-28	$0(1)	
react TABS 1.5mg	$0(3)	*
REALITY MIS LUBRICAT	$0(3)	*
reclipsen	$0(1)	
rivelsa	$0(1)	
rosyrah	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
take action TABS 1.5mg	$0(3)	*
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
TRUSTEX LUBR MIS ASSORTED	$0(3)	*
TRUSTEX LUBR MIS BANANA	$0(3)	*
TRUSTEX LUBR MIS CHOC	$0(3)	*
TRUSTEX LUBR MIS COLA	$0(3)	*
TRUSTEX LUBR MIS COLORS	$0(3)	*
TRUSTEX LUBR MIS EX LARGE	$0(3)	*
TRUSTEX LUBR MIS EX STR	$0(3)	*
TRUSTEX LUBR MIS GRAPE	$0(3)	*
TRUSTEX LUBR MIS RIB/STUD	$0(3)	*
TRUSTEX LUBR MIS SPERMICI	$0(3)	*
TRUSTEX LUBR MIS STRWBRY	$0(3)	*
TRUSTEX LUBR MIS VANILLA	$0(3)	*
TRUSTEX MIS BANANA	$0(3)	*
TRUSTEX MIS CHOCOLAT	$0(3)	*
TRUSTEX MIS FLAVORS	$0(3)	*
TRUSTEX MIS MINT	$0(3)	*
TRUSTEX MIS STRWBRY	$0(3)	*
TRUSTEX MIS VANILLA	$0(3)	*
TRUSTEX/RIA MIS LUBRICAT	$0(3)	*
TRUSTEX/RIA MIS NON-LUB	$0(3)	*
TRUSTEX/RIA MIS SPERMICI	$0(3)	*
TRUSTX NON-9 MIS RIB/STUD	$0(3)	*
turqoz	$0(1)	
tydemy	$0(1)	
valtya 1/35	$0(1)	
valtya 1/50	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xarah fe	$0(1)	
xelria fe	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale	$0(2)	
abigale lo	$0(2)	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	$0(1)	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem TABS 10mcg	$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	$0(1)	
fludrocortisone acetate TABS .1mg	$0(1)	
hydrocortisone TABS 5mg, 10mg, 20mg	$0(1)	
hydrocortisone sod succinate SOLR 100mg	$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D
prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHEW 5gm	$0(3)	*
cvs glucose GEL 40%	$0(3)	*
CVS GLUCOSE CHW FRUIT	$0(3)	*
DEX4 CHW FRUIT	$0(3)	*
DEX4 CHW GRAPE	$0(3)	*
DEX4 CHW ORANGE	$0(3)	*
DEX4 CHW RASPBERY	$0(3)	*
DEX4 CHW SOUR APL	$0(3)	*
DEX4 CHW WATERMLN	$0(3)	*
DEX4 POUCH CHW PACK	$0(3)	*
DEX4 QUICK DISSOLVE GLUCO CHEW 4gm	$0(3)	*
diazoxide SUSP 50mg/ml	$0(2)	NDS
GLUCOSE CHEW 4gm	$0(3)	*
GLUCOSE CHW FRUIT	$0(3)	*
GLUCOSE CHW GRAPE	$0(3)	*
GLUCOSE CHW ORANGE	$0(3)	*
GLUCOSE CHW RASPBERY	$0(3)	*
GLUCOSE CHW WATERMLN	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GNP GLUCOSE CHW GRAPE	$0(3)	*
GNP GLUCOSE CHW ORANGE	$0(3)	*
GNP GLUCOSE CHW RASPBERY	$0(3)	*
GNP GLUCOSE CHW WATERMLN	$0(3)	*
GNP QUICK DISSOLVE GLUCOS CHEW 4gm	$0(3)	*
KROG GLUCOSE CHW ORANGE	$0(3)	*
KROG GLUCOSE CHW RASPBERY	$0(3)	*
KROG GLUCOSE CHW WATERMLN	$0(3)	*
LEADER QUICK DISSOLVE GLU CHEW 4gm	$0(3)	*
PX GLUCOSE CHW FRUIT	$0(3)	*
PX GLUCOSE CHW ORANGE	$0(3)	*
PX GLUCOSE CHW RASPBERY	$0(3)	*
PX GLUCOSE CHW SOUR APL	$0(3)	*
SM GLUCOSE CHEW 4gm	$0(3)	*
SM GLUCOSE CHW ORANGE	$0(3)	*
SM GLUCOSE CHW RASPBERY	$0(3)	*
TRUEPLUS GLUCOSE CHEW 4gm	$0(3)	*
TRUEPLUS GLUCOSE GEL GEL 15gm/32ml	$0(3)	*
TRUEPLUS GLUCOSE ON THE G CHEW 4gm	$0(3)	*
value plus glucose GEL 40%	$0(3)	*
VP GLUCOSE CHW FRUIT	$0(3)	*
VP GLUCOSE CHW GRAPE	$0(3)	*
WALGREENS GLUCOSE CHEW 4gm	$0(3)	*
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, PA
betaine powder for oral solution	$0(2)	NDS, NM
cabergoline TABS .5mg	$0(1)	
carglumic acid TBSO 200mg	$0(2)	NDS, NM, PA
CERDELGA CAPS 84mg	$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, PA
CHEMSTRIP 5 TES OB	$0(3)	*
CHEMSTRIP 7 TES	$0(3)	*
CHEMSTRIP 10 TES MD	$0(3)	*
cinacalcet hcl TABS 30mg, 60mg	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CVS KETONE TES CARE	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	
desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	$0(2)	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	$0(2)	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
KETO-DIASTIX TES	$0(3)	*
lanreotide acetate SOLN 120mg/0.5ml	$0(2)	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	$0(2)	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	$0(2)	NDS, NM, PA
MULTISTIX 10 TES SG	$0(3)	*
NAGLAZYME SOLN 1mg/ml	$0(2)	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	$0(2)	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	$0(1)	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	$0(2)	NDS, NM, PA
OVIDREL SOSY 250mcg/0.5ml	$0(3)	NM; *
PRECISN XTRA TES KETONE	$0(3)	*
raloxifene hcl TABS 60mg	$0(1)	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	$0(2)	NDS, NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, NM, PA
SYNAREL SOLN 2mg/ml	$0(2)	NDS, PA
VEOZAH TABS 45mg	$0(2)	PA
zelvysia PACK 100mg, 500mg	$0(2)	NDS, NM, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey TABS 5mg	$0(1)	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
progesterone CAPS 100mg, 200mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	$0(1)	B/D
calcitriol (oral) SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	$0(3)	*
ACID GONE	$0(3)	*
almacone double strength	$0(3)	*
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	$0(3)	*
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	$0(3)	*
ALUMINUM HYDROXIDE SUSP 320mg/5ml	$0(3)	*
antacid CHEW 750mg	$0(3)	*
antacid calcium regular s CHEW 500mg	$0(3)	*
antacid extra strength CHEW 750mg	$0(3)	*
antacid maximum strength	$0(3)	*
antacid regular strength	$0(3)	*
antacid ultra strength CHEW 1000mg	$0(3)	*
antacid/antigas liquid	$0(3)	*
cal-gest antacid CHEW 500mg	$0(3)	*
calcium antacid CHEW 500mg	$0(3)	*
calcium antacid extra str CHEW 750mg	$0(3)	*
CALCIUM CARBONATE SUSP 1250mg/5ml; TABS 648mg	$0(3)	*
calcium carbonate (antacid) CHEW 500mg	$0(3)	*
ft antacid & antigas	$0(3)	*
ft antacid extra strength CHEW 750mg	$0(3)	*
ft antacid regular streng CHEW 500mg	$0(3)	*
gnp antacid CHEW 500mg	$0(3)	*
gnp antacid & anti-gas ma	$0(3)	*
gnp antacid & anti-gas/re	$0(3)	*
gnp antacid and anti-gas/	$0(3)	*
gnp antacid anti-gas/maxi	$0(3)	*
gnp antacid extra strengt CHEW 750mg	$0(3)	*
gnp antacid ultra strengt CHEW 1000mg	$0(3)	*
gnp antacid/regular stren	$0(3)	*
heartburn relief extra st	$0(3)	*
hm antacid extra strength CHEW 750mg	$0(3)	*
MAG-AL LIQ	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mag-al plus	$0(3)	*
mag-al plus xs	$0(3)	*
magnesium oxide TABS 400mg, 420mg	$0(3)	*
mintox maximum strength	$0(3)	*
mintox plus	$0(3)	*
qc antacid CHEW 500mg	$0(3)	*
qc antacid/anti-gas	$0(3)	*
qc antacid/anti-gas maxim	$0(3)	*
sb antacid CHEW 500mg	$0(3)	*
sb antacid extra strength CHEW 750mg	$0(3)	*
sm antacid CHEW 500mg	$0(3)	*
sm antacid extra strength CHEW 750mg	$0(3)	*
sm calcium antacid CHEW 500mg	$0(3)	*
sm calcium antacid extra CHEW 750mg	$0(3)	*
smooth antacid extra stre CHEW 750mg	$0(3)	*
sodium bicarbonate (antacid) TABS 325mg, 650mg	$0(3)	*
SODIUM POW BICARBON	$0(3)	*
TUMS CHEWY DELIGHTS ULTRA CHEW 1177mg	$0(3)	*
tums smoothies CHEW 750mg	$0(3)	*
ANTI-DIARRHEAL		
ABATINEX CAPS 680mg	$0(3)	*
ACIDOPHILUS CAPS 100mg; WAFR 1mg	$0(3)	*
ACIDOPHILUS CAP	$0(3)	*
ACIDOPHILUS CAP LACTOBA	$0(3)	*
ACIDOPHILUS EXTRA STRENGT	$0(3)	*
ACIDOPHILUS PROBIOTIC CAPS 10mg, 100mg	$0(3)	*
acidophilus probiotic TABS .5mg, 10mg	$0(3)	*
acidophilus probiotic for	$0(3)	*
ACIDOPHILUS/ TAB CIT PECT	$0(3)	*
anti-diarrheal SOLN 1mg/7.5ml; TABS 2mg	$0(3)	*
AZO COMPLETE FEMININE BAL	$0(3)	*
AZO DUAL CAP PROTECT	$0(3)	*
BIO-K PLUS CAP STRONG	$0(3)	*
BIOMEPRO CAP	$0(3)	*
BIOMEPRO LIQ	$0(3)	*
bismuth subsalicylate CHEW 262mg	$0(3)	*
CULTURELLE CAP ADV REG	$0(3)	*
CULTURELLE CAP WOMENS	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
culturelle prenatal welln	$0(3)	*
culturelle total balance	$0(3)	*
culturelle womens wellnes	$0(3)	*
cvs acidophilus probiotic TABS .5mg, 5mg	$0(3)	*
EQL DIGESTIVE PROBIOTIC	$0(3)	*
eql probiotic acidophilus	$0(3)	*
FLORAJEN CAP ACIDOPHI	$0(3)	*
FLORAJEN CAP WOMEN	$0(3)	*
floranex	$0(3)	*
FREEZE DRIED ACIDOPHILUS	$0(3)	*
ft anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	*
ft stomach relief CHEW 262mg; SUSP 525mg/30ml	$0(3)	*
gnp anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	*
gnp loperamide hydrochlor SOLN 1mg/7.5ml	$0(3)	*
gnp pink bismuth CHEW 262mg; TABS 262mg	$0(3)	*
gnp pink bismuth ultra st SUSP 525mg/15ml	$0(3)	*
GNP PROBIOTI CAP XTRA STR	$0(3)	*
gnp stomach relief SUSP 525mg/30ml	$0(3)	*
goodsense anti-diarrheal SOLN 1mg/7.5ml	$0(3)	*
hm stomach relief SUSP 525mg/30ml	$0(3)	*
hm stomach relief ultra SUSP 525mg/15ml	$0(3)	*
IDEAL BOWEL SUPPORT CAPS 43.5mg	$0(3)	*
INTESTINEX CAPS 600mg	$0(3)	*
KALA TAB	$0(3)	*
lactobacillus - packet*	$0(3)	*
lactobacillus acidophilus-pectin cap*	$0(3)	*
LACTOBACILLUS EXTRA STREN	$0(3)	*
lactobacillus tab*	$0(3)	*
loperamide hcl SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	$0(3)	*
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	$0(3)	*
PRIMADOPHILUS	$0(3)	*
probiata	$0(3)	*
PROBIOTIC ACIDOPHILUS	$0(3)	*
PROBIOTIC CAP	$0(3)	*
PROBIOTIC GOLD EXTRA STRE	$0(3)	*
qc anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	*
RA DIGESTIVE HEALTH	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sb anti-diarrhea TABS 2mg	$0(3)	*
SM ACIDOPHILUS CAPS 10mg	$0(3)	*
sm anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	$0(3)	*
sm stomach relief CHEW 262mg; TABS 262mg	$0(3)	*
stomach relief CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	$0(3)	*
stomach relief extra stre SUSP 525mg/15ml	$0(3)	*
stomach relief ultra SUSP 525mg/15ml	$0(3)	*
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
driminate TABS 50mg	$0(3)	*
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
ft motion sickness TABS 25mg, 50mg	$0(3)	*
gnp motion sickness relie TABS 25mg, 50mg	$0(3)	*
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
meclizine hcl CHEW 25mg; TABS 12.5mg	$0(3)	*
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
motion sickness relief TABS 50mg	$0(3)	*
motion sickness relief/le TABS 25mg	$0(3)	*
motion-time CHEW 25mg	$0(3)	*
ondansetron TBDP 4mg, 8mg	$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
sm motion sickness TABS 50mg	$0(3)	*
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg	$0(1)	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer TABS 10mg	$0(3)	*
acid reducer maximum stre TABS 20mg	$0(3)	*
acid reducer original str TABS 10mg	$0(3)	*
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	$0(1)	
famotidine TABS 10mg, 20mg	$0(3)	*
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine maximum streng TABS 20mg	$0(3)	*
famotidine original stren TABS 10mg	$0(3)	*
ft acid reducer TABS 10mg	$0(3)	*
ft acid reducer maximum s TABS 20mg	$0(3)	*
gnp acid reducer TABS 10mg	$0(3)	*
gnp acid reducer maximum TABS 20mg	$0(3)	*
heartburn relief TABS 10mg	$0(3)	*
heartburn relief maximum TABS 20mg	$0(3)	*
nizatidine CAPS 150mg, 300mg	$0(1)	
qc acid controller TABS 10mg	$0(3)	*
qc acid controller maximu TABS 20mg	$0(3)	*
sb acid reducer TABS 10mg	$0(3)	*
sm acid reducer TABS 10mg, 200mg	$0(3)	*
sm acid reducer maximum s TABS 20mg	$0(3)	*
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
budesonide CPEP 3mg	$0(1)	QL (90 caps / 30 days), PA
budesonide TB24 9mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm	$0(1)	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	$0(1)	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	$0(3)	*
bisacodyl ec TBEC 5mg	$0(3)	*
calcium polycarbophil TABS 625mg	$0(3)	*
castor oil OIL 100%	$0(3)	*
castor oil stimulant laxa OIL 100%	$0(3)	*
chocolated laxative CHEW 15mg	$0(3)	*
chocolated laxative regul CHEW 15mg	$0(3)	*
clearlax POWD 17gm/scoop	$0(3)	*
colace 2-in-1	$0(3)	*
COLACE CLEAR CAPS 50mg	$0(3)	*
constulose SOLN 10gm/15ml	$0(1)	
cvs castor oil OIL 100%	$0(3)	*
cvs chocolate laxative pi CHEW 15mg	$0(3)	*
docusate calcium CAPS 240mg	$0(3)	*
docusate mini ENEM 283mg/5ml	$0(3)	*
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	$0(3)	*
DOCUSOL KIDS ENEM 100mg/5ml	$0(3)	*
dok TABS 100mg	$0(3)	*
enema ready-to-use	$0(3)	*
enemeez mini ENEM 283mg/5ml	$0(3)	*
enemeez plus	$0(3)	*
enulose SOLN 10gm/15ml	$0(1)	
epsom salt	$0(3)	*
eql castor oil OIL 100%	$0(3)	*
eql laxative eql laxative CHEW 15mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fiber-lax TABS 625mg	$0(3)	*
FLEET BISACODYL ENEM 10mg/30ml	$0(3)	*
FLEET ENE PED	$0(3)	*
ft castor oil OIL 100%	$0(3)	*
ft clearlax POWD 17gm/scoop	$0(3)	*
ft fiber laxative TABS 625mg	$0(3)	*
ft gentle laxative SUPP 10mg	$0(3)	*
ft laxative TBEC 5mg	$0(3)	*
ft magnesium citrate SOLN 1.745gm/30ml	$0(3)	*
ft mineral oil OIL 99.9%	$0(3)	*
ft senna laxative TABS 8.6mg	$0(3)	*
ft senna-s	$0(3)	*
ft stool softener CAPS 100mg, 250mg	$0(3)	*
gavilax POWD 17gm/scoop	$0(3)	*
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
gavilyte-n/flavor pack	$0(1)	
generlac SOLN 10gm/15ml	$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	*
glycolax POWD 17gm/scoop	$0(3)	*
gnp castor oil OIL 100%	$0(3)	*
gnp clearlax PACK 17gm; POWD 17gm/scoop	$0(3)	*
gnp epsom salt	$0(3)	*
gnp fiber powder POWD 43%	$0(3)	*
gnp fiber therapy TABS 500mg	$0(3)	*
gnp fiber-caps TABS 625mg	$0(3)	*
gnp gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	*
gnp magnesium citrate SOLN 1.745gm/30ml	$0(3)	*
gnp milk of magnesia SUSP 1200mg/15ml	$0(3)	*
gnp mineral oil	$0(3)	*
gnp senna lax TABS 8.6mg	$0(3)	*
gnp senna plus	$0(3)	*
gnp stool softener CAPS 100mg, 240mg, 250mg	$0(3)	*
gnp stool softener/stimul	$0(3)	*
gnp womens gentle laxativ TBEC 5mg	$0(3)	*
goodsense clearlax POWD 17gm/scoop	$0(3)	*
healthylax PACK 17gm	$0(3)	*
hm enema mineral oil ENEM 100%	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm enema saline laxative	$0(3)	*
hm stool softener/stimula	$0(3)	*
KONSYL DAILY FIBER PACK 100%	$0(3)	*
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	
laxative maximum strength TABS 25mg	$0(3)	*
laxative regular strength TABS 15mg	$0(3)	*
milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	$0(3)	*
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	$0(3)	*
mineral oil OIL 100%	$0(3)	*
mineral oil enema	$0(3)	*
onelax senna SYRP 8.8mg/5ml	$0(3)	*
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	$0(3)	*
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
PLENVU SOL	$0(2)	
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	$0(3)	*
qc chocolated laxative CHEW 15mg	$0(3)	*
qc enema	$0(3)	*
qc gentle laxative SUPP 10mg	$0(3)	*
qc milk of magnesia SUSP 400mg/5ml	$0(3)	*
qc mineral oil heavy	$0(3)	*
qc natura-lax POWD 17gm/scoop	$0(3)	*
qc stool softener CAPS 100mg	$0(3)	*
qc stool softener plus la	$0(3)	*
qc vegetable laxative TABS 8.6mg	$0(3)	*
sb milk of magnesia SUSP 400mg/5ml	$0(3)	*
senexon-s	$0(3)	*
senna laxative TABS 8.6mg	$0(3)	*
senna plus	$0(3)	*
SENNA PLUS CAP 8.6-50MG	$0(3)	*
senna-lax TABS 8.6mg	$0(3)	*
senna-tabs TABS 8.6mg	$0(3)	*
senna-time TABS 8.6mg	$0(3)	*
senna-time s	$0(3)	*
sennosides CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sennosides-docusate sodium tab 8.6-50 mg	$0(3)	*
senokot extra strength TABS 17.2mg	$0(3)	*
sm clearlax POWD 17gm/scoop	$0(3)	*
sm enema	$0(3)	*
sm epsom salt	$0(3)	*
sm fiber POWD 28.3%, 43%, 58.6%; TABS 625mg	$0(3)	*
sm fiber laxative TABS 500mg	$0(3)	*
sm gentle laxative TBEC 5mg	$0(3)	*
sm magnesium citrate SOLN 1.745gm/30ml	$0(3)	*
sm milk of magnesia SUSP 1200mg/15ml	$0(3)	*
sm senna laxative TABS 8.6mg	$0(3)	*
sm senna-s	$0(3)	*
sm stool softener CAPS 100mg, 250mg; TABS 100mg	$0(3)	*
sm stool softener plus la	$0(3)	*
sm stool softener/stimula	$0(3)	*
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0(1)	
sodium phosphates - enema**	$0(3)	*
soluble fiber	$0(3)	*
SORBITOL SOLN 70%	$0(3)	*
stimulant laxative	$0(3)	*
STL SOFT/LAX CAP 8.6-50MG	$0(3)	*
stool softener CAPS 100mg	$0(3)	*
stool softener + stimulan	$0(3)	*
stool softener laxative CAPS 100mg	$0(3)	*
stool softener plus laxat	$0(3)	*
MISCELLANEOUS		
alosetron hcl TABS 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	$0(1)	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
ft gas relief drops infan SUSP 20mg/0.3ml	$0(3)	*
ft gas relief extra stren CAPS 125mg; CHEW 125mg	$0(3)	*
ft gas relief ultra stren CAPS 180mg	$0(3)	*
gas relief CHEW 80mg	$0(3)	*
gas relief extra strength CAPS 125mg; CHEW 125mg	$0(3)	*
gas relief infants SUSP 20mg/0.3ml	$0(3)	*
gas relief ultra strength CAPS 180mg	$0(3)	*
gas-x extra strength CAPS 125mg	$0(3)	*
gas-x ultra strength CAPS 180mg	$0(3)	*
GATTEX KIT 5mg	$0(2)	NDS, NM, PA
gnp anti-gas ultra streng CAPS 180mg	$0(3)	*
gnp gas relief CHEW 80mg	$0(3)	*
gnp gas relief extra stre CHEW 125mg	$0(3)	*
gnp infant gas relief SUSP 20mg/0.3ml	$0(3)	*
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	$0(1)	
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg, 25mg	$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	$0(3)	*
RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, QL (28 syringes / 28 days), PA
simethicone CHEW 80mg, 125mg	$0(3)	*
simethicone drops infants SUSP 20mg/0.3ml	$0(3)	*
simethicone ultra strengt CAPS 180mg	$0(3)	*
sm gas relief CAPS 180mg; CHEW 80mg, 125mg	$0(3)	*
sm gas relief drops infan SUSP 20mg/0.3ml	$0(3)	*
sucralfate TABS 1gm	$0(1)	
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
VOWST CAP	$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XIFAXAN TABS 550mg	$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000UNT	$0(2)	
ZENPEP CAP 40000UNT	$0(2)	
ZENPEP CAP 60000UNT	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer CPDR 20.6mg	$0(3)	*
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
esomeprazole magnesium CPDR 20mg; TBEC 20mg	$0(3)	*
ft acid reducer CPDR 15mg	$0(3)	*
gnp esomeprazole magnesiu CPDR 20mg	$0(3)	*
gnp lansoprazole CPDR 15mg	$0(3)	*
gnp omeprazole CPDR 20.6mg; TBEC 20mg	$0(3)	*
gnp omeprazole odt TBDD 20mg	$0(3)	*
goodsense esomeprazole ma CPDR 20mg	$0(3)	*
goodsense lansoprazole CPDR 15mg; TBDD 15mg	$0(3)	*
hm esomeprazole magnesium CPDR 20mg	$0(3)	*
lansoprazole CPDR 15mg	$0(3)	*
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
omeprazole TBDD 20mg; TBEC 20mg	$0(3)	*
omeprazole magnesium CPDR 20.6mg; TBEC 20mg	$0(3)	*
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
qc esomeprazole magnesium CPDR 20mg	$0(3)	*
qc lansoprazole CPDR 15mg	$0(3)	*
qc omeprazole magnesium CPDR 20.6mg	$0(3)	*
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
sm esomeprazole magnesium CPDR 20mg	$0(3)	*
sm lansoprazole CPDR 15mg	$0(3)	*
sm omeprazole TBEC 20mg	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
tadalafil TABS 5mg	$0(1)	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
gnp urinary pain relief TABS 95mg	$0(3)	*
gnp urinary pain relief m TABS 99.5mg	$0(3)	*
hm urinary pain relief TABS 95mg, 99.5mg	$0(3)	*
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
qc urinary pain relief TABS 95mg	$0(3)	*
sm urinary pain relief TABS 95mg, 99.5mg	$0(3)	*
sm urinary pain relief ma TABS 97.5mg	$0(3)	*
urinary pain relief TABS 95mg, 99.5mg	$0(3)	*
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	$0(1)	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	$0(1)	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	$0(3)	*
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
clotrimazole 3 CREA 2%	$0(3)	*
clotrimazole vaginal CREA 1%	$0(3)	*
7 day vaginal CREA 2%	$0(3)	*
gnp clotrimazole 3 CREA 2%	$0(3)	*
gnp miconazole 1 combinat	$0(3)	*
gnp miconazole 3	$0(3)	*
gnp miconazole 7 CREA 2%	$0(3)	*
metronidazole vaginal GEL .75%	$0(1)	
miconazole 3 combo pack	$0(3)	*
miconazole 7 CREA 2%; SUPP 100mg	$0(3)	*
qc 3 day vaginal cream CREA 4%	$0(3)	*
qc clotrimazole CREA 1%	$0(3)	*
qc miconazole 7 CREA 2%	$0(3)	*
sm 3-day vaginal CREA 2%	$0(3)	*
sm clotrimazole vaginal CREA 1%	$0(3)	*
sm miconazole 3	$0(3)	*
sm miconazole 7 CREA 2%; SUPP 100mg	$0(3)	*
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	$0(1)	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	$0(1)	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	$0(1)	
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
rivaroxaban SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
IRON		
ACCRUFER CAPS 30mg	$0(3)	*
ACTIVE FE TAB 75-1.25	$0(3)	*
BENTIVITE TAB 35-1MG	$0(3)	*
bprotected pedia iron SOLN 15mg/ml	$0(3)	*
CENTRATEX CAP	$0(3)	*
chromagen	$0(3)	*
corvita 150	$0(3)	*
CORVITE 150 TAB	$0(3)	*
CORVITE FE TAB	$0(3)	*
cvs iron TABS 27mg, 325mg	$0(3)	*
cvs slow release iron TBCR 45mg	$0(3)	*
eq slow-release iron TBCR 45mg	$0(3)	*
eql carbonyl iron TABS 45mg	$0(3)	*
eql iron supplement thera TABS 325mg	$0(3)	*
eql slow release iron TBCR 160mg	$0(3)	*
EZFE 200 CAPS 200mg	$0(3)	*
FE SULFATE POW	$0(3)	*
fe-vite iron SOLN 15mg/ml	$0(3)	*
FERAHEME SOLN 510mg/17ml	$0(3)	*
ferate TABS 27mg	$0(3)	*
fergon TABS 240mg	$0(3)	*
FERIVA TAB 21/7	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ferosul TABS 325mg	$0(3)	*
FERRALET 90 TAB	$0(3)	*
ferrex 150 CAPS 150mg	$0(3)	*
ferric x-150 CAPS 150mg	$0(3)	*
ferrous gluconate TABS 27mg, 240mg, 324mg	$0(3)	*
FERROUS GLUCONATE TABS 324mg	$0(3)	*
ferrous sulfate SOLN 15mg/ml, 220mg/5ml, 300mg/5ml, 300mg/6.8ml; TABS 65mg, 325mg; TBCR 45mg; TBEC 324mg, 325mg	$0(3)	*
FOLIVANE-F CAP	$0(3)	*
FUSION PLUS CAP	$0(3)	*
gnp iron TABS 200mg; TBCR 45mg	$0(3)	*
HEMATEX LIQD 100mg/5ml	$0(3)	*
HEMATEX POLYSACCHARIDE IR TABS 150mg	$0(3)	*
HEMATOGEN FA CAP	$0(3)	*
HEMOCYTE PLS CAP	$0(3)	*
iferex 150 CAPS 150mg	$0(3)	*
iferex 150 forte	$0(3)	*
INFED SOLN 50mg/ml	$0(3)	*
INJECTAFER SOLN 750mg/15ml	$0(3)	*
INTEGRA F CAP	$0(3)	*
INTEGRA PLUS CAP	$0(3)	*
IRON TABS 90mg	$0(3)	*
iron 27 TABS 240mg	$0(3)	*
IRON CHEWS PEDIATRIC CHEW 15mg	$0(3)	*
IRON FOLATE CAP -F	$0(3)	*
IRON FOLATE CAP PLUS	$0(3)	*
iron infant & toddler SOLN 15mg/ml	$0(3)	*
iron infant/toddler SOLN 15mg/ml	$0(3)	*
iron slow release TBCR 45mg	$0(3)	*
iron supplement SOLN 15mg/ml, 220mg/5ml	$0(3)	*
iron supplement childrens SOLN 15mg/ml	$0(3)	*
IRON UP LIQD 15mg/0.5ml	$0(3)	*
IROSPAN 24/6 MIS	$0(3)	*
kp ferrous gluconate TABS 324mg	$0(3)	*
kp ferrous sulfate TABS 325mg	$0(3)	*
MONOFERRIC SOLN 1000mg/10ml	$0(3)	*
NEPHRON FA TAB	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NIFEREX TAB	$0(3)	*
NOVAFERRUM 50 CAPS 50mg	$0(3)	*
NOVAFERRUM 125 LIQD 125mg/5ml	$0(3)	*
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	$0(3)	*
nu-iron 150 CAPS 150mg	$0(3)	*
one vite ferrous sulfate SOLN 220mg/5ml	$0(3)	*
pc pediatric iron drops SOLN 15mg/ml	$0(3)	*
poly-iron 150 CAPS 150mg	$0(3)	*
polysaccharide iron complex CAPS 150mg	$0(3)	*
PROFE CAPS 180mg	$0(3)	*
qc ferrous sulfate TABS 325mg	$0(3)	*
ra high potency iron TABS 27mg	$0(3)	*
ra iron TABS 27mg	$0(3)	*
ra slow release iron TBCR 45mg	$0(3)	*
se-tan plus	$0(3)	*
slow iron TBCR 160mg	$0(3)	*
slow release iron TBCR 45mg, 50mg, 160mg	$0(3)	*
SLOW RELEASE IRON TBCR 47.5mg	$0(3)	*
slow-release iron TBCR 45mg	$0(3)	*
sm iron TABS 325mg	$0(3)	*
sm iron slow release TBCR 45mg, 160mg	$0(3)	*
sm slow release iron TBCR 45mg	$0(3)	*
SM SLOW RELEASE IRON TBCR 143mg	$0(3)	*
sodium ferric gluconate complex in sucrose SOLN 12.5mg/ml	$0(3)	*
sv iron TABS 325mg	$0(3)	*
tandem plus	$0(3)	*
TARON FORTE CAP	$0(3)	*
tricon	$0(3)	*
trigels-f forte	$0(3)	*
venofer SOLN 20mg/ml	$0(3)	*
VENOFER SOLN 20mg/ml	$0(3)	*
wee care SUSP 15mg/1.25ml	$0(3)	*
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	$0(2)	
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	$0(2)	NDS, NM, PA
pentoxifylline TBCR 400mg	$0(1)	
sajazir SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	$0(2)	
SIKLOS TABS 1000mg	$0(2)	NDS
TAVNEOS CAPS 10mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA applies if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
ticagrelor TABS 60mg, 90mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	$0(2)	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	$0(2)	NDS, QL (16 syringes / 365 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COSENTYX SOSY 150mg/ml	$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PYZCHIVA SOAJ 45mg/0.5ml	$0(2)	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	$0(2)	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	$0(2)	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	$0(2)	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	$0(2)	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	$0(2)	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	$0(2)	NDS, NM, PA
TREMFYA SOPN 100mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	$0(2)	NDS, QL (2 pens / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TREMFYA PEN SOAJ 100mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	$0(2)	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	$0(2)	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	$0(2)	NM, PA
YESINTEK SOSY 45mg/0.5ml	$0(2)	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
JYLAMVO SOLN 2mg/ml	$0(2)	B/D
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	$0(2)	NDS, NM, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	$0(2)	B/D, NM
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D, NM
NULOJIX SOLR 250mg	$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	$0(2)	B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZUROCK TABS 200mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	$0(1)	
ACTHIB INJ	$0(1)	
ADACEL INJ	$0(1)	
AREXVY SUSR 120mcg/0.5ml	$0(1)	
BCG VACCINE SOLR 50mg	$0(1)	
BEXSERO SUSY .5ml	$0(1)	
BOOSTRIX INJ	$0(1)	
DAPTACEL INJ	$0(1)	
DENGVAXIA SUS	$0(1)	
DIP/TET PED INJ 25-5LFU	$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	$0(1)	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	$0(1)	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	$0(1)	B/D
HIBERIX SOLR 10mcg	$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	$0(1)	B/D
INFANRIX INJ	$0(1)	
IPOL INJ INACTIVE	$0(1)	
IXIARO INJ	$0(1)	
JYNNEOS SUSP .5ml	$0(1)	B/D
KINRIX INJ	$0(1)	
M-M-R II INJ	$0(1)	
MENACTRA INJ	$0(1)	
MENQUADFI SOLN .5ml	$0(1)	
MENVEO INJ	$0(1)	
MENVEO SOL	$0(1)	
MRESVIA SUSY 50mcg/0.5ml	$0(1)	
PEDIARIX INJ 0.5ML	$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(1)	
PENBRAYA INJ	$0(1)	
PENMENVY INJ	$0(1)	
PENTACEL INJ	$0(1)	
PRIORIX INJ	$0(1)	
PROQUAD INJ	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
QUADRACEL INJ 0.5ML	$0(1)	
RABAVERT INJ	$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	$0(1)	B/D
ROTARIX SUS	$0(1)	
ROTATEQ SOL	$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(1)	
TRUMENBA SUSY .5ml	$0(1)	
TWINRIX INJ	$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	$0(1)	
VARIVAX SUSR 1350pfu/0.5ml	$0(1)	
VAXCHORA SUS	$0(1)	
VIMKUNYA SUSY 40mcg/0.8ml	$0(1)	
VIVOTIF CAP EC	$0(1)	
YF-VAX INJ	$0(1)	
MISCELLANEOUS		
MISCELLANEOUS		
ACETAMIN POW	$0(3)	*
AVICEL PH105 POW MICROCRY	$0(3)	*
AZ CREAM CRE	$0(3)	*
1ST BASE CRE	$0(3)	*
BENZYL ALC LIQ	$0(3)	*
BENZYL BENZO LIQ	$0(3)	*
BIOTIN POW	$0(3)	*
BIOTIN-D POW	$0(3)	*
BORIC ACID GRA	$0(3)	*
BORIC ACID POW	$0(3)	*
CAFFEINE POW ANHYDROU	$0(3)	*
CAPSULE SZ 1 CAP LACTOSE	$0(3)	*
CASTOR OIL	$0(3)	*
CELLULOSE CRY MICROCRY	$0(3)	*
CHOLESTEROL POW	$0(3)	*
CHOLESTEROL POW ACETATE	$0(3)	*
CITRULLINE POW (L)	$0(3)	*
CLEODERM CRE	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COENZYME Q10 POW	$0(3)	*
CREAM BASE CRE	$0(3)	*
CYANOCOBAL POW	$0(3)	*
CYANOCOBALAM CRY	$0(3)	*
DISTILLED LIQ WATER	$0(3)	*
EMOLLIENT CRE BASE	$0(3)	*
EMPTY CAPSUL CAP #0	$0(3)	*
EMPTY CAPSUL CAP #00	$0(3)	*
EMPTY CAPSUL CAP SIZE 0	$0(3)	*
EMPTY CAPSUL CAP SIZE 1	$0(3)	*
EMPTY CAPSUL CAP SIZE 2	$0(3)	*
EMPTY CAPSUL CAP SIZE 3	$0(3)	*
EMPTY CAPSUL CAP SIZE 4	$0(3)	*
EMPTY CAPSUL CAP SIZE 5	$0(3)	*
EMPTY CAPSUL CAP SIZE 7	$0(3)	*
EMPTY CAPSUL CAP SIZE 00	$0(3)	*
EMPTY CAPSUL CAP SIZE 10	$0(3)	*
EMPTY CAPSUL CAP SIZE 11	$0(3)	*
EMPTY CAPSUL CAP SIZE 13	$0(3)	*
EMPTY CAPSUL CAP SIZE 000	$0(3)	*
FLAVOR SWEET SYP S/F	$0(3)	*
GLYCERIN LIQD 99%, 99.5%	$0(3)	*
GLYCERIN LIQ	$0(3)	*
GRAPE SYP	$0(3)	*
H-COSMETIC CRE ARBEM	$0(3)	*
HYDROPHILIC OIN PETROLAT	$0(3)	*
HYDROUS CRE EMULSIFI	$0(3)	*
HYDROXOCOBAL POW	$0(3)	*
HYPROMELLOSE POW 4000MPA	$0(3)	*
L-CARNITINE POW	$0(3)	*
L-CITRULLINE POW	$0(3)	*
L-LYSINE HCL POW	$0(3)	*
LACTOSE POW	$0(3)	*
LACTOSE POW ANHYDROU	$0(3)	*
LACTOSE POW HYDROUS	$0(3)	*
LACTOSE POW MONOHYDR	$0(3)	*
LIP BALM OIN BASE	$0(3)	*
LIPOPEN CRE ARBEM	$0(3)	*
LOLLIBASE POW	$0(3)	*
METHOCEL E4M POW PREMIUM	$0(3)	*
METHYLCELLUL POW	$0(3)	*
METHYLCELLUL POW 400CPS	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
METHYLCELLUL POW 1500CPS	$0(3)	*
METHYLCELLUL POW 4000CPS	$0(3)	*
MICRODERM CRE BASE	$0(3)	*
MICROSOME CRE BASE	$0(3)	*
MX-SOL BLEND SUS	$0(3)	*
MX-SOL BLEND SUS SF	$0(3)	*
MX-SOL SF SYP	$0(3)	*
MX-SOL SUS SUSPEND	$0(3)	*
MX-SOL SYP	$0(3)	*
NICE DISTILL LIQ WATER	$0(3)	*
ORA-BLEND SF SUS	$0(3)	*
ORA-BLEND SUS	$0(3)	*
ORA-PLUS LIQ	$0(3)	*
ORA-SWEET SF SYP	$0(3)	*
ORA-SWEET SYP	$0(3)	*
ORAL MIX SF SUS	$0(3)	*
ORAL MIX SUS SUSPENDI	$0(3)	*
ORAL SUSPEND LIQ	$0(3)	*
ORAL SYP FLAVORED	$0(3)	*
ORAL SYP SF	$0(3)	*
ORAPENN SD LIQ SWEET	$0(3)	*
ORAPENN SD LIQ UNSWEET	$0(3)	*
PCCA BASE CRE 7542	$0(3)	*
PCCA EMOLLIE CRE BASE	$0(3)	*
PEG 1000 LIQ	$0(3)	*
PEG 3350 POW	$0(3)	*
PEG BLEND OIN	$0(3)	*
PEG OIN	$0(3)	*
PFCB CRE	$0(3)	*
PHARMABASE CRE ANTIOXID	$0(3)	*
PHARMABASE CRE COSMETIC	$0(3)	*
PHARMABASE CRE LIGHT	$0(3)	*
PHARMABASE CRE VAGINAL	$0(3)	*
PHYTOBASE CRE	$0(3)	*
POLY GLYCOL POW 8000	$0(3)	*
POTASSIUM CRY BROMIDE	$0(3)	*
PROPYLENE GL LIQ	$0(3)	*
QC CASTOR OIL	$0(3)	*
SALICYLIC POW ACID	$0(3)	*
SCAR CARE CRE	$0(3)	*
SESAME OIL	$0(3)	*
SOD BENZOATE POW	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOD BROMIDE GRA	$0(3)	*
SOSWEET SYP	$0(3)	*
SUSPENDIT SUS ANHYDRS	$0(3)	*
SYRPALTA SYRP 83%	$0(3)	*
SYRSPEND SF LIQ	$0(3)	*
SYRSPEND SF SUS	$0(3)	*
SYRSPEND SF SUS ALKA	$0(3)	*
THEOPHYLLINE POW ANHYDROU	$0(3)	*
U-BASE CRE	$0(3)	*
UNISPEND ANH SUS SWEETENE	$0(3)	*
VANIBASE CRE	$0(3)	*
VANISHING CRE BOTANCAL	$0(3)	*
VERSATILE CRE BASE	$0(3)	*
VERSIGEL CRE	$0(3)	*
WOUND CARE CRE	$0(3)	*
XCEL 100 CRE	$0(3)	*
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
advantage care oral elect	$0(3)	*
BIOLYTE SOL BERRY	$0(3)	*
BIOLYTE SOL CITRUS	$0(3)	*
BIOLYTE SOL MELON	$0(3)	*
BIOLYTE SOL TROPICAL	$0(3)	*
ceralyte 70	$0(3)	*
CERASPORT SOL	$0(3)	*
CERASPORT SOL EX1	$0(3)	*
cvs electrolyte solution	$0(3)	*
cvs pediatric electrolyte	$0(3)	*
ENFAMIL SOL ENFALYTE	$0(3)	*
GNP ELECTROLYTE SOLUTION	$0(3)	*
GNP PEDIATRIC ELECTROLYTE	$0(3)	*
goodsense electrolyte	$0(3)	*
h-e-b oral electrolyte so	$0(3)	*
HYDRALYTE SOL BERRY	$0(3)	*
HYDRALYTE SOL LEMONADE	$0(3)	*
HYDRALYTE SOL ORANGE	$0(3)	*
KINDERLYTE SOL	$0(3)	*
KINDERLYTE SOL CHERRY	$0(3)	*
KINDERLYTE SOL FRUIT	$0(3)	*
KINDERLYTE SOL GRAPE	$0(3)	*
KINDERLYTE SOL LEM/LIME	$0(3)	*
KINDERLYTE SOL LEMON	$0(3)	*

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KINDERLYTE SOL LEMONADE	$0(3)	*
KINDERLYTE SOL ORANGE	$0(3)	*
KINDERLYTE SOL PREMAX	$0(3)	*
KINDERLYTE SOL STRWBRY	$0(3)	*
MEDI-LYTE TAB	$0(3)	*
oral electrolyte solution**	$0(3)	*
oralyte	$0(3)	*
pedia vance	$0(3)	*
pediatric electrolyte fre	$0(3)	*
ra pediatric electrolyte	$0(3)	*
rehydralyte	$0(3)	*
sb pediatric electrolyte	$0(3)	*
sm pediatric electrolyte	$0(3)	*
THERMOTABS TAB	$0(3)	*
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
multiple electrolytes ph 5.5	$0(1)	
multiple electrolytes ph 7.4	$0(1)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	$0(1)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	
klor-con m15 TBCR 15meq	$0(1)	
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
WESTAB PLUS TAB 27-1MG	$0(2)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	NDS, B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
MINERALS		
CAL-CITRATE CAPS 150mg	$0(3)	*
CAL-CITRATE TAB PLUS D	$0(3)	*
CAL-MINT CHEW 260mg	$0(3)	*
CAL-QUICK LIQ 500-400	$0(3)	*
CALC CITRATE LIQ VIT D3	$0(3)	*
CALC CITRATE TAB +D	$0(3)	*
calcitrate	$0(3)	*
calcium 500 + d	$0(3)	*
calcium 500 +d	$0(3)	*
calcium 500 +d3	$0(3)	*
CALCIUM 500 CHW +D3	$0(3)	*
calcium 500+d	$0(3)	*
calcium 500+d3	$0(3)	*
calcium 500+d high potenc	$0(3)	*
calcium 500/d	$0(3)	*
calcium 500/vitamin d	$0(3)	*
calcium 600 TABS 600mg, 1500mg	$0(3)	*
calcium 600 + d	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium 600 high potency TABS 600mg	$0(3)	*
CALCIUM 600 TAB +D	$0(3)	*
calcium 600 with vitamin	$0(3)	*
calcium 600+d	$0(3)	*
calcium 600+d3	$0(3)	*
calcium 600+d3 plus miner	$0(3)	*
calcium 600+d high potenc	$0(3)	*
calcium 600+d plus minera	$0(3)	*
calcium 600/vitamin d	$0(3)	*
calcium 600/vitamin d3	$0(3)	*
CALCIUM 1000 TAB + D	$0(3)	*
CALCIUM 1200 CHW	$0(3)	*
CALCIUM + D3 TAB	$0(3)	*
CALCIUM CARB CAP VIT D3	$0(3)	*
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	$0(3)	*
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	$0(3)	*
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	$0(3)	*
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit**	$0(3)	*
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	$0(3)	*
calcium carbonate TABS 500mg, 600mg, 1250mg	$0(3)	*
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	$0(3)	*
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	$0(3)	*
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	$0(3)	*
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	$0(3)	*
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	$0(3)	*
CALCIUM CHW 500-10	$0(3)	*
CALCIUM CHW 500MG	$0(3)	*
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)	$0(3)	*
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	$0(3)	*

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	$0(3)	*
CALCIUM CIT/ TAB VIT D	$0(3)	*
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	$0(3)	*
calcium citrate TABS 200mg	$0(3)	*
calcium citrate + d	$0(3)	*
calcium citrate + d3	$0(3)	*
calcium citrate + d3 max	$0(3)	*
calcium citrate + d3 maxi	$0(3)	*
calcium citrate+d3	$0(3)	*
calcium citrate+d3 petite	$0(3)	*
calcium citrate/d3	$0(3)	*
calcium creamies	$0(3)	*
calcium gummies	$0(3)	*
calcium high potency TABS 1500mg	$0(3)	*
calcium high potency + vi	$0(3)	*
CALCIUM LACTATE TABS 100mg, 750mg	$0(3)	*
calcium plus vitamin d	$0(3)	*
calcium plus vitamin d3	$0(3)	*
calcium+d3	$0(3)	*
CALCIUM/D3 CAP 600-2500	$0(3)	*
calcium/vitamin d3	$0(3)	*
CALCIUM/VITD CAP 600-400	$0(3)	*
CALTRATE 600 CHW 600-800	$0(3)	*
CALTRATE + D TAB 300-800	$0(3)	*
CHEWABLE CALCIUM CHEW 500mg	$0(3)	*
CITRACAL CAL CHW GUMMIES	$0(3)	*
CITRACAL TAB MAX PLUS	$0(3)	*
CITRACAL+D3 CHW 250-500	$0(3)	*
cvs calcium 600 & vitamin	$0(3)	*
cvs calcium 600 + d plus	$0(3)	*
cvs calcium 600+d	$0(3)	*
cvs calcium & vitamin d3	$0(3)	*
cvs calcium carbonate TABS 1250mg	$0(3)	*
cvs calcium citrate+d3 pe	$0(3)	*
cvs magnesium TABS 500mg	$0(3)	*
cvs magnesium oxide TABS 250mg	$0(3)	*
cvs oyster shell calcium/ 600+d3	$0(3)	*
eq calcium 500+d	$0(3)	*
eq calcium 600+d	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eq calcium 600+d+minerals	$0(3)	*
eq calcium citrate+d	$0(3)	*
eql calcium 600mg/vitamin	$0(3)	*
EQL CALCIUM CAP VIT D	$0(3)	*
eql calcium citrate w/vit	$0(3)	*
eql calcium citrate/ vita	$0(3)	*
eql calcium/vitamin d	$0(3)	*
GALZIN CAPS 25mg, 50mg	$0(3)	*
gnp calcium TABS 600mg	$0(3)	*
gnp calcium 500 +d3	$0(3)	*
gnp calcium 600 +d3	$0(3)	*
gnp calcium 600 +d3/miner	$0(3)	*
gnp calcium 600 +d/minera	$0(3)	*
gnp calcium citrate +d3	$0(3)	*
gnp calcium citrate+d3 ma	$0(3)	*
hm calcium citrate+d3 pet	$0(3)	*
hm calcium/vitamin d/mine	$0(3)	*
kp calcium 600+d	$0(3)	*
kp calcium 600+d3	$0(3)	*
kp calcium citrate+d	$0(3)	*
kp mag-oxide magnesium TABS 200mg	$0(3)	*
LIQUID CALCI CAP WITH D3	$0(3)	*
liquid calcium/d3	$0(3)	*
liquid calcium/vitamin d	$0(3)	*
MAG-G TABS 500mg	$0(3)	*
mag-oxide TABS 200mg	$0(3)	*
magdelay TBEC 64mg	$0(3)	*
MAGN CHLORID POW	$0(3)	*
MAGNESIUM CAPS 400mg; CHEW 200mg; TABS 64mg	$0(3)	*
MAGNESIUM CITRATE TABS 100mg	$0(3)	*
MAGNESIUM EXTRA STRENGTH CAPS 400mg	$0(3)	*
magnesium gluconate TABS 27.5mg	$0(3)	*
MAGNESIUM GLUCONATE TABS 250mg	$0(3)	*
magnesium lactate TBCR 7meq	$0(3)	*
MAGNESIUM OXIDE CAPS 400mg; TABS 420mg	$0(3)	*
magnesium oxide (mg supplement) CAPS 500mg; TABS 250mg, 400mg, 500mg	$0(3)	*
magnesium-oxide TABS 400mg	$0(3)	*
MAGONATE LIQ 1000/5ML	$0(3)	*

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mgo TABS 400mg	$0(3)	*
orazinc CAPS 220mg	$0(3)	*
os-cal	$0(3)	*
os-cal calcium + d3	$0(3)	*
os-cal extra d3	$0(3)	*
oysco 500+d	$0(3)	*
OYST SHELL/D TAB 500MG	$0(3)	*
oyster shell TABS 500mg	$0(3)	*
oyster shell calcium + d	$0(3)	*
oyster shell calcium + d3	$0(3)	*
oyster shell calcium plus	$0(3)	*
oyster shell calcium+d	$0(3)	*
oyster shell calcium/d3	$0(3)	*
oyster shell calcium/vita	$0(3)	*
OYSTER SHELL CALCIUM/VITA	$0(3)	*
potassium & sodium phosphates powder pack 280-160-250 mg	$0(3)	*
pronutrients calcium+d3	$0(3)	*
pure calcium carbonate TABS 600mg	$0(3)	*
qc calcium fast dissoluti TABS 600mg	$0(3)	*
qc calcium/minerals/vitam	$0(3)	*
ra calcium 600 TABS 600mg	$0(3)	*
ra calcium 600 plus vitam	$0(3)	*
ra calcium 600/vit d/mine	$0(3)	*
ra calcium citrate plus v	$0(3)	*
ra calcium citrate/vitami	$0(3)	*
ra calcium plus vitamin d	$0(3)	*
ra calcium/minerals/vitam	$0(3)	*
ra hi cal	$0(3)	*
ra magnesium CAPS 500mg	$0(3)	*
RISACAL-D TAB	$0(3)	*
sb calcium + d	$0(3)	*
sb oyster shell calcium TABS 500mg	$0(3)	*
SLOW MAG/CA TAB 64-106MG	$0(3)	*
SLOW-MAG TAB	$0(3)	*
SLOW-MAG TAB 71.5-119	$0(3)	*
sm calcium 500/vitamin d3	$0(3)	*
sm calcium 600+d3	$0(3)	*
sm calcium 600/vitamin d	$0(3)	*
sm calcium /vitamin d	$0(3)	*
sm calcium citrate+ w/vit	$0(3)	*
sm calcium citrate+vitami	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm calcium citrate/vitami	$0(3)	*
sm calcium/vitamin d	$0(3)	*
sm calcium/vitamin d3	$0(3)	*
sm magnesium TABS 250mg	$0(3)	*
sm oyster shell calcium/v	$0(3)	*
SOD CHLORIDE GRA	$0(3)	*
sodium chloride SOLN 4meq/ml	$0(3)	*
super calcium TABS 600mg	$0(3)	*
super calcium 600 + d3	$0(3)	*
super calcium 600+d3 400	$0(3)	*
TR MAG COMPL CAP 400MG	$0(3)	*
UPCAL D POW	$0(3)	*
zinc sulfate CAPS 220mg	$0(3)	*
ZINC SULFATE POW GRANULAR	$0(3)	*
ZINC SULFATE POW HEPTAHYD	$0(3)	*
ZINC SULFATE POW MONOHYD	$0(3)	*
MISCELLANEOUS		
ALPHA LIPOIC ACID CAPS 300mg	$0(3)	*
alpha-lipoic acid (thioctic acid) CAPS 100mg, 200mg, 600mg	$0(3)	*
arginine CAPS 500mg; TABS 1000mg	$0(3)	*
ARGININE PACK 500mg; TABS 500mg	$0(3)	*
ARGININE2000 PACK 2000mg	$0(3)	*
BOOST LIQ BREEZE	$0(3)	*
CO Q-10 CAPS 75mg	$0(3)	*
coenzyme q10 (ubidecarenone) CAPS 10mg, 30mg, 50mg, 60mg, 100mg, 200mg, 300mg, 400mg	$0(3)	*
coq10 maximum strength CAPS 400mg	$0(3)	*
COROMEGA EMU OMEGA 3	$0(3)	*
cvs coenzyme q-10 CAPS 100mg	$0(3)	*
cvs coq-10 CAPS 50mg, 100mg, 200mg, 400mg	$0(3)	*
cvs fish oil	$0(3)	*
cvs fish oil half-the-siz	$0(3)	*
cvs gummy fish childrens	$0(3)	*
cvs natural fish oil	$0(3)	*
cyto arg	$0(3)	*
CYTO-Q LIQD 80mg/10ml	$0(3)	*
CYTO-Q MAX LIQD 100mg/ml	$0(3)	*
CYTO-Q T/F LIQD 80mg/10ml	$0(3)	*
ENSURE CLEAR LIQ APPLE	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSURE CLEAR LIQ BBRY/POM	$0(3)	*
ENSURE CLEAR LIQ MIX BERY	$0(3)	*
ENSURE CLEAR LIQ MIX FRUT	$0(3)	*
ENSURE CLEAR LIQ PEACH	$0(3)	*
eql coq10 CAPS 100mg, 200mg	$0(3)	*
eql fish oil	$0(3)	*
eql omega 3 fish oil	$0(3)	*
eql omega-3 fish oil	$0(3)	*
fish oil adult gummies	$0(3)	*
fish oil burp-less	$0(3)	*
FISH OIL CAP 150MG	$0(3)	*
FISH OIL CAP 180MG	$0(3)	*
FISH OIL CAP 183.33MG	$0(3)	*
FISH OIL CAP 360MG	$0(3)	*
FISH OIL CAP 850MG	$0(3)	*
FISH OIL CAP 1000MG	$0(3)	*
FISH OIL CAP 1400MG	$0(3)	*
fish oil concentrate	$0(3)	*
fish oil double strength	$0(3)	*
fish oil extra strength	$0(3)	*
fish oil high potency	$0(3)	*
fish oil maximum strength	$0(3)	*
fish oil omega-3	$0(3)	*
fish oil pearls	$0(3)	*
fish oil/super potent/no	$0(3)	*
FRUCTOSE GRA	$0(3)	*
glutamine powder	$0(3)	*
GLUTATHIONE POW	$0(3)	*
gnp co q10 CAPS 60mg, 100mg, 200mg	$0(3)	*
gnp co q-10 CAPS 100mg	$0(3)	*
gnp fish oil	$0(3)	*
GNP FISH OIL CAP 840MG	$0(3)	*
gnp fish oil maximum stre	$0(3)	*
kp fish oil	$0(3)	*
kp omega-3 fish oil	$0(3)	*
l-arginine maximum streng TABS 1000mg	$0(3)	*
L-ARGININE POW	$0(3)	*
L-GLUTAMINE POW	$0(3)	*
L-GLUTATHION CRY	$0(3)	*
L-ISOLEUCINE POW	$0(3)	*
L-VALINE POW	$0(3)	*
LIPOIC ACID CAPS 150mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LIQ-10 SYP 50-15/5	$0(3)	*
maximum epa	$0(3)	*
NEOQ10 CAPS 125mg	$0(3)	*
norwegian salmon oil	$0(3)	*
OMEGA BABY EMU PRENATAL	$0(3)	*
OMEGA MONOPU CAP 1300MG	$0(3)	*
omega monopure 650 ec	$0(3)	*
OMEGA-3 CAP 350MG	$0(3)	*
OMEGA-3 CAP 1400MG	$0(3)	*
OMEGA-3 CAP FISH OIL	$0(3)	*
omega-3 fatty acids CAPS 1000mg, 1200mg	$0(3)	*
omega-3 fatty acids cap 300 mg*	$0(3)	*
omega-3 fatty acids cap 435 mg*	$0(3)	*
omega-3 fatty acids cap 500 mg*	$0(3)	*
omega-3 fatty acids cap 1000 mg*	$0(3)	*
omega-3 fatty acids cap 1200 mg*	$0(3)	*
omega-3 fatty acids cap delayed release 1000 mg*	$0(3)	*
omega-3 microgel improved	$0(3)	*
omegapure 600 ec	$0(3)	*
OMEGAPURE CAP 780 EC	$0(3)	*
OMEGAPURE CAP 820	$0(3)	*
OMEGAPURE CAP 900 EC	$0(3)	*
OMEGAPURE CAP 900-TG	$0(3)	*
OMERA CAP 750MG	$0(3)	*
ovega-3	$0(3)	*
pure l-arginine hcl CAPS 500mg	$0(3)	*
PURE L-CITRULLINE CAPS 600mg	$0(3)	*
q-sorb co q-10 CAPS 100mg, 200mg	$0(3)	*
ra coenzyme q-10 CAPS 100mg, 200mg	$0(3)	*
ra fish oil	$0(3)	*
ra l-arginine TABS 1000mg	$0(3)	*
sam-e.p.a.	$0(3)	*
sb omega-3 fish oil	$0(3)	*
sea-omega	$0(3)	*
sm co q-10 CAPS 100mg, 200mg	$0(3)	*
sm coenzyme q-10 CAPS 100mg	$0(3)	*
sm coq-10 CAPS 50mg	$0(3)	*
sm fish oil	$0(3)	*
SM FISH OIL CAP 554MG	$0(3)	*
sm omega-3 fish oil	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
super dha gems	$0(3)	*
super omega-3	$0(3)	*
SUSTAINABLE CAP VEGAN O3	$0(3)	*
the very finest fish oil	$0(3)	*
theragran-m fish oil conc	$0(3)	*
theromega	$0(3)	*
ULTRA OMEGA3 CAP 1400MG	$0(3)	*
ultra omega-3	$0(3)	*
yl coenzyme q10 CAPS 30mg	$0(3)	*
VITAMINS		
a thru z advanced	$0(3)	*
a thru z high potency	$0(3)	*
a thru z select	$0(3)	*
a thru z select 50+ advan	$0(3)	*
a thru z select 50+ mens	$0(3)	*
a thru z select advanced	$0(3)	*
a thru z select ultimate	$0(3)	*
a thru z ultimate mens	$0(3)	*
a-25 CAPS 25000unit	$0(3)	*
a-10000 CAPS 10000unit	$0(3)	*
ABC COMPLETE TAB MENS 50+	$0(3)	*
ABC COMPLETE TAB SENIOR	$0(3)	*
ABC COMPLETE TAB WOMEN	$0(3)	*
actical	$0(3)	*
ACTIVESSENT PAK	$0(3)	*
ACTIVESSENTI PAK ONCOPLEX	$0(3)	*
ACTIVESSENTI PAK WOMEN	$0(3)	*
activite	$0(3)	*
ACTIVNUT W/O POW COP/IRON	$0(3)	*
ACTIVNUTRIEN CAP	$0(3)	*
ACTIVNUTRIEN CAP W/O IRON	$0(3)	*
ACTIVNUTRIEN CHW	$0(3)	*
ADEK CHW PLUS ZN	$0(3)	*
ADLT ONE DLY CHW GUMMIES	$0(3)	*
ADULT 50+ CAP EYE HLTH	$0(3)	*
ADULT 50+ CAP OCUVITE	$0(3)	*
50+ adult eye health	$0(3)	*
advanced multi ea	$0(3)	*
airborne	$0(3)	*
AIRBORNE CHW	$0(3)	*
AIRBORNE CHW KIDS	$0(3)	*
airborne gummies	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
airborne immune system	$0(3)	*
airborne kids	$0(3)	*
AIRSHIELD CHW IMMUNITY	$0(3)	*
ALIVE 50+ TAB ENERGY	$0(3)	*
ALIVE DAILY TAB WOMENS	$0(3)	*
ALIVE DIABET TAB MULTIVIT	$0(3)	*
ALIVE ENERGY TAB WOMENS	$0(3)	*
ALIVE HAIR CHW SKN/NAIL	$0(3)	*
ALIVE IMMUNE CAP HEALTH	$0(3)	*
ALIVE LIQ MULT-VIT	$0(3)	*
ALIVE MENS TAB	$0(3)	*
ALIVE MULTI CHW CHILDRNS	$0(3)	*
ALIVE WOMENS CHW 50+	$0(3)	*
ALIVE WOMENS CHW GUMMY	$0(3)	*
allbee plus vitamin c	$0(3)	*
AMLADEX TAB	$0(3)	*
anti-oxidant	$0(3)	*
antioxidant	$0(3)	*
ANTIOXIDANT TAB FORMULA	$0(3)	*
antioxidant vitamins	$0(3)	*
APETIBEX CAP	$0(3)	*
APETIGEN TAB PLUS	$0(3)	*
APPE-CURB CAP	$0(3)	*
AQUA-E LIQD 75unit/ml	$0(3)	*
aqueous vitamin d infants LIQD 10mcg/ml	$0(3)	*
aqueous vitamin e SOLN 15mg/0.67ml	$0(3)	*
ASCOR SOLN 25000mg/50ml	$0(3)	*
ascorbic acid TABS 250mg, 500mg, 1000mg	$0(3)	*
ascorbic acid tab 500 mg	$0(3)	*
ascorbic acid tab 1000 mg	$0(3)	*
ATP IGNITE PAK	$0(3)	*
AZO HORMONAL TAB HEALTH	$0(3)	*
b6 natural TABS 100mg	$0(3)	*
b-complex balanced	$0(3)	*
b-complex w/ c & folic acid tab**	$0(3)	*
b-complex w/ c cap*	$0(3)	*
b-complex w/ c tab*	$0(3)	*
B-COMPLEX/FA TAB /VIT C	$0(3)	*
baby super daily d3 LIQD 400ut/0.028ml	$0(3)	*
baby vitamin d3 drops LIQD 400ut/0.028ml	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BACMIN TAB	$0(3)	*
BARIATRIC CAP MULTIVIT	$0(3)	*
bec/zinc	$0(3)	*
berocca	$0(3)	*
beta carotene CAPS 25000unit	$0(3)	*
beta carotene provitamin CAPS 25000unit	$0(3)	*
better b complex	$0(3)	*
BIO-35 GLUTE CAP FREE	$0(3)	*
BIO-D-MULSION LIQD 400unt/0.04ml	$0(3)	*
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	$0(3)	*
BIOCAL CAP	$0(3)	*
BIOTIN CAPS 1mg	$0(3)	*
biotin CAPS 5mg, 10mg, 5000mcg	$0(3)	*
biotin/maximum strength CAPS 5000mcg	$0(3)	*
body/hair/skin/nails	$0(3)	*
BONEUP 3 PER CAP DAY	$0(3)	*
BONEUP CAP	$0(3)	*
BONEUP VEG TAB	$0(3)	*
BP VIT 3 CAP	$0(3)	*
BPROTECT PED DRO TRI-VITE	$0(3)	*
bprotected multi-vite	$0(3)	*
bprotected pedia d-vite LIQD 400unit/ml	$0(3)	*
c 500 TABS 500mg	$0(3)	*
c 1000 TABS 1000mg	$0(3)	*
c-250 TABS 250mg	$0(3)	*
c-500 TABS 500mg	$0(3)	*
c-500/rose hips	$0(3)	*
c-1000 TABS 1000mg	$0(3)	*
c-1000/rose hips	$0(3)	*
C-BUFF POW	$0(3)	*
calcidol SOLN 200mcg/ml	$0(3)	*
CENT MATURE TAB ADLT 50+	$0(3)	*
centavite a-z complete mu	$0(3)	*
CENTRAL-VITE TAB	$0(3)	*
centravites	$0(3)	*
centravites 50 plus	$0(3)	*
CENTRAVITES TAB 50 PLUS	$0(3)	*
CENTRAVITES TAB ADULTS	$0(3)	*
CENTRUM 50+ CHW FRSH/FRU	$0(3)	*
CENTRUM CHW ADULTS	$0(3)	*
CENTRUM CHW FLAV BST	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CENTRUM CHW SILVER	$0(3)	*
CENTRUM KIDS CHW	$0(3)	*
CENTRUM KIDS CHW FLAV BST	$0(3)	*
CENTRUM MINI TAB ADULT 50	$0(3)	*
CENTRUM MINI TAB WOMEN 50	$0(3)	*
CENTRUM SPEC TAB HEART	$0(3)	*
CENTRUM SPEC TAB VISION	$0(3)	*
CENTRUM TAB CARDIO	$0(3)	*
CENTRUM TAB MEN	$0(3)	*
CENTRUM TAB SILVER	$0(3)	*
CENTRUM TAB ULTRA	$0(3)	*
century	$0(3)	*
century mature	$0(3)	*
cerovite jr	$0(3)	*
cerovite senior	$0(3)	*
certa-vite	$0(3)	*
CERTAVITE TAB SENIOR	$0(3)	*
CERTAVITE/ TAB ANTIOXID	$0(3)	*
certavite/antioxidants	$0(3)	*
childrens animal shapes c	$0(3)	*
childrens chewable multiv	$0(3)	*
childrens chewable vitami	$0(3)	*
CHILDRENS CHW GUMMIES	$0(3)	*
CHLORELLA CAP	$0(3)	*
chlorocaps	$0(3)	*
cholecalciferol CAPS 1.25mg, 25mcg, 50mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; CHEW 25mcg, 400unit, 1000unit, 2000unit; LIQD 400unit/ml; TABS 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit	$0(3)	*
cholecalciferol cap 1.25 mg (50000 unit)	$0(3)	*
cholecalciferol cap 250 mcg (10000 unit)	$0(3)	*
companion	$0(3)	*
compete	$0(3)	*
complete multivitamin/mul	$0(3)	*
CONCEPTIONXR MIS MOTILITY	$0(3)	*
corvita	$0(3)	*
CULTURELLE CHW MULTIVIT	$0(3)	*
culturelle kids complete	$0(3)	*
culturelle kids multivita	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
culturelle kids probiotic	$0(3)	*
cvs airshield	$0(3)	*
cvs airshield effervescen	$0(3)	*
cvs b6 TABS 100mg	$0(3)	*
cvs b complex plus c	$0(3)	*
cvs biotin CAPS 10mg, 5000mcg	$0(3)	*
cvs chewable childrens vi	$0(3)	*
cvs childrens chewable co	$0(3)	*
cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit	$0(3)	*
cvs daily gummies	$0(3)	*
cvs daily gummies adult	$0(3)	*
cvs daily multiple for me	$0(3)	*
cvs daily multiple for wo	$0(3)	*
cvs e CAPS 200unit	$0(3)	*
cvs e oil OIL 45mg/0.25ml	$0(3)	*
cvs eye health & lutein	$0(3)	*
cvs folic acid TABS 800mcg	$0(3)	*
cvs mens daily gummies	$0(3)	*
cvs one daily essential	$0(3)	*
cvs one daily mens health	$0(3)	*
cvs one daily womens form	$0(3)	*
cvs spectravite advanced	$0(3)	*
cvs spectravite men	$0(3)	*
cvs spectravite men 50+	$0(3)	*
cvs spectravite senior	$0(3)	*
cvs spectravite ultra hea	$0(3)	*
cvs spectravite ultra wom	$0(3)	*
cvs spectravite women	$0(3)	*
cvs spectravite women 50+	$0(3)	*
cvs stress formula/zinc	$0(3)	*
cvs super b complex/c	$0(3)	*
CVS VISION CAP HEALTH	$0(3)	*
cvs vitamin a CAPS 8000unit	$0(3)	*
cvs vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
cvs vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
cvs vitamin d3 CAPS 10000unit; CHEW 25mcg, 1000unit	$0(3)	*
cvs vitamin e CAPS 180mg, 400unit, 1000unit	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs womens active daily	$0(3)	*
cvs womens daily gummies	$0(3)	*
cyanocobalamin SOLN 500mcg/0.1ml, 1000mcg/ml	$0(3)	*
d3 CHEW 50mcg, 400unit; TABS 50mcg	$0(3)	*
D3 CHEW 62.5mcg	$0(3)	*
d3 2000 CAPS 50mcg, 2000unit	$0(3)	*
d3 5000 CAPS 5000unit	$0(3)	*
d3 adult CHEW 1000unit	$0(3)	*
d3 adult gummy CHEW 1000unit	$0(3)	*
D3 BABY DROPS LIQD 400ut/0.025ml	$0(3)	*
d3 high potency CAPS 25mcg, 50mcg, 125mcg, 1000unit, 2000unit, 5000unit; TABS 400unit	$0(3)	*
d3 kids CHEW 400unit	$0(3)	*
D3 LIQUID LIQD 25mcg/0.04ml	$0(3)	*
d3 maximum strength CAPS 5000unit	$0(3)	*
d3 super strength CAPS 2000unit	$0(3)	*
d3-50 CAPS 50000unit	$0(3)	*
d3-1000 CAPS 1000unit; TABS 1000unit	$0(3)	*
d2000 ultra strength CAPS 2000unit	$0(3)	*
d 400 TABS 400unit	$0(3)	*
d 1000 CAPS 1000unit; CHEW 1000unit	$0(3)	*
d 5000 CAPS 5000unit	$0(3)	*
d 10000 CAPS 10000unit	$0(3)	*
d-3-5 CAPS 5000unit	$0(3)	*
d-400 TABS 400unit	$0(3)	*
d-1000 extra strength TABS 1000unit	$0(3)	*
d-5000 TABS 5000unit	$0(3)	*
d-vite pediatric LIQD 400unit/ml	$0(3)	*
daily combo multi vitamin	$0(3)	*
daily multiple vitamins	$0(3)	*
daily multivitamin	$0(3)	*
daily value multivitamin	$0(3)	*
daily vitamins	$0(3)	*
daily vite	$0(3)	*
daily vite multivitamin/i	$0(3)	*
daily-vite	$0(3)	*
daily-vite multivitamin	$0(3)	*
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	$0(3)	*
DECARA CAPS 25000unit	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
decara CAPS 50000unit	$0(3)	*
DECARA K CAP	$0(3)	*
DECUBI-VITE CAP	$0(3)	*
DEKAS CAP ESSENTIA	$0(3)	*
DEKAS CHW BARIATRI	$0(3)	*
DEKAS LIQ ESSENTIA	$0(3)	*
DEKAS PLUS CAP	$0(3)	*
DEKAS PLUS CAP OCEAN	$0(3)	*
DEKAS PLUS CHW	$0(3)	*
DEKAS PLUS LIQ	$0(3)	*
delta d3 TABS 400unit	$0(3)	*
DIABET HLTH PAK SUPPORT	$0(3)	*
diabetes health formula	$0(3)	*
DIABETES PAK HEALTH	$0(3)	*
dialyvite	$0(3)	*
dialyvite 800	$0(3)	*
dialyvite 800/ultra d	$0(3)	*
DIALYVITE TAB 3000	$0(3)	*
DIALYVITE TAB 5000	$0(3)	*
DIALYVITE TAB SUPREM D	$0(3)	*
dialyvite vitamin d3 max TABS 50000unit	$0(3)	*
dialyvite vitamin d 5000 CAPS 5000unit	$0(3)	*
DIALYVITE WAF 800	$0(3)	*
DIALYVITE/ TAB ZINC	$0(3)	*
dodex SOLN 1000mcg/ml	$0(3)	*
dry eye formula	$0(3)	*
e200 CAPS 200unit	$0(3)	*
e400 CAPS 400unit	$0(3)	*
e1000 CAPS 1000unit	$0(3)	*
e 1000 CAPS 1000unit	$0(3)	*
e-200 CAPS 200unit	$0(3)	*
e-400 CAPS 400unit	$0(3)	*
e-400-clear CAPS 400unit	$0(3)	*
e-oil OIL 45mg/0.25ml, 100unt/0.25ml	$0(3)	*
eldertonic	$0(3)	*
EMERGEN-C CHW VITA C	$0(3)	*
EMERGEN-C PAK BLUE	$0(3)	*
EMERGEN-C PAK HEART	$0(3)	*
EMERGEN-C PAK IMMUNE	$0(3)	*
EMERGEN-C PAK KIDZ	$0(3)	*
EMERGEN-C PAK MSM LITE	$0(3)	*
EMERGEN-C PAK PINK	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMERGEN-C PAK VIT D/CA	$0(3)	*
EMERGEN-C PAK VITA C	$0(3)	*
endur-acin TBCR 250mg, 500mg, 750mg	$0(3)	*
ENDUR-VM TAB	$0(3)	*
ENDUR-VM TAB IRON	$0(3)	*
eq complete chewable mult	$0(3)	*
eq complete multivitamin	$0(3)	*
EQ COMPLETE TAB ADULT	$0(3)	*
EQ MULTIVITA CHW GUMMIES	$0(3)	*
EQ ONE DAILY TAB MENS	$0(3)	*
EQ ONE DAILY TAB WOMENS	$0(3)	*
eq one daily womens healt	$0(3)	*
eql b-6 TABS 100mg	$0(3)	*
eql biotin CAPS 5000mcg	$0(3)	*
eql century	$0(3)	*
eql century mature	$0(3)	*
EQL CENTURY TAB MENS	$0(3)	*
eql childrens multivitami	$0(3)	*
eql one daily mens 50+ ad	$0(3)	*
eql one daily mens health	$0(3)	*
eql one daily womens 50+	$0(3)	*
eql stress b-complex/vita	$0(3)	*
eql super b complex/vitam	$0(3)	*
eql vision formula	$0(3)	*
eql vitamin c TABS 500mg, 1000mg	$0(3)	*
eql vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
eql vitamin d3 CAPS 400unit, 1000unit, 2000unit, 5000unit	$0(3)	*
eql vitamin e CAPS 400unit	$0(3)	*
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	*
essentia	$0(3)	*
essential balance	$0(3)	*
ESTROVEN MEN TAB SUPPLEM	$0(3)	*
EYE HEALTH CAP ADLT 50+	$0(3)	*
EYE HEALTH TAB LUTEIN	$0(3)	*
EYE MULTIVIT TAB SODIUM	$0(3)	*
fa-8 CAPS .8mg	$0(3)	*
FLINTSTONES CHW BONE BLD	$0(3)	*
FLINTSTONES CHW COMPLETE	$0(3)	*
FLINTSTONES CHW GUMMIES	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLINTSTONES CHW IMMUNITY	$0(3)	*
FLINTSTONES CHW SOUR GUM	$0(3)	*
flintstones complete	$0(3)	*
flintstones gummies plus	$0(3)	*
flintstones multivitamin	$0(3)	*
flintstones plus calcium	$0(3)	*
flintstones w/iron	$0(3)	*
flintstones/my first	$0(3)	*
FLORIVA DRO PLUS	$0(3)	*
folate TABS 400mcg	$0(3)	*
folic acid CAPS 5mg, 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg	$0(3)	*
FOLIC ACID CAPS 20mg	$0(3)	*
FOLIC ACID POW	$0(3)	*
FREEDAVITE TAB	$0(3)	*
fruity chews	$0(3)	*
fruity chews/iron	$0(3)	*
full spectrum b/vitamin c	$0(3)	*
GENADEK CAP STEP 1	$0(3)	*
GENADEK CAP STEP 2	$0(3)	*
gerber grow mighty	$0(3)	*
gerber lil' brainies	$0(3)	*
gerivite complete	$0(3)	*
glucoten	$0(3)	*
gnp b-complex plus vitami	$0(3)	*
gnp biotin CAPS 5000mcg	$0(3)	*
gnp childrens chewables/e	$0(3)	*
gnp childrens chewables/i	$0(3)	*
gnp d 1000 CAPS 1000unit	$0(3)	*
gnp d 2000 CHEW 1000unit	$0(3)	*
gnp essential one daily	$0(3)	*
gnp folic acid TABS 400mcg	$0(3)	*
gnp hair/skin/nails	$0(3)	*
gnp healthy eyes	$0(3)	*
gnp little ones childrens	$0(3)	*
gnp mega multi for men	$0(3)	*
gnp mega multi for women	$0(3)	*
gnp one daily mens health	$0(3)	*
gnp one daily womens heal	$0(3)	*
gnp one daily womens meta	$0(3)	*
gnp therapeutic-m	$0(3)	*
gnp vitamin a CAPS 3000mcg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp vitamin b-6 TABS 100mg	$0(3)	*
gnp vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
gnp vitamin c w/rose hips	$0(3)	*
gnp vitamin c/rose hips	$0(3)	*
gnp vitamin d CHEW 400unit; TABS 1000unit	$0(3)	*
gnp vitamin d3 TABS 400unit	$0(3)	*
gnp vitamin d3 extra stre TABS 1000unit	$0(3)	*
gnp vitamin d maximum str TABS 2000unit	$0(3)	*
gnp vitamin d super stren TABS 5000unit	$0(3)	*
gnp vitamin e CAPS 200unit, 400unit, 1000unit	$0(3)	*
gnp vitamin e water dispe CAPS 400unit	$0(3)	*
GUMMI BEAR CHW MULTIVIT	$0(3)	*
GUMMY DINOS CHW	$0(3)	*
GUMMY DINOS CHW CHLDRN	$0(3)	*
GUMMY MULTIV CHW KIDS	$0(3)	*
HAIR SKIN & TAB NAILS AD	$0(3)	*
HAIR SKIN TAB NAILS	$0(3)	*
HAIR/SKIN/ CAP NAILS	$0(3)	*
hair/skin/nails	$0(3)	*
healthy eyes	$0(3)	*
HEALTHY EYES CAP SUPERVIS	$0(3)	*
healthy eyes/lutein/zeaxa	$0(3)	*
healthy hair skin & nails	$0(3)	*
HEALTHY KIDS CHW GUMMIES	$0(3)	*
healthy kids vitamin d3 CHEW 400unit	$0(3)	*
HIGH POTENCY TAB MULTIVIT	$0(3)	*
HIGH POTENCY TAB MV/FA	$0(3)	*
HM COMPLETE TAB MEN	$0(3)	*
hm complete women	$0(3)	*
hm womens 50+ advanced on	$0(3)	*
HONEY BEARS CHW	$0(3)	*
HONEY BEARS CHW IRON-ZIN	$0(3)	*
hydroxocobalamin acetate SOLN 1000mcg/ml	$0(3)	*
i-vite	$0(3)	*
icaps	$0(3)	*
ICAPS AREDS TAB FORMULA	$0(3)	*
icaps lutein & omega-3	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
icaps mv	$0(3)	*
IMMUNE CHW SUPPORT	$0(3)	*
IMMUNE SUPP POW VIT C	$0(3)	*
INFUVITE INJ PEDIATRI	$0(3)	*
is-d 10,000 CAPS 10000unit	$0(3)	*
K-PAX TAB PROF ST	$0(3)	*
kids first vitamin d3 gum CHEW 1000unit	$0(3)	*
KIDZ MULTVIT CHW PROBIOTI	$0(3)	*
kp adults 50+ daily formu	$0(3)	*
kp adults daily formula	$0(3)	*
kp b complex/c	$0(3)	*
kp folic acid TABS 1mg, 800mcg	$0(3)	*
kp mens 50+ daily formula	$0(3)	*
kp mens daily formula	$0(3)	*
KP MENS MIS DAILY PK	$0(3)	*
kp niacin TABS 500mg	$0(3)	*
kp vision formula	$0(3)	*
kp vision formula w/lutei	$0(3)	*
kp vitamin b-6 TABS 100mg	$0(3)	*
kp vitamin d CAPS 1000unit; CHEW 400unit	$0(3)	*
kp vitamin d3 CAPS 1000unit, 2000unit	$0(3)	*
kp vitamin e CAPS 100unit	$0(3)	*
kp womens 50+ daily formu	$0(3)	*
kp womens daily formula	$0(3)	*
KP WOMENS PAK DAILY	$0(3)	*
land before time multivit	$0(3)	*
LIFE PACK MIS MENS	$0(3)	*
LIFE PACK MIS WOMENS	$0(3)	*
LYSIPLEX LIQ PLUS	$0(3)	*
macular health formula	$0(3)	*
macuvite	$0(3)	*
macuvite eye care	$0(3)	*
macuvite/lutein	$0(3)	*
MAXIMIN PAK	$0(3)	*
MAXIMUM D3 CAPS 325mcg	$0(3)	*
maximum daily green	$0(3)	*
MEGA MULTI TAB MEN	$0(3)	*
mega-marathon 100 tr	$0(3)	*
MEGAVITE TAB FRT/VEG	$0(3)	*
MEGAVITE TAB GOLD 55+	$0(3)	*
meijer advanced formula	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meijer advanced formula f	$0(3)	*
meijer c TABS 500mg	$0(3)	*
MENS 50+ CAP ADVANCED	$0(3)	*
MENS 50+ TAB MULTIVIT	$0(3)	*
mens daily formula/lycope	$0(3)	*
MENS DAILY PAK PACK	$0(3)	*
MENS MULTI CHW	$0(3)	*
MENS PAK	$0(3)	*
meribin CAPS 5mg	$0(3)	*
MOOD FOOD CAP	$0(3)	*
MOOD FOOD ES CAP	$0(3)	*
multi + omega-3 adult gum	$0(3)	*
multi adult gummies	$0(3)	*
multi complete/iron	$0(3)	*
multi for her	$0(3)	*
multi for her 50+	$0(3)	*
multi for him	$0(3)	*
multi for him 50+	$0(3)	*
MULTI FOR POW HIM	$0(3)	*
MULTI VITAMI TAB	$0(3)	*
MULTI VITAMI TAB D-3	$0(3)	*
MULTI VITAMN TAB MINERALS	$0(3)	*
MULTI ZERO CHW YUMVSKID	$0(3)	*
MULTI-VITAMI TAB MONOCAPS	$0(3)	*
multi-vitamin	$0(3)	*
multi-vitamin gummies	$0(3)	*
multi-vitamin/minerals	$0(3)	*
multi-vitamins/iron	$0(3)	*
MULTI-VITE LIQ	$0(3)	*
MULTI/IRON/ DRO 11MG/ML	$0(3)	*
MULTI/IRON/ DRO INF/TODD	$0(3)	*
multiple vitamin tab*	$0(3)	*
multiple vitamin/minerals	$0(3)	*
multiple vitamins essenti	$0(3)	*
multiple vitamins w/ iron tab*	$0(3)	*
multiple vitamins w/ minerals liquid*	$0(3)	*
multiple vitamins w/ minerals tab*	$0(3)	*
multiple vitamins/womens	$0(3)	*
MULTIV INFAN DRO /TODDLER	$0(3)	*
multivitamin	$0(3)	*
multivitamin & mineral	$0(3)	*
multivitamin adult one da	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
multivitamin adults	$0(3)	*
multivitamin adults 50+	$0(3)	*
multivitamin childrens	$0(3)	*
MULTIVITAMIN CHW CHILD	$0(3)	*
MULTIVITAMIN CHW CHILDREN	$0(3)	*
MULTIVITAMIN CHW GUMMIES	$0(3)	*
MULTIVITAMIN CHW IRON	$0(3)	*
MULTIVITAMIN DRO INFANT	$0(3)	*
multivitamin gummies adul	$0(3)	*
multivitamin gummies mens	$0(3)	*
multivitamin gummies wome	$0(3)	*
MULTIVITAMIN LIQ	$0(3)	*
multivitamin men 50+	$0(3)	*
multivitamin men 50+ one	$0(3)	*
MULTIVITAMIN TAB	$0(3)	*
MULTIVITAMIN TAB ADULT	$0(3)	*
MULTIVITAMIN TAB ADULTS	$0(3)	*
MULTIVITAMIN TAB ZINC STR	$0(3)	*
multivitamin women	$0(3)	*
multivitamin women 50+	$0(3)	*
multivitamin womens 50+ a	$0(3)	*
multivitamin/multimineral	$0(3)	*
MVW COMPLETE CAP D3000	$0(3)	*
MVW COMPLETE CAP D5000	$0(3)	*
MVW COMPLETE CAP FORMULAT	$0(3)	*
MVW COMPLETE CAP MINIS	$0(3)	*
MVW COMPLETE CHW BUBBLGUM	$0(3)	*
MVW COMPLETE CHW D3000	$0(3)	*
MVW COMPLETE CHW D5000	$0(3)	*
MVW COMPLETE CHW GRAPE	$0(3)	*
MVW COMPLETE CHW ORANGE	$0(3)	*
MVW COMPLETE DRO PEDIATRI	$0(3)	*
MVW HI-D CHW ADEK	$0(3)	*
MVW HI-D DR LIQ EX VIT D	$0(3)	*
MVW MODULAT CAP FORM MIN	$0(3)	*
MVW MODULAT CAP FORMULAT	$0(3)	*
myamulti	$0(3)	*
NANOVM POW 1-3 YRS	$0(3)	*
NANOVM POW 4-8YEARS	$0(3)	*
NANOVM POW 9-18 YRS	$0(3)	*
NANOVM T/F POW	$0(3)	*
natural c/rose hips TABS 1000mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
natural vitamin d-3 TABS 5000unit	$0(3)	*
natural vitamin e CAPS 1000unit	$0(3)	*
NATURAL VITAMIN E TABS 200unit	$0(3)	*
NEPHPLEX RX TAB	$0(3)	*
nephro vitamins	$0(3)	*
nephro-vite	$0(3)	*
NEPHRONEX LIQ 0.9/5ML	$0(3)	*
niacin CPCR 250mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg	$0(3)	*
NIACIN TR TBCR 1000mg	$0(3)	*
niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg**	$0(3)	*
niavasc TBCR 500mg	$0(3)	*
niavasc 750 TBCR 750mg	$0(3)	*
NOVAMV PED DRO 10MG/ML	$0(3)	*
OCULAR TAB VITAMINS	$0(3)	*
ocutabs	$0(3)	*
ocutabs vision formula	$0(3)	*
ocutabs/lutein	$0(3)	*
OCUVITE CAP ADULT	$0(3)	*
ocuvite extra	$0(3)	*
ocuvite eye + multi	$0(3)	*
ocuvite eye health gummie	$0(3)	*
OCUVITE LUTE CAP	$0(3)	*
ocuvite/lutein	$0(3)	*
OMNICAP TAB	$0(3)	*
ONCOVITE TAB	$0(3)	*
one daily complete	$0(3)	*
one daily for men 50+ adv	$0(3)	*
one daily for men/lycopen	$0(3)	*
one daily for women	$0(3)	*
one daily for women 50+a	$0(3)	*
one daily healthy weight	$0(3)	*
one daily maximum	$0(3)	*
one daily mens 50+ multiv	$0(3)	*
one daily mens health/lyc	$0(3)	*
one daily mens multivitam	$0(3)	*
one daily multivitamin ad	$0(3)	*
one daily multivitamin/ir	$0(3)	*
ONE DAILY TAB ESSENTL	$0(3)	*
ONE DAILY TAB MENS 50+	$0(3)	*
ONE DAILY TAB WMNS 50+	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE DAILY TAB WOMENS	$0(3)	*
one daily womens 50 plus	$0(3)	*
one daily womens 50+	$0(3)	*
one daily/iron/calcium	$0(3)	*
one daily/minerals	$0(3)	*
ONE VITE TAB DAILY MV	$0(3)	*
ONE-A-DAY CHW IMMUNITY	$0(3)	*
ONE-A-DAY CHW JLY RANC	$0(3)	*
ONE-A-DAY CHW VITACRAV	$0(3)	*
ONE-A-DAY TAB 50+ ADV	$0(3)	*
ONE-A-DAY TAB 50+ MENS	$0(3)	*
ONE-A-DAY TAB 50+ WMN	$0(3)	*
ONE-A-DAY TAB 65+	$0(3)	*
ONE-A-DAY TAB ENERGY	$0(3)	*
ONE-A-DAY TAB MENOPAUS	$0(3)	*
ONE-A-DAY TAB MENS	$0(3)	*
ONE-A-DAY TAB TEEN/HIM	$0(3)	*
ONE-A-DAY TAB WOMENS	$0(3)	*
one-a-day teen advantage	$0(3)	*
ONE-DAILY CAP MULTI	$0(3)	*
one-daily multi vitamins	$0(3)	*
one-daily multi-vitamin	$0(3)	*
one-daily multi-vitamin/i	$0(3)	*
one-daily multi-vitamin/m	$0(3)	*
one-daily/iron	$0(3)	*
optic-vites	$0(3)	*
OPTIFAST POS CHW BARIATRI	$0(3)	*
optimal d3 CAPS 50000unit	$0(3)	*
OPTIMAL D3 M CAPS 14000unit	$0(3)	*
OPTIMAL D3 M CAP	$0(3)	*
optimal d3 pack CAPS 50000unit	$0(3)	*
optimum pms	$0(3)	*
OPTISOURCE CHW BARIATRC	$0(3)	*
OPURITY CHW BYPASS	$0(3)	*
OSTEO-VIT3 LIQD 417mcg/ml	$0(3)	*
OSTEOPRIME TAB PLUS	$0(3)	*
PARVLEX TAB	$0(3)	*
pc pediatric tri-vitamin	$0(3)	*
PED POLY-VIT DRO	$0(3)	*
PED POLY-VIT DRO /IRON	$0(3)	*
pediatric multiple vitamins w/ iron chew tab 15 mg*	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pharmacist choice d-vitam LIQD 400unit/ml	$0(3)	*
PHLEXY-VITS POW	$0(3)	*
PHYTOMULTI TAB	$0(3)	*
phytonadione SOLN 10mg/ml	$0(3)	*
phytonadione TABS 5mg	$0(3)	PA; *
POLY-VI-SOL DRO 50MG/ML	$0(3)	*
POLY-VI-SOL SOL 50MG/ML	$0(3)	*
POLY-VI-SOL SOL IRON	$0(3)	*
POLY-VITA DRO	$0(3)	*
POLY-VITA/FE DRO	$0(3)	*
POLY-VITE DRO	$0(3)	*
POLY-VITE SOL 50MG/ML	$0(3)	*
POLY-VITE SOL /IRON	$0(3)	*
POLY-VITE SOL IRON	$0(3)	*
PRESERVISION CAP AREDS	$0(3)	*
PRESERVISION CAP AREDS 2	$0(3)	*
PRESERVISION CAP LUTEIN	$0(3)	*
PRESERVISION CHW AREDS 2	$0(3)	*
PRESERVISION TAB AREDS	$0(3)	*
prevent	$0(3)	*
PRO-CAL TAB	$0(3)	*
PROCERV HP TAB	$0(3)	*
PRORENAL +D TAB	$0(3)	*
PRORENAL+D CAP OMEGA 3	$0(3)	*
PRORENAL+D CAP OMEGA-3	$0(3)	*
PRORENAL+D TAB	$0(3)	*
prosight	$0(3)	*
PROTECT CAP CARDIO	$0(3)	*
PROTECT CAP PLUS SO	$0(3)	*
PROTECT IRON LIQ	$0(3)	*
PROTEGRA CAP	$0(3)	*
PROXEED PLUS PAK	$0(3)	*
pureway-c TABS 500mg	$0(3)	*
pyridoxine hcl SOLN 100mg/ml; TABS 50mg, 100mg	$0(3)	*
PYRIDOXINE POW HCL	$0(3)	*
qc childrens chewable com	$0(3)	*
qc childrens chewable vit	$0(3)	*
qc daily multivitamins/ir	$0(3)	*
qc maximum daily multivit	$0(3)	*
qc mens daily multivitami	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc multi-vite	$0(3)	*
qc multi-vite 50 & over	$0(3)	*
qc therin-m	$0(3)	*
qc vitamin d3 TABS 25mcg	$0(3)	*
qc womens daily multivita	$0(3)	*
QUIN B TAB STRONG	$0(3)	*
QUINTABS TAB	$0(3)	*
quintabs-m	$0(3)	*
QUINTABS-M TAB	$0(3)	*
RA B-COMPLEX TAB VIT C TR	$0(3)	*
ra biotin CAPS 2500mcg	$0(3)	*
ra central-vite womens ma	$0(3)	*
ra chewable vitamins comp	$0(3)	*
RA ESSENCE-C POW ORANGE	$0(3)	*
RA ESSENCE-C POW RASPBRY	$0(3)	*
RA ESSENCE-C POW TNGERINE	$0(3)	*
ra folic acid TABS 400mcg, 800mcg	$0(3)	*
ra niacin TABS 100mg, 500mg	$0(3)	*
ra no flush niacin 500 TABS 500mg	$0(3)	*
ra one daily maximum	$0(3)	*
ra one daily mens 50+ wit	$0(3)	*
ra one daily mens/vitamin	$0(3)	*
ra vitamin a CAPS 10000unit	$0(3)	*
ra vitamin b-6 TABS 50mg, 100mg	$0(3)	*
ra vitamin c TABS 250mg, 500mg	$0(3)	*
ra vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
ra vitamin d-3 CAPS 2000unit, 5000unit; TABS 1000unit	$0(3)	*
ra vitamin e CAPS 400unit	$0(3)	*
radiance platinum vitamin TABS 5000unit	$0(3)	*
rena-vite	$0(3)	*
rena-vite rx	$0(3)	*
renal caps	$0(3)	*
renal vitamin	$0(3)	*
renaplex	$0(3)	*
RENAPLEX-D TAB	$0(3)	*
reno caps	$0(3)	*
REPLESTA WAFR 50000unit	$0(3)	*
REPLESTA NX WAFR 14000unit	$0(3)	*
sb vitamin c TABS 500mg	$0(3)	*
senior tabs	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sentry	$0(3)	*
sentry senior	$0(3)	*
SENTRY TAB	$0(3)	*
SENTRY TAB SENIOR	$0(3)	*
sm animal shapes complete	$0(3)	*
sm animal shapes kids fir	$0(3)	*
sm antioxidant vitamins	$0(3)	*
sm b super vitamin comple	$0(3)	*
SM B-COMPLEX TAB /VIT C	$0(3)	*
sm biotin CAPS 5000mcg	$0(3)	*
sm complete	$0(3)	*
sm complete 50+	$0(3)	*
sm complete 50+ ultimate	$0(3)	*
sm complete advanced form	$0(3)	*
sm complete senior formul	$0(3)	*
sm folic acid TABS 400mcg	$0(3)	*
sm hair/skin/nails	$0(3)	*
sm multiple vitamins esse	$0(3)	*
sm multiple vitamins/iron	$0(3)	*
sm niacin cr TBCR 250mg	$0(3)	*
SM ONE DAILY TAB MENS	$0(3)	*
SM ONE DAILY TAB WOMENS	$0(3)	*
sm opti-vitamins	$0(3)	*
sm super b complex-vitami	$0(3)	*
sm vit c/rose hips TABS 1000mg	$0(3)	*
sm vitamin b6 TABS 100mg	$0(3)	*
sm vitamin b complex with	$0(3)	*
sm vitamin b-6 TABS 100mg	$0(3)	*
sm vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	*
sm vitamin c/rose hips TABS 500mg	$0(3)	*
sm vitamin d TABS 400unit	$0(3)	*
sm vitamin d3 CAPS 50mcg, 2000unit; TABS 125mcg, 1000unit	$0(3)	*
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	$0(3)	*
sm vitamin e CAPS 200unit, 400unit, 1000unit	$0(3)	*
SOLO TAB	$0(3)	*
soluvita e SOLN 15.8mg/0.7ml	$0(3)	*
SPECTRAVITE CHW ADLT 50+	$0(3)	*
SPECTRAVITE TAB	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPECTRAVITE TAB ADLT 50+	$0(3)	*
SPECTRAVITE TAB ADULTS	$0(3)	*
SPECTRAVITE TAB MEN 50+	$0(3)	*
SPECTRAVITE TAB ULT MEN	$0(3)	*
SPECTRAVITE TAB ULT WMN	$0(3)	*
stress b-complex/vitamin	$0(3)	*
stress b/zinc	$0(3)	*
stress formula	$0(3)	*
stress formula/iron	$0(3)	*
stress formula/zinc	$0(3)	*
stresstabs advanced	$0(3)	*
stresstabs energy	$0(3)	*
STROVITE ONE TAB	$0(3)	*
SUPER ANTIOX CAP	$0(3)	*
super antioxidant/a/c/e/s	$0(3)	*
super aytinal 50 plus	$0(3)	*
super aytinal for active	$0(3)	*
super b with c	$0(3)	*
super b-complex/folic aci	$0(3)	*
super b-complex/vitamin c	$0(3)	*
super biotin CAPS 5000mcg	$0(3)	*
SUPER DAILY D3 LIQD 1000ut/0.028ml, 2000ut/0.028ml	$0(3)	*
super multiple	$0(3)	*
super thera vite m	$0(3)	*
super vita-mins	$0(3)	*
SUPPORT-500 CAP	$0(3)	*
SYSTANE ICAP CHW AREDS2	$0(3)	*
SYSTANE ICAP TAB AREDS2	$0(3)	*
systane icaps areds2	$0(3)	*
tab-a-vite	$0(3)	*
tab-a-vite multivitamin/i	$0(3)	*
TAB-A-VITE TAB IRON/BET	$0(3)	*
tab-a-vite w/beta caroten	$0(3)	*
THERA TAB	$0(3)	*
thera vital m	$0(3)	*
thera-d 2000 TABS 2000unit	$0(3)	*
THERA-D 4000 TABS 4000unit	$0(3)	*
thera-d rapid repletion TABS 2000unit	$0(3)	*
thera-tabs	$0(3)	*
THERA-TABS M TAB	$0(3)	*
therabasic-m	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THERAGRAN-M TAB	$0(3)	*
THERAGRAN-M TAB 50 PLUS	$0(3)	*
THERAGRAN-M TAB ADVANCED	$0(3)	*
THERAGRAN-M TAB PREMIER	$0(3)	*
THERAMILL CAP FORTE	$0(3)	*
therapeutic formula/hemat	$0(3)	*
therapeutic-m	$0(3)	*
theratrum complete	$0(3)	*
theratrum complete 50 plu	$0(3)	*
THEREMS TAB MULTIVIT	$0(3)	*
thiamine hcl SOLN 100mg/ml, 200mg/2ml	$0(3)	*
totalday multiple	$0(3)	*
TRI-VI-SOL SOL A/C/D	$0(3)	*
tri-vite pediatric	$0(3)	*
triphrocaps	$0(3)	*
tropical liquid nutrition	$0(3)	*
ULTRA BONEUP TAB	$0(3)	*
ultra choice multivitamin	$0(3)	*
ultra freeda	$0(3)	*
ultra freeda/iron	$0(3)	*
ULTRA MEGA G TAB 75MG CR	$0(3)	*
ULTRA MEGA G TAB 100MG	$0(3)	*
ULTRA MEGA TAB 75MG CR	$0(3)	*
ULTRA MEGA TAB TWO	$0(3)	*
ULTRA POTENC TAB WOMEN 50	$0(3)	*
ultrachoice advanced form	$0(3)	*
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	$0(3)	*
UPSPRINGBABY DRO MV/IRON	$0(3)	*
virt-caps	$0(3)	*
vision formula/lutein	$0(3)	*
VISION HEALT CAP	$0(3)	*
vision vitamins	$0(3)	*
VISTA ADVAN CAP AREDS2	$0(3)	*
VISTA ADVAN CAP DRY EYE	$0(3)	*
vita hair	$0(3)	*
VITABASIC COMPLETE	$0(3)	*
VITABASIC SENIOR	$0(3)	*
VITABEX PLUS CAP	$0(3)	*
VITACHEW CHW	$0(3)	*
VITACHEW CHW ADULT	$0(3)	*
VITACRAVES CHW IMMUNITY	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITACRAVES CHW MENS	$0(3)	*
VITACRAVES CHW SOUR GUM	$0(3)	*
VITACRAVES CHW WOMENS	$0(3)	*
vitajoy daily d gummies CHEW 1000unit	$0(3)	*
VITAL-D RX TAB	$0(3)	*
vitalee	$0(3)	*
VITALETS CHW CHILD	$0(3)	*
VITAMI A-C-D DRO INF/TODD	$0(3)	*
VITAMI A-C-D DRO INFANT	$0(3)	*
vitamin a CAPS 8000unit, 10000unit; TABS 10000unit	$0(3)	*
VITAMIN A PALMITATE TABS 15000unit	$0(3)	*
vitamin b complex-c	$0(3)	*
vitamin b complex/vitamin	$0(3)	*
VITAMIN C TABS 100mg	$0(3)	*
VITAMIN D2 CAPS 2000unit; TABS 400unit, 2000unit	$0(3)	*
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml, 5000unit/0.5ml, 5000unit/ml; TABS 3000unit; TBDP 5000unit	$0(3)	*
vitamin d3 adult gummies CHEW 1000unit	$0(3)	*
vitamin d3 extra strength CHEW 25mcg	$0(3)	*
vitamin d3 gummies CHEW 25mcg	$0(3)	*
vitamin d3 gummies adult CHEW 1000unit	$0(3)	*
vitamin d3 high potency CAPS 2000unit	$0(3)	*
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	$0(3)	*
vitamin d3 maximum streng CAPS 5000unit	$0(3)	*
vitamin d3 super strength CAPS 2000unit; TABS 2000unit	$0(3)	*
VITAMIN D3 TAB COMPLETE	$0(3)	*
vitamin d3 ultra strength CAPS 5000unit	$0(3)	*
vitamin d high potency CAPS 1.25mg, 1000unit	$0(3)	*
vitamin d infant LIQD 10mcg/ml, 400unit/ml	$0(3)	*
vitamin d-1000 maximum st TABS 1000unit	$0(3)	*
vitamin e CAPS 45mg, 90mg, 100unit, 180mg, 200unit, 400unit, 450mg, 1000unit; OIL 100unt/0.25ml	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN E CHEW 400unit; SOLN 15mg/0.67ml; TABS 100unit, 200unit, 400unit	$0(3)	*
vitamin e blend CAPS 400unit	$0(3)	*
vitamin e high potency CAPS 90mg, 400unit	$0(3)	*
vitamin e/d-alpha natural CAPS 268mg	$0(3)	*
vitamin supplement e-400 CAPS 400unit	$0(3)	*
VITASANA TAB	$0(3)	*
vitatrum	$0(3)	*
vitatrum complete	$0(3)	*
VITATRUM TAB	$0(3)	*
vitrum senior	$0(3)	*
VITRUM TAB SENIOR	$0(3)	*
weekly-d CAPS 1.25mg	$0(3)	*
wescaps	$0(3)	*
westab one	$0(3)	*
WMNS MULTIVI CHW +COLLAGE	$0(3)	*
womens 50+ advanced	$0(3)	*
WOMENS 50+ TAB MULTIVIT	$0(3)	*
womens daily formula	$0(3)	*
womens daily formula/foli	$0(3)	*
WOMENS DAILY PAK PACK	$0(3)	*
WOMENS MULT CHW GUMMIES	$0(3)	*
womens multi	$0(3)	*
womens multivitamin	$0(3)	*
WOMENS PAK	$0(3)	*
xcellent a 3000 CAPS 3000mcg	$0(3)	*
xcellent a 7500 CAPS 7500mcg	$0(3)	*
XCELLENT E CAP 33.5MG	$0(3)	*
YELETS TEEN TAB FORMULA	$0(3)	*
yl beta carotene CAPS 25000unit	$0(3)	*
yl folic acid TABS 400mcg	$0(3)	*
yl vitamin b-6 TABS 100mg	$0(3)	*
yl vitamin c TABS 1000mg	$0(3)	*
yl vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	*
YOUR LIFE CHW GUMMIES	$0(3)	*
YUMVS DIABET CHW MULTIVIT	$0(3)	*
YUMVS MULTI CHW ZERO	$0(3)	*
yumvs vitamin d3 CHEW 25mcg	$0(3)	*
yumvs vitamin d3 zero CHEW 25mcg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YUMVS VITAMIN D3 ZERO CHEW 62.5mcg	$0(3)	*
yumvskids vitamin d3 zero CHEW 25mcg	$0(3)	*
ZELDANA CAP	$0(3)	*
ZINC LOZ	$0(3)	*
zoo friends/extra c	$0(3)	*
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
neo-polycin hc ophth oint 1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	QL (12 mL / 30 days)
NATACYN SUSP 5%	$0(2)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin (ophth) SOLN .3%	$0(1)	
polycin ophth oint	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
XDEMVY SOLN .25%	$0(2)	NDS, NM, PA
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium (ophth) SOLN .07%, .075%	$0(1)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
loteprednol etabonate SUSP .2%	$0(1)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .035%	$0(3)	*
alaway childrens allergy SOLN .035%	$0(3)	*
azelastine hcl (ophth) SOLN .05%	$0(1)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
eye itch relief SOLN .035%	$0(3)	*
ketotifen fumarate (ophth) SOLN .035%	$0(3)	*
sm eye itch relief SOLN .035%	$0(3)	*
ZERVIATE SOLN .24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .15%, .2%	$0(1)	
brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
ROCKLATAN DRO	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	
MISCELLANEOUS		
ALCON TEARS SOLN .5%	$0(3)	*
artificial tears	$0(3)	*
ATROPINE SULFATE SOLN 1%	$0(2)	
atropine sulfate (ophthalmic) SOLN 1%	$0(1)	
BION TEARS SOL 0.1-0.3%	$0(3)	*
carboxymethylcellulose sodium (ophth) GEL 1%; SOLN .5%	$0(3)	*
CYSTADROPS SOLN .37%	$0(2)	NDS, NM, PA
CYSTARAN SOLN .44%	$0(2)	NDS, NM, PA
dry eye relief drops	$0(3)	*
EYSUVIS SUSP .25%	$0(2)	
FRESHKOTE PF SOL 2.7-2%	$0(3)	*
FRESHKOTE SOL 2.7-2%	$0(3)	*
GENTEAL SEVERE TEARS GEL .3%	$0(3)	*
GENTEAL TEAR GEL SEV D/N	$0(3)	*
GENTEAL TEAR SOL MOD PF	$0(3)	*
GENTEAL TEAR SOL PF	$0(3)	*
genteal tears liquid drop	$0(3)	*
genteal tears night-time	$0(3)	*
gnp artificial tears	$0(3)	*
gnp lubricating plus eye SOLN .5%	$0(3)	*
goodsense lubricating plu SOLN .5%	$0(3)	*
lubricant eye drops SOLN .5%, .6%	$0(3)	*
lubricant eye nighttime	$0(3)	*
lubricating eye drops	$0(3)	*
lubrifresh p.m.	$0(3)	*
MIEBO SOLN 1.338gm/ml	$0(2)	
MURO 128 SOLN 2%	$0(3)	*
proparacaine hcl SOLN .5%	$0(1)	
refresh celluvisc GEL 1%	$0(3)	*
REFRESH DRO OP	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REFRESH DRO RELIEVA	$0(3)	*
REFRESH GEL OPTIVE	$0(3)	*
refresh lacri-lube	$0(3)	*
REFRESH OPT SOL MEGA-3	$0(3)	*
REFRESH OPTI DRO 0.5-0.9%	$0(3)	*
REFRESH RELI DRO 0.5-0.9%	$0(3)	*
REFRESH SOL DIGITAL	$0(3)	*
REFRESH SOL OPTIVE	$0(3)	*
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
sm dry eye relief	$0(3)	*
sm lubricant eye drops	$0(3)	*
sm lubricating plus SOLN .5%	$0(3)	*
sm lubricating tears	$0(3)	*
sodium chloride hypertonic OINT 5%; SOLN 5%	$0(3)	*
SYSTANE COMPLETE PF SOLN .6%	$0(3)	*
SYSTANE GEL DRO 0.4-0.3%	$0(3)	*
systane nighttime	$0(3)	*
ultra lubricating eye dro	$0(3)	*
XIIDRA SOLN 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allergy TABS 10mg	$0(3)	*
all day allergy childrens SOLN 5mg/5ml	$0(3)	*
all-day allergy childrens SOLN 5mg/5ml	$0(3)	*
aller-chlor TABS 4mg	$0(3)	*
allergy CAPS 25mg; TABS 4mg	$0(3)	*
allergy 24-hr TABS 180mg	$0(3)	*
allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml; SUSP 30mg/5ml	$0(3)	*
allergy relief CAPS 25mg; TABS 4mg, 5mg, 10mg, 25mg, 180mg	$0(3)	*
allergy relief 24hr TABS 5mg, 180mg	$0(3)	*
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	$0(3)	*
azelastine hcl SOLN .1%	$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	$0(3)	*
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	$0(3)	*
cetirizine hcl SOLN 5mg/5ml	$0(1)	QL (300 mL / 30 days)
cetirizine hcl allergy ch SOLN 5mg/5ml	$0(3)	*
cetirizine hcl childrens SOLN 1mg/ml, 5mg/5ml	$0(3)	*
cetirizine hydrochloride SOLN 1mg/ml, 5mg/5ml	$0(3)	*
childrens loratadine SOLN 5mg/5ml	$0(3)	*
chlorpheniramine maleate TBCR 12mg	$0(3)	*
complete allergy medicine CAPS 25mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	$0(3)	*
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
ed chlorped jr SYRP 2mg/5ml	$0(3)	*
fexofenadine hcl TABS 60mg, 180mg	$0(3)	*
ft all day allergy TABS 10mg	$0(3)	*
ft all day allergy 24 hou TABS 10mg	$0(3)	*
ft all day allergy relief TABS 10mg	$0(3)	*
ft allergy relief CAPS 25mg; CHEW 25mg; TABS 4mg, 25mg	$0(3)	*
ft allergy relief 12 hour TABS 60mg	$0(3)	*
ft allergy relief 24 hour TABS 180mg	$0(3)	*
ft allergy relief childre CHEW 5mg; LIQD 12.5mg/5ml	$0(3)	*
gnp all day allergy TABS 10mg	$0(3)	*
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	$0(3)	*
gnp all day allergy relie CAPS 10mg	$0(3)	*
gnp allergy TABS 25mg	$0(3)	*
gnp allergy relief CAPS 25mg; CHEW 12.5mg; TABS 4mg, 25mg, 180mg	$0(3)	*
gnp allergy relief 24 hou TABS 5mg	$0(3)	*
gnp allergy relief maximu LIQD 12.5mg/5ml	$0(3)	*
gnp childrens allergy LIQD 12.5mg/5ml	$0(3)	*
gnp loratadine SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	$0(3)	*
gnp loratadine childrens SOLN 5mg/5ml	$0(3)	*
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	$0(3)	*
goodsense aller-ease TABS 180mg	$0(3)	*
goodsense allergy relief SOLN 5mg/5ml; TABS 10mg	$0(3)	*
HISTEX SYRP 2.5mg/5ml	$0(3)	*
HISTEX PDX LIQD 1.25mg/ml	$0(3)	*
hm all day allergy childr SOLN 5mg/5ml	$0(3)	*
hm fexofenadine hydrochlo TABS 60mg, 180mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm loratadine TABS 10mg	$0(3)	*
hm loratadine childrens SOLN 5mg/5ml	$0(3)	*
12hr allergy relief TABS 60mg	$0(3)	*
24hr allergy relief TABS 180mg	$0(3)	*
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	$0(2)	PA; PA applies if 70 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	$0(1)	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
levocetirizine dihydrochloride TABS 5mg	$0(3)	*
liquid allergy relief LIQD 12.5mg/5ml	$0(3)	*
loratadine SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	$0(3)	*
loratadine childrens CHEW 5mg; SOLN 5mg/5ml	$0(3)	*
m-dryl LIQD 12.5mg/5ml	$0(3)	*
MICLARA LQ LIQD 1.25mg/5ml	$0(3)	*
pharbedryl CAPS 25mg, 50mg	$0(3)	*
qc all day allergy TABS 10mg	$0(3)	*
qc allergy childrens LIQD 12.5mg/5ml	$0(3)	*
qc allergy relief TBDP 10mg	$0(3)	*
qc loratadine allergy rel TABS 10mg	$0(3)	*
sb allergy TABS 10mg	$0(3)	*
sb loratadine TABS 10mg	$0(3)	*
sm all day allergy TABS 10mg	$0(3)	*
sm all day allergy childr SOLN 5mg/5ml	$0(3)	*
sm all day allergy relief TABS 10mg	$0(3)	*
sm allergy childrens SOLN 5mg/5ml	$0(3)	*
sm allergy relief CHEW 25mg; TABS 60mg	$0(3)	*
sm allergy relief childre LIQD 12.5mg/5ml	$0(3)	*
sm childrens loratadine SOLN 5mg/5ml	$0(3)	*
sm fexofenadine hydrochlo TABS 60mg, 180mg	$0(3)	*
sm loratadine SOLN 5mg/5ml; TABS 10mg	$0(3)	*
sm loratadine allergy rel TBDP 10mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triprolidine hcl LIQD .625mg/ml, .938mg/ml	$0(3)	*
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
all day sinus & cold-d	$0(3)	*
all-nite cold & flu night	$0(3)	*
allergy & congestion reli	$0(3)	*
allergy multi-symptom	$0(3)	*
allergy relief d	$0(3)	*
allergy relief d-12	$0(3)	*
allergy relief d-24	$0(3)	*
allergy relief/nasal deco	$0(3)	*
aprodine	$0(3)	*
AQUANAZ TAB	$0(3)	*
benzonatate CAPS 100mg, 150mg, 200mg	$0(3)	*
brantussin dm	$0(3)	*
CAPCOF SYP 5-2-10MG	$0(3)	*
CAPMIST DM TAB	$0(3)	*
CAPRON DM LIQ	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAPRON DMT TAB 30-30MG	$0(3)	*
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	$0(3)	*
CGH/CHEST SYP CONG DM	$0(3)	*
chest congestion relief LIQD 100mg/5ml; TABS 400mg	$0(3)	*
chest congestion relief d	$0(3)	*
chest congestion relief p	$0(3)	*
childrens mucus relief co	$0(3)	*
childrens pain relief plu	$0(3)	*
CHLO HIST SOL	$0(3)	*
CHLO TUSS LIQ	$0(3)	*
COLD & ALLER LIQ CHILDREN	$0(3)	*
cold & cough childrens	$0(3)	*
cold & flu nighttime reli	$0(3)	*
cold & flu relief daytime	$0(3)	*
cold & flu relief nightti	$0(3)	*
cold & sinus	$0(3)	*
cold & sinus relief	$0(3)	*
cold relief plus	$0(3)	*
cold/cough childrens	$0(3)	*
cold/flu daytime relief	$0(3)	*
CONEX SOL CLD/ALRG	$0(3)	*
CONEX TAB 2-60MG	$0(3)	*
cough & cold	$0(3)	*
cough & cold hbp	$0(3)	*
cough dm SUER 30mg/5ml	$0(3)	*
cough dm childrens SUER 30mg/5ml	$0(3)	*
daytime cold & flu relief	$0(3)	*
DELSYM TABS 15mg	$0(3)	*
DELSYM CGH LIQ SR THRT	$0(3)	*
DELSYM CHILD MIS DAY/NGHT	$0(3)	*
delsym cough + chest cong	$0(3)	*
delsym cough + cold night	$0(3)	*
DELSYM NIGHT SOL CGH/MAX	$0(3)	*
dextromethorphan hbr CAPS 15mg	$0(3)	*
dextromethorphan polistirex SUER 30mg/5ml	$0(3)	*
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	$0(3)	*
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dimaphen dm cold & cough	$0(3)	*
DOLOGESIC TAB 1-500MG	$0(3)	*
DOLOGESIC-DF TAB 1-500MG	$0(3)	*
ed a-hist	$0(3)	*
ed a-hist dm	$0(3)	*
ED A-HIST DM TAB 10-4-10	$0(3)	*
ED BRON GP LIQ	$0(3)	*
endacof-dm	$0(3)	*
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	$0(3)	*
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	$0(3)	*
flu hbp	$0(3)	*
flu/severe cold & cough d	$0(3)	*
ft allergy multi-symptom	$0(3)	*
ft chest congestion relie TABS 400mg	$0(3)	*
ft cold & flu relief dayt	$0(3)	*
ft cold & flu relief nigh	$0(3)	*
ft mucus relief 12hr TB12 600mg	$0(3)	*
ft mucus relief 12hr maxi TB12 1200mg	$0(3)	*
ft mucus relief d 12 hour	$0(3)	*
ft mucus relief dm	$0(3)	*
ft nasal SOLN .05%	$0(3)	*
ft nasal decongestant max TABS 30mg	$0(3)	*
ft nasal decongestant pe TABS 10mg	$0(3)	*
ft tussin adult LIQD 200mg/10ml	$0(3)	*
ft tussin cf adult	$0(3)	*
gnp all day allergy-d	$0(3)	*
gnp allergy & congestion	$0(3)	*
gnp allergy multi-symptom	$0(3)	*
gnp cold & cough children	$0(3)	*
gnp cold + flu severe	$0(3)	*
gnp cold + head congestio	$0(3)	*
gnp cold max day/night ad	$0(3)	*
gnp cold max daytime for	$0(3)	*
gnp cough dm er SUER 30mg/5ml	$0(3)	*
gnp day time cold/flu	$0(3)	*
gnp fexofenadine/pseudoep	$0(3)	*
gnp mucus dm maximum stre	$0(3)	*
gnp mucus er TB12 600mg, 1200mg	$0(3)	*
gnp mucus relief TABS 400mg	$0(3)	*
gnp mucus relief dm	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp mucus relief pe	$0(3)	*
gnp nasal decongestant TABS 30mg	$0(3)	*
gnp nasal decongestant ma TB12 120mg	$0(3)	*
gnp nasal decongestant pe TABS 10mg	$0(3)	*
gnp nasal decongestant/ma TABS 30mg	$0(3)	*
gnp nasal four spray SOLN 1%	$0(3)	*
gnp nasal spray SOLN .05%	$0(3)	*
gnp nasal spray extra moi SOLN .05%	$0(3)	*
gnp nasal spray fast acti SOLN 1%	$0(3)	*
gnp night time cold & flu	$0(3)	*
gnp night time cough	$0(3)	*
gnp no drip nasal spray SOLN .05%	$0(3)	*
gnp pseudoephedrine hcl e TB12 120mg	$0(3)	*
gnp sinus + headache for	$0(3)	*
gnp sinus pressure/pain	$0(3)	*
gnp sinus severe daytime	$0(3)	*
gnp tab tussin TABS 400mg	$0(3)	*
gnp tab tussin dm	$0(3)	*
gnp tussin cf cough & col	$0(3)	*
gnp tussin cough long act SYRP 15mg/5ml	$0(3)	*
gnp tussin dm cough	$0(3)	*
gnp tussin dm cough/chest	$0(3)	*
gnp tussin dm max	$0(3)	*
gnp tussin mucus & chest LIQD 100mg/5ml	$0(3)	*
goodsense all day allergy	$0(3)	*
goodsense cough dm SUER 30mg/5ml	$0(3)	*
goodsense cough dm childr SUER 30mg/5ml	$0(3)	*
goodsense day time cold &	$0(3)	*
goodsense daytime cold &	$0(3)	*
goodsense mucus er TB12 600mg	$0(3)	*
goodsense mucus relief ch	$0(3)	*
goodsense nighttime cold	$0(3)	*
goodsense nighttime cough	$0(3)	*
goodsense tussin cf	$0(3)	*
goodsense tussin dm coug	$0(3)	*
goodsense tussin dm max	$0(3)	*
guaifenesin LIQD 100mg/5ml; TABS 200mg; TB12 600mg	$0(3)	*
guaifenesin er TB12 600mg	$0(3)	*
guaifenesin-codeine soln 100-10 mg/5ml	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
head congestion/mucus	$0(3)	*
HISTEX-DM SYP	$0(3)	*
hm cold & cough childrens	$0(3)	*
hm cold & sinus relief	$0(3)	*
hm cough dm SUER 30mg/5ml	$0(3)	*
12 hour decongestant TB12 120mg	$0(3)	*
12 hour nasal decongestan TB12 120mg	$0(3)	*
12 hour nasal spray SOLN .05%	$0(3)	*
24hr allergy & congestion	$0(3)	*
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0(3)	*
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	$0(3)	*
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	$0(3)	*
hydromet	$0(3)	*
LOHIST-D LIQ	$0(3)	*
LOHIST-DM SYP 5-2-10MG	$0(3)	*
loratadine-d 12hr	$0(3)	*
loratadine-d 24hr	$0(3)	*
LORTUSS LQ LIQ	$0(3)	*
M-END DMX LIQ	$0(3)	*
mapap cold formula multi-	$0(3)	*
MAR-COF CG LIQ 225-7.5	$0(3)	*
maxi-tuss ac	$0(3)	*
maxi-tuss g	$0(3)	*
maxi-tuss gmx	$0(3)	*
MAXI-TUSS JR LIQ	$0(3)	*
MAXI-TUSS LIQ CD	$0(3)	*
MAXI-TUSS PE LIQ	$0(3)	*
MAXI-TUSS PE LIQ JR	$0(3)	*
MAXI-TUSS PE LIQ MAX	$0(3)	*
MAXI-TUSS TR LIQ 1.25-30	$0(3)	*
MAXICHLOR TAB PEH DM	$0(3)	*
MAXIFED TAB 60-360MG	$0(3)	*
MAXIFED TR TAB 1.25-30	$0(3)	*
MICLARA DM LIQ	$0(3)	*
MUCINEX CHIL LIQ	$0(3)	*
MUCINEX CHLD MIS DAY/NITE	$0(3)	*
MUCINEX CNG/ LIQ CG/CL/FL	$0(3)	*
MUCINEX CNG/ TAB CG/CD/FL	$0(3)	*
MUCINEX COLD CAP /FLU	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUCINEX COLD CAP FLU/THRT	$0(3)	*
MUCINEX COLD LIQ FLU&SORE	$0(3)	*
mucinex cough & chest con	$0(3)	*
mucinex cough childrens	$0(3)	*
MUCINEX D/N CAP CLD/FLU	$0(3)	*
MUCINEX D/N PAK FAST/MAX	$0(3)	*
MUCINEX FAST CAP COLD/FLU	$0(3)	*
MUCINEX FAST LIQ COLD/FLU	$0(3)	*
MUCINEX FAST LIQ DAY/NITE	$0(3)	*
MUCINEX FAST TAB 5-10-200	$0(3)	*
MUCINEX FAST TAB DAY/NITE	$0(3)	*
mucinex fast-max chest co LIQD 400mg/20ml	$0(3)	*
mucinex fast-max cold flu	$0(3)	*
mucinex fast-max cold/flu	$0(3)	*
mucinex fast-max congesti	$0(3)	*
mucinex fast-max dm max	$0(3)	*
mucinex fast-max dm max m	$0(3)	*
MUCINEX FREE LIQ CLD/FLU	$0(3)	*
MUCINEX FREE LIQ DAY/NIGH	$0(3)	*
MUCINEX FREE LIQ MULTISYM	$0(3)	*
MUCINEX LIQ DAY/NITE	$0(3)	*
MUCINEX LIQ FAST-MAX	$0(3)	*
MUCINEX LIQ SINUS	$0(3)	*
mucinex multi-symptom col	$0(3)	*
MUCINEX NIGH SOL CLEAR	$0(3)	*
MUCINEX NIGH SOL COLD/FLU	$0(3)	*
MUCINEX NIGH SOL SV CD/FL	$0(3)	*
MUCINEX NIGH TAB COLD/FLU	$0(3)	*
MUCINEX NIGH TAB SIN MAX	$0(3)	*
MUCINEX NIGH TAB SV CD/FL	$0(3)	*
MUCINEX SIN CAP DAY/NGHT	$0(3)	*
MUCINEX SINS CAP PR/PN/CG	$0(3)	*
MUCINEX SINU TAB DAY/NITE	$0(3)	*
mucinex sinus-max	$0(3)	*
mucinex sinus-max clear & SOLN .05%	$0(3)	*
mucinex sinus-max severe	$0(3)	*
mucinex sinus-max sinus/a SOLN .05%	$0(3)	*
MUCINEX SOL NIGHT	$0(3)	*
mucus relief TB12 600mg	$0(3)	*
mucus relief cough childr	$0(3)	*
mucus relief d	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mucus relief dm	$0(3)	*
mucus relief dm cough	$0(3)	*
mucus relief dm maximum s	$0(3)	*
mucus relief er TB12 600mg	$0(3)	*
mucus relief maximum stre TB12 1200mg	$0(3)	*
mucus relief pe sinus con	$0(3)	*
mucus-dm maximum strength	$0(3)	*
multi symptom flu & sever	$0(3)	*
nasal decongestant TABS 30mg	$0(3)	*
nasal decongestant pe TABS 10mg	$0(3)	*
nasal decongestant pe max TABS 10mg	$0(3)	*
nasal decongestant spray SOLN .05%	$0(3)	*
nasal four SOLN 1%	$0(3)	*
nasal relief SOLN .05%	$0(3)	*
nasal spray 12 hour SOLN .05%	$0(3)	*
nasal spray extra moistur SOLN .05%	$0(3)	*
nasal spray no drip SOLN .05%	$0(3)	*
NEO-SYNEPHRINE COLD+ALLER SOLN .5%	$0(3)	*
nighttime cold/flu relief	$0(3)	*
NINJACOF-A LIQ	$0(3)	*
NINJACOF-XG LIQ 200-8/5	$0(3)	*
NIVANEX DMX TAB	$0(3)	*
no drip nasal spray SOLN .05%	$0(3)	*
nohist-dm	$0(3)	*
nohist-lq	$0(3)	*
NOREL AD TAB 4-10-325	$0(3)	*
phenylephrine hcl (oral) TABS 10mg	$0(3)	*
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	$0(3)	*
PRO-RED AC SYP 5-1-9/5	$0(3)	*
promethazine vc/codeine	$0(3)	*
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	*
promethazine-dm syrup 6.25-15 mg/5ml	$0(3)	*
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0(3)	*
pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg	$0(3)	*
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	$0(3)	*
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc ibuprofen cold/sinus	$0(3)	*
qc loratadine-d	$0(3)	*
qc medifin 400 TABS 400mg	$0(3)	*
qc medifin dm	$0(3)	*
qc mucus relief TB12 600mg	$0(3)	*
qc mucus relief er 12 hou TB12 1200mg	$0(3)	*
qc nasal decongestant max TABS 30mg	$0(3)	*
qc suphedrine maximum str TB12 120mg	$0(3)	*
qc tussin dm cough & ches	$0(3)	*
qc tussin expectorant adu LIQD 100mg/5ml	$0(3)	*
robafen cf multi-symptom	$0(3)	*
robafen dm	$0(3)	*
RU-HIST D TAB 4-10MG	$0(3)	*
RYDEX LIQ	$0(3)	*
rymed	$0(3)	*
rynex dm	$0(3)	*
rynex pe	$0(3)	*
rynex pse	$0(3)	*
sb 12hr nasal spray SOLN .05%	$0(3)	*
sb cough control LIQD 100mg/5ml	$0(3)	*
sb coughtab TABS 200mg	$0(3)	*
sb mucus relief dm	$0(3)	*
sb mucus relief pe	$0(3)	*
sb tab tussin dm	$0(3)	*
severe cold & flu	$0(3)	*
severe cold/cough	$0(3)	*
sinus + headache	$0(3)	*
sinus congestion/pain	$0(3)	*
sinus nasal spray SOLN .05%	$0(3)	*
sinus pressure/pain/adult	$0(3)	*
sinus relief extra streng SOLN 1%	$0(3)	*
sinus relief severe conge	$0(3)	*
sm 12 hour sinus deconges TB12 120mg	$0(3)	*
sm all day allergy-d	$0(3)	*
sm chest congestion relie TABS 400mg	$0(3)	*
SM CLD/ALLER LIQ CHILDREN	$0(3)	*
sm cold & cough dm childr	$0(3)	*
sm cold & flu severe	$0(3)	*
sm cold & sinus relief	$0(3)	*
sm day time cold & flu re	$0(3)	*
sm lorata-dine d	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm loratadine d 12hr	$0(3)	*
sm mucus relief/12 hour TB12 600mg	$0(3)	*
sm nasal decongestant pe TABS 10mg	$0(3)	*
sm nasal spray SOLN .05%	$0(3)	*
sm nasal spray 12 hour SOLN .05%	$0(3)	*
sm nasal spray sinus SOLN .05%	$0(3)	*
sm nite time cold & flu	$0(3)	*
sm sinus severe for adult	$0(3)	*
sm tussin cf	$0(3)	*
sm tussin dm	$0(3)	*
sm tussin dm cough/chest	$0(3)	*
sm tussin dm max/cough +	$0(3)	*
sm tussin mucus + chest c LIQD 100mg/5ml	$0(3)	*
sodium chloride (inhalant) AERS .9%	$0(3)	*
soothing - 12 hour nasal SOLN .05%	$0(3)	*
STAHIST AD TAB 25-60MG	$0(3)	*
STAHIST TP TAB 2.5-10MG	$0(3)	*
sudogest TABS 30mg, 60mg	$0(3)	*
sudogest 12 hour TB12 120mg	$0(3)	*
sudogest maximum strength TABS 30mg	$0(3)	*
sudogest sinus & allergy	$0(3)	*
suphedrine 12hour maximum TB12 120mg	$0(3)	*
theraflu expressmax sever	$0(3)	*
TUSNEL C SYP	$0(3)	*
tusnel diabetic	$0(3)	*
TUSNEL DM LIQ	$0(3)	*
tusnel dm pediatric	$0(3)	*
TUSNEL LIQ	$0(3)	*
TUSNEL PED DRO 7.5-50	$0(3)	*
TUSNEL PEDI LIQ 15-5-50	$0(3)	*
TUSNEL PEDIA LIQ	$0(3)	*
TUSNEL TAB	$0(3)	*
TUSNEL-DM DRO PEDIATRC	$0(3)	*
TUSNEL-DM LIQ	$0(3)	*
tusnel-ex LIQD 100mg/5ml	$0(3)	*
tussin cf	$0(3)	*
tussin cough SYRP 15mg/5ml	$0(3)	*
tussin dm	$0(3)	*
tussin dm cough & chest c	$0(3)	*
tussin dm cough + chest c	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tussin mucus & chest cong LIQD 100mg/5ml	$0(3)	*
tussin mucus + chest cong LIQD 100mg/5ml	$0(3)	*
TUXARIN ER TAB 54.3-8MG	$0(3)	*
VANACOF LIQ	$0(3)	*
VANATAB DM TAB 5-9-198	$0(3)	*
4-way fast acting SOLN 1%	$0(3)	*
westussin dm nf	$0(3)	*
WESTUSSIN DM SYP	$0(3)	*
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	$0(1)	B/D
AERCHMBR PLS MIS INTERMED	$0(3)	*
AERCHMBR PLS MIS LRG MASK	$0(3)	*
AERCHMBR PLS MIS MED MASK	$0(3)	*
AERCHMBR PLS MIS SM MASK	$0(3)	*
AERCHMBR Z- MIS STAT PLS	$0(3)	*
AEROCHAMBER MIS CHAMBER	$0(3)	*
AEROCHAMBER MIS FLOSIGNA	$0(3)	*
AEROCHAMBER MIS MTHPIECE	$0(3)	*
AEROCHAMBER MIS MV	$0(3)	*
AEROCHAMBER MIS PLUS	$0(3)	*
AEROVENT MIS PLUS	$0(3)	*
afrin saline nasal mist	$0(3)	*
AIRZONE PEAK MIS FLOW MTR	$0(3)	*
altamist SOLN .65%	$0(3)	*
ALYFTREK TAB 4-20-50	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, PA
ASSESS METER MIS FULL	$0(3)	*
ASSESS METER MIS LOW	$0(3)	*
ayr SOLN .65%	$0(3)	*
AYR NASAL DROPS SOLN .65%	$0(3)	*
AYR NASAL MIST ALLERGY & SOLN 2.65%	$0(3)	*
ayr saline nasal	$0(3)	*
ayr saline nasal no-drip	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
baby ayr saline SOLN .65%	$0(3)	*
COMPACT SPAC MIS CHAMBER	$0(3)	*
COMPACT SPAC MIS LG MASK	$0(3)	*
COMPACT SPAC MIS MD MASK	$0(3)	*
COMPACT SPAC MIS SM MASK	$0(3)	*
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	$0(3)	*
CVS NASAL MIST AERS .9%	$0(3)	*
cvs saline nasal spray SOLN .65%	$0(3)	*
deep sea nasal spray SOLN .65%	$0(3)	*
EASIVENT MIS	$0(3)	*
EASIVENT MIS MASK LG	$0(3)	*
EASIVENT MIS MASK MED	$0(3)	*
EASIVENT MIS MASK SM	$0(3)	*
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)
eq saline nasal spray SOLN .65%	$0(3)	*
eql saline nasal spray SOLN .65%	$0(3)	*
FASENRA SOSY 10mg/0.5ml, 30mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
FLEXICHAMBER MIS	$0(3)	*
FLEXICHAMBER MIS MASK LRG	$0(3)	*
FLEXICHAMBER MIS MASK SM	$0(3)	*
gnp nasal moisturizing SOLN .65%	$0(3)	*
HOLD CHAMBER MIS ADLT LG	$0(3)	*
HOLD CHAMBER MIS MEDIUM	$0(3)	*
HOLD CHAMBER MIS SMALL	$0(3)	*
INSPIREASE MIS DD SYST	$0(3)	*
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LITTLE REMED AER MIST	$0(3)	*
LITTLE REMED SOL SALINE	$0(3)	*
meijer saline nasal spray SOLN .65%	$0(3)	*
MICROCHAMBER MIS	$0(3)	*
MICROLIFE MIS PEAK FLO	$0(3)	*
MICROSPACER MIS	$0(3)	*
MINI WRIGHT MIS PFM	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MINI WRIGHT MIS PFM LOW	$0(3)	*
NASADROPS SALINE ON THE G SOLN .9%	$0(3)	*
nasal moist SOLN .65%	$0(3)	*
nasal moisturizing spray SOLN .65%	$0(3)	*
nasogel	$0(3)	*
ocean for kids SOLN .65%	$0(3)	*
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA LG	$0(3)	*
OPTICHAMBER MIS DIA MD	$0(3)	*
OPTICHAMBER MIS DIA SM	$0(3)	*
OPTICHAMBER MIS DIAMOND	$0(3)	*
ORKAMBI GRA 75-94MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
PANDA MASK MIS LARGE	$0(3)	*
PANDA MASK MIS MEDIUM	$0(3)	*
PANDA MASK MIS PEDIATRI	$0(3)	*
PANDA MASK MIS SMALL	$0(3)	*
PEAK AIR FLO MIS ADLT/PED	$0(3)	*
PEAK FLOW MIS METER	$0(3)	*
PEAK FLW MTR MIS ADULT	$0(3)	*
PEAK FLW MTR MIS CHILD	$0(3)	*
PERSONAL BES MIS FULL RNG	$0(3)	*
PIKO 1 MIS ELECTRON	$0(3)	*
pirfenidone CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	$0(3)	*
POCKET PEAK MIS METER	$0(3)	*
POCKET SPACE MIS	$0(3)	*
POCKETPEAK MIS MTR LOW	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium iodide (expectorant) SOLN 1gm/ml	$0(3)	*
PROCARE MIS ADULT	$0(3)	*
PROCARE MIS CHILD	$0(3)	*
PROLASTIN-C SOLN 1000mg/20ml	$0(2)	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA
PURE COMFORT MIS SPACER	$0(3)	*
ra saline nasal spray SOLN .65%	$0(3)	*
RA STERILE SALINE NASAL M SOLN .9%	$0(3)	*
RITEFLO MIS	$0(3)	*
roflumilast TABS 250mcg	$0(1)	QL (56 tabs / year)
roflumilast TABS 500mcg	$0(1)	QL (30 tabs / 30 days)
saline SOLN .65%	$0(3)	*
saline mist SOLN .65%	$0(3)	*
saline nasal gel*	$0(3)	*
sb saline nose SOLN .65%	$0(3)	*
SIMPLY SALINE AERS .9%	$0(3)	*
SINUS WASH CRY SALT	$0(3)	*
sm nasal spray saline SOLN .65%	$0(3)	*
SOOTH SALINE AER NASAL	$0(3)	*
SPACE CHAMBR MIS ANTI-STA	$0(3)	*
SPACE CHAMBR MIS LARGE	$0(3)	*
SPACE CHAMBR MIS MEDIUM	$0(3)	*
SPACE CHAMBR MIS SMALL	$0(3)	*
SPACER CHAMB MIS ADULT	$0(3)	*
SPACER CHAMB MIS CHILD	$0(3)	*
SPACER CHAMB MIS INFANT	$0(3)	*
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	$0(1)	
TRIKAFTA PAK 59.5MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRUZONE PEAK MIS FLOW MTR	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VORTEX VALVE MIS CHAMBER	$0(3)	*
VORTEX/MASK MIS CHILDS	$0(3)	*
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	$0(2)	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	$0(2)	NDS, NM, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	$0(3)	*
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(3)	*
gnp fluticasone propionat SUSP 50mcg/act	$0(3)	*
goodsense 24-hour allergy SUSP 50mcg/act	$0(3)	*
hm allergy relief nasal s SUSP 50mcg/act	$0(3)	*
sm allergy relief nasal s SUSP 50mcg/act	$0(3)	*
XHANCE EXHU 93mcg/act	$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AIRSUPRA AER 90-80MCG	$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
breyna	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	$0(2)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
acne medication 2.5 GEL 2.5%	$0(3)	*
acne medication 5 GEL 5%; LOTN 5%	$0(3)	*
acne medication 10 GEL 10%; LOTN 10%	$0(3)	*
adapalene GEL .1%	$0(3)	*
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
benzefoam FOAM 5.3%	$0(3)	*
BENZOYL PEROXIDE GEL 2.5%	$0(3)	*
benzoyl peroxide GEL 5%, 10%; LIQD 10%	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benzoyl peroxide topical LIQD 10%	$0(3)	*
benzoyl peroxide wash LIQD 5%, 10%	$0(3)	*
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
bpo foaming cloths MISC 6%	$0(3)	*
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 mL / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	$0(1)	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitracin (topical) OINT 500unit/gm	$0(3)	*
bacitracin zinc OINT 500unit/gm	$0(3)	*
double antibiotic	$0(3)	*
gentamicin sulfate (topical) CREA .1%; OINT .1%	$0(1)	QL (30 gm / 30 days)
gnp antibiotic + pain rel	$0(3)	*
gnp bacitracin zinc OINT 500unit/gm	$0(3)	*
gnp triple antibiotic	$0(3)	*
gnp triple antibiotic plu	$0(3)	*
goodsense first aid antib	$0(3)	*
mupirocin OINT 2%	$0(1)	QL (220 gm / 30 days)
poly bacitracin	$0(3)	*
qc triple antibiotic maxi	$0(3)	*
silver sulfadiazine CREA 1%	$0(1)	
sm antibiotic OINT 500unit/gm	$0(3)	*
sm antibiotic plus pain r	$0(3)	*
sm double antibiotic	$0(3)	*
sm triple antibiotic	$0(3)	*
sm triple antibiotic orig	$0(3)	*
sm triple antibiotic plus	$0(3)	*
ssd CREA 1%	$0(1)	

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLON CREA 85mg/gm	$0(2)	QL (453.6 gm / 30 days)
triple antibiotic	$0(3)	*
triple antibiotic + pain	$0(3)	*
triple antibiotic plus	$0(3)	*
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OINT 1%	$0(3)	*
antifungal CREA 1%, 2%	$0(3)	*
antifungal powder POWD 2%	$0(3)	*
athletes foot CREA 1%	$0(3)	*
athletes foot antifungal AERP 1%	$0(3)	*
athletes foot powder spra AERP 2%	$0(3)	*
baza antifungal CREA 2%	$0(3)	*
butenafine hcl CREA 1%	$0(3)	*
ciclopirox SHAM 1%	$0(1)	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) CREA 1%; SOLN 1%	$0(3)	*
clotrimazole (topical) SOLN 1%	$0(1)	QL (60 mL / 30 days)
clotrimazole antifungal CREA 1%	$0(3)	*
clotrimazole athletes foo CREA 1%	$0(3)	*
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
critic-aid clear af OINT 2%	$0(3)	*
cvs jock itch CREA 1%	$0(3)	*
econazole nitrate CREA 1%	$0(1)	QL (85 gm / 30 days)
ft antifungal cream CREA 1%, 2%	$0(3)	*
ft athletes foot cream CREA 1%	$0(3)	*
FUNGOID TINCTURE SOLN 2%	$0(3)	*
gnp athletes foot CREA 1%	$0(3)	*
GNP GENTIAN VIOLET SOLN 1%	$0(3)	*
gnp miconazorb af POWD 2%	$0(3)	*
gnp terbinafine hydrochlo CREA 1%	$0(3)	*
gnp tolnaftate CREA 1%	$0(3)	*
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
MICONAZOLE NITRATE SOLN 2%	$0(3)	*
miconazole nitrate (topical) CREA 2%	$0(3)	*
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
qc antifungal cream CREA 1%	$0(3)	*
qc tolnaftate CREA 1%	$0(3)	*
selenium sulfide LOTN 2.5%	$0(1)	
sm antifungal clotrimazol CREA 1%	$0(3)	*
sm antifungal miconazole CREA 2%	$0(3)	*
sm antifungal tolnaftate CREA 1%	$0(3)	*
terbinafine hcl (topical) CREA 1%	$0(3)	*
tolnafi-al SOLN 1%	$0(3)	*
tolnaftate CREA 1%; POWD 1%	$0(3)	*
tolnaftate antifungal CREA 1%	$0(3)	*
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene CREA .005%; OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	$0(2)	NDS, QL (120 gm / 30 days), PA
tazarotene CREA .05%, .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
anti-itch maximum strengt CREA 1%	$0(3)	*
betamethasone dipropionate (topical) CREA .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	$0(1)	QL (120 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .01%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	$0(1)	QL (60 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
gnp hydrocortisone CREA .5%	$0(3)	*
gnp hydrocortisone maximu OINT 1%	$0(3)	*
gnp hydrocortisone plus CREA 1%	$0(3)	*
gnp hydrocortisone/aloe CREA 1%	$0(3)	*
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)
HYDROCORTISONE CREA 1%	$0(3)	*
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	
hydrocortisone (topical) CREA .5%, 1%; OINT 1%	$0(3)	*
hydrocortisone (topical) OINT 1%	$0(1)	QL (30 gm / 30 days)
hydrocortisone acetate (topical) OINT 1%	$0(3)	*
hydrocortisone maximum st CREA 1%	$0(3)	*
hydrocortisone valerate CREA .2%	$0(1)	QL (60 gm / 30 days)
hydrocortisone/aloe maxim CREA 1%	$0(3)	*
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
qc anti-itch/aloe CREA 1%	$0(3)	*
sm hydrocortisone CREA 1%	$0(3)	*
sm hydrocortisone maximum OINT 1%	$0(3)	*
sm hydrocortisone plus CREA 1%	$0(3)	*
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
triderm CREA .5%	$0(1)	QL (454 gm / 30 days)

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	$0(1)	QL (60 mL / 30 days), PA
lidocaine OINT 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA PROTECTIVE OINT 43%	$0(3)	*
americerin	$0(3)	*
anti-dandruff shampoo SHAM 1%	$0(3)	*
anti-itch	$0(3)	*
AQUA GLYCOL CRE FACE	$0(3)	*
AQUAPHILIC OIN	$0(3)	*
AQUAPHOR OINT 41%	$0(3)	*
AQUAPHOR ADVANCED PROTECT OINT 41%	$0(3)	*
AQUAPHOR ADVANCED THERAPY OINT 41%	$0(3)	*
AQUAPHOR OIN	$0(3)	*
arthritis pain relieving CREA .075%	$0(3)	*
banophen	$0(3)	*
benzoin compound tincture	$0(3)	*
BENZOIN TIN	$0(3)	*
BENZOIN TIN PLAIN	$0(3)	*
BETA CARE CRE	$0(3)	*
BETA XMA CRE	$0(3)	*
BETADINE SOLN 5%	$0(3)	*
BETADINE SURGICAL SCRUB SOLN 7.5%	$0(3)	*
BETADINE SWABSTICKS SWAB 10%	$0(3)	*
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
BULL FROG SPR MOSQUITO	$0(3)	*
capsaicin CREA .025%, .075%, .1%	$0(3)	*
capsaicin heat patch PTCH .025%	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
capsimide PTCH .025%	$0(3)	*
CERAVE CRE MOISTURI	$0(3)	*
CERAVE HEALING OINT 46.5%	$0(3)	*
CERAVE SA CRE RGH/BMP	$0(3)	*
CETAPHIL CRE HAND	$0(3)	*
COCONUT OIL CRE BEAUTY	$0(3)	*
COLEMAN 100 MAX INSECT RE AERO 98.11%; LIQD 98.11%	$0(3)	*
COLEMAN INSECT REPELLENT/ AERO 25%, 40%	$0(3)	*
COLEMN BOTAN LIQ INSECT	$0(3)	*
COLEMN INSEC LIQ SKINSMAR	$0(3)	*
COLEMN INSEC SPR SKINSMAR	$0(3)	*
corn and callus remover LIQD 17%	$0(3)	*
CUTTER AERO 10%	$0(3)	*
CUTTER AER NATURAL	$0(3)	*
CUTTER ALL FAMILY AERO 7%; LIQD 7%	$0(3)	*
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	$0(3)	*
CUTTER BACKWOODS AERO 25%; LIQD 25%	$0(3)	*
CUTTER BACKWOODS DRY AERO 25%	$0(3)	*
CUTTER DRY AERO 10%	$0(3)	*
CUTTER LEMON LIQ EUCALYPT	$0(3)	*
CUTTER LIQ NATURAL	$0(3)	*
CUTTER SKINSATIONS AERO 7%; LIQD 7%	$0(3)	*
CUTTER SPORT AERO 15%	$0(3)	*
cvs advanced healing OINT 41%	$0(3)	*
cvs advanced healing oint OINT 41%	$0(3)	*
CVS DRY SKIN CRE THERAPY	$0(3)	*
CVS INSECT REPELLENT AERO 15%	$0(3)	*
CVS MOISTURE CRE	$0(3)	*
CVS TOTAL HOME INSECT REP AERO 30%	$0(3)	*
D-CERIN CREA 33%	$0(3)	*
dandruff shampoo LOTN 1%; SHAM 1%	$0(3)	*
DERMABASE CRE	$0(3)	*
DHS SAL SHAM 3%	$0(3)	*
DIABETIDERM CRE	$0(3)	*
DIABETIDERM CRE FOOT	$0(3)	*
diclofenac sodium (topical) SOLN 1.5%	$0(1)	QL (300 mL / 28 days)
diphenhydramine-zinc acetate cream 2-0.1%	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DML FORTE CRE	$0(3)	*
dry skin treatment OINT 41%	$0(3)	*
e-ointment	$0(3)	*
EAGLE WATCH MOSQUITO ELIM LIQD 25%	$0(3)	*
EMOLLIA-CREM CRE	$0(3)	*
EQ THERAPEUT CRE MOISTURI	$0(3)	*
EUCERIN ADV CRE REPAIR	$0(3)	*
EUCERIN HAND CRE ADV REPA	$0(3)	*
EUCERIN PLUS CRE	$0(3)	*
FIRST AID ANTISEPTIC OINT OINT 10%	$0(3)	*
flanders buttocks	$0(3)	*
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
gnp anti-itch	$0(3)	*
gnp callus removers PADS 40%	$0(3)	*
gnp capsaicin heat patch PTCH .025%	$0(3)	*
gnp itch relief spray ext	$0(3)	*
gnp povidone-iodine SOLN 10%	$0(3)	*
gnp wart remover LIQD 17%	$0(3)	*
GOLD BOND ADVANCED HEALIN OINT 45%	$0(3)	*
GOLD BOND CRE HEALING	$0(3)	*
GOLD BOND OIN HEALING	$0(3)	*
goodsense hemorrhoidal oi	$0(3)	*
HYDRASYN25 CRE	$0(3)	*
hydrocortisone (rectal) CREA 1%, 2.5%	$0(1)	
hydrolatum	$0(3)	*
hydrophor OINT 42%	$0(3)	*
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
itch relief extra strengt	$0(3)	*
KERADAN CRE	$0(3)	*
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(3)	*
LANAPHILIC OIN	$0(3)	*
LANOLOR CRE	$0(3)	*
lansinoh lanolin	$0(3)	*
lansinoh lanolin minis ni	$0(3)	*
lansinoh lanolin nipple	$0(3)	*

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEADER FINGE CRE	$0(3)	*
lidocaine CREA 4%	$0(3)	QL (120 gm / 30 days); *
MAXI DEET LIQD 98.11%	$0(3)	*
medela tender care lanoli	$0(3)	*
medicated callus removers PADS 40%	$0(3)	*
medicated corn removers PADS 40%	$0(3)	*
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
minerin creme	$0(3)	*
MOISTURIZING CRE	$0(3)	*
moisturizing cream	$0(3)	*
NATRAPEL LIQD 20%	$0(3)	*
NATRAPEL 12-HOUR TICK & I AERO 20%	$0(3)	*
NEUTROGENA CRE HAND	$0(3)	*
nitroglycerin (intra-anal) OINT .4%	$0(1)	QL (30 gm / 30 days)
numbcream CREA 5%	$0(3)	QL (113 gm / 30 days); *
NUTRADERM CRE	$0(3)	*
OFF ACTIVE AERO 15%	$0(3)	*
OFF DEEP WOODS AERO 25%; LIQD 25%	$0(3)	*
OFF DEEP WOODS DRY AERO 25%	$0(3)	*
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%, 98.25%	$0(3)	*
OFF DEEP WOODS TOWELETTES SHEE 25%	$0(3)	*
OFF FAMILYCARE CLEAN FEEL LIQD 5%	$0(3)	*
OFF FAMILYCARE SMOOTH & D AERO 15%	$0(3)	*
OFF FAMILYCARE TROPICAL F LIQD 5%	$0(3)	*
OFF FAMILYCARE UNSCENTED LIQD 7%	$0(3)	*
OFF SMOOTH & DRY AERO 15%	$0(3)	*
OINTMENT OIN BASE	$0(3)	*
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
PEN-KERA CRE	$0(3)	*
PENTRAVAN CRE	$0(3)	*
PENTRAVAN CRE PLUS	$0(3)	*
PETROLATUM OIN	$0(3)	*
pimecrolimus CREA 1%	$0(1)	QL (100 gm / 30 days), PA
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)
povidone-iodine SOLN 10%	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRETTY FEET CRE & HANDS	$0(3)	*
procto-med hc CREA 2.5%	$0(1)	
proctocort CREA 1%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
qc anti-itch extra streng	$0(3)	*
qc povidone iodine SOLN 10%	$0(3)	*
RA ADVANCED HEALING OINT 41%	$0(3)	*
RANGER READY REPELLENT LIQD 20%	$0(3)	*
REPEL 100 LIQD 98.11%	$0(3)	*
REPEL FAMILY AERO 15%	$0(3)	*
REPEL FAMILY DRY AERO 10%	$0(3)	*
REPEL HUNTERS FORMULA AERO 25%	$0(3)	*
REPEL LEMON SPR INSECT	$0(3)	*
REPEL MOSQUITO WIPES SHEE 30%	$0(3)	*
REPEL SPORTSMEN AERO 25%	$0(3)	*
REPEL SPORTSMEN DRY AERO 25%	$0(3)	*
REPEL SPORTSMEN MAX AERO 40%; LIQD 40%; LOTN 40%	$0(3)	*
REPEL TICK DEFENSE AERO 15%	$0(3)	*
RISABAL-PH CRE	$0(3)	*
SAWYER INSECT REPELLENT AERO 30%	$0(3)	*
SAWYER INSECT REPELLENT C LOTN 20%	$0(3)	*
SAWYER PREMIUM INSECT REP LIQD 20%	$0(3)	*
sb povidone-iodine SOLN 10%	$0(3)	*
SEBEX SHA	$0(3)	*
SENSI-CARE CRE MOISTURI	$0(3)	*
sm anti-itch extra streng	$0(3)	*
SM BENZOIN TIN	$0(3)	*
SM BENZOIN TIN NFXI	$0(3)	*
sm povidone-iodine SOLN 10%	$0(3)	*
SORBIDON CRE HYDRATE	$0(3)	*
STUDIO 35 CRE MOIST	$0(3)	*
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days), PA
THERAPEUTIC CRE MOISTUR	$0(3)	*
THERAPEUTIC DANDRUFF SHAM 3%	$0(3)	*
TOTAL HOME SPR INSECT	$0(3)	*
ULTRATHON INSECT REPELLEN AERO 25%; LOTN 34.34%	$0(3)	*
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VANICREAM CRE	$0(3)	*
VELVACHOL CRE	$0(3)	*
wart remover maximum stre LIQD 17%	$0(3)	*
XERAC AC SOLN 6.25%	$0(3)	*
ZIKS ARTHRIT CRE RELIEF	$0(3)	*
zinc oxide (topical) OINT 20%	$0(3)	*
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice treatment LIQD 1%	$0(3)	*
goodsense lice killing cr LIQD 1%	$0(3)	*
ivermectin (pediculicide) LOTN .5%	$0(3)	*
lice killing maximum stre	$0(3)	*
lice killing shampoo	$0(3)	*
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
sm lice killing maximum s	$0(3)	*
sm lice treatment LIQD 1%	$0(3)	*
VANALICE GEL 0.3-3.5%	$0(3)	*
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	$0(1)	
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
ear drops SOLN 6.5%	$0(3)	*
earwax removal SOLN 6.5%	$0(3)	*
earwax removal kit SOLN 6.5%	$0(3)	*
ft earwax removal SOLN 6.5%	$0(3)	*
ft earwax removal kit SOLN 6.5%	$0(3)	*
gnp earwax removal drops SOLN 6.5%	$0(3)	*

Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla consultando la sección C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp earwax removal kit SOLN 6.5%	$0(3)	*
sm ear drops SOLN 6.5%	$0(3)	*
_PART B		
DIABETIC METERS AND TEST STRIPS		
DEXCOM G6 MIS RECEIVER	$0	PA
DEXCOM G6 MIS SENSOR	$0	PA
DEXCOM G6 MIS TRANSMIT	$0	PA
DEXCOM G7 MIS RECEIVER	$0	PA
DEXCOM G7 MIS SENSOR	$0	PA
FREESTY LIBR KIT 2 SENSOR	$0	PA
FREESTY LIBR KIT 3 SENSOR	$0	PA
FREESTY LIBR KIT SENSOR	$0	PA
FREESTY LIBR MIS 2 READER	$0	PA
FREESTY LIBR MIS 3 READER	$0	PA
FREESTYLE MIS READER	$0	PA
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

D. Índice de Medicamentos Cubiertos

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