



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*.

Tabla de contenidos

A.Exenciones de responsabilidad	3
B.Preguntas frecuentes (FAQ).....	2
B1. ¿Qué medicamentos recetados se encuentran en la <i>Lista de medicamentos cubiertos</i> ? (Llamamos a la <i>Lista de medicamentos cubiertos</i> “ <i>Lista de medicamentos</i> ”).....	2
B2. ¿Se modifica alguna vez la <i>Lista de medicamentos</i> ?	3
B3. ¿Qué ocurre cuando hay un cambio en la <i>Lista de medicamentos</i> ?	4
B4. ¿Existen restricciones o límites en la cobertura de los medicamentos o pasos necesarios que se deben seguir para obtener ciertos medicamentos?	5
B5. ¿Cómo sabré si el medicamento que necesito tiene límites o si tengo que seguir algunos pasos necesarios para obtenerlo?	6
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)?	6
B7. ¿Cómo puedo encontrar un medicamento en la <i>Lista de medicamentos</i> ?	6



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 <i>Lista de medicamentos</i> ?	7
B9. ¿Qué sucede si soy un miembro nuevo de Molina Dual Options MyCare Ohio y no puedo encontrar mi medicamento en la <i>Lista de medicamentos</i> o tengo problemas para obtenerlo?	7
B10. ¿Puedo solicitar una excepción para cubrir mi medicamento?	8
B11. ¿Cómo puedo solicitar una excepción?	9
B12. ¿Cuánto tiempo se requiere para obtener una excepción?	9
B13. ¿Qué son los medicamentos genéricos?	9
B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?	9
B15. ¿Qué son los medicamentos de venta libre (OTC)?	10
B16. ¿Cuál es mi copago?	10
B17. ¿Qué son las categorías de medicamentos?	10
C.Medicamentos agrupados por enfermedad	11
D.Índice de Medicamentos Cubiertos	173



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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



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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 ~~se~~ 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.



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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 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 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) توفر خدمات الترجمة الفورية للملطي، ويمكن مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (855) 665-4623، الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت يتحدث اللغة العربية مساعدتك. نقدم هذه الخدمة مجاناً. يرجى الاتصال 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.



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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用いただけます。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).



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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.



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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,



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- 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.



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.

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



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.

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., ciprofloxacina).

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-



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.

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.



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.

MOLINA_OH_CY25_2T_MMP eff 10/01/2025

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**GOUT - DRUGS TO TREAT GOUT**

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

MISCELLANEOUS

<i>acetaminophen</i> 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)	*
<i>arthritis pain relief</i> TBCR 650mg	\$0(3)	*
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	*
ASPIRIN SUPP 300mg	\$0(3)	*
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	*
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	*
<i>aspirin low strength</i> CHEW 81mg	\$0(3)	*
<i>aspirin regimen</i> TBEC 81mg	\$0(3)	*
<i>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	*
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	*
<i>feverall adults</i> SUPP 650mg	\$0(3)	*
<i>feverall childrens</i> SUPP 120mg	\$0(3)	*
FEVERALL INFANTS SUPP 80mg	\$0(3)	*
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	*
<i>ft 8 hour pain relief</i> TBCR 650mg	\$0(3)	*
<i>ft aspirin</i> TABS 325mg	\$0(3)	*
<i>ft aspirin low dose</i> TBEC 81mg	\$0(3)	*
<i>ft children's chewables p</i> CHEW 160mg	\$0(3)	*
<i>ft enteric coated aspirin</i> TBEC 325mg	\$0(3)	*
<i>ft pain relief</i> TABS 325mg	\$0(3)	*
<i>ft pain relief adult extr</i> TABS 500mg	\$0(3)	*
<i>gnp 8 hour arthritis reli</i> TBCR 650mg	\$0(3)	*
<i>gnp 8 hour pain relief</i> TBCR 650mg	\$0(3)	*
<i>gnp 8 hour pain reliever</i> 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
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	*
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	*
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	*
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	*
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp pain & fever children</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp pain relief</i> CHEW 160mg; TABS 325mg	\$0(3)	*
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	*
<i>goodsense arthritis pain</i> TBCR 650mg	\$0(3)	*
<i>goodsense aspirin</i> CHEW 81mg	\$0(3)	*
<i>goodsense aspirin adults</i> TABS 325mg	\$0(3)	*
<i>goodsense pain & fever ch</i> SUSP 160mg/5ml	\$0(3)	*
<i>goodsense pain & fever in</i> SUSP 160mg/5ml	\$0(3)	*
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	*
<i>goodsense pain relief ext</i> TABS 500mg	\$0(3)	*
<i>hm adult aspirin</i> TABS 325mg	\$0(3)	*
<i>hm arthritis pain relief</i> TBCR 650mg	\$0(3)	*
<i>hm pain relief</i> TBCR 650mg	\$0(3)	*
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
<i>liquid acetaminophen</i> LIQD 160mg/5ml	\$0(3)	*
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	*
<i>mapap</i> CAPS 500mg	\$0(3)	*
<i>mapap childrens</i> CHEW 80mg, 160mg	\$0(3)	*
<i>pain & fever childrens</i> SUSP 160mg/5ml	\$0(3)	*
<i>pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>pain relief extra strengt</i> TABS 500mg	\$0(3)	*
<i>pharbetol</i> TABS 325mg	\$0(3)	*
<i>pharbetol extra strength</i> TABS 500mg	\$0(3)	*
<i>qc acetaminophen 8 hours</i> TBCR 650mg	\$0(3)	*
<i>qc acetaminophen infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>qc arthritis pain relief</i> TBCR 650mg	\$0(3)	*
<i>qc aspirin</i> TABS 325mg	\$0(3)	*
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	*
<i>qc enteric aspirin</i> 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
<i>qc non-aspirin extra stre</i> TABS 500mg	\$0(3)	*
<i>qc pain relief</i> TABS 325mg	\$0(3)	*
<i>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	*
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	*
<i>sm 8 hour pain relief</i> TBCR 650mg	\$0(3)	*
<i>sm arthritis pain relief</i> TBCR 650mg	\$0(3)	*
<i>sm arthritis pain relieve</i> TBCR 650mg	\$0(3)	*
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	*
<i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	*
<i>sm childrens aspirin</i> CHEW 81mg	\$0(3)	*
<i>sm pain & fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	*
<i>sm pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>sm pain reliever</i> TABS 325mg	\$0(3)	*
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	*
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	*
<i>st joseph low dose aspiri</i> CHEW 81mg	\$0(3)	*
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>acetaminophen/ibuprofen</i>	\$0(3)	*
<i>all day pain relief</i> TABS 220mg	\$0(3)	*
<i>all day relief</i> TABS 220mg	\$0(3)	*
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml, 200mg/10ml	\$0(3)	*
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>ft ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	*
<i>ft ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	*
<i>ft ibuprofen ib childrens</i> CHEW 100mg	\$0(3)	*
<i>ft ibuprofen minis</i> CAPS 200mg	\$0(3)	*
<i>ft naproxen sodium</i> CAPS 220mg	\$0(3)	*
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	*
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$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
<i>gnp ibuprofen childrens</i> CHEW 100mg	\$0(3)	*
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	*
<i>gnp naproxen</i> TABS 220mg	\$0(3)	*
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	*
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	*
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	*
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	*
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	*
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	*
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml, 200mg/10ml	\$0(3)	*
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	*
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	*
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	*
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	*
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	*
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>sb naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>sm childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	*
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	*
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	*
<i>sm ibuprofen ib childrens</i> CHEW 100mg	\$0(3)	*
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	*
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>sulindac</i> 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
<i>OPIOID ANALGESICS, LONG-ACTING</i>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 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
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
ARIKAYCE SUSP 590mg/8.4ml	\$0(2)	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$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
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>cvs pinworm treatment SUSP 144mg/ml</i>	\$0(3)	*
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
IMPAVIDO CAPS 50mg	\$0(2)	NDS, PA
<i>ivermectin TABS 3mg</i>	\$0(1)	QL (12 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	\$0(1)	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	\$0(1)	
<i>linezolid SUSR 100mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	\$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	\$0(2)	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	\$0(1)	
<i>methenamine hippurate TABS 1gm</i>	\$0(1)	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>neomycin sulfate TABS 500mg</i>	\$0(1)	
<i>nitazoxanide TABS 500mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	\$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
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>pin-away</i> SUSP 144mg/ml	\$0(3)	*
<i>pinworm medicine</i> SUSP 144mg/ml	\$0(3)	*
<i>polymyxin b sulfate</i> SOLR 500000unit	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>pyrimethamine</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	*
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
<i>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
TOBI PODHALER CAPS 28mg	\$0(2)	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$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
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	\$0(1)	
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole SOLR 200mg</i>	\$0(1)	PA
<i>voriconazole SUSP 40mg/ml</i>	\$0(2)	NDS, QL (600 mL / 28 days), PA
<i>voriconazole TABS 50mg</i>	\$0(1)	QL (480 tabs / 30 days)
<i>voriconazole TABS 200mg</i>	\$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl TABS 250mg</i>	\$0(1)	
<i>primaquine phosphate TABS 26.3mg</i>	\$0(1)	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	\$0(2)	
<i>quinine sulfate CAPS 324mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	\$0(1)	NM
<i>APTIVUS CAPS 250mg</i>	\$0(2)	NDS, NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	\$0(1)	NM
<i>darunavir TABS 600mg</i>	\$0(2)	NDS, QL (60 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
<i>darunavir</i> TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	\$0(2)	NDS, NM
EDURANT PED TBSO 2.5mg	\$0(2)	NDS, NM
<i>efavirenz</i> TABS 600mg	\$0(1)	NM
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml	\$0(2)	NDS, NM
SUNLENCA TABS 300mg; TBPk 300mg	\$0(2)	NDS, NM
<i>tenofovir disoproxil fumarate</i> 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

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
<i>zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg</i>	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0(1)	NM
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	\$0(2)	NDS, NM
CIMDUO TAB 300-300	\$0(2)	NDS, NM
COMPLERA TAB	\$0(2)	NDS, NM
DELSTRIGO TAB	\$0(2)	NDS, NM
DESCOVY TAB 120-15MG	\$0(2)	NDS, NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$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
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM

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 PD TAB	\$0(2)	NM
TRIUMEQ TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	\$0(2)	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
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
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID 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)

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
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPk 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg	\$0(1)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
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)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefprozil proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 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
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>e.e.s. 400</i> TABS 400mg	\$0(1)	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>erythromycin lactobionate</i> SOLR 500mg	\$0(1)	
<i>fidaxomicin</i> TABS 200mg	\$0(2)	NDS
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	\$0(1)	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	\$0(1)	
<i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 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
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	

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
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 SOLR 100mg</i>	\$0(1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	\$0(1)	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	\$0(1)	
NUZYRA SOLR 100mg	\$0(2)	NDS, NM
NUZYRA TABS 150mg	\$0(2)	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	\$0(1)	
<i>tigecycline SOLR 50mg</i>	\$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
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	\$0(1)	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	\$0(1)	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	\$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
<i>cyclophosphamide SOLR 2gm</i>	\$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

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
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> 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
<i>mercaptopurine</i> SUSP 2000mg/100ml	\$0(2)	NDS, NM
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> 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
<i>pemetrexed disodium</i> 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		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> 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
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	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
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 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
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, 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
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> 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
<i>IMMUNOMODULATORS</i>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> 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

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
THALOMID CAPS 100mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	\$0(1)	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	\$0(2)	NDS, B/D
hydroxyurea CAPS 500mg	\$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWILFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM
tretinoin (chemotherapy) CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	\$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
paclitaxel inj 100mg	\$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	\$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
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
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE 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
<i>dasatinib</i> TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> 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
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
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
<i>gefitinib</i> 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
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
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	\$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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
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
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA

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
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
<i>nilotinib hcl</i> CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> 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
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 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
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
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 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
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
SCSEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> 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
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
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
TIBSOVO TABS 250mg	\$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
<i>torpenz</i> 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
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 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 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		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
<i>mesna</i> TABS 400mg	\$0(2)	NDS
MESNEX TABS 400mg	\$0(2)	NDS

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
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CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$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
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	\$0(1)	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	\$0(1)	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	\$0(1)	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone TABS 25mg, 50mg</i>	\$0(1)	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	\$0(1)	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	\$0(1)	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$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
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$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)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$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
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	\$0(1)	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	\$0(2)	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	\$0(1)	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	\$0(1)	
<i>MULTAQ TABS 400mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	\$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
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
ANTIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>NEXLETOL</i> TABS 180mg	\$0(2)	QL (30 tabs / 30 days)
<i>NEXLIZET</i> TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> 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
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	\$0(1)	
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
<i>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</i>		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	\$0(1)	
<i>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</i>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	

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
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$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
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	\$0(1)	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
<i>CORLANOR</i> SOLN 5mg/5ml	\$0(2)	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	\$0(1)	
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	\$0(1)	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$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
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
<i>alyq</i> TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> 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
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, 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		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)

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
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$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)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	\$0(1)	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$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
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl</i> 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
<i>duloxetine hcl</i> 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
<i>escitalopram oxalate</i> 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
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
RALDESY SOLN 10mg/ml	\$0(2)	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days), 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
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 10-100mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 25-100mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 25-250mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 10-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-250 mg	\$0(1)	
<i>carbidopa & levodopa tab er</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab er</i> 50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	\$0(1)	
<i>entacapone</i> TABS 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
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> 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)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days), 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
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(1)	QL (120 tabs / 30 days), 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
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 C	\$0(2)	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
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)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> 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)

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
LYBALVI TAB 15-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> 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
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine</i> 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
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> 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)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days), ST

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
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$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
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), 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
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> 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
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	\$0(1)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), 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
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	\$0(1)	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> 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
<i>gabapentin</i> CAPS 100mg, 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	ST
<i>levetiracetam</i> 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)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$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
<i>perampanel</i> TABS 2mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide</i> 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)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	

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
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>topiramate</i> SOLN 25mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	\$0(2)	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> 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
<i>vigpoder</i> 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)
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$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
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older

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
<i>methylphenidate hcl</i> SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i>		
DAYVIGO TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> 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
<i>zaleplon</i> 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
<i>zolpidem tartrate</i> 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
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS

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
<i>dihydroergotamine mesylate</i> 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
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	QL (16 tabs / 30 days), PA
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
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
<i>lithium</i> SOLN 8meq/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
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
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
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$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
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> 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
<i>methocarbamol</i> 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
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> TABS 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> 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		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$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
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	\$0(1)	
<i>gnp nicotine gum GUM 4mg</i>	\$0(3)	*
<i>gnp nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	*
<i>gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	*
<i>gnp nicotine polacrilex m LOZG 4mg</i>	\$0(3)	*
<i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	*
<i>goodsense nicotine LOZG 2mg, 4mg</i>	\$0(3)	*
<i>goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg</i>	\$0(3)	*
<i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg</i>	\$0(3)	*
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</i>	\$0(1)	
<i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	*
<i>nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	*
<i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	*
<i>nicotine polacrilex mini LOZG 2mg</i>	\$0(3)	*
<i>NICOTINE SYS KIT TRANSDER</i>	\$0(3)	*
<i>nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	*
<i>NICOTROL INHALER INHA 10mg</i>	\$0(2)	
<i>NICOTROL NS SOLN 10mg/ml</i>	\$0(2)	
<i>sm nicotine GUM 4mg; LOZG 2mg</i>	\$0(3)	*
<i>sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	*
<i>sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	*
<i>varenicline tartrate TABS .5mg, 1mg</i>	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year)

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
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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

methyld testosterone 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)

JENTADUETO TAB 2.5-850

\$0(2)

QL (60 tabs / 30 days)

JENTADUETO TAB 2.5-1000

\$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
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> 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
<i>nateglinide</i> 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
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)

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
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)
<i>ANTIDIABETICS, INSULINS</i>		
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)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)

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
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)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/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
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	\$0(1)	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	\$0(1)	
BONSITY SOPN 560mcg/2.24ml	\$0(2)	NDS, NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	\$0(1)	
<i>risedronate sodium</i> 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
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	\$0(1)	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	\$0(2)	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	\$0(1)	
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>sps rectal</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>aftera</i> TABS 1.5mg	\$0(3)	*
AIMSCO MIS LUBRICAT	\$0(3)	*
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$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
<i>amethia</i>	\$0(1)	
<i>amethyst</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i> TABS .35mg	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>curae</i> TABS 1.5mg	\$0(3)	*
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>dolishale</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	*
<i>econtra one-step</i> TABS 1.5mg	\$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
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>emzahh</i> TABS .35mg	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$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)	*
<i>feirza 1.5/30</i>	\$0(1)	
<i>feirza 1/20</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>galbriela</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>her style</i> TABS 1.5mg	\$0(3)	*
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jaimiess</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	

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
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$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 SENSAS MIS PLUS	\$0(3)	*
KIMONO SPEC MIS	\$0(3)	*
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	*
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
LILETTA IUD 20.1mcg/day	\$0(2)	NM
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	

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
<i>lojaimiess</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq</i> TABS .35mg	\$0(1)	
<i>lyza</i> TABS .35mg	\$0(1)	
<i>marlissa</i>	\$0(1)	
MAXX MIS LUBRICAT	\$0(3)	*
MAXX PLUS MIS SPERMICI	\$0(3)	*
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	\$0(1)	
<i>meleya</i> TABS .35mg	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice</i> TABS 1.5mg	\$0(3)	*
<i>my way</i> TABS 1.5mg	\$0(3)	*
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i> TABS 1.5mg	\$0(3)	*
NEXPLANON IMPL 68mg	\$0(2)	NM
<i>nikki</i>	\$0(1)	
<i>nora-be</i> TABS .35mg	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.4 mg-35 mcg	\$0(1)	
<i>norethindrone (contraceptive) TABS</i> .35mg	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew</i> tab 1 mg-20 mcg (24)	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	\$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
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	*
<i>option 2 TABS 1.5mg</i>	\$0(3)	*
<i>orquidea TABS .35mg</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>react TABS 1.5mg</i>	\$0(3)	*
REALITY MIS LUBRICAT	\$0(3)	*
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>rosyrah</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action TABS 1.5mg</i>	\$0(3)	*
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	

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
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$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)	*
<i>turqoz</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>valtya 1/50</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xarah fe</i>	\$0(1)	
<i>xelria fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	

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
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ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>abigale</i>	\$0(2)	
<i>abigale lo</i>	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> 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)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvaferm</i> TABS 10mcg	\$0(1)	

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>hydrocortisone sod succinate</i> SOLR 100mg	\$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
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> 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)	*
<i>cvs glucose</i> 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 RASPBERRY	\$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)	*
<i>diazoxide</i> 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 RASPBERRY	\$0(3)	*
GLUCOSE CHW WATERMLN	\$0(3)	*
GNP GLUCOSE CHW GRAPE	\$0(3)	*
GNP GLUCOSE CHW ORANGE	\$0(3)	*
GNP GLUCOSE CHW RASPBERRY	\$0(3)	*
GNP GLUCOSE CHW WATERMLN	\$0(3)	*
GNP QUICK DISSOLVE GLUCOS CHEW 4gm	\$0(3)	*
KROG GLUCOSE CHW ORANGE	\$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
KROG GLUCOSE CHW RASPBERRY	\$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 RASPBERRY	\$0(3)	*
PX GLUCOSE CHW SOUR APL	\$0(3)	*
SM GLUCOSE CHEW 4gm	\$0(3)	*
SM GLUCOSE CHW ORANGE	\$0(3)	*
SM GLUCOSE CHW RASPBERRY	\$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)	*
<i>value plus glucose GEL 40%</i>	\$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
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM
<i>cabergoline TABS .5mg</i>	\$0(1)	
<i>carglumic acid TBSO 200mg</i>	\$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)	*
<i>cinacalcet hcl TABS 30mg, 60mg</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CVS KETONE TES CARE	\$0(3)	*
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate TABS .1mg, .2mg</i>	\$0(1)	
<i>desmopressin acetate spray SOLN .01%</i>	\$0(1)	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$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
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
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

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
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>gallifrey</i> TABS 5mg	\$0(1)	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<i>progesterone</i> CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	\$0(1)	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	*
ACID GONE	\$0(3)	*
<i>almacone double strength</i>	\$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
<i>alum & mag hydroxide-simethicone susp</i> <i>200-200-20 mg/5ml</i>	\$0(3)	*
<i>alum & mag hydroxide-simethicone susp</i> <i>400-400-40 mg/5ml</i>	\$0(3)	*
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	*
<i>antacid CHEW 750mg</i>	\$0(3)	*
<i>antacid calcium regular s CHEW 500mg</i>	\$0(3)	*
<i>antacid extra strength CHEW 750mg</i>	\$0(3)	*
<i>antacid maximum strength</i>	\$0(3)	*
<i>antacid regular strength</i>	\$0(3)	*
<i>antacid ultra strength CHEW 1000mg</i>	\$0(3)	*
<i>antacid/antigas liquid</i>	\$0(3)	*
<i>cal-gest antacid CHEW 500mg</i>	\$0(3)	*
<i>calcium antacid CHEW 500mg</i>	\$0(3)	*
<i>calcium antacid extra str CHEW 750mg</i>	\$0(3)	*
CALCIUM CARBONATE SUSP 1250mg/5ml; TABS 648mg	\$0(3)	*
<i>calcium carbonate (antacid) CHEW 500mg</i>	\$0(3)	*
<i>ft antacid & antigas</i>	\$0(3)	*
<i>ft antacid extra strength CHEW 750mg</i>	\$0(3)	*
<i>ft antacid regular streng CHEW 500mg</i>	\$0(3)	*
<i>gnp antacid CHEW 500mg</i>	\$0(3)	*
<i>gnp antacid & anti-gas ma</i>	\$0(3)	*
<i>gnp antacid & anti-gas/re</i>	\$0(3)	*
<i>gnp antacid and anti-gas/</i>	\$0(3)	*
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	*
<i>gnp antacid extra strengt CHEW 750mg</i>	\$0(3)	*
<i>gnp antacid ultra strengt CHEW 1000mg</i>	\$0(3)	*
<i>gnp antacid/regular stren</i>	\$0(3)	*
<i>heartburn relief extra st</i>	\$0(3)	*
<i>hm antacid extra strength CHEW 750mg</i>	\$0(3)	*
MAG-AL LIQ	\$0(3)	*
<i>mag-al plus</i>	\$0(3)	*
<i>mag-al plus xs</i>	\$0(3)	*
magnesium oxide TABS 400mg, 420mg	\$0(3)	*
<i>mintox maximum strength</i>	\$0(3)	*
<i>mintox plus</i>	\$0(3)	*
<i>qc antacid CHEW 500mg</i>	\$0(3)	*
<i>qc antacid/anti-gas</i>	\$0(3)	*
<i>qc antacid/anti-gas maxim</i>	\$0(3)	*
<i>sb antacid CHEW 500mg</i>	\$0(3)	*
<i>sb antacid extra strength CHEW 750mg</i>	\$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
<i>sm antacid</i> CHEW 500mg	\$0(3)	*
<i>sm antacid extra strength</i> CHEW 750mg	\$0(3)	*
<i>sm calcium antacid</i> CHEW 500mg	\$0(3)	*
<i>sm calcium antacid extra</i> CHEW 750mg	\$0(3)	*
<i>smooth antacid extra stre</i> CHEW 750mg	\$0(3)	*
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	*
SODIUM POW BICARBON	\$0(3)	*
TUMS CHEWY DELIGHTS ULTRA CHEW 1177mg	\$0(3)	*
<i>tums smoothies</i> 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)	*
<i>acidophilus probiotic</i> TABS .5mg, 10mg	\$0(3)	*
<i>acidophilus probiotic for</i>	\$0(3)	*
ACIDOPHILUS/ TAB CIT PECT	\$0(3)	*
<i>anti-diarrheal</i> 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)	*
<i>bismuth subsalicylate</i> CHEW 262mg	\$0(3)	*
CULTURELLE CAP ADV REG	\$0(3)	*
CULTURELLE CAP WOMENS	\$0(3)	*
<i>culturelle prenatal welln</i>	\$0(3)	*
<i>culturelle total balance</i>	\$0(3)	*
<i>culturelle womens wellnes</i>	\$0(3)	*
<i>cvs acidophilus probiotic</i> TABS .5mg, 5mg	\$0(3)	*
EQL DIGESTIVE PROBIOTIC	\$0(3)	*
<i>eql probiotic acidophilus</i>	\$0(3)	*
FLORAJEN CAP ACIDOPHI	\$0(3)	*
FLORAJEN CAP WOMEN	\$0(3)	*
<i>floranex</i>	\$0(3)	*
FREEZE DRIED ACIDOPHILUS	\$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
<i>ft anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	*
<i>ft stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	*
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	*
<i>gnp loperamide hydrochlor</i> SOLN 1mg/7.5ml	\$0(3)	*
<i>gnp pink bismuth</i> CHEW 262mg; TABS 262mg	\$0(3)	*
<i>gnp pink bismuth ultra st</i> SUSP 525mg/15ml	\$0(3)	*
GNP PROBIOTI CAP XTRA STR	\$0(3)	*
<i>gnp stomach relief</i> SUSP 525mg/30ml	\$0(3)	*
<i>goodsense anti-diarrheal</i> SOLN 1mg/7.5ml	\$0(3)	*
<i>hm stomach relief</i> SUSP 525mg/30ml	\$0(3)	*
<i>hm stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	*
IDEAL BOWEL SUPPORT CAPS 43.5mg	\$0(3)	*
INTESTINEX CAPS 600mg	\$0(3)	*
KALA TAB	\$0(3)	*
<i>*lactobacillus - packet**</i>	\$0(3)	*
<i>*lactobacillus acidophilus-pectin cap**</i>	\$0(3)	*
LACTOBACILLUS EXTRA STREN	\$0(3)	*
<i>*lactobacillus tab**</i>	\$0(3)	*
<i>loperamide hcl</i> SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	\$0(3)	*
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	\$0(3)	*
PRIMADOPHILUS	\$0(3)	*
<i>probiata</i>	\$0(3)	*
PROBIOTIC ACIDOPHILUS	\$0(3)	*
PROBIOTIC CAP	\$0(3)	*
PROBIOTIC GOLD EXTRA STRE	\$0(3)	*
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	*
RA DIGESTIVE HEALTH	\$0(3)	*
<i>sb anti-diarrhea</i> TABS 2mg	\$0(3)	*
SM ACIDOPHILUS CAPS 10mg	\$0(3)	*
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	*
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	*
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	*
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$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
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	*
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	*
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>ft motion sickness</i> TABS 25mg, 50mg	\$0(3)	*
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	*
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	*
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	*
<i>motion sickness relief/le</i> TABS 25mg	\$0(3)	*
<i>motion-time</i> CHEW 25mg	\$0(3)	*
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> 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
<i>scopolamine</i> 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
<i>sm motion sickness</i> TABS 50mg	\$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
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	*
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	*
<i>acid reducer original str</i> TABS 10mg	\$0(3)	*
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	\$0(1)	
<i>famotidine</i> TABS 10mg, 20mg	\$0(3)	*
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	
<i>famotidine maximum streng</i> TABS 20mg	\$0(3)	*
<i>famotidine original stren</i> TABS 10mg	\$0(3)	*
<i>ft acid reducer</i> TABS 10mg	\$0(3)	*
<i>ft acid reducer maximum s</i> TABS 20mg	\$0(3)	*
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	*
<i>gnp acid reducer maximum</i> TABS 20mg	\$0(3)	*
<i>heartburn relief</i> TABS 10mg	\$0(3)	*
<i>heartburn relief maximum</i> TABS 20mg	\$0(3)	*
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	*
<i>qc acid controller maximu</i> TABS 20mg	\$0(3)	*
<i>sb acid reducer</i> TABS 10mg	\$0(3)	*
<i>sm acid reducer</i> TABS 10mg, 200mg	\$0(3)	*
<i>sm acid reducer maximum s</i> TABS 20mg	\$0(3)	*
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	\$0(1)	QL (1680 mL / 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
<i>mesalamine</i> SUPP 1000mg	\$0(1)	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	*
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	*
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	*
<i>castor oil</i> OIL 100%	\$0(3)	*
<i>castor oil stimulant laxa</i> OIL 100%	\$0(3)	*
<i>chocolated laxative</i> CHEW 15mg	\$0(3)	*
<i>chocolated laxative regul</i> CHEW 15mg	\$0(3)	*
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>colace 2-in-1</i>	\$0(3)	*
<i>COLACE CLEAR</i> CAPS 50mg	\$0(3)	*
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>cvs castor oil</i> OIL 100%	\$0(3)	*
<i>cvs chocolate laxative pi</i> CHEW 15mg	\$0(3)	*
<i>docusate calcium</i> CAPS 240mg	\$0(3)	*
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	*
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	*
<i>DOCUSOL KIDS</i> ENEM 100mg/5ml	\$0(3)	*
<i>dok</i> TABS 100mg	\$0(3)	*
<i>enema ready-to-use</i>	\$0(3)	*
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	*
<i>enemeez plus</i>	\$0(3)	*
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>epsom salt</i>	\$0(3)	*
<i>eql castor oil</i> OIL 100%	\$0(3)	*
<i>eql laxative eql laxative</i> CHEW 15mg	\$0(3)	*
<i>fiber-lax</i> TABS 625mg	\$0(3)	*
<i>FLEET BISACODYL</i> ENEM 10mg/30ml	\$0(3)	*
<i>FLEET ENE PED</i>	\$0(3)	*
<i>ft castor oil</i> OIL 100%	\$0(3)	*
<i>ft clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>ft fiber laxative</i> TABS 625mg	\$0(3)	*
<i>ft gentle laxative</i> SUPP 10mg	\$0(3)	*
<i>ft laxative</i> TBEC 5mg	\$0(3)	*
<i>ft magnesium citrate</i> SOLN 1.745gm/30ml	\$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
<i>ft mineral oil</i> OIL 99.9%	\$0(3)	*
<i>ft senna laxative</i> TABS 8.6mg	\$0(3)	*
<i>ft senna-s</i>	\$0(3)	*
<i>ft stool softener</i> CAPS 100mg, 250mg	\$0(3)	*
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	*
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	*
<i>glycolax</i> POWD 17gm/scoop	\$0(3)	*
<i>gnp castor oil</i> OIL 100%	\$0(3)	*
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	*
<i>gnp epsom salt</i>	\$0(3)	*
<i>gnp fiber powder</i> POWD 43%	\$0(3)	*
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	*
<i>gnp fiber-caps</i> TABS 625mg	\$0(3)	*
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	*
<i>gnp magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	*
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	*
<i>gnp mineral oil</i>	\$0(3)	*
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	*
<i>gnp senna plus</i>	\$0(3)	*
<i>gnp stool softener</i> CAPS 100mg, 240mg, 250mg	\$0(3)	*
<i>gnp stool softener/stimul</i>	\$0(3)	*
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	*
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>healthylax</i> PACK 17gm	\$0(3)	*
<i>hm enema mineral oil</i> ENEM 100%	\$0(3)	*
<i>hm enema saline laxative</i>	\$0(3)	*
<i>hm stool softener/stimula</i>	\$0(3)	*
KONSYL DAILY FIBER PACK 100%	\$0(3)	*
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative maximum strength</i> TABS 25mg	\$0(3)	*
<i>laxative regular strength</i> TABS 15mg	\$0(3)	*
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$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
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	\$0(3)	*
<i>mineral oil</i> OIL 100%	\$0(3)	*
<i>mineral oil enema</i>	\$0(3)	*
<i>onelax senna</i> SYRP 8.8mg/5ml	\$0(3)	*
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	*
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	*
<i>qc chocolate laxative</i> CHEW 15mg	\$0(3)	*
<i>qc enema</i>	\$0(3)	*
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	*
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	*
<i>qc mineral oil heavy</i>	\$0(3)	*
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	*
<i>qc stool softener</i> CAPS 100mg	\$0(3)	*
<i>qc stool softener plus la</i>	\$0(3)	*
<i>qc vegetable laxative</i> TABS 8.6mg	\$0(3)	*
<i>sb milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	*
<i>senexon-s</i>	\$0(3)	*
<i>senna laxative</i> TABS 8.6mg	\$0(3)	*
<i>senna plus</i>	\$0(3)	*
SENNALAX CAP 8.6-50MG	\$0(3)	*
<i>senna-lax</i> TABS 8.6mg	\$0(3)	*
<i>senna-tabs</i> TABS 8.6mg	\$0(3)	*
<i>senna-time</i> TABS 8.6mg	\$0(3)	*
<i>senna-time s</i>	\$0(3)	*
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	*
<i>sennosides-docusate sodium tab</i> 8.6-50 mg	\$0(3)	*
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	*
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>sm enema</i>	\$0(3)	*
<i>sm epsom salt</i>	\$0(3)	*
<i>sm fiber</i> POWD 28.3%, 43%, 58.6%; TABS 625mg	\$0(3)	*
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	*
<i>sm gentle laxative</i> TBEC 5mg	\$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
<i>sm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	*
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	*
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	*
<i>sm senna-s</i>	\$0(3)	*
<i>sm stool softener</i> CAPS 100mg, 250mg; TABS 100mg	\$0(3)	*
<i>sm stool softener plus la</i>	\$0(3)	*
<i>sm stool softener/stimula</i>	\$0(3)	*
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5- 3.13-1.6 gm/177ml	\$0(1)	
<i>*sodium phosphates - enema***</i>	\$0(3)	*
<i>soluble fiber</i>	\$0(3)	*
SORBITOL SOLN 70%	\$0(3)	*
<i>stimulant laxative</i>	\$0(3)	*
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	*
<i>stool softener</i> CAPS 100mg	\$0(3)	*
<i>stool softener + stimulan</i>	\$0(3)	*
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	*
<i>stool softener plus laxat</i>	\$0(3)	*
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> 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)	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	\$0(2)	
<i>ft gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	*
<i>ft gas relief extra stren</i> CAPS 125mg; CHEW 125mg	\$0(3)	*
<i>ft gas relief ultra stren</i> CAPS 180mg	\$0(3)	*
<i>gas relief</i> CHEW 80mg	\$0(3)	*
<i>gas relief extra strength</i> CAPS 125mg; CHEW 125mg	\$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
<i>gas relief infants</i> SUSP 20mg/0.3ml	\$0(3)	*
<i>gas relief ultra strength</i> CAPS 180mg	\$0(3)	*
<i>gas-x extra strength</i> CAPS 125mg	\$0(3)	*
<i>gas-x ultra strength</i> CAPS 180mg	\$0(3)	*
GATTEX KIT 5mg	\$0(2)	NDS, NM, PA
<i>gnp anti-gas ultra streng</i> CAPS 180mg	\$0(3)	*
<i>gnp gas relief</i> CHEW 80mg	\$0(3)	*
<i>gnp gas relief extra stre</i> CHEW 125mg	\$0(3)	*
<i>gnp infant gas relief</i> SUSP 20mg/0.3ml	\$0(3)	*
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	\$0(3)	*
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, QL (28 syringes / 28 days), PA
<i>simethicone</i> CHEW 80mg, 125mg	\$0(3)	*
<i>simethicone drops infants</i> SUSP 20mg/0.3ml	\$0(3)	*
<i>simethicone ultra strengt</i> CAPS 180mg	\$0(3)	*
<i>sm gas relief</i> CAPS 180mg; CHEW 80mg, 125mg	\$0(3)	*
<i>sm gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	*
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
VOWST CAP	\$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000UNT	\$0(2)	
ZENPEP CAP 40000UNT	\$0(2)	
ZENPEP CAP 60000UNT	\$0(2)	

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
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PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i> CPDR 20.6mg	\$0(3)	*
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> CPDR 20mg; TBEC 20mg	\$0(3)	*
<i>ft acid reducer</i> CPDR 15mg	\$0(3)	*
<i>gnp esomeprazole magnesiu</i> CPDR 20mg	\$0(3)	*
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	*
<i>gnp omeprazole</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	*
<i>gnp omeprazole odt</i> TBDD 20mg	\$0(3)	*
<i>goodsense esomeprazole ma</i> CPDR 20mg	\$0(3)	*
<i>goodsense lansoprazole</i> CPDR 15mg; TBDD 15mg	\$0(3)	*
<i>hm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	*
<i>lansoprazole</i> CPDR 15mg	\$0(3)	*
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBDD 20mg; TBEC 20mg	\$0(3)	*
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	*
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc esomeprazole magnesium</i> CPDR 20mg	\$0(3)	*
<i>qc lansoprazole</i> CPDR 15mg	\$0(3)	*
<i>qc omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	*
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	*
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	*
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	*

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days), 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
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>gnp urinary pain relief</i> TABS 95mg	\$0(3)	*
<i>gnp urinary pain relief m</i> TABS 99.5mg	\$0(3)	*
<i>hm urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	*
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
<i>qc urinary pain relief</i> TABS 95mg	\$0(3)	*
<i>sm urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	*
<i>sm urinary pain relief ma</i> TABS 97.5mg	\$0(3)	*
<i>urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	*
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>GEMTESA</i> TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>OXYTROL FOR WOMEN</i> PTTW 3.9mg/24hr	\$0(3)	*
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole 3</i> CREA 2%	\$0(3)	*
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	*
<i>7 day vaginal</i> CREA 2%	\$0(3)	*
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	*
<i>gnp miconazole 1 combinat</i>	\$0(3)	*
<i>gnp miconazole 3</i>	\$0(3)	*
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	*
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combo pack</i>	\$0(3)	*
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$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
<i>qc 3 day vaginal cream</i> CREA 4%	\$0(3)	*
<i>qc clotrimazole</i> CREA 1%	\$0(3)	*
<i>qc miconazole 7</i> CREA 2%	\$0(3)	*
<i>sm 3-day vaginal</i> CREA 2%	\$0(3)	*
<i>sm clotrimazole vaginal</i> CREA 1%	\$0(3)	*
<i>sm miconazole 3</i>	\$0(3)	*
<i>sm miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	*
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
<i>ANTICOAGULANTS - BLOOD THINNERS</i>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	\$0(1)	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> 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)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>rivaroxaban</i> SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>warfarin sodium</i> 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)
<i>HEMATOPOIETIC GROWTH FACTORS</i>		
FULPHILA SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 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
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)	*
<i>bprotected pedia iron</i> SOLN 15mg/ml	\$0(3)	*
CENTRATEX CAP	\$0(3)	*
<i>chromagen</i>	\$0(3)	*
<i>corvita 150</i>	\$0(3)	*
CORVITE 150 TAB	\$0(3)	*
CORVITE FE TAB	\$0(3)	*
<i>cvs iron</i> TABS 27mg, 325mg	\$0(3)	*
<i>cvs slow release iron</i> TBCR 45mg	\$0(3)	*
<i>eq slow-release iron</i> TBCR 45mg	\$0(3)	*
<i>eql carbonyl iron</i> TABS 45mg	\$0(3)	*
<i>eql iron supplement thera</i> TABS 325mg	\$0(3)	*
<i>eql slow release iron</i> TBCR 160mg	\$0(3)	*
EZFE 200 CAPS 200mg	\$0(3)	*
FE SULFATE POW	\$0(3)	*
<i>fe-vite iron</i> SOLN 15mg/ml	\$0(3)	*
FERAHEME SOLN 510mg/17ml	\$0(3)	*
<i>ferate</i> TABS 27mg	\$0(3)	*
<i>fergon</i> TABS 240mg	\$0(3)	*
FERIVA TAB 21/7	\$0(3)	*
<i>ferosul</i> TABS 325mg	\$0(3)	*
FERRALET 90 TAB	\$0(3)	*
<i>ferrex 150</i> CAPS 150mg	\$0(3)	*
<i>ferric x-150</i> CAPS 150mg	\$0(3)	*
<i>ferrous gluconate</i> TABS 27mg, 240mg, 324mg	\$0(3)	*
FERROUS GLUCONATE TABS 324mg	\$0(3)	*
<i>ferrous sulfate</i> 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)	*

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
<i>gnp iron</i> 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)	*
<i>iferex 150</i> CAPS 150mg	\$0(3)	*
<i>iferex 150 forte</i>	\$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)	*
<i>iron 27</i> TABS 240mg	\$0(3)	*
IRON CHEWS PEDIATRIC CHEW 15mg	\$0(3)	*
IRON FOLATE CAP -F	\$0(3)	*
IRON FOLATE CAP PLUS	\$0(3)	*
<i>iron infant & toddler</i> SOLN 15mg/ml	\$0(3)	*
<i>iron infant/toddler</i> SOLN 15mg/ml	\$0(3)	*
<i>iron slow release</i> TBCR 45mg	\$0(3)	*
<i>iron supplement</i> SOLN 15mg/ml, 220mg/5ml	\$0(3)	*
<i>iron supplement childrens</i> SOLN 15mg/ml	\$0(3)	*
IRON UP LIQD 15mg/0.5ml	\$0(3)	*
IROSPAN 24/6 MIS	\$0(3)	*
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	*
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	*
MONOFERRIC SOLN 1000mg/10ml	\$0(3)	*
NEPHRON FA TAB	\$0(3)	*
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)	*
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	*
<i>one vite ferrous sulfate</i> SOLN 220mg/5ml	\$0(3)	*
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	*
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	*
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	*
PROFE CAPS 180mg	\$0(3)	*
<i>qc ferrous sulfate</i> TABS 325mg	\$0(3)	*
<i>ra high potency iron</i> TABS 27mg	\$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
<i>ra iron</i> TABS 27mg	\$0(3)	*
<i>ra slow release iron</i> TBCR 45mg	\$0(3)	*
<i>se-tan plus</i>	\$0(3)	*
<i>slow iron</i> TBCR 160mg	\$0(3)	*
<i>slow release iron</i> TBCR 45mg, 50mg, 160mg	\$0(3)	*
SLOW RELEASE IRON TBCR 47.5mg	\$0(3)	*
<i>slow-release iron</i> TBCR 45mg	\$0(3)	*
<i>sm iron</i> TABS 325mg	\$0(3)	*
<i>sm iron slow release</i> TBCR 45mg, 160mg	\$0(3)	*
<i>sm slow release iron</i> TBCR 45mg	\$0(3)	*
SM SLOW RELEASE IRON TBCR 143mg	\$0(3)	*
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	*
<i>sv iron</i> TABS 325mg	\$0(3)	*
<i>tandem plus</i>	\$0(3)	*
TARON FORTE CAP	\$0(3)	*
<i>tricon</i>	\$0(3)	*
<i>trigels-f forte</i>	\$0(3)	*
VENOFER SOLN 20mg/ml	\$0(3)	*
<i>wee care</i> 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
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTLET TABS 20mg	\$0(2)	NDS, NM, PA
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
<i>icatibant acetate</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	\$0(2)	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
<i>sajazir</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	\$0(2)	
SIKLOS TABS 1000mg	\$0(2)	NDS

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
TAVNEOS CAPS 10mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
<i>ticagrelor</i> 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
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

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
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, PA
PYZCHIVA SOLN 45mg/0.5ml	\$0(2)	NDS, 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

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
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 100mg/ml	\$0(2)	NDS, QL (1 pen / 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 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
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

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
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DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

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

IMMUNOGLOBULINS

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
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
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D

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
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
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	\$0(1)	B/D, NM
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D, NM
REZUROCK TABS 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO SUSY .5ml	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENG VAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(1)	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	\$0(1)	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	\$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(1)	B/D
HIBERIX SOLR 10mcg	\$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(1)	B/D

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
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)	
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	\$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)	*

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
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)	*
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)	*

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
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)	*
L-LYSINE 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)	*
LIOPEN CRE ARBEM	\$0(3)	*
LOLLIBASE POW	\$0(3)	*
METHOCEL E4M POW PREMIUM	\$0(3)	*
METHYLCELLUL POW	\$0(3)	*
METHYLCELLUL POW 400CPS	\$0(3)	*
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)	*

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
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)	*
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

<i>advantage care oral elect</i>	\$0(3)	*
BIOLYTE SOL BERRY	\$0(3)	*
BIOLYTE SOL CITRUS	\$0(3)	*
BIOLYTE SOL MELON	\$0(3)	*
BIOLYTE SOL TROPICAL	\$0(3)	*
<i>ceralyte 70</i>	\$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
CERASPORT SOL	\$0(3)	*
CERASPORT SOL EX1	\$0(3)	*
<i>cvs electrolyte solution</i>	\$0(3)	*
<i>cvs pediatric electrolyte</i>	\$0(3)	*
ENFAMIL SOL ENFALYTE	\$0(3)	*
GNP ELECTROLYTE SOLUTION	\$0(3)	*
GNP PEDIATRIC ELECTROLYTE	\$0(3)	*
<i>goodsense electrolyte</i>	\$0(3)	*
<i>h-e-b oral electrolyte so</i>	\$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)	*
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)	*
<i>*oral electrolyte solution***</i>	\$0(3)	*
<i>oralyte</i>	\$0(3)	*
<i>pedia vance</i>	\$0(3)	*
<i>pediatric electrolyte fre</i>	\$0(3)	*
<i>ra pediatric electrolyte</i>	\$0(3)	*
<i>rehydralyte</i>	\$0(3)	*
<i>sb pediatric electrolyte</i>	\$0(3)	*
<i>sm pediatric electrolyte</i>	\$0(3)	*
THERMOTABS TAB	\$0(3)	*
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NAACL INJ 0.45%	\$0(2)	
D10W/NAACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$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
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$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)	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(1)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$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
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con</i> 8 TBCR 8meq	\$0(1)	
<i>klor-con</i> 10 TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$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
<i>clinisol sf</i> 15%	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	
<i>dextrose</i> 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
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
CAL-CITRATE CAPS 150mg	\$0(3)	*
CAL-CITRATE TAB PLUS 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
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)	*
<i>calcitrate</i>	\$0(3)	*
<i>calcium 500 + d</i>	\$0(3)	*
<i>calcium 500 +d</i>	\$0(3)	*
<i>calcium 500 +d3</i>	\$0(3)	*
CALCIUM 500 CHW +D3	\$0(3)	*
<i>calcium 500+d</i>	\$0(3)	*
<i>calcium 500+d3</i>	\$0(3)	*
<i>calcium 500+d high potenc</i>	\$0(3)	*
<i>calcium 500/d</i>	\$0(3)	*
<i>calcium 500/vitamin d</i>	\$0(3)	*
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	*
<i>calcium 600 + d</i>	\$0(3)	*
<i>calcium 600 high potency TABS 600mg</i>	\$0(3)	*
CALCIUM 600 TAB +D	\$0(3)	*
<i>calcium 600 with vitamin</i>	\$0(3)	*
<i>calcium 600+d</i>	\$0(3)	*
<i>calcium 600+d3</i>	\$0(3)	*
<i>calcium 600+d3 plus miner</i>	\$0(3)	*
<i>calcium 600+d high potenc</i>	\$0(3)	*
<i>calcium 600+d plus minera</i>	\$0(3)	*
<i>calcium 600/vitamin d</i>	\$0(3)	*
<i>calcium 600/vitamin d3</i>	\$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)	*
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0(3)	*
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	\$0(3)	*
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	\$0(3)	*
<i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i>	\$0(3)	*
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	\$0(3)	*
<i>calcium carbonate TABS 500mg, 600mg, 1250mg</i>	\$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
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	\$0(3)	*
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	\$0(3)	*
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	\$0(3)	*
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	\$0(3)	*
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	\$0(3)	*
CALCIUM CHW 500-10	\$0(3)	*
CALCIUM CHW 500MG	\$0(3)	*
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0(3)	*
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0(3)	*
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	\$0(3)	*
CALCIUM CIT/ TAB VIT D	\$0(3)	*
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	\$0(3)	*
<i>calcium citrate TABS 200mg</i>	\$0(3)	*
<i>calcium citrate + d</i>	\$0(3)	*
<i>calcium citrate + d3</i>	\$0(3)	*
<i>calcium citrate + d3 max</i>	\$0(3)	*
<i>calcium citrate + d3 maxi</i>	\$0(3)	*
<i>calcium citrate+d3</i>	\$0(3)	*
<i>calcium citrate+d3 petite</i>	\$0(3)	*
<i>calcium citrate/d3</i>	\$0(3)	*
<i>calcium creamies</i>	\$0(3)	*
<i>calcium gummies</i>	\$0(3)	*
<i>calcium high potency TABS 1500mg</i>	\$0(3)	*
<i>calcium high potency + vi</i>	\$0(3)	*
CALCIUM LACTATE TABS 100mg, 750mg	\$0(3)	*
<i>calcium plus vitamin d</i>	\$0(3)	*
<i>calcium plus vitamin d3</i>	\$0(3)	*
<i>calcium+d3</i>	\$0(3)	*
CALCIUM/D3 CAP 600-2500	\$0(3)	*
<i>calcium/vitamin d3</i>	\$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)	*

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
CITRACAL CAL CHW GUMMIES	\$0(3)	*
CITRACAL TAB MAX PLUS	\$0(3)	*
CITRACAL+D3 CHW 250-500	\$0(3)	*
<i>cvs calcium 600 & vitamin</i>	\$0(3)	*
<i>cvs calcium 600 + d plus</i>	\$0(3)	*
<i>cvs calcium 600+d</i>	\$0(3)	*
<i>cvs calcium & vitamin d3</i>	\$0(3)	*
<i>cvs calcium carbonate TABS 1250mg</i>	\$0(3)	*
<i>cvs calcium citrate+d3 pe</i>	\$0(3)	*
<i>cvs magnesium TABS 500mg</i>	\$0(3)	*
<i>cvs magnesium oxide TABS 250mg</i>	\$0(3)	*
<i>cvs oyster shell calcium/ 600+d3</i>	\$0(3)	*
<i>eq calcium 500+d</i>	\$0(3)	*
<i>eq calcium 600+d</i>	\$0(3)	*
<i>eq calcium 600+d+minerals</i>	\$0(3)	*
<i>eq calcium citrate+d</i>	\$0(3)	*
<i>eql calcium 600mg/vitamin</i>	\$0(3)	*
EQL CALCIUM CAP VIT D	\$0(3)	*
<i>eql calcium citrate w/vit</i>	\$0(3)	*
<i>eql calcium citrate/ vita</i>	\$0(3)	*
<i>eql calcium/vitamin d</i>	\$0(3)	*
GALZIN CAPS 25mg, 50mg	\$0(3)	*
<i>gnp calcium TABS 600mg</i>	\$0(3)	*
<i>gnp calcium 500 +d3</i>	\$0(3)	*
<i>gnp calcium 600 +d3</i>	\$0(3)	*
<i>gnp calcium 600 +d3/miner</i>	\$0(3)	*
<i>gnp calcium 600 +d/minera</i>	\$0(3)	*
<i>gnp calcium citrate +d3</i>	\$0(3)	*
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	*
<i>hm calcium citrate+d3 pet</i>	\$0(3)	*
<i>hm calcium/vitamin d/mine</i>	\$0(3)	*
<i>kp calcium 600+d</i>	\$0(3)	*
<i>kp calcium 600+d3</i>	\$0(3)	*
<i>kp calcium citrate+d</i>	\$0(3)	*
<i>kp mag-oxide magnesium TABS 200mg</i>	\$0(3)	*
LIQUID CALCI CAP WITH D3	\$0(3)	*
<i>liquid calcium/d3</i>	\$0(3)	*
<i>liquid calcium/vitamin d</i>	\$0(3)	*
MAG-G TABS 500mg	\$0(3)	*
<i>mag-oxide TABS 200mg</i>	\$0(3)	*
<i>magdelay TBEC 64mg</i>	\$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
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)	*
<i>magnesium gluconate</i> TABS 27.5mg	\$0(3)	*
MAGNESIUM GLUCONATE TABS 250mg	\$0(3)	*
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	*
MAGNESIUM OXIDE CAPS 400mg; TABS 420mg	\$0(3)	*
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	\$0(3)	*
<i>magnesium-oxide</i> TABS 400mg	\$0(3)	*
MAGONATE LIQ 1000/5ML	\$0(3)	*
<i>mgo</i> TABS 400mg	\$0(3)	*
<i>orazinc</i> CAPS 220mg	\$0(3)	*
<i>os-cal</i>	\$0(3)	*
<i>os-cal calcium + d3</i>	\$0(3)	*
<i>os-cal extra d3</i>	\$0(3)	*
<i>oysco 500+d</i>	\$0(3)	*
OYST SHELL/D TAB 500MG	\$0(3)	*
<i>oyster shell</i> TABS 500mg	\$0(3)	*
<i>oyster shell calcium + d</i>	\$0(3)	*
<i>oyster shell calcium + d3</i>	\$0(3)	*
<i>oyster shell calcium plus</i>	\$0(3)	*
<i>oyster shell calcium+d</i>	\$0(3)	*
<i>oyster shell calcium/d3</i>	\$0(3)	*
<i>oyster shell calcium/vita</i>	\$0(3)	*
OYSTER SHELL CALCIUM/VITA	\$0(3)	*
<i>potassium & sodium phosphates powder</i> <i>pack 280-160-250 mg</i>	\$0(3)	*
<i>pronutrients calcium+d3</i>	\$0(3)	*
<i>pure calcium carbonate</i> TABS 600mg	\$0(3)	*
<i>qc calcium fast dissoluti</i> TABS 600mg	\$0(3)	*
<i>qc calcium/minerals/vitam</i>	\$0(3)	*
<i>ra calcium 600</i> TABS 600mg	\$0(3)	*
<i>ra calcium 600 plus vitam</i>	\$0(3)	*
<i>ra calcium 600/vit d/mine</i>	\$0(3)	*
<i>ra calcium citrate plus v</i>	\$0(3)	*
<i>ra calcium citrate/vitami</i>	\$0(3)	*
<i>ra calcium plus vitamin d</i>	\$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
<i>ra calcium/minerals/vitam</i>	\$0(3)	*
<i>ra hi cal</i>	\$0(3)	*
<i>ra magnesium</i> CAPS 500mg	\$0(3)	*
RISACAL-D TAB	\$0(3)	*
<i>sb calcium + d</i>	\$0(3)	*
<i>sb oyster shell calcium</i> 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)	*
<i>sm calcium 500/vitamin d3</i>	\$0(3)	*
<i>sm calcium 600+d3</i>	\$0(3)	*
<i>sm calcium 600/vitamin d</i>	\$0(3)	*
<i>sm calcium /vitamin d</i>	\$0(3)	*
<i>sm calcium citrate+ w/vit</i>	\$0(3)	*
<i>sm calcium citrate+vitami</i>	\$0(3)	*
<i>sm calcium citrate/vitami</i>	\$0(3)	*
<i>sm calcium/vitamin d</i>	\$0(3)	*
<i>sm calcium/vitamin d3</i>	\$0(3)	*
<i>sm magnesium</i> TABS 250mg	\$0(3)	*
<i>sm oyster shell calcium/v</i>	\$0(3)	*
SOD CHLORIDE GRA	\$0(3)	*
<i>sodium chloride</i> SOLN 4meq/ml	\$0(3)	*
<i>super calcium</i> TABS 600mg	\$0(3)	*
<i>super calcium 600 + d3</i>	\$0(3)	*
<i>super calcium 600+d3 400</i>	\$0(3)	*
TR MAG COMPL CAP 400MG	\$0(3)	*
UPCAL D POW	\$0(3)	*
<i>zinc sulfate</i> 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)	*
<i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 200mg, 600mg	\$0(3)	*
<i>arginine</i> 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)	*

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
<i>coenzyme q10 (ubidecarenone) CAPS</i> 10mg, 30mg, 50mg, 60mg, 100mg, 200mg, 300mg, 400mg	\$0(3)	*
<i>coq10 maximum strength CAPS</i> 400mg	\$0(3)	*
COROMEGA EMU OMEGA 3	\$0(3)	*
<i>cvs coenzyme q-10 CAPS</i> 100mg	\$0(3)	*
<i>cvs coq-10 CAPS</i> 50mg, 100mg, 200mg, 400mg	\$0(3)	*
<i>cvs fish oil</i>	\$0(3)	*
<i>cvs fish oil half-the-siz</i>	\$0(3)	*
<i>cvs gummy fish childrens</i>	\$0(3)	*
<i>cvs natural fish oil</i>	\$0(3)	*
<i>cyto arg</i>	\$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)	*
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)	*
<i>eql coq10 CAPS</i> 100mg, 200mg	\$0(3)	*
<i>eql fish oil</i>	\$0(3)	*
<i>eql omega 3 fish oil</i>	\$0(3)	*
<i>eql omega-3 fish oil</i>	\$0(3)	*
<i>fish oil adult gummies</i>	\$0(3)	*
<i>fish oil burp-less</i>	\$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)	*
<i>fish oil concentrate</i>	\$0(3)	*
<i>fish oil double strength</i>	\$0(3)	*
<i>fish oil extra strength</i>	\$0(3)	*
<i>fish oil high potency</i>	\$0(3)	*
<i>fish oil maximum strength</i>	\$0(3)	*
<i>fish oil omega-3</i>	\$0(3)	*
<i>fish oil pearls</i>	\$0(3)	*
<i>fish oil/super potent/no</i>	\$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
FRUCTOSE GRA	\$0(3)	*
<i>glutamine powder</i>	\$0(3)	*
GLUTATHIONE POW	\$0(3)	*
<i>gnp co q10</i> CAPS 60mg, 100mg, 200mg	\$0(3)	*
<i>gnp co q-10</i> CAPS 100mg	\$0(3)	*
<i>gnp fish oil</i>	\$0(3)	*
GNP FISH OIL CAP 840MG	\$0(3)	*
<i>gnp fish oil maximum stre</i>	\$0(3)	*
<i>kp fish oil</i>	\$0(3)	*
<i>kp omega-3 fish oil</i>	\$0(3)	*
<i>l-arginine maximum streng</i> 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)	*
LIQ-10 SYP 50-15/5	\$0(3)	*
<i>maximum epa</i>	\$0(3)	*
NEOQ10 CAPS 125mg	\$0(3)	*
<i>norwegian salmon oil</i>	\$0(3)	*
OMEGA BABY EMU PRENATAL	\$0(3)	*
OMEGA MONOPU CAP 1300MG	\$0(3)	*
<i>omega monopure 650 ec</i>	\$0(3)	*
OMEGA-3 CAP 350MG	\$0(3)	*
OMEGA-3 CAP 1400MG	\$0(3)	*
OMEGA-3 CAP FISH OIL	\$0(3)	*
<i>omega-3 fatty acids</i> CAPS 1000mg, 1200mg	\$0(3)	*
<i>*omega-3 fatty acids cap 300 mg**</i>	\$0(3)	*
<i>*omega-3 fatty acids cap 435 mg**</i>	\$0(3)	*
<i>*omega-3 fatty acids cap 500 mg**</i>	\$0(3)	*
<i>*omega-3 fatty acids cap 1000 mg**</i>	\$0(3)	*
<i>*omega-3 fatty acids cap 1200 mg**</i>	\$0(3)	*
<i>*omega-3 fatty acids cap delayed release 1000 mg**</i>	\$0(3)	*
<i>omega-3 microgel improved</i>	\$0(3)	*
<i>omegapure 600 ec</i>	\$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)	*

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
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)	*
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)	*
ACTIVESENT PAK	\$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
ACTIVESSENTI PAK ONCOPLEX	\$0(3)	*
ACTIVESSENTI PAK WOMEN	\$0(3)	*
<i>activite</i>	\$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)	*
<i>50+ adult eye health</i>	\$0(3)	*
<i>advanced multi ea</i>	\$0(3)	*
<i>airborne</i>	\$0(3)	*
AIRBORNE CHW	\$0(3)	*
AIRBORNE CHW KIDS	\$0(3)	*
<i>airborne gummies</i>	\$0(3)	*
<i>airborne immune system</i>	\$0(3)	*
<i>airborne kids</i>	\$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)	*
<i>allbee plus vitamin c</i>	\$0(3)	*
AMLADEX TAB	\$0(3)	*
<i>anti-oxidant</i>	\$0(3)	*
<i>antioxidant</i>	\$0(3)	*
ANTIOXIDANT TAB FORMULA	\$0(3)	*
<i>antioxidant vitamins</i>	\$0(3)	*
APETIBEX CAP	\$0(3)	*
APETIGEN TAB PLUS	\$0(3)	*
APPE-CURB CAP	\$0(3)	*
AQUA-E LIQD 75unit/ml	\$0(3)	*
<i>aqueous vitamin d infants</i> LIQD 10mcg/ml	\$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
<i>aqueous vitamin e</i> SOLN 15mg/0.67ml	\$0(3)	*
ASCOR SOLN 25000mg/50ml	\$0(3)	*
<i>ascorbic acid</i> TABS 250mg, 500mg, 1000mg	\$0(3)	*
<i>ascorbic acid tab 500 mg</i>	\$0(3)	*
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	*
ATP IGNITE PAK	\$0(3)	*
AZO HORMONAL TAB HEALTH	\$0(3)	*
<i>b6 natural</i> TABS 100mg	\$0(3)	*
<i>b-complex balanced</i>	\$0(3)	*
<i>*b-complex w/ c & folic acid tab***</i>	\$0(3)	*
<i>*b-complex w/ c cap**</i>	\$0(3)	*
<i>*b-complex w/ c tab**</i>	\$0(3)	*
B-COMPLEX/FA TAB /VIT C	\$0(3)	*
<i>baby super daily d3</i> LIQD 400ut/0.028ml	\$0(3)	*
<i>baby vitamin d3 drops</i> LIQD 400ut/0.028ml	\$0(3)	*
BACMIN TAB	\$0(3)	*
BARIATRIC CAP MULTIVIT	\$0(3)	*
<i>bec/zinc</i>	\$0(3)	*
<i>berocca</i>	\$0(3)	*
<i>beta carotene</i> CAPS 25000unit	\$0(3)	*
<i>beta carotene provitamin</i> CAPS 25000unit	\$0(3)	*
<i>better b complex</i>	\$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)	*
<i>biotin</i> CAPS 5mg, 10mg, 5000mcg	\$0(3)	*
<i>biotin/maximum strength</i> CAPS 5000mcg	\$0(3)	*
<i>body/hair/skin/nails</i>	\$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)	*
<i>bprotected multi-vite</i>	\$0(3)	*
<i>bprotected pedia d-vite</i> LIQD 400unit/ml	\$0(3)	*
<i>c 500</i> TABS 500mg	\$0(3)	*
<i>c 1000</i> 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
<i>c-250</i> TABS 250mg	\$0(3)	*
<i>c-500</i> TABS 500mg	\$0(3)	*
<i>c-500/rose hips</i>	\$0(3)	*
<i>c-1000</i> TABS 1000mg	\$0(3)	*
<i>c-1000/rose hips</i>	\$0(3)	*
C-BUFF POW	\$0(3)	*
<i>calcidol</i> SOLN 200mcg/ml	\$0(3)	*
CENT MATURE TAB ADLT 50+	\$0(3)	*
<i>centavite a-z complete mu</i>	\$0(3)	*
CENTRAL-VITE TAB	\$0(3)	*
<i>centravites</i>	\$0(3)	*
<i>centravites 50 plus</i>	\$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)	*
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)	*
<i>century</i>	\$0(3)	*
<i>century mature</i>	\$0(3)	*
<i>cerovite jr</i>	\$0(3)	*
<i>cerovite senior</i>	\$0(3)	*
<i>certa-vite</i>	\$0(3)	*
CERTAVITE TAB SENIOR	\$0(3)	*
CERTAVITE/ TAB ANTIOXID	\$0(3)	*
<i>certavite/antioxidants</i>	\$0(3)	*
<i>childrens animal shapes c</i>	\$0(3)	*
<i>childrens chewable multiv</i>	\$0(3)	*
<i>childrens chewable vitami</i>	\$0(3)	*
CHILDRENS CHW GUMMIES	\$0(3)	*
CHLORELLA CAP	\$0(3)	*
<i>chlorocaps</i>	\$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
<i>cholecalciferol</i> 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)	*
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	*
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	*
<i>companion</i>	\$0(3)	*
<i>complete</i>	\$0(3)	*
<i>complete multivitamin/mul</i>	\$0(3)	*
CONCEPTIONXR MIS MOTILITY	\$0(3)	*
<i>corvita</i>	\$0(3)	*
CULTURELLE CHW MULTIVIT	\$0(3)	*
<i>culturelle kids complete</i>	\$0(3)	*
<i>culturelle kids multivita</i>	\$0(3)	*
<i>culturelle kids probiotic</i>	\$0(3)	*
<i>cvs airshield</i>	\$0(3)	*
<i>cvs airshield effervescen</i>	\$0(3)	*
<i>cvs b6</i> TABS 100mg	\$0(3)	*
<i>cvs b complex plus c</i>	\$0(3)	*
<i>cvs biotin</i> CAPS 10mg, 5000mcg	\$0(3)	*
<i>cvs chewable childrens vi</i>	\$0(3)	*
<i>cvs childrens chewable co</i>	\$0(3)	*
<i>cvs d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	*
<i>cvs daily gummies</i>	\$0(3)	*
<i>cvs daily gummies adult</i>	\$0(3)	*
<i>cvs daily multiple for me</i>	\$0(3)	*
<i>cvs daily multiple for wo</i>	\$0(3)	*
<i>cvs e</i> CAPS 200unit	\$0(3)	*
<i>cvs e oil</i> OIL 45mg/0.25ml	\$0(3)	*
<i>cvs eye health & lutein</i>	\$0(3)	*
<i>cvs folic acid</i> TABS 800mcg	\$0(3)	*
<i>cvs mens daily gummies</i>	\$0(3)	*
<i>cvs one daily essential</i>	\$0(3)	*
<i>cvs one daily mens health</i>	\$0(3)	*
<i>cvs one daily womens form</i>	\$0(3)	*
<i>cvs spectravite advanced</i>	\$0(3)	*
<i>cvs spectravite men</i>	\$0(3)	*
<i>cvs spectravite men 50+</i>	\$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
<i>cvs spectravite senior</i>	\$0(3)	*
<i>cvs spectravite ultra hea</i>	\$0(3)	*
<i>cvs spectravite ultra wom</i>	\$0(3)	*
<i>cvs spectravite women</i>	\$0(3)	*
<i>cvs spectravite women 50+</i>	\$0(3)	*
<i>cvs stress formula/zinc</i>	\$0(3)	*
<i>cvs super b complex/c</i>	\$0(3)	*
CVS VISION CAP HEALTH	\$0(3)	*
<i>cvs vitamin a</i> CAPS 8000unit	\$0(3)	*
<i>cvs vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	*
<i>cvs vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	*
<i>cvs vitamin d3</i> CAPS 10000unit; CHEW 25mcg, 1000unit	\$0(3)	*
<i>cvs vitamin e</i> CAPS 180mg, 400unit, 1000unit	\$0(3)	*
<i>cvs womens active daily</i>	\$0(3)	*
<i>cvs womens daily gummies</i>	\$0(3)	*
<i>cyanocobalamin</i> SOLN 500mcg/0.1ml, 1000mcg/ml	\$0(3)	*
<i>d3</i> CHEW 50mcg, 400unit; TABS 50mcg	\$0(3)	*
D3 CHEW 62.5mcg	\$0(3)	*
<i>d3 2000</i> CAPS 50mcg, 2000unit	\$0(3)	*
<i>d3 5000</i> CAPS 5000unit	\$0(3)	*
<i>d3 adult</i> CHEW 1000unit	\$0(3)	*
<i>d3 adult gummy</i> CHEW 1000unit	\$0(3)	*
D3 BABY DROPS LIQD 400ut/0.025ml	\$0(3)	*
<i>d3 high potency</i> CAPS 25mcg, 50mcg, 125mcg, 1000unit, 2000unit, 5000unit; TABS 400unit	\$0(3)	*
<i>d3 kids</i> CHEW 400unit	\$0(3)	*
D3 LIQUID LIQD 25mcg/0.04ml	\$0(3)	*
<i>d3 maximum strength</i> CAPS 5000unit	\$0(3)	*
<i>d3 super strength</i> CAPS 2000unit	\$0(3)	*
<i>d3-50</i> CAPS 50000unit	\$0(3)	*
<i>d3-1000</i> CAPS 1000unit; TABS 1000unit	\$0(3)	*
<i>d2000 ultra strength</i> CAPS 2000unit	\$0(3)	*
<i>d 400</i> TABS 400unit	\$0(3)	*
<i>d 1000</i> CAPS 1000unit; CHEW 1000unit	\$0(3)	*
<i>d 5000</i> CAPS 5000unit	\$0(3)	*
<i>d 10000</i> CAPS 10000unit	\$0(3)	*
<i>d-3-5</i> CAPS 5000unit	\$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
<i>d-400</i> TABS 400unit	\$0(3)	*
<i>d-1000 extra strength</i> TABS 1000unit	\$0(3)	*
<i>d-5000</i> TABS 5000unit	\$0(3)	*
<i>d-vite pediatric</i> LIQD 400unit/ml	\$0(3)	*
<i>daily combo multi vitamin</i>	\$0(3)	*
<i>daily multiple vitamins</i>	\$0(3)	*
<i>daily multivitamin</i>	\$0(3)	*
<i>daily value multivitamin</i>	\$0(3)	*
<i>daily vitamins</i>	\$0(3)	*
<i>daily vite</i>	\$0(3)	*
<i>daily vite multivitamin/i</i>	\$0(3)	*
<i>daily-vite</i>	\$0(3)	*
<i>daily-vite multivitamin</i>	\$0(3)	*
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	\$0(3)	*
DECARA CAPS 25000unit	\$0(3)	*
<i>decara</i> 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)	*
<i>delta d3</i> TABS 400unit	\$0(3)	*
DIABET HLTH PAK SUPPORT	\$0(3)	*
<i>diabetes health formula</i>	\$0(3)	*
DIABETES PAK HEALTH	\$0(3)	*
<i>dialyvite</i>	\$0(3)	*
<i>dialyvite 800</i>	\$0(3)	*
<i>dialyvite 800/ultra d</i>	\$0(3)	*
DIALYVITE TAB 3000	\$0(3)	*
DIALYVITE TAB 5000	\$0(3)	*
DIALYVITE TAB SUPREM D	\$0(3)	*
<i>dialyvite vitamin d3 max</i> TABS 50000unit	\$0(3)	*
<i>dialyvite vitamin d 5000</i> CAPS 5000unit	\$0(3)	*
DIALYVITE WAF 800	\$0(3)	*
DIALYVITE/ TAB ZINC	\$0(3)	*
<i>dodex</i> SOLN 1000mcg/ml	\$0(3)	*
<i>dry eye formula</i>	\$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
<i>e200</i> CAPS 200unit	\$0(3)	*
<i>e400</i> CAPS 400unit	\$0(3)	*
<i>e1000</i> CAPS 1000unit	\$0(3)	*
<i>e 1000</i> CAPS 1000unit	\$0(3)	*
<i>e-200</i> CAPS 200unit	\$0(3)	*
<i>e-400</i> CAPS 400unit	\$0(3)	*
<i>e-400-clear</i> CAPS 400unit	\$0(3)	*
<i>e-oil</i> OIL 45mg/0.25ml, 100unt/0.25ml	\$0(3)	*
<i>eldertonic</i>	\$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)	*
EMERGEN-C PAK VIT D/CA	\$0(3)	*
EMERGEN-C PAK VITA C	\$0(3)	*
<i>endur-acin</i> TBCR 250mg, 500mg, 750mg	\$0(3)	*
ENDUR-VM TAB	\$0(3)	*
ENDUR-VM TAB IRON	\$0(3)	*
<i>eq complete chewable mult</i>	\$0(3)	*
<i>eq complete multivitamin</i>	\$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)	*
<i>eq one daily womens healt</i>	\$0(3)	*
<i>eql b-6</i> TABS 100mg	\$0(3)	*
<i>eql biotin</i> CAPS 5000mcg	\$0(3)	*
<i>eql century</i>	\$0(3)	*
<i>eql century mature</i>	\$0(3)	*
EQL CENTURY TAB MENS	\$0(3)	*
<i>eql childrens multivitami</i>	\$0(3)	*
<i>eql one daily mens 50+ ad</i>	\$0(3)	*
<i>eql one daily mens health</i>	\$0(3)	*
<i>eql one daily womens 50+</i>	\$0(3)	*
<i>eql stress b-complex/vita</i>	\$0(3)	*
<i>eql super b complex/vitam</i>	\$0(3)	*
<i>eql vision formula</i>	\$0(3)	*
<i>eql vitamin c</i> TABS 500mg, 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
<i>eqi vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	*
<i>eqi vitamin d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	*
<i>eqi vitamin e</i> CAPS 400unit	\$0(3)	*
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	*
<i>essentia</i>	\$0(3)	*
<i>essential balance</i>	\$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)	*
<i>fa-8</i> CAPS .8mg	\$0(3)	*
FLINTSTONES CHW BONE BLD	\$0(3)	*
FLINTSTONES CHW COMPLETE	\$0(3)	*
FLINTSTONES CHW GUMMIES	\$0(3)	*
FLINTSTONES CHW IMMUNITY	\$0(3)	*
FLINTSTONES CHW SOUR GUM	\$0(3)	*
<i>flintstones complete</i>	\$0(3)	*
<i>flintstones gummies plus</i>	\$0(3)	*
<i>flintstones multivitamin</i>	\$0(3)	*
<i>flintstones plus calcium</i>	\$0(3)	*
<i>flintstones w/iron</i>	\$0(3)	*
<i>flintstones/my first</i>	\$0(3)	*
FLORIVA DRO PLUS	\$0(3)	*
<i>folate</i> TABS 400mcg	\$0(3)	*
<i>folic acid</i> 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)	*
<i>fruity chews</i>	\$0(3)	*
<i>fruity chews/iron</i>	\$0(3)	*
<i>full spectrum b/vitamin c</i>	\$0(3)	*
GENADEK CAP STEP 1	\$0(3)	*
GENADEK CAP STEP 2	\$0(3)	*
<i>gerber grow mighty</i>	\$0(3)	*
<i>gerber lil' brainies</i>	\$0(3)	*
<i>gerivite complete</i>	\$0(3)	*
<i>glucoten</i>	\$0(3)	*
<i>gnp b-complex plus vitam</i>	\$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
<i>gnp biotin CAPS 5000mcg</i>	\$0(3)	*
<i>gnp childrens chewables/e</i>	\$0(3)	*
<i>gnp childrens chewables/i</i>	\$0(3)	*
<i>gnp d 1000 CAPS 1000unit</i>	\$0(3)	*
<i>gnp d 2000 CHEW 1000unit</i>	\$0(3)	*
<i>gnp essential one daily</i>	\$0(3)	*
<i>gnp folic acid TABS 400mcg</i>	\$0(3)	*
<i>gnp hair/skin/nails</i>	\$0(3)	*
<i>gnp healthy eyes</i>	\$0(3)	*
<i>gnp little ones childrens</i>	\$0(3)	*
<i>gnp mega multi for men</i>	\$0(3)	*
<i>gnp mega multi for women</i>	\$0(3)	*
<i>gnp one daily mens health</i>	\$0(3)	*
<i>gnp one daily womens heal</i>	\$0(3)	*
<i>gnp one daily womens meta</i>	\$0(3)	*
<i>gnp therapeutic-m</i>	\$0(3)	*
<i>gnp vitamin a CAPS 3000mcg</i>	\$0(3)	*
<i>gnp vitamin b-6 TABS 100mg</i>	\$0(3)	*
<i>gnp vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	*
<i>gnp vitamin c w/rose hips</i>	\$0(3)	*
<i>gnp vitamin c/rose hips</i>	\$0(3)	*
<i>gnp vitamin d CHEW 400unit; TABS 1000unit</i>	\$0(3)	*
<i>gnp vitamin d3 TABS 400unit</i>	\$0(3)	*
<i>gnp vitamin d3 extra stre TABS 1000unit</i>	\$0(3)	*
<i>gnp vitamin d maximum str TABS 2000unit</i>	\$0(3)	*
<i>gnp vitamin d super stren TABS 5000unit</i>	\$0(3)	*
<i>gnp vitamin e CAPS 200unit, 400unit, 1000unit</i>	\$0(3)	*
<i>gnp vitamin e water dispe CAPS 400unit</i>	\$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)	*
<i>hair/skin/nails</i>	\$0(3)	*
<i>healthy eyes</i>	\$0(3)	*
HEALTHY EYES CAP SUPERVIS	\$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
<i>healthy eyes/lutein/zeaxa</i>	\$0(3)	*
<i>healthy hair skin & nails</i>	\$0(3)	*
HEALTHY KIDS CHW GUMMIES	\$0(3)	*
<i>healthy kids vitamin d3 CHEW 400unit</i>	\$0(3)	*
HIGH POTENCY TAB MULTIVIT	\$0(3)	*
HIGH POTENCY TAB MV/FA	\$0(3)	*
HM COMPLETE TAB MEN	\$0(3)	*
<i>hm complete women</i>	\$0(3)	*
<i>hm womens 50+ advanced on</i>	\$0(3)	*
HONEY BEARS CHW	\$0(3)	*
HONEY BEARS CHW IRON-ZIN	\$0(3)	*
<i>hydroxocobalamin acetate SOLN 1000mcg/ml</i>	\$0(3)	*
<i>i-vite</i>	\$0(3)	*
<i>icaps</i>	\$0(3)	*
ICAPS AREDS TAB FORMULA	\$0(3)	*
<i>icaps lutein & omega-3</i>	\$0(3)	*
<i>icaps mv</i>	\$0(3)	*
IMMUNE CHW SUPPORT	\$0(3)	*
IMMUNE SUPP POW VIT C	\$0(3)	*
INFUVITE INJ PEDIATRI	\$0(3)	*
<i>is-d 10,000 CAPS 10000unit</i>	\$0(3)	*
K-PAX TAB PROF ST	\$0(3)	*
<i>kids first vitamin d3 gum CHEW 1000unit</i>	\$0(3)	*
KIDZ MULTVIT CHW PROBIOTI	\$0(3)	*
<i>kp adults 50+ daily formu</i>	\$0(3)	*
<i>kp adults daily formula</i>	\$0(3)	*
<i>kp b complex/c</i>	\$0(3)	*
<i>kp folic acid TABS 1mg, 800mcg</i>	\$0(3)	*
<i>kp mens 50+ daily formula</i>	\$0(3)	*
<i>kp mens daily formula</i>	\$0(3)	*
KP MENS MIS DAILY PK	\$0(3)	*
<i>kp niacin TABS 500mg</i>	\$0(3)	*
<i>kp vision formula</i>	\$0(3)	*
<i>kp vision formula w/lutei</i>	\$0(3)	*
<i>kp vitamin b-6 TABS 100mg</i>	\$0(3)	*
<i>kp vitamin d CAPS 1000unit; CHEW 400unit</i>	\$0(3)	*
<i>kp vitamin d3 CAPS 1000unit, 2000unit</i>	\$0(3)	*
<i>kp vitamin e CAPS 100unit</i>	\$0(3)	*
<i>kp womens 50+ daily formu</i>	\$0(3)	*
<i>kp womens daily formula</i>	\$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
KP WOMENS PAK DAILY	\$0(3)	*
<i>land before time multivit</i>	\$0(3)	*
LIFE PACK MIS MENS	\$0(3)	*
LIFE PACK MIS WOMENS	\$0(3)	*
LYSIPLEX LIQ PLUS	\$0(3)	*
<i>macular health formula</i>	\$0(3)	*
<i>macuvite</i>	\$0(3)	*
<i>macuvite eye care</i>	\$0(3)	*
<i>macuvite/lutein</i>	\$0(3)	*
MAXIMIN PAK	\$0(3)	*
MAXIMUM D3 CAPS 325mcg	\$0(3)	*
<i>maximum daily green</i>	\$0(3)	*
MEGA MULTI TAB MEN	\$0(3)	*
<i>mega-marathon 100 tr</i>	\$0(3)	*
MEGAVITE TAB FRT/VEG	\$0(3)	*
MEGAVITE TAB GOLD 55+	\$0(3)	*
<i>meijer advanced formula</i>	\$0(3)	*
<i>meijer advanced formula f</i>	\$0(3)	*
<i>meijer c TABS 500mg</i>	\$0(3)	*
MENS 50+ CAP ADVANCED	\$0(3)	*
MENS 50+ TAB MULTIVIT	\$0(3)	*
<i>mens daily formula/lycope</i>	\$0(3)	*
MENS DAILY PAK PACK	\$0(3)	*
MENS MULTI CHW	\$0(3)	*
MENS PAK	\$0(3)	*
<i>meribin CAPS 5mg</i>	\$0(3)	*
MOOD FOOD CAP	\$0(3)	*
MOOD FOOD ES CAP	\$0(3)	*
<i>multi + omega-3 adult gum</i>	\$0(3)	*
<i>multi adult gummies</i>	\$0(3)	*
<i>multi complete/iron</i>	\$0(3)	*
<i>multi for her</i>	\$0(3)	*
<i>multi for her 50+</i>	\$0(3)	*
<i>multi for him</i>	\$0(3)	*
<i>multi for him 50+</i>	\$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)	*
<i>multi-vitamin</i>	\$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
<i>multi-vitamin gummies</i>	\$0(3)	*
<i>multi-vitamin/minerals</i>	\$0(3)	*
<i>multi-vitamins/iron</i>	\$0(3)	*
MULTI-VITE LIQ	\$0(3)	*
MULTI/IRON/ DRO 11MG/ML	\$0(3)	*
MULTI/IRON/ DRO INF/TODD	\$0(3)	*
<i>*multiple vitamin tab**</i>	\$0(3)	*
<i>multiple vitamin/minerals</i>	\$0(3)	*
<i>multiple vitamins essenti</i>	\$0(3)	*
<i>*multiple vitamins w/ iron tab**</i>	\$0(3)	*
<i>*multiple vitamins w/ minerals liquid**</i>	\$0(3)	*
<i>*multiple vitamins w/ minerals tab**</i>	\$0(3)	*
<i>multiple vitamins/womens</i>	\$0(3)	*
MULTIV INFAN DRO /TODDLER	\$0(3)	*
<i>multivitamin</i>	\$0(3)	*
<i>multivitamin & mineral</i>	\$0(3)	*
<i>multivitamin adult one da</i>	\$0(3)	*
<i>multivitamin adults</i>	\$0(3)	*
<i>multivitamin adults 50+</i>	\$0(3)	*
<i>multivitamin childrens</i>	\$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)	*
<i>multivitamin gummies adul</i>	\$0(3)	*
<i>multivitamin gummies mens</i>	\$0(3)	*
<i>multivitamin gummies wome</i>	\$0(3)	*
MULTIVITAMIN LIQ	\$0(3)	*
<i>multivitamin men 50+</i>	\$0(3)	*
<i>multivitamin men 50+ one</i>	\$0(3)	*
MULTIVITAMIN TAB	\$0(3)	*
MULTIVITAMIN TAB ADULT	\$0(3)	*
MULTIVITAMIN TAB ADULTS	\$0(3)	*
MULTIVITAMIN TAB ZINC STR	\$0(3)	*
<i>multivitamin women</i>	\$0(3)	*
<i>multivitamin women 50+</i>	\$0(3)	*
<i>multivitamin womens 50+ a</i>	\$0(3)	*
<i>multivitamin/multimineral</i>	\$0(3)	*
MVW COMPLETE CAP D3000	\$0(3)	*
MVW COMPLETE CAP D5000	\$0(3)	*
MVW COMPLETE CAP FORMULAT	\$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
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)	*
<i>myamulti</i>	\$0(3)	*
NANOVN POW 1-3 YRS	\$0(3)	*
NANOVN POW 4-8YEARS	\$0(3)	*
NANOVN POW 9-18 YRS	\$0(3)	*
NANOVN T/F POW	\$0(3)	*
<i>natural c/rose hips</i> TABS 1000mg	\$0(3)	*
<i>natural vitamin d-3</i> TABS 5000unit	\$0(3)	*
<i>natural vitamin e</i> CAPS 1000unit	\$0(3)	*
NATURAL VITAMIN E TABS 200unit	\$0(3)	*
NEPHPLEX RX TAB	\$0(3)	*
<i>nephro vitamins</i>	\$0(3)	*
<i>nephro-vite</i>	\$0(3)	*
NEPHRONEX LIQ 0.9/5ML	\$0(3)	*
<i>niacin</i> CPCR 250mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg	\$0(3)	*
NIACIN TR TBCR 1000mg	\$0(3)	*
<i>*niacinamide w/ zn-cu-methylfol-se-cr tab</i>	\$0(3)	*
<i>750-27-2-0.5 mg***</i>		
<i>niavasc</i> TBCR 500mg	\$0(3)	*
<i>niavasc 750</i> TBCR 750mg	\$0(3)	*
NOVAMV PED DRO 10MG/ML	\$0(3)	*
OCULAR TAB VITAMINS	\$0(3)	*
<i>ocutabs</i>	\$0(3)	*
<i>ocutabs vision formula</i>	\$0(3)	*
<i>ocutabs/lutein</i>	\$0(3)	*
OCUVITE CAP ADULT	\$0(3)	*
<i>ocuvite extra</i>	\$0(3)	*
<i>ocuvite eye + multi</i>	\$0(3)	*
<i>ocuvite eye health gummie</i>	\$0(3)	*
OCUVITE LUTE CAP	\$0(3)	*
<i>ocuvite/lutein</i>	\$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
OMNICAP TAB	\$0(3)	*
ONCOVITE TAB	\$0(3)	*
<i>one daily complete</i>	\$0(3)	*
<i>one daily for men 50+ adv</i>	\$0(3)	*
<i>one daily for men/lycopen</i>	\$0(3)	*
<i>one daily for women</i>	\$0(3)	*
<i>one daily for women 50+a</i>	\$0(3)	*
<i>one daily healthy weight</i>	\$0(3)	*
<i>one daily maximum</i>	\$0(3)	*
<i>one daily mens 50+ multiv</i>	\$0(3)	*
<i>one daily mens health/lyc</i>	\$0(3)	*
<i>one daily mens multivitam</i>	\$0(3)	*
<i>one daily multivitamin ad</i>	\$0(3)	*
<i>one daily multivitamin/ir</i>	\$0(3)	*
ONE DAILY TAB ESSENTL	\$0(3)	*
ONE DAILY TAB MENS 50+	\$0(3)	*
ONE DAILY TAB WMNS 50+	\$0(3)	*
ONE DAILY TAB WOMENS	\$0(3)	*
<i>one daily womens 50 plus</i>	\$0(3)	*
<i>one daily womens 50+</i>	\$0(3)	*
<i>one daily/iron/calcium</i>	\$0(3)	*
<i>one daily/minerals</i>	\$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)	*
<i>one-a-day teen advantage</i>	\$0(3)	*
ONE-DAILY CAP MULTI	\$0(3)	*
<i>one-daily multi vitamins</i>	\$0(3)	*
<i>one-daily multi-vitamin</i>	\$0(3)	*
<i>one-daily multi-vitamin/i</i>	\$0(3)	*
<i>one-daily multi-vitamin/m</i>	\$0(3)	*
<i>one-daily/iron</i>	\$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
<i>optic-vites</i>	\$0(3)	*
OPTIFAST POS CHW BARIATRI	\$0(3)	*
<i>optimal d3</i> CAPS 50000unit	\$0(3)	*
OPTIMAL D3 M CAPS 14000unit	\$0(3)	*
OPTIMAL D3 M CAP	\$0(3)	*
<i>optimal d3 pack</i> CAPS 50000unit	\$0(3)	*
<i>optimum pms</i>	\$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)	*
<i>pc pediatric tri-vitamin</i>	\$0(3)	*
PED POLY-VIT DRO	\$0(3)	*
PED POLY-VIT DRO /IRON	\$0(3)	*
<i>*pediatric multiple vitamins w/ iron chew tab 15 mg**</i>	\$0(3)	*
<i>pharmacist choice d-vitam</i> LIQD 400unit/ml	\$0(3)	*
PHLEXY-VITS POW	\$0(3)	*
PHYTOMULTI TAB	\$0(3)	*
<i>phytonadione</i> SOLN 10mg/ml	\$0(3)	*
<i>phytonadione</i> 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)	*
PORENAL+D CAP OMEGA 3	\$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)	*
<i>prevent</i>	\$0(3)	*
PRO-CAL TAB	\$0(3)	*
PROCERV HP TAB	\$0(3)	*
PRORENAL +D 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
PRORENAL+D CAP OMEGA-3	\$0(3)	*
PRORENAL+D TAB	\$0(3)	*
<i>prosght</i>	\$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)	*
<i>pureway-c</i> TABS 500mg	\$0(3)	*
<i>pyridoxine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg	\$0(3)	*
PYRIDOXINE POW HCL	\$0(3)	*
<i>qc childrens chewable com</i>	\$0(3)	*
<i>qc childrens chewable vit</i>	\$0(3)	*
<i>qc daily multivitamins/ir</i>	\$0(3)	*
<i>qc maximum daily multivit</i>	\$0(3)	*
<i>qc mens daily multivitami</i>	\$0(3)	*
<i>qc multi-vite</i>	\$0(3)	*
<i>qc multi-vite 50 & over</i>	\$0(3)	*
<i>qc therin-m</i>	\$0(3)	*
<i>qc vitamin d3</i> TABS 25mcg	\$0(3)	*
<i>qc womens daily multivita</i>	\$0(3)	*
QUIN B TAB STRONG	\$0(3)	*
QUINTABS TAB	\$0(3)	*
<i>quintabs-m</i>	\$0(3)	*
QUINTABS-M TAB	\$0(3)	*
RA B-COMPLEX TAB VIT C TR	\$0(3)	*
<i>ra biotin</i> CAPS 2500mcg	\$0(3)	*
<i>ra central-vite womens ma</i>	\$0(3)	*
<i>ra chewable vitamins comp</i>	\$0(3)	*
RA ESSENCE-C POW ORANGE	\$0(3)	*
RA ESSENCE-C POW RASPBRY	\$0(3)	*
RA ESSENCE-C POW TNGERINE	\$0(3)	*
<i>ra folic acid</i> TABS 400mcg, 800mcg	\$0(3)	*
<i>ra niacin</i> TABS 100mg, 500mg	\$0(3)	*
<i>ra no flush niacin 500</i> TABS 500mg	\$0(3)	*
<i>ra one daily maximum</i>	\$0(3)	*
<i>ra one daily mens 50+ wit</i>	\$0(3)	*
<i>ra one daily mens/vitamin</i>	\$0(3)	*
<i>ra vitamin a</i> CAPS 10000unit	\$0(3)	*
<i>ra vitamin b-6</i> TABS 50mg, 100mg	\$0(3)	*
<i>ra vitamin c</i> TABS 250mg, 500mg	\$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
<i>ra vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	*
<i>ra vitamin d-3</i> CAPS 2000unit, 5000unit; TABS 1000unit	\$0(3)	*
<i>ra vitamin e</i> CAPS 400unit	\$0(3)	*
<i>radiance platinum vitamin</i> TABS 5000unit	\$0(3)	*
<i>rena-vite</i>	\$0(3)	*
<i>rena-vite rx</i>	\$0(3)	*
<i>renal caps</i>	\$0(3)	*
<i>renal vitamin</i>	\$0(3)	*
<i>renaplex</i>	\$0(3)	*
RENAPLEX-D TAB	\$0(3)	*
<i>reno caps</i>	\$0(3)	*
REPLESTA WAFR 50000unit	\$0(3)	*
REPLESTA NX WAFR 14000unit	\$0(3)	*
<i>sb vitamin c</i> TABS 500mg	\$0(3)	*
<i>senior tabs</i>	\$0(3)	*
<i>sentry</i>	\$0(3)	*
<i>sentry senior</i>	\$0(3)	*
SENTRY TAB	\$0(3)	*
SENTRY TAB SENIOR	\$0(3)	*
<i>sm animal shapes complete</i>	\$0(3)	*
<i>sm animal shapes kids fir</i>	\$0(3)	*
<i>sm antioxidant vitamins</i>	\$0(3)	*
<i>sm b super vitamin comple</i>	\$0(3)	*
SM B-COMPLEX TAB /VIT C	\$0(3)	*
<i>sm biotin</i> CAPS 5000mcg	\$0(3)	*
<i>sm complete</i>	\$0(3)	*
<i>sm complete 50+</i>	\$0(3)	*
<i>sm complete 50+ ultimate</i>	\$0(3)	*
<i>sm complete advanced form</i>	\$0(3)	*
<i>sm complete senior formul</i>	\$0(3)	*
<i>sm folic acid</i> TABS 400mcg	\$0(3)	*
<i>sm hair/skin/nails</i>	\$0(3)	*
<i>sm multiple vitamins esse</i>	\$0(3)	*
<i>sm multiple vitamins/iron</i>	\$0(3)	*
<i>sm niacin cr</i> TBCR 250mg	\$0(3)	*
SM ONE DAILY TAB MENS	\$0(3)	*
SM ONE DAILY TAB WOMENS	\$0(3)	*
<i>sm opti-vitamins</i>	\$0(3)	*
<i>sm super b complex-vitami</i>	\$0(3)	*
<i>sm vit c/rose hips</i> 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
<i>sm vitamin b6</i> TABS 100mg	\$0(3)	*
<i>sm vitamin b complex with</i>	\$0(3)	*
<i>sm vitamin b-6</i> TABS 100mg	\$0(3)	*
<i>sm vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	*
<i>sm vitamin c/rose hips</i> TABS 500mg	\$0(3)	*
<i>sm vitamin d</i> TABS 400unit	\$0(3)	*
<i>sm vitamin d3</i> CAPS 50mcg, 2000unit; TABS 125mcg, 1000unit	\$0(3)	*
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	\$0(3)	*
<i>sm vitamin e</i> CAPS 200unit, 400unit, 1000unit	\$0(3)	*
SOLO TAB	\$0(3)	*
<i>soluvita e</i> SOLN 15.8mg/0.7ml	\$0(3)	*
SPECTRAVITE CHW ADLT 50+	\$0(3)	*
SPECTRAVITE TAB	\$0(3)	*
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)	*
<i>stress b-complex/vitamin</i>	\$0(3)	*
<i>stress b/zinc</i>	\$0(3)	*
<i>stress formula</i>	\$0(3)	*
<i>stress formula/iron</i>	\$0(3)	*
<i>stress formula/zinc</i>	\$0(3)	*
<i>stresstabs advanced</i>	\$0(3)	*
<i>stresstabs energy</i>	\$0(3)	*
STROVITE ONE TAB	\$0(3)	*
SUPER ANTIOX CAP	\$0(3)	*
<i>super antioxidant/a/c/e/s</i>	\$0(3)	*
<i>super aytinal 50 plus</i>	\$0(3)	*
<i>super aytinal for active</i>	\$0(3)	*
<i>super b with c</i>	\$0(3)	*
<i>super b-complex/folic aci</i>	\$0(3)	*
<i>super b-complex/vitamin c</i>	\$0(3)	*
<i>super biotin</i> CAPS 5000mcg	\$0(3)	*
SUPER DAILY D3 LIQD 1000ut/0.028ml, 2000ut/0.028ml	\$0(3)	*
<i>super multiple</i>	\$0(3)	*
<i>super thera vite m</i>	\$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
<i>super vita-mins</i>	\$0(3)	*
SUPPORT-500 CAP	\$0(3)	*
SYSTANE ICAP CHW AREDS2	\$0(3)	*
SYSTANE ICAP TAB AREDS2	\$0(3)	*
<i>systane icaps areds2</i>	\$0(3)	*
<i>tab-a-vite</i>	\$0(3)	*
<i>tab-a-vite multivitamin/i</i>	\$0(3)	*
TAB-A-VITE TAB IRON/BET	\$0(3)	*
<i>tab-a-vite w/beta caroten</i>	\$0(3)	*
THERA TAB	\$0(3)	*
<i>thera vital m</i>	\$0(3)	*
<i>thera-d 2000</i> TABS 2000unit	\$0(3)	*
THERA-D 4000 TABS 4000unit	\$0(3)	*
<i>thera-d rapid repletion</i> TABS 2000unit	\$0(3)	*
<i>thera-tabs</i>	\$0(3)	*
THERA-TABS M TAB	\$0(3)	*
<i>therabasic-m</i>	\$0(3)	*
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)	*
<i>therapeutic formula/hemat</i>	\$0(3)	*
<i>therapeutic-m</i>	\$0(3)	*
<i>theratrum complete</i>	\$0(3)	*
<i>theratrum complete 50 plu</i>	\$0(3)	*
THEREMS TAB MULTIVIT	\$0(3)	*
<i>thiamine hcl</i> SOLN 100mg/ml, 200mg/2ml	\$0(3)	*
<i>totalday multiple</i>	\$0(3)	*
TRI-VI-SOL SOL A/C/D	\$0(3)	*
<i>tri-vite pediatric</i>	\$0(3)	*
<i>triphrocaps</i>	\$0(3)	*
<i>tropical liquid nutrition</i>	\$0(3)	*
ULTRA BONEUP TAB	\$0(3)	*
<i>ultra choice multivitamin</i>	\$0(3)	*
<i>ultra freeda</i>	\$0(3)	*
<i>ultra freeda/iron</i>	\$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)	*

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
<i>ultrachoice advanced form</i>	\$0(3)	*
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	\$0(3)	*
UPSPRINGBABY DRO MV/IRON	\$0(3)	*
<i>virt-caps</i>	\$0(3)	*
<i>vision formula/lutein</i>	\$0(3)	*
VISION HEALT CAP	\$0(3)	*
<i>vision vitamins</i>	\$0(3)	*
VISTA ADVAN CAP AREDS2	\$0(3)	*
VISTA ADVAN CAP DRY EYE	\$0(3)	*
<i>vita hair</i>	\$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)	*
VITACRAVES CHW MENS	\$0(3)	*
VITACRAVES CHW SOUR GUM	\$0(3)	*
VITACRAVES CHW WOMENS	\$0(3)	*
<i>vitajoy daily d gummies</i> CHEW 1000unit	\$0(3)	*
VITAL-D RX TAB	\$0(3)	*
<i>vitalee</i>	\$0(3)	*
VITALETS CHW CHILD	\$0(3)	*
VITAMI A-C-D DRO INF/TODD	\$0(3)	*
VITAMI A-C-D DRO INFANT	\$0(3)	*
<i>vitamin a</i> CAPS 8000unit, 10000unit; TABS 10000unit	\$0(3)	*
VITAMIN A PALMITATE TABS 15000unit	\$0(3)	*
<i>vitamin b complex-c</i>	\$0(3)	*
<i>vitamin b complex/vitamin</i>	\$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)	*
<i>vitamin d3 adult gummies</i> CHEW 1000unit	\$0(3)	*
<i>vitamin d3 extra strength</i> CHEW 25mcg	\$0(3)	*
<i>vitamin d3 gummies</i> CHEW 25mcg	\$0(3)	*
<i>vitamin d3 gummies adult</i> CHEW 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
<i>vitamin d3 high potency</i> CAPS 2000unit	\$0(3)	*
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	\$0(3)	*
<i>vitamin d3 maximum streng</i> CAPS 5000unit	\$0(3)	*
<i>vitamin d3 super strength</i> CAPS 2000unit; TABS 2000unit	\$0(3)	*
VITAMIN D3 TAB COMPLETE	\$0(3)	*
<i>vitamin d3 ultra strength</i> CAPS 5000unit	\$0(3)	*
<i>vitamin d high potency</i> CAPS 1.25mg, 1000unit	\$0(3)	*
<i>vitamin d infant</i> LIQD 10mcg/ml, 400unit/ml	\$0(3)	*
<i>vitamin d-1000 maximum st</i> TABS 1000unit	\$0(3)	*
<i>vitamin e</i> CAPS 45mg, 90mg, 100unit, 180mg, 200unit, 400unit, 450mg, 1000unit; OIL 100unt/0.25ml	\$0(3)	*
VITAMIN E CHEW 400unit; SOLN 15mg/0.67ml; TABS 100unit, 200unit, 400unit	\$0(3)	*
<i>vitamin e blend</i> CAPS 400unit	\$0(3)	*
<i>vitamin e high potency</i> CAPS 90mg, 400unit	\$0(3)	*
<i>vitamin e/d-alpha natural</i> CAPS 268mg	\$0(3)	*
<i>vitamin supplement e-400</i> CAPS 400unit	\$0(3)	*
VITASANA TAB	\$0(3)	*
<i>vitatrum</i>	\$0(3)	*
<i>vitatrum complete</i>	\$0(3)	*
VITATRUM TAB	\$0(3)	*
<i>vitrum senior</i>	\$0(3)	*
VITRUM TAB SENIOR	\$0(3)	*
<i>weekly-d</i> CAPS 1.25mg	\$0(3)	*
<i>wescaps</i>	\$0(3)	*
<i>westab one</i>	\$0(3)	*
WMNS MULTIVI CHW +COLLAGE	\$0(3)	*
<i>womens 50+ advanced</i>	\$0(3)	*
WOMENS 50+ TAB MULTIVIT	\$0(3)	*
<i>womens daily formula</i>	\$0(3)	*
<i>womens daily formula/fofi</i>	\$0(3)	*
WOMENS DAILY PAK PACK	\$0(3)	*
WOMENS MULT CHW GUMMIES	\$0(3)	*
<i>womens multi</i>	\$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
<i>womens multivitamin</i>	\$0(3)	*
WOMENS PAK	\$0(3)	*
<i>xcellent a 3000 CAPS 3000mcg</i>	\$0(3)	*
<i>xcellent a 7500 CAPS 7500mcg</i>	\$0(3)	*
XCELLENT E CAP 33.5MG	\$0(3)	*
YELETS TEEN TAB FORMULA	\$0(3)	*
<i>yl beta carotene CAPS 25000unit</i>	\$0(3)	*
<i>yl folic acid TABS 400mcg</i>	\$0(3)	*
<i>yl vitamin b-6 TABS 100mg</i>	\$0(3)	*
<i>yl vitamin c TABS 1000mg</i>	\$0(3)	*
<i>yl vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	*
YOUR LIFE CHW GUMMIES	\$0(3)	*
YUMVS DIABET CHW MULTIVIT	\$0(3)	*
YUMVS MULTI CHW ZERO	\$0(3)	*
<i>yumvs vitamin d3 CHEW 25mcg</i>	\$0(3)	*
<i>yumvs vitamin d3 zero CHEW 25mcg</i>	\$0(3)	*
YUMVS VITAMIN D3 ZERO CHEW 62.5mcg	\$0(3)	*
<i>yumvskids vitamin d3 zero CHEW 25mcg</i>	\$0(3)	*
ZELDANA CAP	\$0(3)	*
ZINC LOZ	\$0(3)	*
<i>zoo friends/extra c</i>	\$0(3)	*

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)
TOBRADEX OIN 0.3-0.1%	\$0(2)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)
ZYLET SUS 0.5-0.3%	\$0(2)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)
<i>bacitracin-polymyxin b ophth oint</i>	\$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
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	\$0(1)	
<i>erythromycin (ophth)</i> OINT 5mg/gm	\$0(1)	
<i>gatifloxacin (ophth)</i> SOLN .5%	\$0(1)	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	\$0(1)	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	\$0(1)	QL (12 mL / 30 days)
NATACYN SUSP 5%	\$0(2)	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth)</i> SOLN .3%	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	\$0(1)	
<i>tobramycin (ophth)</i> SOLN .3%	\$0(1)	
<i>trifluridine</i> SOLN 1%	\$0(1)	
XDEMY SOLN .25%	\$0(2)	NDS, NM, PA
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	\$0(1)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>loteprednol etabonate</i> SUSP .2%	\$0(1)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway</i> SOLN .035%	\$0(3)	*
<i>alaway childrens allergy</i> SOLN .035%	\$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
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>eye itch relief</i> SOLN .035%	\$0(3)	*
<i>ketotifen fumarate (ophth)</i> SOLN .035%	\$0(3)	*
<i>sm eye itch relief</i> SOLN .035%	\$0(3)	*
ZERVIAE SOLN .24%	\$0(2)	
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
ALCON TEARS SOLN .5%	\$0(3)	*
<i>artificial tears</i>	\$0(3)	*
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	\$0(1)	
BION TEARS SOL 0.1-0.3%	\$0(3)	*
<i>carboxymethylcellulose sodium (ophth)</i> GEL 1%; SOLN .5%	\$0(3)	*
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, PA
<i>dry eye relief drops</i>	\$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)	*

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
GENTEAL TEAR SOL MOD PF	\$0(3)	*
GENTEAL TEAR SOL PF	\$0(3)	*
<i>genteal tears liquid drop</i>	\$0(3)	*
<i>genteal tears night-time</i>	\$0(3)	*
<i>gnp artificial tears</i>	\$0(3)	*
<i>gnp lubricating plus eye SOLN .5%</i>	\$0(3)	*
<i>goodsense lubricating plu SOLN .5%</i>	\$0(3)	*
<i>lubricant eye drops SOLN .5%, .6%</i>	\$0(3)	*
<i>lubricant eye nighttime</i>	\$0(3)	*
<i>lubricating eye drops</i>	\$0(3)	*
<i>lubrifresh p.m.</i>	\$0(3)	*
MIEBO SOLN 1.338gm/ml	\$0(2)	
MURO 128 SOLN 2%	\$0(3)	*
<i>proparacaine hcl SOLN .5%</i>	\$0(1)	
<i>refresh celluvisc GEL 1%</i>	\$0(3)	*
REFRESH DRO OP	\$0(3)	*
REFRESH DRO RELIEVA	\$0(3)	*
REFRESH GEL OPTIVE	\$0(3)	*
<i>refresh lacri-lube</i>	\$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)	
<i>sm dry eye relief</i>	\$0(3)	*
<i>sm lubricant eye drops</i>	\$0(3)	*
<i>sm lubricating plus SOLN .5%</i>	\$0(3)	*
<i>sm lubricating tears</i>	\$0(3)	*
<i>sodium chloride hypertonic OINT 5%; SOLN 5%</i>	\$0(3)	*
SYSTANE COMPLETE PF SOLN .6%	\$0(3)	*
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	*
<i>systane nighttime</i>	\$0(3)	*
<i>ultra lubricating eye dro</i>	\$0(3)	*
XIIDRA SOLN 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3- 0.1%</i>	\$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
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 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)
<i>ipratropium bromide</i> SOLN .02%	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	\$0(1)	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allergy</i> TABS 10mg	\$0(3)	*
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>all-day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>aller-chlor</i> TABS 4mg	\$0(3)	*
<i>allergy</i> CAPS 25mg; TABS 4mg	\$0(3)	*
<i>allergy 24-hr</i> TABS 180mg	\$0(3)	*
<i>allergy childrens</i> LIQD 12.5mg/5ml; SOLN 5mg/5ml; SUSP 30mg/5ml	\$0(3)	*
<i>allergy relief</i> CAPS 25mg; TABS 4mg, 5mg, 10mg, 25mg, 180mg	\$0(3)	*
<i>allergy relief 24hr</i> TABS 5mg, 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
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	*
<i>azelastine hcl</i> SOLN .1%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	*
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	*
<i>cetirizine hcl</i> SOLN 5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	*
<i>cetirizine hcl childrens</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	*
<i>cetirizine hydrochloride</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	*
<i>childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	*
<i>chlorpheniramine maleate</i> TBCR 12mg	\$0(3)	*
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	*
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	*
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	*
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	*
<i>ft all day allergy</i> TABS 10mg	\$0(3)	*
<i>ft all day allergy 24 hou</i> TABS 10mg	\$0(3)	*
<i>ft all day allergy relief</i> TABS 10mg	\$0(3)	*
<i>ft allergy relief</i> CAPS 25mg; CHEW 25mg; TABS 4mg, 25mg	\$0(3)	*
<i>ft allergy relief 12 hour</i> TABS 60mg	\$0(3)	*
<i>ft allergy relief 24 hour</i> TABS 180mg	\$0(3)	*
<i>ft allergy relief childre</i> CHEW 5mg; LIQD 12.5mg/5ml	\$0(3)	*
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	*
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	*
<i>gnp all day allergy relie</i> CAPS 10mg	\$0(3)	*
<i>gnp allergy</i> TABS 25mg	\$0(3)	*
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg; TABS 4mg, 25mg, 180mg	\$0(3)	*
<i>gnp allergy relief 24 hou</i> TABS 5mg	\$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
<i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	*
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	*
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	*
<i>goodsense allergy relief</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	*
HISTEX SYRP 2.5mg/5ml	\$0(3)	*
HISTEX PDX LIQD 1.25mg/ml	\$0(3)	*
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	*
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	*
<i>hm loratadine</i> TABS 10mg	\$0(3)	*
<i>hm loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>12hr allergy relief</i> TABS 60mg	\$0(3)	*
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	*
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	\$0(2)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> 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
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(3)	*
<i>liquid allergy relief</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	*
<i>loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	*
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	*
MICLARA LQ LIQD 1.25mg/5ml	\$0(3)	*
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	*
<i>qc all day allergy</i> TABS 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
<i>qc allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>qc allergy relief</i> TBDP 10mg	\$0(3)	*
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	*
<i>sb allergy</i> TABS 10mg	\$0(3)	*
<i>sb loratadine</i> TABS 10mg	\$0(3)	*
<i>sm all day allergy</i> TABS 10mg	\$0(3)	*
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	*
<i>sm all day allergy relief</i> TABS 10mg	\$0(3)	*
<i>sm allergy childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>sm allergy relief</i> CHEW 25mg; TABS 60mg	\$0(3)	*
<i>sm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>sm childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	*
<i>sm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	*
<i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	*
<i>sm loratadine allergy rel</i> TBDP 10mg	\$0(3)	*
<i>triprolidine hcl</i> LIQD .625mg/ml, .938mg/ml	\$0(3)	*
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> 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)

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
COUGH AND COLD		
<i>all day sinus & cold-d</i>	\$0(3)	*
<i>all-nite cold & flu night</i>	\$0(3)	*
<i>allergy & congestion reli</i>	\$0(3)	*
<i>allergy multi-symptom</i>	\$0(3)	*
<i>allergy relief d</i>	\$0(3)	*
<i>allergy relief d-12</i>	\$0(3)	*
<i>allergy relief d-24</i>	\$0(3)	*
<i>allergy relief/nasal deco</i>	\$0(3)	*
<i>aprodine</i>	\$0(3)	*
AQUANAZ TAB	\$0(3)	*
<i>benzonatate CAPS 100mg, 150mg, 200mg</i>	\$0(3)	*
<i>brantussin dm</i>	\$0(3)	*
CAPCOF SYP 5-2-10MG	\$0(3)	*
CAPMIST DM TAB	\$0(3)	*
CAPRON DM LIQ	\$0(3)	*
CAPRON DMT TAB 30-30MG	\$0(3)	*
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0(3)	*
CGH/CHEST SYP CONG DM	\$0(3)	*
<i>chest congestion relief LIQD 100mg/5ml; TABS 400mg</i>	\$0(3)	*
<i>chest congestion relief d</i>	\$0(3)	*
<i>chest congestion relief p</i>	\$0(3)	*
<i>childrens mucus relief co</i>	\$0(3)	*
<i>childrens pain relief plu</i>	\$0(3)	*
CHLO HIST SOL	\$0(3)	*
CHLO TUSS LIQ	\$0(3)	*
COLD & ALLER LIQ CHILDREN	\$0(3)	*
<i>cold & cough childrens</i>	\$0(3)	*
<i>cold & flu nighttime reli</i>	\$0(3)	*
<i>cold & flu relief daytime</i>	\$0(3)	*
<i>cold & flu relief nightti</i>	\$0(3)	*
<i>cold & sinus</i>	\$0(3)	*
<i>cold & sinus relief</i>	\$0(3)	*
<i>cold relief plus</i>	\$0(3)	*
<i>cold/cough childrens</i>	\$0(3)	*
<i>cold/flu daytime relief</i>	\$0(3)	*
CONEX SOL CLD/ALRG	\$0(3)	*
CONEX TAB 2-60MG	\$0(3)	*
<i>cough & cold</i>	\$0(3)	*
<i>cough & cold hbp</i>	\$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
<i>cough dm</i> SUER 30mg/5ml	\$0(3)	*
<i>cough dm childrens</i> SUER 30mg/5ml	\$0(3)	*
<i>daytime cold & flu relief</i>	\$0(3)	*
DELSYM TABS 15mg	\$0(3)	*
DELSYM CGH LIQ SR THRT	\$0(3)	*
DELSYM CHILD MIS DAY/NGHT	\$0(3)	*
<i>delsym cough + chest cong</i>	\$0(3)	*
<i>delsym cough + cold night</i>	\$0(3)	*
DELSYM NIGHT SOL CGH/MAX	\$0(3)	*
<i>dextromethorphan hbr</i> CAPS 15mg	\$0(3)	*
<i>dextromethorphan polistirex</i> SUER 30mg/5ml	\$0(3)	*
<i>dextromethorphan-guaifenesin liquid</i> 10-100 mg/5ml	\$0(3)	*
<i>dextromethorphan-guaifenesin syrup</i> 10-100 mg/5ml	\$0(3)	*
<i>dimaphen dm cold & cough</i>	\$0(3)	*
DOLOGESIC TAB 1-500MG	\$0(3)	*
DOLOGESIC-DF TAB 1-500MG	\$0(3)	*
<i>ed a-hist</i>	\$0(3)	*
<i>ed a-hist dm</i>	\$0(3)	*
ED A-HIST DM TAB 10-4-10	\$0(3)	*
ED BRON GP LIQ	\$0(3)	*
<i>endacof-dm</i>	\$0(3)	*
<i>fexofenadine-pseudoephedrine tab er</i> 12hr 60-120 mg	\$0(3)	*
<i>fexofenadine-pseudoephedrine tab er</i> 24hr 180-240 mg	\$0(3)	*
<i>flu hbp</i>	\$0(3)	*
<i>flu/severe cold & cough d</i>	\$0(3)	*
<i>ft allergy multi-symptom</i>	\$0(3)	*
<i>ft chest congestion relie</i> TABS 400mg	\$0(3)	*
<i>ft cold & flu relief dayt</i>	\$0(3)	*
<i>ft cold & flu relief nigh</i>	\$0(3)	*
<i>ft mucus relief 12hr</i> TB12 600mg	\$0(3)	*
<i>ft mucus relief 12hr maxi</i> TB12 1200mg	\$0(3)	*
<i>ft mucus relief d 12 hour</i>	\$0(3)	*
<i>ft mucus relief dm</i>	\$0(3)	*
<i>ft nasal</i> SOLN .05%	\$0(3)	*
<i>ft nasal decongestant max</i> TABS 30mg	\$0(3)	*
<i>ft nasal decongestant pe</i> TABS 10mg	\$0(3)	*
<i>ft tussin adult</i> LIQD 200mg/10ml	\$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
<i>ft tussin cf adult</i>	\$0(3)	*
<i>gnp all day allergy-d</i>	\$0(3)	*
<i>gnp allergy & congestion</i>	\$0(3)	*
<i>gnp allergy multi-symptom</i>	\$0(3)	*
<i>gnp cold & cough children</i>	\$0(3)	*
<i>gnp cold + flu severe</i>	\$0(3)	*
<i>gnp cold + head congestio</i>	\$0(3)	*
<i>gnp cold max day/night ad</i>	\$0(3)	*
<i>gnp cold max daytime for</i>	\$0(3)	*
<i>gnp cough dm er SUER 30mg/5ml</i>	\$0(3)	*
<i>gnp day time cold/flu</i>	\$0(3)	*
<i>gnp fexofenadine/pseudoep</i>	\$0(3)	*
<i>gnp mucus dm maximum stre</i>	\$0(3)	*
<i>gnp mucus er TB12 600mg, 1200mg</i>	\$0(3)	*
<i>gnp mucus relief TABS 400mg</i>	\$0(3)	*
<i>gnp mucus relief dm</i>	\$0(3)	*
<i>gnp mucus relief pe</i>	\$0(3)	*
<i>gnp nasal decongestant TABS 30mg</i>	\$0(3)	*
<i>gnp nasal decongestant ma TB12 120mg</i>	\$0(3)	*
<i>gnp nasal decongestant pe TABS 10mg</i>	\$0(3)	*
<i>gnp nasal decongestant/ma TABS 30mg</i>	\$0(3)	*
<i>gnp nasal four spray SOLN 1%</i>	\$0(3)	*
<i>gnp nasal spray SOLN .05%</i>	\$0(3)	*
<i>gnp nasal spray extra moi SOLN .05%</i>	\$0(3)	*
<i>gnp nasal spray fast acti SOLN 1%</i>	\$0(3)	*
<i>gnp night time cold & flu</i>	\$0(3)	*
<i>gnp night time cough</i>	\$0(3)	*
<i>gnp no drip nasal spray SOLN .05%</i>	\$0(3)	*
<i>gnp pseudoephedrine hcl e TB12 120mg</i>	\$0(3)	*
<i>gnp sinus + headache for</i>	\$0(3)	*
<i>gnp sinus pressure/pain</i>	\$0(3)	*
<i>gnp sinus severe daytime</i>	\$0(3)	*
<i>gnp tab tussin TABS 400mg</i>	\$0(3)	*
<i>gnp tab tussin dm</i>	\$0(3)	*
<i>gnp tussin cf cough & col</i>	\$0(3)	*
<i>gnp tussin cough long act SYRP 15mg/5ml</i>	\$0(3)	*
<i>gnp tussin dm cough</i>	\$0(3)	*
<i>gnp tussin dm cough/chest</i>	\$0(3)	*
<i>gnp tussin dm max</i>	\$0(3)	*
<i>gnp tussin mucus & chest LIQD 100mg/5ml</i>	\$0(3)	*
<i>goodsense all day allergy</i>	\$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
<i>goodsense cough dm</i> SUER 30mg/5ml	\$0(3)	*
<i>goodsense cough dm childr</i> SUER 30mg/5ml	\$0(3)	*
<i>goodsense day time cold &</i>	\$0(3)	*
<i>goodsense daytime cold &</i>	\$0(3)	*
<i>goodsense mucus er</i> TB12 600mg	\$0(3)	*
<i>goodsense mucus relief ch</i>	\$0(3)	*
<i>goodsense nighttime cold</i>	\$0(3)	*
<i>goodsense nighttime cough</i>	\$0(3)	*
<i>goodsense tussin cf</i>	\$0(3)	*
<i>goodsense tussin dm coug</i>	\$0(3)	*
<i>goodsense tussin dm max</i>	\$0(3)	*
<i>guaifenesin</i> LIQD 100mg/5ml; TABS 200mg; TB12 600mg	\$0(3)	*
<i>guaifenesin er</i> TB12 600mg	\$0(3)	*
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	*
<i>head congestion/mucus</i>	\$0(3)	*
HISTEX-DM SYP	\$0(3)	*
<i>hm cold & cough childrens</i>	\$0(3)	*
<i>hm cold & sinus relief</i>	\$0(3)	*
<i>hm cough dm</i> SUER 30mg/5ml	\$0(3)	*
<i>12 hour decongestant</i> TB12 120mg	\$0(3)	*
<i>12 hour nasal decongestan</i> TB12 120mg	\$0(3)	*
<i>12 hour nasal spray</i> SOLN .05%	\$0(3)	*
<i>24hr allergy & congestion</i>	\$0(3)	*
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	*
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	\$0(3)	*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	\$0(3)	*
<i>hydromet</i>	\$0(3)	*
LOHIST-D LIQ	\$0(3)	*
LOHIST-DM SYP 5-2-10MG	\$0(3)	*
<i>loratadine-d 12hr</i>	\$0(3)	*
<i>loratadine-d 24hr</i>	\$0(3)	*
LORTUSS LQ LIQ	\$0(3)	*
M-END DMX LIQ	\$0(3)	*
<i>mapap cold formula multi-</i>	\$0(3)	*
MAR-COF CG LIQ 225-7.5	\$0(3)	*
<i>maxi-tuss ac</i>	\$0(3)	*
<i>maxi-tuss g</i>	\$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
<i>maxi-tuss gmx</i>	\$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)	*
MUCINEX COLD CAP FLU/THRT	\$0(3)	*
MUCINEX COLD LIQ FLU&SORE	\$0(3)	*
<i>mucinex cough & chest con</i>	\$0(3)	*
<i>mucinex cough childrens</i>	\$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)	*
<i>mucinex fast-max chest co LIQD</i> 400mg/20ml	\$0(3)	*
<i>mucinex fast-max cold flu</i>	\$0(3)	*
<i>mucinex fast-max cold/flu</i>	\$0(3)	*
<i>mucinex fast-max congesti</i>	\$0(3)	*
<i>mucinex fast-max dm max</i>	\$0(3)	*
<i>mucinex fast-max dm max m</i>	\$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)	*
<i>mucinex multi-symptom col</i>	\$0(3)	*
MUCINEX NIGH SOL CLEAR	\$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 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)	*
<i>mucinex sinus-max</i>	\$0(3)	*
<i>mucinex sinus-max clear & SOLN .05%</i>	\$0(3)	*
<i>mucinex sinus-max severe</i>	\$0(3)	*
<i>mucinex sinus-max sinus/a SOLN .05%</i>	\$0(3)	*
MUCINEX SOL NIGHT	\$0(3)	*
<i>mucus relief TB12 600mg</i>	\$0(3)	*
<i>mucus relief cough childr</i>	\$0(3)	*
<i>mucus relief d</i>	\$0(3)	*
<i>mucus relief dm</i>	\$0(3)	*
<i>mucus relief dm cough</i>	\$0(3)	*
<i>mucus relief dm maximum s</i>	\$0(3)	*
<i>mucus relief er TB12 600mg</i>	\$0(3)	*
<i>mucus relief maximum stre TB12 1200mg</i>	\$0(3)	*
<i>mucus relief pe sinus con</i>	\$0(3)	*
<i>mucus-dm maximum strength</i>	\$0(3)	*
<i>multi symptom flu & sever</i>	\$0(3)	*
<i>nasal decongestant TABS 30mg</i>	\$0(3)	*
<i>nasal decongestant pe TABS 10mg</i>	\$0(3)	*
<i>nasal decongestant pe max TABS 10mg</i>	\$0(3)	*
<i>nasal decongestant spray SOLN .05%</i>	\$0(3)	*
<i>nasal four SOLN 1%</i>	\$0(3)	*
<i>nasal relief SOLN .05%</i>	\$0(3)	*
<i>nasal spray 12 hour SOLN .05%</i>	\$0(3)	*
<i>nasal spray extra moistur SOLN .05%</i>	\$0(3)	*
<i>nasal spray no drip SOLN .05%</i>	\$0(3)	*
NEO-SYNEPHRINE COLD+ALLER SOLN .5%	\$0(3)	*
<i>nighttime cold/flu relief</i>	\$0(3)	*
NINJACOF-A LIQ	\$0(3)	*
NINJACOF-XG LIQ 200-8/5	\$0(3)	*
NIVANEX DMX TAB	\$0(3)	*
<i>no drip nasal spray SOLN .05%</i>	\$0(3)	*
<i>nohist-dm</i>	\$0(3)	*
<i>nohist-lq</i>	\$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
NOREL AD TAB 4-10-325	\$0(3)	*
<i>phenylephrine hcl (oral) TABS 10mg</i>	\$0(3)	*
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	*
PRO-RED AC SYP 5-1-9/5	\$0(3)	*
<i>promethazine vc/codeine</i>	\$0(3)	*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	*
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	*
<i>pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg</i>	\$0(3)	*
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	*
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	\$0(3)	*
<i>qc ibuprofen cold/sinus</i>	\$0(3)	*
<i>qc loratadine-d</i>	\$0(3)	*
<i>qc medifin 400 TABS 400mg</i>	\$0(3)	*
<i>qc medifin dm</i>	\$0(3)	*
<i>qc mucus relief TB12 600mg</i>	\$0(3)	*
<i>qc mucus relief er 12 hou TB12 1200mg</i>	\$0(3)	*
<i>qc nasal decongestant max TABS 30mg</i>	\$0(3)	*
<i>qc suphedrine maximum str TB12 120mg</i>	\$0(3)	*
<i>qc tussin dm cough & ches</i>	\$0(3)	*
<i>qc tussin expectorant adu LIQD 100mg/5ml</i>	\$0(3)	*
<i>robafen cf multi-symptom</i>	\$0(3)	*
<i>robafen dm</i>	\$0(3)	*
RU-HIST D TAB 4-10MG	\$0(3)	*
RYDEX LIQ	\$0(3)	*
RYMED TAB 2-10MG	\$0(3)	*
<i>rynex dm</i>	\$0(3)	*
<i>rynex pe</i>	\$0(3)	*
<i>rynex pse</i>	\$0(3)	*
<i>sb 12hr nasal spray SOLN .05%</i>	\$0(3)	*
<i>sb cough control LIQD 100mg/5ml</i>	\$0(3)	*
<i>sb coughtab TABS 200mg</i>	\$0(3)	*
<i>sb mucus relief dm</i>	\$0(3)	*
<i>sb mucus relief pe</i>	\$0(3)	*
<i>sb tab tussin dm</i>	\$0(3)	*
<i>severe cold & flu</i>	\$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
<i>severe cold/cough</i>	\$0(3)	*
<i>sinus + headache</i>	\$0(3)	*
<i>sinus congestion/pain</i>	\$0(3)	*
<i>sinus nasal spray SOLN .05%</i>	\$0(3)	*
<i>sinus pressure/pain/adult</i>	\$0(3)	*
<i>sinus relief extra streng SOLN 1%</i>	\$0(3)	*
<i>sinus relief severe conge</i>	\$0(3)	*
<i>sm 12 hour sinus deconges TB12 120mg</i>	\$0(3)	*
<i>sm all day allergy-d</i>	\$0(3)	*
<i>sm chest congestion relie TABS 400mg</i>	\$0(3)	*
<i>SM CLD/ALLER LIQ CHILDREN</i>	\$0(3)	*
<i>sm cold & cough dm childr</i>	\$0(3)	*
<i>sm cold & flu severe</i>	\$0(3)	*
<i>sm cold & sinus relief</i>	\$0(3)	*
<i>sm day time cold & flu re</i>	\$0(3)	*
<i>sm lorata-dine d</i>	\$0(3)	*
<i>sm loratadine d 12hr</i>	\$0(3)	*
<i>sm mucus relief/12 hour TB12 600mg</i>	\$0(3)	*
<i>sm nasal decongestant pe TABS 10mg</i>	\$0(3)	*
<i>sm nasal spray SOLN .05%</i>	\$0(3)	*
<i>sm nasal spray 12 hour SOLN .05%</i>	\$0(3)	*
<i>sm nasal spray sinus SOLN .05%</i>	\$0(3)	*
<i>sm nite time cold & flu</i>	\$0(3)	*
<i>sm sinus severe for adult</i>	\$0(3)	*
<i>sm tussin cf</i>	\$0(3)	*
<i>sm tussin dm</i>	\$0(3)	*
<i>sm tussin dm cough/chest</i>	\$0(3)	*
<i>sm tussin dm max/cough +</i>	\$0(3)	*
<i>sm tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	*
<i>sodium chloride (inhalant) AERS .9%</i>	\$0(3)	*
<i>soothing - 12 hour nasal SOLN .05%</i>	\$0(3)	*
<i>STAHIST AD TAB 25-60MG</i>	\$0(3)	*
<i>STAHIST TP TAB 2.5-10MG</i>	\$0(3)	*
<i>sudogest TABS 30mg, 60mg</i>	\$0(3)	*
<i>sudogest 12 hour TB12 120mg</i>	\$0(3)	*
<i>sudogest maximum strength TABS 30mg</i>	\$0(3)	*
<i>sudogest sinus & allergy</i>	\$0(3)	*
<i>suphedrine 12hour maximum TB12 120mg</i>	\$0(3)	*
<i>theraflu expressmax sever</i>	\$0(3)	*
<i>TUSNEL C SYP</i>	\$0(3)	*
<i>tusnel diabetic</i>	\$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
TUSNEL DM LIQ	\$0(3)	*
<i>tusnel dm pediatric</i>	\$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)	*
<i>tusnel-ex</i> LIQD 100mg/5ml	\$0(3)	*
<i>tussin cf</i>	\$0(3)	*
<i>tussin cough</i> SYRP 15mg/5ml	\$0(3)	*
<i>tussin dm</i>	\$0(3)	*
<i>tussin dm cough & chest c</i>	\$0(3)	*
<i>tussin dm cough + chest c</i>	\$0(3)	*
<i>tussin mucus & chest cong</i> LIQD 100mg/5ml	\$0(3)	*
<i>tussin mucus + chest cong</i> 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)	*
<i>4-way fast acting</i> SOLN 1%	\$0(3)	*
<i>westussin dm nf</i>	\$0(3)	*
WESTUSSIN DM SYP	\$0(3)	*
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine</i> 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)	*

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
<i>afrin saline nasal mist</i>	\$0(3)	*
AIRZONE PEAK MIS FLOW MTR	\$0(3)	*
<i>altamist</i> 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)	*
<i>ayr</i> SOLN .65%	\$0(3)	*
AYR NASAL DROPS SOLN .65%	\$0(3)	*
AYR NASAL MIST ALLERGY & SOLN 2.65%	\$0(3)	*
<i>ayr saline nasal</i>	\$0(3)	*
<i>ayr saline nasal no-drip</i>	\$0(3)	*
<i>baby ayr saline</i> 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)	*
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	*
CVS NASAL MIST AERS .9%	\$0(3)	*
<i>cvs saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>deep sea nasal spray</i> 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)	*
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
<i>eq saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>eq saline nasal spray</i> 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)	*
<i>gnp nasal moisturizing</i> SOLN .65%	\$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
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)	*
<i>meijer saline nasal spray</i> SOLN .65%	\$0(3)	*
MICROCHAMBER MIS	\$0(3)	*
MICROLIFE MIS PEAK FLO	\$0(3)	*
MICROSPACER MIS	\$0(3)	*
MINI WRIGHT MIS PFM	\$0(3)	*
MINI WRIGHT MIS PFM LOW	\$0(3)	*
NASADROPS SALINE ON THE G SOLN .9%	\$0(3)	*
<i>nasal moist</i> SOLN .65%	\$0(3)	*
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	*
<i>nasogel</i>	\$0(3)	*
<i>ocean for kids</i> 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)	*

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
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)	*
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	\$0(3)	*
POCKET PEAK MIS METER	\$0(3)	*
POCKET SPACE MIS	\$0(3)	*
POCKETPEAK MIS MTR LOW	\$0(3)	*
<i>potassium iodide (expectorant)</i> 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)	*
<i>ra saline nasal spray</i> SOLN .65%	\$0(3)	*
RA STERILE SALINE NASAL M SOLN .9%	\$0(3)	*
RITEFLO MIS	\$0(3)	*
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
<i>saline</i> SOLN .65%	\$0(3)	*
<i>saline mist</i> SOLN .65%	\$0(3)	*
<i>*saline nasal gel**</i>	\$0(3)	*
<i>sb saline nose</i> SOLN .65%	\$0(3)	*
SIMPLY SALINE AERS .9%	\$0(3)	*
SINUS WASH CRY SALT	\$0(3)	*
<i>sm nasal spray saline</i> 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)	*

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
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
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, 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)	*
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		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	*
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	*
<i>gnp fluticasone propionat</i> SUSP 50mcg/act	\$0(3)	*
<i>goodsense 24-hour allergy</i> SUSP 50mcg/act	\$0(3)	*
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	*
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	*
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), 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
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
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)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	\$0(1)	B/D
<i>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</i>		
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	\$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
<i>breyna</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$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)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)

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
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	*
<i>acne medication 5</i> GEL 5%; LOTN 5%	\$0(3)	*
<i>acne medication 10</i> GEL 10%; LOTN 10%	\$0(3)	*
<i>adapalene</i> GEL .1%	\$0(3)	*
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>benzefoam</i> FOAM 5.3%	\$0(3)	*
<i>BENZOYL PEROXIDE</i> GEL 2.5%	\$0(3)	*
<i>benzoyl peroxide</i> GEL 5%, 10%; LIQD 10%	\$0(3)	*
<i>benzoyl peroxide topical</i> LIQD 10%	\$0(3)	*
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	*
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>bpo foaming cloths</i> MISC 6%	\$0(3)	*
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA

DERMATOLOGY, ANTIBIOTICS

<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	*
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	*
<i>double antibiotic</i>	\$0(3)	*
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp antibiotic + pain rel</i>	\$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
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	*
<i>gnp triple antibiotic</i>	\$0(3)	*
<i>gnp triple antibiotic plu</i>	\$0(3)	*
<i>goodsense first aid antib</i>	\$0(3)	*
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	*
<i>qc triple antibiotic maxi</i>	\$0(3)	*
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm antibiotic</i> OINT 500unit/gm	\$0(3)	*
<i>sm antibiotic plus pain r</i>	\$0(3)	*
<i>sm double antibiotic</i>	\$0(3)	*
<i>sm triple antibiotic</i>	\$0(3)	*
<i>sm triple antibiotic orig</i>	\$0(3)	*
<i>sm triple antibiotic plus</i>	\$0(3)	*
<i>ssd</i> CREA 1%	\$0(1)	
<i>SULFAMYLON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	*
<i>triple antibiotic + pain</i>	\$0(3)	*
<i>triple antibiotic plus</i>	\$0(3)	*
DERMATOLOGY, ANTIFUNGALS		
<i>ALEVAZOL</i> OINT 1%	\$0(3)	*
<i>antifungal</i> CREA 1%, 2%	\$0(3)	*
<i>antifungal powder</i> POWD 2%	\$0(3)	*
<i>athletes foot</i> CREA 1%	\$0(3)	*
<i>athletes foot antifungal</i> AERP 1%	\$0(3)	*
<i>athletes foot powder spra</i> AERP 2%	\$0(3)	*
<i>baza antifungal</i> CREA 2%	\$0(3)	*
<i>butenafine hcl</i> CREA 1%	\$0(3)	*
<i>ciclopirox</i> SHAM 1%	\$0(1)	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	\$0(3)	*
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	*
<i>clotrimazole athletes foo</i> CREA 1%	\$0(3)	*
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>critic-aid clear af</i> OINT 2%	\$0(3)	*
<i>cvs jock itch</i> CREA 1%	\$0(3)	*
<i>econazole nitrate</i> CREA 1%	\$0(1)	QL (85 gm / 30 days)
<i>ft antifungal cream</i> CREA 1%, 2%	\$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
<i>ft athletes foot cream</i> CREA 1%	\$0(3)	*
FUNGOID TINCTURE SOLN 2%	\$0(3)	*
<i>gnp athletes foot</i> CREA 1%	\$0(3)	*
GNP GENTIAN VIOLET SOLN 1%	\$0(3)	*
<i>gnp miconazorb af</i> POWD 2%	\$0(3)	*
<i>gnp terbinafine hydrochlo</i> CREA 1%	\$0(3)	*
<i>gnp tolnaftate</i> CREA 1%	\$0(3)	*
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
MICONAZOLE NITRATE SOLN 2%	\$0(3)	*
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	*
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc antifungal cream</i> CREA 1%	\$0(3)	*
<i>qc tolnaftate</i> CREA 1%	\$0(3)	*
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	*
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	*
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	*
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	*
<i>tolnafi-al</i> SOLN 1%	\$0(3)	*
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	*
<i>tolnaftate antifungal</i> CREA 1%	\$0(3)	*
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	\$0(2)	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), 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
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	*
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	*
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	*
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	*
<i>gnp hydrocortisone/aloe</i> CREA 1%	\$0(3)	*
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
HYDROCORTISONE CREA 1%	\$0(3)	*
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA .5%, 1%; OINT 1%	\$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
<i>hydrocortisone (topical)</i> OINT 1%	\$0(1)	QL (30 gm / 30 days)
<i>hydrocortisone acetate (topical)</i> OINT 1%	\$0(3)	*
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	*
<i>hydrocortisone valerate</i> CREA .2%	\$0(1)	QL (60 gm / 30 days)
<i>hydrocortisone/aloe maxim</i> CREA 1%	\$0(3)	*
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>qc anti-itch/aloe</i> CREA 1%	\$0(3)	*
<i>sm hydrocortisone</i> CREA 1%	\$0(3)	*
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	*
<i>sm hydrocortisone plus</i> CREA 1%	\$0(3)	*
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA PROTECTIVE OINT 43%	\$0(3)	*
<i>americerin</i>	\$0(3)	*
<i>anti-dandruff shampoo</i> SHAM 1%	\$0(3)	*
<i>anti-itch</i>	\$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)	*

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
AQUAPHOR OIN	\$0(3)	*
<i>arthritis pain relieving</i> CREA .075%	\$0(3)	*
<i>banophen</i>	\$0(3)	*
<i>benzoin compound tincture</i>	\$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)	*
<i>bexarotene (topical)</i> GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
BULL FROG SPR MOSQUITO	\$0(3)	*
<i>capsaicin</i> CREA .025%, .075%, .1%	\$0(3)	*
<i>capsaicin heat patch</i> PTCH .025%	\$0(3)	*
<i>capsimide</i> 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)	*
<i>corn and callus remover</i> 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)	*

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
CUTTER SPORT AERO 15%	\$0(3)	*
<i>cvs advanced healing OINT 41%</i>	\$0(3)	*
<i>cvs advanced healing oint OINT 41%</i>	\$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)	*
<i>dandruff shampoo LOTN 1%; SHAM 1%</i>	\$0(3)	*
DERMABASE CRE	\$0(3)	*
DHS SAL SHAM 3%	\$0(3)	*
DIABETIDERM CRE	\$0(3)	*
DIABETIDERM CRE FOOT	\$0(3)	*
<i>diclofenac sodium (topical) SOLN 1.5%</i>	\$0(1)	QL (300 mL / 28 days)
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	\$0(3)	*
DML FORTE CRE	\$0(3)	*
<i>dry skin treatment OINT 41%</i>	\$0(3)	*
<i>e-ointment</i>	\$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)	*
<i>flanders buttocks</i>	\$0(3)	*
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>gnp anti-itch</i>	\$0(3)	*
<i>gnp callus removers PADS 40%</i>	\$0(3)	*
<i>gnp capsaicin heat patch PTCH .025%</i>	\$0(3)	*
<i>gnp itch relief spray ext</i>	\$0(3)	*
<i>gnp povidone-iodine SOLN 10%</i>	\$0(3)	*
<i>gnp wart remover LIQD 17%</i>	\$0(3)	*
GOLD BOND ADVANCED HEALIN OINT 45%	\$0(3)	*
GOLD BOND CRE HEALING	\$0(3)	*
GOLD BOND OIN HEALING	\$0(3)	*
<i>goodsense hemorrhoidal oi</i>	\$0(3)	*
HYDRASYN25 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
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	\$0(1)	
<i>hydrolatum</i>	\$0(3)	*
<i>hydrophor</i> OINT 42%	\$0(3)	*
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>itch relief extra strengt</i>	\$0(3)	*
KERADAN CRE	\$0(3)	*
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(3)	*
LANAPHILIC OIN	\$0(3)	*
LANOLOR CRE	\$0(3)	*
<i>lansinoh lanolin</i>	\$0(3)	*
<i>lansinoh lanolin minis ni</i>	\$0(3)	*
<i>lansinoh lanolin nipple</i>	\$0(3)	*
LEADER FINGE CRE	\$0(3)	*
<i>lidocaine</i> CREA 4%	\$0(3)	QL (120 gm / 30 days); *
MAXI DEET LIQD 98.11%	\$0(3)	*
<i>medela tender care lanoli</i>	\$0(3)	*
<i>medicated callus removers</i> PADS 40%	\$0(3)	*
<i>medicated corn removers</i> PADS 40%	\$0(3)	*
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
<i>minerin creme</i>	\$0(3)	*
MOISTURIZING CRE	\$0(3)	*
<i>moisturizing cream</i>	\$0(3)	*
NATRAPEL LIQD 20%	\$0(3)	*
NATRAPEL 12-HOUR TICK & I AERO 20%	\$0(3)	*
NEUTROGENA CRE HAND	\$0(3)	*
<i>nitroglycerin (intra-anal)</i> OINT .4%	\$0(1)	QL (30 gm / 30 days)
<i>numbcream</i> 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 TOWELETES SHEE 25%	\$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
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)	*
<i>pimecrolimus</i> CREA 1%	\$0(1)	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine</i> SOLN 10%	\$0(3)	*
PRETTY FEET CRE & HANDS	\$0(3)	*
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>proctocort</i> CREA 1%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>qc anti-itch extra streng</i>	\$0(3)	*
<i>qc povidone iodine</i> 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)	*
<i>sb povidone-iodine</i> SOLN 10%	\$0(3)	*
SEBEX SHA	\$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
SENSI-CARE CRE MOISTURI	\$0(3)	*
<i>sm anti-itch extra streng</i>	\$0(3)	*
SM BENZOIN TIN	\$0(3)	*
SM BENZOIN TIN NFXI	\$0(3)	*
<i>sm povidone-iodine SOLN 10%</i>	\$0(3)	*
SORBIDON CRE HYDRATE	\$0(3)	*
STUDIO 35 CRE MOIST	\$0(3)	*
<i>tacrolimus (topical) OINT .03%, .1%</i>	\$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
VANICREAM CRE	\$0(3)	*
VELVACHOL CRE	\$0(3)	*
<i>wart remover maximum stre LIQD 17%</i>	\$0(3)	*
XERAC AC SOLN 6.25%	\$0(3)	*
ZIKS ARTHRIT CRE RELIEF	\$0(3)	*
<i>zinc oxide (topical) OINT 20%</i>	\$0(3)	*
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment LIQD 1%</i>	\$0(3)	*
<i>goodsense lice killing cr LIQD 1%</i>	\$0(3)	*
<i>ivermectin (pediculicide) LOTN .5%</i>	\$0(3)	*
<i>lice killing maximum stre</i>	\$0(3)	*
<i>lice killing shampoo</i>	\$0(3)	*
<i>malathion LOTN .5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	\$0(1)	QL (60 gm / 30 days)
<i>sm lice killing maximum s</i>	\$0(3)	*
<i>sm lice treatment LIQD 1%</i>	\$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)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$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
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>ear drops</i> SOLN 6.5%	\$0(3)	*
<i>earwax removal</i> SOLN 6.5%	\$0(3)	*
<i>earwax removal kit</i> SOLN 6.5%	\$0(3)	*
<i>ft earwax removal</i> SOLN 6.5%	\$0(3)	*
<i>ft earwax removal kit</i> SOLN 6.5%	\$0(3)	*
<i>gnp earwax removal drops</i> SOLN 6.5%	\$0(3)	*
<i>gnp earwax removal kit</i> SOLN 6.5%	\$0(3)	*
<i>sm ear drops</i> 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	

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

D. Índice de Medicamentos Cubiertos

<i>*b-complex w/ c & folic acid tab***</i> 120	<i>*oral electrolyte solution***</i> 108	<i>abacavir sulfate-lamivudine tab 600-300 mg</i> 23
<i>*b-complex w/ c cap**</i> 120	<i>*pediatric multiple vitamins w/ iron chew tab 15 mg**</i> 133	ABATINEX..... 84
<i>*b-complex w/ c tab**</i> 120	<i>*saline nasal gel**</i> 159	ABC COMPLETE TAB MENS 50+.....118
<i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i> 111	<i>*sodium phosphates - enema***</i> 91	ABC COMPLETE TAB SENIOR118
<i>*lactobacillus - packet**</i> 85	<i>12 hour decongestant</i> 151	ABC COMPLETE TAB WOMEN118
<i>*lactobacillus acidophilus-pectin cap**</i> 85	<i>12 hour nasal decongestan</i> 151	ABELCET..... 20
<i>*lactobacillus tab**</i> 85	<i>12 hour nasal spray</i> 151	<i>abigale</i> 78
<i>*multiple vitamin tab**</i> 130	<i>12hr allergy relief</i> 146	<i>abigale lo</i> 78
<i>*multiple vitamins w/ iron tab**</i> 130	1ST BASE CRE.... 105	ABILIFY ASIMTUFII 53
<i>*multiple vitamins w/ minerals liquid**</i> 130	<i>24hr allergy & congestion</i> 151	ABILIFY MAINTENA 53
<i>*multiple vitamins w/ minerals tab**</i> . 130	<i>24hr allergy relief</i> 146	<i>abiraterone acetate</i> 29
<i>*niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg***</i> 131	<i>4-way fast acting</i> 156	<i>abirtega</i> 29
<i>*omega-3 fatty acids cap 1000 mg**</i> 117	<i>50+ adult eye health</i> 119	ABRYSVO.....103
<i>*omega-3 fatty acids cap 1200 mg**</i> 117	<i>600+d3</i> 113	<i>acamprosate calcium</i> 65
<i>*omega-3 fatty acids cap 300 mg**..</i> 117	<i>7 day vaginal</i> 94	<i>acarbose</i> 67
<i>*omega-3 fatty acids cap 435 mg**..</i> 117	<i>a thru z advanced</i> 118	ACCRUFER 96
<i>*omega-3 fatty acids cap 500 mg**..</i> 117	<i>a thru z high potency</i> 118	<i>accutane</i>162
<i>*omega-3 fatty acids cap delayed release 1000 mg**</i> 117	<i>a thru z select</i> 118	<i>acebutolol hcl</i> 46
	<i>a thru z select 50+ advan</i> 118	ACETAMIN POW ...104
	<i>a thru z select 50+ mens</i> 118	<i>acetaminophen</i> 13
	<i>a thru z select advanced</i> 118	<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> 17
	<i>a thru z select ultimate</i> 118	<i>acetaminophen w/ codeine tab 300-15 mg</i> 17
	<i>a thru z ultimate mens</i> 118	<i>acetaminophen w/ codeine tab 300-30 mg</i> 17
	<i>a-10000</i> 118	<i>acetaminophen w/ codeine tab 300-60 mg</i> 17
	<i>a-25</i> 118	<i>acetaminophen w/ codeine tab 300-60 mg</i> 17
	<i>abacavir sulfate</i> 21	<i>acetaminophen/ibuprofen</i> 15
		<i>acetaminophen/ibuprofen</i> 15
		<i>acetazolamide</i> 47
		<i>acetic acid</i> 94
		<i>acetic acid (otic)</i> ..143

acetylcysteine..... 156
acid gone 82
 ACID GONE 82
acid reducer87, 93
acid reducer
 maximum stre ... 87
acid reducer original
 str..... 87
 ACIDOPHILUS..... 84
 ACIDOPHILUS CAP 84
 ACIDOPHILUS CAP
 LACTOBA 84
 ACIDOPHILUS EXTRA
 STRENGT 84
acidophilus probiotic
 84
 ACIDOPHILUS
 PROBIOTIC..... 84
acidophilus probiotic
 for..... 84
 ACIDOPHILUS/ TAB
 CIT PECT..... 84
acitretin 164
acne medication 10
 162
acne medication 2.5
 162
acne medication 5 162
 ACTHIB INJ 103
actical 118
 ACTIMMUNE 102
 ACTIVE FE TAB 75-
 1.25 96
 ACTIVESENT PAK
 118
 ACTIVESENTI PAK
 ONCOPLEX 119
 ACTIVESENTI PAK
 WOMEN 119
activite 119
 ACTIVNUT W/O POW
 COP/IRON 119
 ACTIVNUTRIEN CAP
 119
 ACTIVNUTRIEN CAP
 W/O IRON 119

ACTIVNUTRIEN CHW
 119
acyclovir 24
acyclovir sodium ... 24
 ADACEL INJ..... 103
 ADALIMUMAB-AACF
 (2 PEN)..... 99
 ADALIMUMAB-AACF
 (2 SYRING)..... 99
 ADALIMUMAB-AACF
 STARTER P 99
adapalene 162
adefovir dipivoxil... 24
 ADEK CHW PLUS ZN
 119
 ADLT ONE DLY CHW
 GUMMIES..... 119
 ADMELOG 69
 ADMELOG SOLOSTAR
 69
 ADULT 50+ CAP EYE
 HLTH 119
 ADULT 50+ CAP
 OCUVITE..... 119
 ADVAIR HFA AER
 115/21 161
 ADVAIR HFA AER
 230/21 161
 ADVAIR HFA AER
 45/21 161
advanced multi ea 119
advantage care oral
 elect..... 107
 AERCHMBR PLS MIS
 INTERMED..... 156
 AERCHMBR PLS MIS
 LRG MASK..... 156
 AERCHMBR PLS MIS
 MED MASK 156
 AERCHMBR PLS MIS
 SM MASK 156
 AERCHMBR Z- MIS
 STAT PLS 156
 AEROCHAMBER MIS
 CHAMBER..... 156
 AEROCHAMBER MIS
 FLOSIGNA 156

AEROCHAMBER MIS
 MTHPIECE156
 AEROCHAMBER MIS
 MV156
 AEROCHAMBER MIS
 PLUS156
 AEROVENT MIS PLUS
 156
afirmelle 71
afrin saline nasal mist
 157
aftera 71
 AIMOVIG 62
 AIMSCO MIS
 LUBRICAT 71
airborne.....119
 AIRBORNE CHW...119
 AIRBORNE CHW KIDS
 119
airborne gummies 119
airborne immune
 system119
airborne kids119
 AIRSHIELD CHW
 IMMUNITY119
 AIRSUPRA AER 90-
 80MCG161
 AIRZONE PEAK MIS
 FLOW MTR157
 AKEEGA TAB 100/500
 29
 AKEEGA TAB
 50/500MG 29
ala-cort165
alaway141
alaway childrens
 allergy141
albendazole..... 18
albuterol sulfate...147
alclometasone
 dipropionate165
 ALCOHOL SWABS:
 BD-
 EMBECTA/MHC/RUG
 BY..... 69
 ALCON TEARS142
 ALDURAZYME 80

ALECENSA 31
alendronate sodium 71
 ALEVAZOL..... 163
alfuzosin hcl 93
aliskiren fumarate . 48
 ALIVE 50+ TAB
 ENERGY 119
 ALIVE DAILY TAB
 WOMENS..... 119
 ALIVE DIABET TAB
 MULTIVIT 119
 ALIVE ENERGY TAB
 WOMENS..... 119
 ALIVE HAIR CHW
 SKN/NAIL..... 119
 ALIVE IMMUNE CAP
 HEALTH 119
 ALIVE LIQ MULT-VIT
 119
 ALIVE MENS TAB. 119
 ALIVE MULTI CHW
 CHILDRNS..... 119
 ALIVE WOMENS CHW
 50+..... 119
 ALIVE WOMENS CHW
 GUMMY 119
all day allergy..... 144
all day allergy
 childrens 144
all day pain relief .. 15
all day relief 15
all day sinus & cold-d
 148
allbee plus vitamin c
 119
all-day allergy
 childrens 144
aller-chlor 144
allergy 144
allergy & congestion
 reli 148
allergy 24-hr 144
allergy childrens . 144
allergy multi-
 symptom..... 148
allergy relief 144, 160
allergy relief 24hr 144

allergy relief childrens
 145
allergy relief d 148
allergy relief d-12 148
allergy relief d-24 148
allergy relief/nasal
 deco..... 148
all-nite cold & flu
 night 148
allopurinol..... 13
almacone double
 strength..... 82
 ALOE VESTA
 PROTECTIVE.... 166
alose tron hcl 91
 ALPHA LIPOIC ACID
 115
alpha-lipoic acid
 (thioctic acid) .. 115
alprazolam 49
altamist 157
altavera 71
alum & mag
 hydroxide-
 simethicone susp
 200-200-20
 mg/5ml..... 83
alum & mag
 hydroxide-
 simethicone susp
 400-400-40
 mg/5ml..... 83
 ALUMINUM
 HYDROXIDE 83
 ALUNBRIG.....31, 32
 ALUNBRIG PAK 32
 ALVAIZ 98
 ALVESCO 161
alyacen 1/35 71
alyacen 7/7/7 71
 ALYFTREK TAB 10-50-
 125 157
 ALYFTREK TAB 4-20-
 50 157
 ALYGLO 102
alyq 49
amantadine hcl..... 52

ambrisentan 49
americerin166
amethia 72
amethyst 72
amikacin sulfate.... 18
amiloride &
 hydrochlorothiazide
 tab 5-50 mg 47
amiloride hcl 47
amiodarone hcl..... 44
amitriptyline hcl.... 50
 AMLADEx TAB119
amlodipine besylate
 47
amlodipine besylate-
 benazepril hcl cap
 10-20 mg..... 41
amlodipine besylate-
 benazepril hcl cap
 10-40 mg..... 41
amlodipine besylate-
 benazepril hcl cap
 2.5-10 mg..... 41
amlodipine besylate-
 benazepril hcl cap
 5-10 mg 41
amlodipine besylate-
 benazepril hcl cap
 5-20 mg 41
amlodipine besylate-
 benazepril hcl cap
 5-40 mg 41
amlodipine besylate-
 olmesartan
 medoxomil tab 10-
 20 mg 42
amlodipine besylate-
 olmesartan
 medoxomil tab 10-
 40 mg 42
amlodipine besylate-
 olmesartan
 medoxomil tab 5-20
 mg 42
amlodipine besylate-
 olmesartan

medoxomil tab 5-40
mg 42
amlodipine besylate-
valsartan tab 10-
160 mg 43
amlodipine besylate-
valsartan tab 10-
320 mg 43
amlodipine besylate-
valsartan tab 5-160
mg 42
amlodipine besylate-
valsartan tab 5-320
mg 43
amnesteem 162
amoxapine 50
amoxicillin 26
amoxicillin & k
clavulanate for susp
200-28.5 mg/5ml 26
amoxicillin & k
clavulanate for susp
250-62.5 mg/5ml 27
amoxicillin & k
clavulanate for susp
400-57 mg/5ml.. 27
amoxicillin & k
clavulanate for susp
600-42.9 mg/5ml 27
amoxicillin & k
clavulanate tab
250-125 mg 27
amoxicillin & k
clavulanate tab
500-125 mg 27
amoxicillin & k
clavulanate tab
875-125 mg 27
amoxicillin & k
clavulanate tab er
12hr 1000-62.5 mg
..... 27
amphetamine-
dextroamphetamine
cap er 24hr 10 mg
..... 61

amphetamine-
dextroamphetamine
cap er 24hr 15 mg
..... 61
amphetamine-
dextroamphetamine
cap er 24hr 20 mg
..... 61
amphetamine-
dextroamphetamine
cap er 24hr 25 mg
..... 61
amphetamine-
dextroamphetamine
cap er 24hr 30 mg
..... 61
amphetamine-
dextroamphetamine
cap er 24hr 5 mg 61
amphetamine-
dextroamphetamine
tab 10 mg 61
amphetamine-
dextroamphetamine
tab 12.5 mg 61
amphetamine-
dextroamphetamine
tab 15 mg 61
amphetamine-
dextroamphetamine
tab 20 mg 61
amphetamine-
dextroamphetamine
tab 30 mg 61
amphetamine-
dextroamphetamine
tab 5 mg 61
amphetamine-
dextroamphetamine
tab 7.5 mg 61
amphotericin b 20
amphotericin b
liposome 20
ampicillin 27
ampicillin &
sulbactam sodium

for inj 1.5 (1-0.5)
gm 27
ampicillin &
sulbactam sodium
for inj 3 (2-1) gm 27
ampicillin &
sulbactam sodium
for iv soln 1.5 (1-
0.5) gm 27
ampicillin &
sulbactam sodium
for iv soln 15 (10-5)
gm 27
ampicillin &
sulbactam sodium
for iv soln 3 (2-1)
gm 27
ampicillin sodium .. 27
anagrelide hcl 98
anastrozole 29
ANORO ELLIPT AER
62.5-25 144
antacid 83
antacid calcium
regular s 83
antacid extra strength
..... 83
antacid maximum
strength 83
antacid regular
strength 83
antacid ultra strength
..... 83
antacid/antigas liquid
..... 83
anti-dandruff
shampoo 166
anti-diarrheal 84
antifungal 163
antifungal powder 163
anti-gas/
and gnp antacid . 83
anti-itch 166
anti-itch maximum
strengt 165
antioxidant 119
anti-oxidant 119

ANTIOXIDANT TAB
 FORMULA..... 119
antioxidant vitamins
 119
 APETIBEX CAP.... 119
 APETIGEN TAB PLUS
 119
 APPE-CURB CAP.. 119
aprepitant..... 86
aprepitant capsule
therapy pack 80 &
125 mg..... 86
apri..... 72
aprodine 148
 APTIOM 56
 APTIVUS 21
 AQUA GLYCOL CRE
 FACE 166
 AQUA-E 119
 AQUANAZ TAB.... 148
 AQUAPHILIC OIN 166
 AQUAPHOR 166
 AQUAPHOR
 ADVANCED
 PROTECT..... 166
 AQUAPHOR
 ADVANCED
 THERAPY..... 166
 AQUAPHOR OIN .. 167
aqueous vitamin d
infants..... 119
*aqueous vitamin e*120
 ARALAST NP..... 157
aranelle 72
 ARCALYST..... 102
 AREXVY 103
arginine 115
 ARGININE 115
 ARGININE2000 ... 115
 ARIKAYCE 18
aripiprazole 53
 ARISTADA..... 53
 ARISTADA INITIO . 53
armodafinil..... 65
 ARNUITY ELLIPTA 161
arthritis pain relief. 13

arthritis pain relieving
 167
artificial tears 142
 ASCOR 120
ascorbic acid 120
ascorbic acid tab
1000 mg 120
ascorbic acid tab 500
mg 120
asenapine maleate 53
ashlyna 72
aspirin 13
 ASPIRIN 13
aspirin adult low dose
 13
aspirin low dose.... 13
*aspirin low strength*13
aspirin regimen.... 13
aspirin-dipyridamole
cap er 12hr 25-200
mg 99
 ASSESS METER MIS
 FULL..... 157
 ASSESS METER MIS
 LOW 157
 ASTAGRAF XL.... 102
atazanavir sulfate . 21
atenolol 46
atenolol &
chlorthalidone tab
100-25 mg 46
atenolol &
chlorthalidone tab
50-25 mg..... 46
athletes foot..... 163
athletes foot
antifungal..... 163
athletes foot powder
spra 163
atomoxetine hcl.... 61
atorvastatin calcium
 45
atovaquone..... 18
atovaquone-proguanil
hcl tab 250-100 mg
 21

atovaquone-proguanil
hcl tab 62.5-25 mg
 21
 ATP IGNITE PAK...120
 ATROPINE SULFATE
142
atropine sulfate
(ophthalmic).....142
 ATROVENT HFA....144
aubra eq..... 72
 AUGTYRO..... 32
aurovela 1/20..... 72
aurovela 24 fe 72
aurovela fe 1.5/30 72
aurovela fe 1/20 ... 72
 AUSTEDO..... 63
 AUSTEDO XR..... 63
 AUSTEDO XR TAB
 TITR KIT 63
 AUVELITY TAB 45-
 105MG..... 50
aviane..... 72
 AVICEL PH105 POW
 MICROCRY105
 AVMAPKI PAK
 FAKZYNJA 32
ayr.....157
 AYR NASAL DROPS
157
 AYR NASAL MIST
 ALLERGY &.....157
ayr saline nasal ...157
ayr saline nasal no-
drip.....157
ayuna..... 72
 AYVAKIT 32
 AZ CREAM CRE105
azacitidine 29
azathioprine102
azelastine hcl145
azelastine hcl (ophth)
142
azithromycin 26
 AZO COMPLETE
 FEMININE BAL ... 84
 AZO DUAL CAP
 PROTECT..... 84

AZO HORMONAL TAB
HEALTH 120
aztreonam 18
azurette..... 72
b6 natural 120
baby ayr saline ... 157
baby super daily d3
..... 120
baby vitamin d3
drops..... 120
bacitracin
(ophthalmic).... 140
bacitracin (topical)
..... 162
bacitracin zinc 162
bacitracin-polymyxin
b ophth oint..... 140
bacitracin-polymyxin-
neomycin-hc ophth
oint 1% 140
baclofen..... 64
BACMIN TAB 120
BAFIERTAM 64
balsalazide disodium
..... 87
BALVERSA..... 32
balziva..... 72
banophen.... 145, 167
BARACLUDE 24
BARIATRIC CAP
MULTIVIT 120
BASAGLAR KWIKPEN
..... 69
baza antifungal ... 163
BCG VACCINE..... 103
b-complex balanced
..... 120
B-COMPLEX/FA TAB
/VIT C 120
BD GLUCOSE..... 79
bec/zinc..... 120
benazepril &
hydrochlorothiazide
tab 10-12.5 mg.. 41
benazepril &
hydrochlorothiazide
tab 20-12.5 mg.. 41

benazepril &
hydrochlorothiazide
tab 20-25 mg 41
benazepril &
hydrochlorothiazide
tab 5-6.25mg 41
benazepril hcl 42
BENDAMUSTINE
HYDROCHLORID. 28
BENDEKA..... 28
BENLYSTA..... 103
BENTIVITE TAB 35-
1MG 96
benzefoam 162
benzoin compound
tincture..... 167
BENZOIN TIN 167
BENZOIN TIN PLAIN
..... 167
benzonatate 148
benzoyl peroxide. 162
BENZOYL PEROXIDE
..... 162
benzoyl peroxide
topical 162
benzoyl peroxide
wash 162
benzoyl peroxide-
erythromycin gel 5-
3%..... 162
benztropine mesylate
..... 52
BENZYL ALC LIQ . 105
BENZYL BENZO LIQ
..... 105
BERINERT 98
berocca 120
BESIVANCE..... 141
BESREMI 31
BETA CARE CRE .. 167
beta carotene 120
beta carotene
provitamin 120
BETA XMA CRE ... 167
BETADINE..... 167
BETADINE SURGICAL
SCRUB..... 167

BETADINE
SWABSTICKS....167
betaine powder for
oral solution 80
betamethasone
dipropionate
(topical).....165
betamethasone
dipropionate
augmented.....165
betamethasone
valerate165
BETASERON 64
betaxolol hcl..... 46
betaxolol hcl (ophth)
.....142
bethanechol chloride
..... 94
BETOPTIC-S142
better b complex..120
BEVESPI AER 9-
4.8MCG144
bexarotene 31
bexarotene (topical)
.....167
BEXSERO.....103
bicalutamide 29
BICILLIN L-A 27
BIKTARVY TAB 30-
120-15 MG 23
BIKTARVY TAB 50-
200-25 MG 23
BIO-35 GLUTE CAP
FREE120
BIOCAL CAP120
BIO-D-MULSION ..120
BIO-D-MULSION
FORTE120
BIO-K PLUS CAP
STRONG 84
BIOLYTE SOL BERRY
.....107
BIOLYTE SOL CITRUS
.....107
BIOLYTE SOL MELON
.....107

BIOLYTE SOL
 TROPICAL 107
 BIOMEPRO CAP..... 84
 BIOMEPRO LIQ 84
 BION TEARS SOL 0.1-
 0.3% 142
biotin 120
 BIOTIN 120
 BIOTIN POW..... 105
biotin/maximum
 strength 120
 BIOTIN-D POW ... 105
bisacodyl 88
bisacodyl ec 88
bismuth subsalicylate
 84
bisoprolol &
 hydrochlorothiazide
 tab 10-6.25 mg.. 46
bisoprolol &
 hydrochlorothiazide
 tab 2.5-6.25 mg. 46
bisoprolol &
 hydrochlorothiazide
 tab 5-6.25 mg ... 46
bisoprolol fumarate 46
 BIVIGAM..... 102
blisovi 24 fe 72
blisovi fe 1.5/30.... 72
body/hair/skin/nails
 120
 BONEUP 3 PER CAP
 DAY..... 120
 BONEUP CAP 120
 BONEUP VEG TAB 120
 BONSITY..... 71
 BOOST LIQ BREEZE
 115
 BOOSTRIX INJ 103
 BORIC ACID GRA 105
 BORIC ACID POW 105
bortezomib..... 32
 BORTEZOMIB 32
bosentan 49
 BOSULIF 32
 BP VIT 3 CAP..... 120

bpo foaming cloths
 162
 BPROTECT PED DRO
 TRI-VITE 120
bprotected multi-vite
 120
bprotected pedia d-
 vite 120
bprotected pedia iron
 96
 BRAFTOVI 32
brantussin dm ... 148
 BREO ELLIPTA INH
 100-25 161
 BREO ELLIPTA INH
 200-25 161
 BREO ELLIPTA INH
 50-25MCG..... 161
breyna..... 161
 BREZTRI AERO AER
 SPHERE 144
 BREZTRI AERO AER
 SPHERE
 (INSTITUTIONAL
 PACK)..... 144
brillyn 72
 BRILINTA..... 99
brimonidine tartrate
 142
brinzolamide 142
 BRIVIACT..... 56
bromfenac sodium
 (*ophth*) 141
bromocriptine
 mesylate 52
 BRUKINSA 32
budesonide 87
budesonide
 (*inhalation*) 161
budesonide-
 formoterol fumarate
 dihyd aerosol 160-
 4.5 mcg/act.... 161
budesonide-
 formoterol fumarate
 dihyd aerosol 80-
 4.5 mcg/act.... 161

BULL FROG SPR
 MOSQUITO.....167
bumetanide..... 47
buprenorphine 17
buprenorphine hcl . 65
buprenorphine hcl-
 naloxone hcl sl film
 12-3 mg (base
 equiv)..... 66
buprenorphine hcl-
 naloxone hcl sl film
 2-0.5 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl film
 4-1 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl film
 8-2 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl tab
 2-0.5 mg (base
 equiv)..... 66
buprenorphine hcl-
 naloxone hcl sl tab
 8-2 mg (base
 equiv)..... 66
bupropion hcl 50
bupropion hcl
 (*smoking deterrent*)
 66
buspirone hcl..... 49
butenafine hcl163
butorphanol tartrate
 17
c 1000.....120
c 500120
c-1000121
*c-1000/rose hips..*121
c-250121
c-500121
*c-500/rose hips ...*121
cabergoline 80
 CABOMETYX 32

CAFFEINE POW
 ANHYDROU 105
 CALC CITRATE LIQ
 VIT D3..... 111
 CALC CITRATE TAB
 +D..... 111
calcidol 121
calcipotriene..... 164
calcitonin (salmon)
 spray..... 71
calcitrate 111
 CAL-CITRATE..... 110
 CAL-CITRATE TAB
 PLUS D 110
calcitrene..... 164
calcitriol..... 82
calcitriol (oral)..... 82
 CALCIUM + D3 TAB
 111
 CALCIUM 1000 TAB +
 D 111
 CALCIUM 1200 CHW
 111
calcium 500 + d.. 111
calcium 500 +d... 111
calcium 500 +d3. 111
 CALCIUM 500 CHW
 +D3 111
calcium 500/d..... 111
calcium 500/vitamin d
 111
calcium 500+d.... 111
calcium 500+d high
 potenc 111
calcium 500+d3.. 111
calcium 600 111
calcium 600 + d.. 111
calcium 600 high
 potency 111
 CALCIUM 600 TAB +D
 111
calcium 600 with
 vitamin 111
calcium 600/vitamin d
 111
calcium 600/vitamin
 d3..... 111

calcium 600+d ... 111
calcium 600+d high
 potenc..... 111
calcium 600+d plus
 minera..... 111
calcium 600+d3.. 111
calcium 600+d3 plus
 miner 111
calcium antacid..... 83
calcium antacid extra
 str..... 83
 CALCIUM CARB CAP
 VIT D3..... 111
calcium carb-
 cholecalciferol tab
 500 mg-10 mcg
 (400 unit) 111
calcium carb-
 cholecalciferol tab
 600 mg-10 mcg
 (400 unit) 111
calcium carb-
 cholecalciferol tab
 600 mg-20 mcg
 (800 unit) 111
calcium carbonate 111
 CALCIUM CARBONATE
 83, 111
calcium carbonate
 (antacid)..... 83
calcium carbonate-
 cholecalciferol tab
 500 mg-5 mcg(200
 unit)..... 112
calcium carbonate-
 cholecalciferol tab
 600 mg-5 mcg(200
 unit)..... 112
calcium carbonate-
 vitamin d cap 600
 mg-5 mcg (200
 unit)..... 112
calcium carbonate-
 vitamin d tab 250
 mg-3.125 mcg (125
 unit)..... 112

calcium carbonate-
 vitamin d tab 600
 mg-5 mcg (200
 unit).....112
 CALCIUM CHW 500-
 10.....112
 CALCIUM CHW
 500MG.....112
 CALCIUM CIT/ TAB
 VIT D112
calcium citrate.....112
 CALCIUM CITRATE
 112
calcium citrate + d
 112
calcium citrate + d3
 112
calcium citrate + d3
 max112
calcium citrate + d3
 maxi.....112
calcium citrate/d3 112
calcium citrate+d3
 112
calcium citrate+d3
 petite112
calcium cit-vit d tab
 200 mg-6.25
 mcg(250 unit)
 (elem ca)112
calcium cit-vit d tab
 315 mg-6.25
 mcg(250 unit)
 (elem ca)112
calcium cit-vitamin d
 tab 315 mg-5
 mcg(200 unit)
 (elem ca)112
calcium creamies .112
calcium gummies .112
calcium high potency
 112
calcium high potency
 + *vi*.....112
 CALCIUM LACTATE
 112

calcium plus vitamin d..... 112
calcium plus vitamin d3..... 112
calcium polycarbophil 88
 CALCIUM/D3 CAP 600-2500..... 112
calcium/vitamin d3 112
 CALCIUM/VITD CAP 600-400..... 112
calcium+d3..... 112
cal-gest antacid 83
callus remover and corn 167
 CAL-MINT 111
 CALQUENCE 32
 CAL-QUICK LIQ 500-400 111
 CALTRATE + D TAB 300-800..... 112
 CALTRATE 600 CHW 600-800..... 112
camila 72
camrese 72
camrese lo 72
candesartan cilexetil 44
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.. 43
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.. 43
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 43
 CAPCOF SYP 5-2-10MG 148
 CAPLYTA..... 53
 CAPMIST DM TAB 148
 CAPRELSA..... 32
 CAPRON DM LIQ . 148
 CAPRON DMT TAB 30-30MG 148
capsaicin..... 167

capsaicin heat patch 167
capsimide 167
 CAPSULE SZ 1 CAP LACTOSE..... 105
captopril 42
captopril & hydrochlorothiazide tab 25-15 mg 41
captopril & hydrochlorothiazide tab 25-25 mg 41
captopril & hydrochlorothiazide tab 50-15 mg 41
captopril & hydrochlorothiazide tab 50-25 mg 41
carb/levo orally disintegrating tab 10-100mg 52
carb/levo orally disintegrating tab 25-100mg 52
carb/levo orally disintegrating tab 25-250mg 52
carbamazepine 56
carbidopa & levodopa tab 10-100 mg... 52
carbidopa & levodopa tab 25-100 mg... 52
carbidopa & levodopa tab 25-250 mg... 52
*carbidopa & levodopa tab er 25-100 mg*52
*carbidopa & levodopa tab er 50-200 mg*52
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg. 52
*carbidopa-levodopa-entacapone tabs 18.75-75-200 mg*52
carbidopa-levodopa-entacapone tabs 25-100-200 mg.. 52

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 52
*carbidopa-levodopa-entacapone tabs 37.5-150-200 mg*52
carbidopa-levodopa-entacapone tabs 50-200-200 mg . 52
 carboplatin..... 28
carboxymethylcellulose sodium (ophth)142
carglumic acid 80
carisoprodol 65
carteolol hcl (ophth)142
cartia xt..... 47
carvedilol 46
casprofungin acetate 20
castor oil 88
 CASTOR OIL.....105
castor oil stimulant laxa..... 88
 CAYSTON..... 18
 C-BUFF POW121
cefaclor 25
cefadroxil..... 25
 CEFAZOLIN 25
 CEFAZOLIN INJ 1GM/50ML..... 25
cefazolin sodium ... 25
 CEFAZOLIN SOLN 2GM/100ML-4%. 25
 CEFAZOLIN/DEX SOL 1GM/50ML-4%... 25
 CEFAZOLIN/DEX SOL 2GM/50ML-3%... 25
 CEFAZOLIN/DEX SOL 3GM/150ML-4%. 25
 CEFAZOLIN/DEX SOL 3GM/50ML-2%... 25
cefdinir..... 25
cefepime hcl..... 25
cefixime..... 25

cefotetan disodium 25
cefoxitin sodium.... 25
cefpodoxime proxetil
 25
cefprozil..... 25
ceftazidime 25
ceftriaxone sodium 25
cefuroxime axetil .. 25
cefuroxime sodium 25
celecoxib 15
 CELLULOSE CRY
 MICROCRY 105
 CENT MATURE TAB
 ADLT 50+ 121
centavite a-z
 complete mu ... 121
 CENTRAL-VITE TAB
 121
 CENTRATEX CAP ... 96
centravites..... 121
centravites 50 plus
 121
 CENTRAVITES TAB 50
 PLUS 121
 CENTRAVITES TAB
 ADULTS 121
 CENTRUM 50+ CHW
 FRSH/FRU 121
 CENTRUM CHW
 ADULTS 121
 CENTRUM CHW FLAV
 BST 121
 CENTRUM CHW
 SILVER 121
 CENTRUM KIDS CHW
 121
 CENTRUM KIDS CHW
 FLAV BST 121
 CENTRUM MINI TAB
 ADULT 50..... 121
 CENTRUM MINI TAB
 WOMEN 50 121
 CENTRUM SPEC TAB
 HEART 121
 CENTRUM SPEC TAB
 VISION 121

CENTRUM TAB
 CARDIO 121
 CENTRUM TAB MEN
 121
 CENTRUM TAB
 SILVER 121
 CENTRUM TAB ULTRA
 121
century..... 121
century mature... 121
cephalexin 26
 CEQUR SIMPL KIT
 PATCH 2U (3-DAY)
 69
 CEQUR SIMPL KIT
 PATCH 2U (4-DAY)
 69
 CEQUR SIMPL MIS
 INSERTER 69
ceralyte 70..... 107
 CERASPORT SOL. 108
 CERASPORT SOL EX1
 108
 CERAVE CRE
 MOISTURI 167
 CERAVE HEALING 167
 CERAVE SA CRE
 RGH/BMP 167
 CERDELGA 80
 CEREZYME 80
cerovite jr..... 121
cerovite senior.... 121
certa-vite..... 121
 CERTAVITE TAB
 SENIOR 121
 CERTAVITE/ TAB
 ANTIOXID 121
certavite/antioxidants
 121
 CETAPHIL CRE HAND
 167
cetirizine hcl..... 145
cetirizine hcl allergy
 ch 145
cetirizine hcl childrens
 145

cetirizine
 hydrochloride....145
cetirizine-
 pseudoephedrine
 tab er 12hr 5-120
 mg148
cevimeline hcl.....171
 CGH/CHEST SYP
 CONG DM.....148
chateal eq..... 72
 CHEMET..... 71
 CHEMSTRIP 10 TES
 MD 80
 CHEMSTRIP 5 TES OB
 80
 CHEMSTRIP 7 TES. 80
chest congestion
 relief148
chest congestion
 relief d.....148
chest congestion
 relief p.....148
 CHEWABLE CALCIUM
 112
childrens
 acetaminophen .. 13
childrens animal
 shapes c121
childrens chewable
 multiv.....121
childrens chewable
 vitami.....121
 CHILDRENS CHW
 GUMMIES.....121
childrens ibuprofen 15
childrens loratadine
 145
childrens mucus relief
 co148
childrens pain relief
 plu148
 CHLO HIST SOL ...148
 CHLO TUSS LIQ ...148
 CHLORELLA CAP ..121
chlorhexidine
 gluconate (mouth-
 throat).....171

chlorocaps 121
chloroquine phosphate 21
chlorpheniramine maleate 145
chlorpromazine hcl 53
chlorthalidone..... 47
chocolated laxative 88
chocolated laxative regul 88
cholecalciferol..... 122
cholecalciferol cap 1.25 mg (50000 unit)..... 122
cholecalciferol cap 250 mcg (10000 unit)..... 122
 CHOLESTEROL POW 105
 CHOLESTEROL POW ACETATE..... 105
cholestyramine 45
cholestyramine light 45
chromagen..... 96
ciclopirox 163
ciclopirox olamine 163
cilostazol 98
 CILOXAN..... 141
 CIMDUO TAB 300-300 23
cinacalcet hcl..... 80
*ciprofloxacin 200 mg/100ml in d5w*26
*ciprofloxacin 400 mg/200ml in d5w*26
ciprofloxacin hcl 26
ciprofloxacin hcl (ophth) 141
ciprofloxacin-dexamethasone otic susp 0.3-0.1%. 143
cisplatin..... 28
citalopram hydrobromide 50
 CITRACAL CAL CHW GUMMIES..... 113

CITRACAL TAB MAX PLUS 113
 CITRACAL+D3 CHW 250-500..... 113
 CITRULLINE POW (L) 105
claravis..... 162
clarithromycin 26
clearlax 88
 CLEODERM CRE .. 105
clindamycin hcl..... 18
clindamycin palmitate hydrochloride..... 18
clindamycin phosphate 18
clindamycin phosphate (topical) 162
clindamycin phosphate in d5w iv soln 300 mg/50ml 18
clindamycin phosphate in d5w iv soln 600 mg/50ml 18
clindamycin phosphate in d5w iv soln 900 mg/50ml 19
clindamycin phosphate vaginal 94
 CLINDMYC/NAC INJ 300/50ML..... 19
 CLINDMYC/NAC INJ 600/50ML..... 19
 CLINDMYC/NAC INJ 900/50ML..... 19
 CLINIMIX INJ 4.25/D10 110
 CLINIMIX INJ 4.25/D5W 110
 CLINIMIX INJ 5%/D15W 110
 CLINIMIX INJ 5%/D20W 110

CLINIMIX INJ 6/5.110
 CLINIMIX INJ 8/10110
 CLINIMIX INJ 8/14110
clinisol sf 15%110
 CLINOLIPID EMU 20%110
clobazam56, 57
clobetasol propionate165
clobetasol propionate e.....165
clomipramine hcl... 50
clonazepam..... 57
clonidine 48
clonidine hcl 48
clopidogrel bisulfate 99
clorazepate dipotassium..... 57
clotrimazole172
clotrimazole (topical)163
clotrimazole 3..... 94
clotrimazole antifungal.....163
clotrimazole athletes foo163
clotrimazole vaginal 94
clotrimazole w/ betamethasone cream 1-0.05%.163
clozapine 53
 CO Q-10115
 COARTEM TAB 20-120MG..... 21
 COBENFY CAP 100-20MG 54
 COBENFY CAP 125-30MG 54
 COBENFY CAP 50-20MG 54
 COBENFY STRT CAP PACK 54

COCONUT OIL CRE
 BEAUTY 167
coenzyme q10
*(ubidecarenone)*116
 COENZYME Q10 POW
 105
colace 2-in-1 88
 COLACE CLEAR 88
colchicine 13
colchicine w/
probenecid tab 0.5-
500 mg 13
 COLD & ALLER LIQ
 CHILDREN 148
cold & cough
childrens 148
cold & flu nighttime
reli 148
cold & flu relief
daytime 148
cold & flu relief nightti
 148
cold & sinus 148
cold & sinus relief 148
cold relief plus 148
cold/cough childrens
 148
cold/flu daytime relief
 148
 COLEMAN 100 MAX
 INSECT RE 167
 COLEMAN INSECT
 REPELLENT/..... 167
 COLEMN BOTAN LIQ
 INSECT 167
 COLEMN INSEC LIQ
 SKINSMAR 167
 COLEMN INSEC SPR
 SKINSMAR 167
colesevelam hcl 45
colestipol hcl 45
colistimethate sodium
 19
 COMBIGAN SOL
 0.2/0.5% 142
 COMBIVENT AER 20-
 100 144

COMETRIQ (60MG
 DOSE) 32
 COMETRIQ KIT
 100MG..... 32
 COMETRIQ KIT
 140MG..... 33
 COMPACT SPAC MIS
 CHAMBER..... 157
 COMPACT SPAC MIS
 LG MASK..... 157
 COMPACT SPAC MIS
 MD MASK 157
 COMPACT SPAC MIS
 SM MASK 157
companion 122
compete 122
 COMPLERA TAB..... 23
complete allergy
medicine 145
complete
multivitamin/mul
 122
compro 86
 CONCEPTIONXR MIS
 MOTILITY 122
 CONEX SOL
 CLD/ALRG 148
 CONEX TAB 2-60MG
 148
constulose 88
 COPAXONE..... 64
 COPIKTRA..... 33
coq10 maximum
strength 116
 CORLANOR..... 48
corn
and callus remover
 167
 COROMEGA EMU
 OMEGA 3 116
corvita 122
corvita 150 96
 CORVITE 150 TAB. 96
 CORVITE FE TAB... 96
 COSENTYX 99

COSENTYX
 SENSOREADY PEN
 99
 COSENTYX
 UNOREADY 99
 COTELLIC 33
cough & cold148
cough & cold hbp .148
cough dm149
cough dm childrens
149
 CREAM BASE CRE 105
 CREON CAP
 12000UNT 91
 CREON CAP
 24000UNT 91
 CREON CAP
 3000UNIT 91
 CREON CAP
 36000UNT 91
 CREON CAP
 6000UNIT 91
critic-aid clear af..163
cromolyn sodium .157
cromolyn sodium
(mastocytosis)... 91
cromolyn sodium
(nasal).....157
cromolyn sodium
(ophth).....142
cryselle-28 72
 CULTURELLE CAP ADV
 REG 84
 CULTURELLE CAP
 WOMENS 84
 CULTURELLE CHW
 MULTIVIT122
culturelle kids
complete.....122
culturelle kids
multivita122
culturelle kids
probiotic122
culturelle prenatal
welln 84
culturelle total
balance 84

culturelle womens
wellnes 84
curae 72
 CUTTER 167
 CUTTER AER
 NATURAL 167
 CUTTER ALL FAMILY
 167
 CUTTER ALL FAMILY
 MOSQUIT 167
 CUTTER BACKWOODS
 167
 CUTTER BACKWOODS
 DRY..... 167
 CUTTER DRY 167
 CUTTER LEMON LIQ
 EUCALYPT 167
 CUTTER LIQ NATURAL
 167
 CUTTER
 SKINSATIONS.. 167
 CUTTER SPORT... 168
cvs acidophilus
 probiotic 84
cvs advanced healing
 168
cvs advanced healing
 oint 168
cvs airshield 122
cvs airshield
 effervescen 122
cvs b complex plus c
 122
cvs b6 122
cvs biotin 122
cvs calcium & vitamin
 d3 113
cvs calcium 600 &
 vitamin 113
cvs calcium 600 + d
 plus..... 113
cvs calcium 600+d
 113
cvs calcium carbonate
 113
cvs calcium
 citrate+d3 pe... 113

cvs castor oil 88
cvs chewable
 childrens vi..... 122
cvs childrens
 chewable co 122
cvs chocolate laxative
 pi..... 88
cvs coenzyme q-10
 116
cvs coq-10 116
cvs d3 122
*cvs daily gummies*122
cvs daily gummies
 adult 122
cvs daily multiple for
 me 122
cvs daily multiple for
 wo 122
 CVS DRY SKIN CRE
 THERAPY..... 168
cvs e 122
cvs e oil..... 122
cvs electrolyte
 solution 108
cvs eye health &
 lutein..... 122
cvs fish oil..... 116
cvs fish oil half-the-
 siz..... 116
cvs folic acid..... 122
cvs glucose 79
 CVS GLUCOSE CHW
 FRUIT 79
cvs gummy fish
 childrens 116
 CVS INSECT
 REPELLENT..... 168
cvs iron 96
cvs jock itch 163
 CVS KETONE TES
 CARE..... 80
cvs magnesium... 113
cvs magnesium oxide
 113
cvs mens daily
 gummies..... 122

CVS MOISTURE CRE
 168
 CVS NASAL MIST .157
*cvs natural fish oil*116
cvs one daily
 essential122
cvs one daily mens
 health.....122
cvs one daily womens
 form.....122
cvs oyster shell
 calcium/.....113
cvs pediatric
 electrolyte108
cvs pinworm
 treatment..... 19
cvs saline nasal spray
 157
cvs slow release iron
 96
cvs spectravite
 advanced122
cvs spectravite men
 122
cvs spectravite men
 50+.....122
cvs spectravite senior
 123
cvs spectravite ultra
 hea123
cvs spectravite ultra
 wom.....123
cvs spectravite
 women123
cvs spectravite
 women 50+.....123
cvs stress
 formula/zinc123
cvs super b
 complex/c123
 CVS TOTAL HOME
 INSECT REP.....168
 CVS VISION CAP
 HEALTH123
cvs vitamin a.....123
cvs vitamin c.....123

cvs vitamin c/rose hips..... 123
cvs vitamin d3 123
cvs vitamin e..... 123
cvs womens active daily 123
cvs womens daily gummies..... 123
 CYANOCOBAL POW 105
 CYANOCOBALAM CRY 105
cyanocobalamin .. 123
cyclobenzaprine hcl 65
cyclophosphamide . 28
 CYCLOPHOSPHAMIDE 28
 CYCLOPHOSPHAMIDE MONOHYDR 28
cycloserine 24
cyclosporine 103
cyclosporine modified (for microemulsion) 103
ciproheptadine hcl 145
cyred eq 72
 CYSTADROPS 142
 CYSTAGON 80
 CYSTARAN 142
cytarabine..... 29
cyto arg 116
 CYTO-Q 116
 CYTO-Q MAX 116
 CYTO-Q T/F..... 116
d 1000 123
d 10000..... 123
d 400 123
d 5000 123
d-1000 extra strength 124
 D10W/NACL INJ 0.2% 108
 D2.5W/NACL INJ 0.45% 108
d2000 ultra strength 123

d3..... 123
 D3 123
d3 2000..... 123
d3 5000..... 123
d3 adult..... 123
d3 adult gummy . 123
 D3 BABY DROPS . 123
d3 high potency .. 123
d3 kids 123
 D3 LIQUID 123
d3 maximum strength 123
d3 super strength 123
d3-1000 123
d-3-5 123
d3-50 123
d-400 124
d-5000 124
dabigatran etexilate mesylate 95
daily combo multi vitamin 124
daily multiple vitamins..... 124
daily multivitamin 124
daily value multivitamin 124
daily vitamins 124
daily vite..... 124
daily vite multivitamin/i .. 124
daily-vite 124
daily-vite multivitamin 124
dalfampridine 64
danazol 67
dandruff shampoo 168
dantrolene sodium 65
 DANZITEN 33
dapsone..... 19
 DAPTACEL INJ 103
daptomycin 19
 DAPTOMYCIN 19
darunavir..... 21, 22
dasatinib..... 33
dasetta 1/35 72
dasetta 7/7/7 72

DAURISMO..... 33
daysee 72
daytime cold & flu relief 149
 DAYVIGO 62
 D-CERIN 168
 DDROPS 124
deblitane 72
decara 124
 DECARA..... 124
 DECARA K CAP 124
 DECUBI-VITE CAP 124
deep sea nasal spray 157
deferasirox..... 71
 DEKAS CAP ESSENTIA 124
 DEKAS CHW BARIATRI 124
 DEKAS LIQ ESSENTIA 124
 DEKAS PLUS CAP . 124
 DEKAS PLUS CAP OCEAN..... 124
 DEKAS PLUS CHW 124
 DEKAS PLUS LIQ.. 124
 DELSTRIGO TAB ... 23
 DELSYM..... 149
 DELSYM CGH LIQ SR THRT 149
 DELSYM CHILD MIS DAY/NGHT 149
delsym cough + chest cong..... 149
delsym cough + cold night 149
 DELSYM NIGHT SOL CGH/MAX..... 149
delta d3..... 124
 DENG VAXIA SUS.. 103
 DEPO-SUBQ PROVERA 104 72
depo-testosterone . 67
 DERMABASE CRE . 168
 DESCOVY TAB 120-15MG 23

DESCOVY TAB
200/25MG 23
desipramine hcl 50
desmopressin acetate
..... 80
desmopressin acetate
spray 80
desmopressin acetate
spray refrigerated
..... 80
desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)
..... 72
desvenlafaxine
succinate 51
DEX4 CHW FRUIT.. 79
DEX4 CHW GRAPE. 79
DEX4 CHW ORANGE
..... 79
DEX4 CHW RASPBERRY
..... 79
DEX4 CHW SOUR APL
..... 79
DEX4 CHW
WATERMLN..... 79
DEX4 POUCH CHW
PACK 79
DEX4 QUICK
DISSOLVE GLUCO
..... 79
dexamethasone 78
DEXAMETHASONE
INTENSOL 78
dexamethasone
sodium phosphate
..... 78
dexamethasone
sodium phosphate
(ophth) 141
DEXCOM G6 MIS
RECEIVER 172
DEXCOM G6 MIS
SENSOR..... 172
DEXCOM G6 MIS
TRANSMIT 172

DEXCOM G7 MIS
RECEIVER 172
DEXCOM G7 MIS
SENSOR..... 172
dexmethylphenidate
hcl 61
dextromethorphan
hbr..... 149
dextromethorphan
polistirex..... 149
dextromethorphan-
guaifenesin liquid
10-100 mg/5ml 149
dextromethorphan-
guaifenesin syrup
10-100 mg/5ml 149
dextrose 110
dextrose 10% w/
sodium chloride
0.45% 109
dextrose 2.5% w/
sodium chloride
0.45% 108
dextrose 5% in
lactated ringers 108
dextrose 5% w/
sodium chloride
0.2% 108
dextrose 5% w/
sodium chloride
0.225% 108
dextrose 5% w/
sodium chloride
0.3% 108
dextrose 5% w/
sodium chloride
0.45% 108
dextrose 5% w/
sodium chloride
0.9% 108
DHS SAL..... 168
DIABET HLTH PAK
SUPPORT 124
diabetes health
formula..... 124
DIABETES PAK
HEALTH 124

DIABETIDERM CRE
.....168
DIABETIDERM CRE
FOOT.....168
DIACOMIT..... 57
dialyvite124
dialyvite 800124
dialyvite 800/ultra d
.....124
DIALYVITE TAB 3000
.....124
DIALYVITE TAB 5000
.....124
DIALYVITE TAB
SUPREM D.....124
dialyvite vitamin d
5000124
dialyvite vitamin d3
max124
DIALYVITE WAF 800
.....124
DIALYVITE/ TAB ZINC
.....124
diazepam 57
diazepam
(anticonvulsant). 57
diazepam inj 57
diazepam intensol . 57
diazoxide 79
diclofenac potassium
..... 15
diclofenac sodium . 15
diclofenac sodium
(ophth)141
diclofenac sodium
(topical)168
dicloxacillin sodium 27
dicyclomine hcl 87
DIFICID 26
diflunisal 15
digoxin 48
dihydroergotamine
mesylate 62, 63
DILANTIN 57
diltiazem hcl 47
diltiazem hcl coated
beads 47

diltiazem hcl
 extended release
 beads 47
dilt-xr 47
dimaphen dm cold &
 cough 149
 DIP/TET PED INJ 25-
 5LFU 103
diphenhydramine hcl
 145
diphenhydramine-zinc
 acetate cream 2-
 0.1% 168
diphenoxylate w/
 atropine liq 2.5-
 0.025 mg/5ml.... 91
diphenoxylate w/
 atropine tab 2.5-
 0.025 mg 91
dipyridamole 99
disopyramide
 phosphate 44
 DISTILLED LIQ
 WATER 105
disulfiram..... 66
divalproex sodium . 57
 DML FORTE CRE.. 168
docetaxel 31
 DOCETAXEL 31
 DOCIVYX 31
docusate calcium .. 88
docusate mini 88
docusate sodium... 88
 DOCUSOL KIDS 88
dodex..... 124
dofetilide 44
dok 88
dolishale 72
 DOLOGESIC TAB 1-
 500MG..... 149
 DOLOGESIC-DF TAB
 1-500MG..... 149
donepezil
 *hydrochloride*49, 50
 DOPTelet 98
dorzolamide hcl .. 142

dorzolamide hcl-
 timolol maleate
 ophth soln 2-0.5%
 142
dotti..... 78
double antibiotic . 162
 DOVATO TAB 50-
 300MG..... 23
*doxazosin mesylate*42
doxepin hcl 51
doxepin hcl (sleep) 62
doxorubicin hcl 31
doxorubicin hcl
 liposomal 31
doxy 100 28
doxycycline
 (monohydrate) .. 28
doxycycline hyclate 28
driminate 86
 DRIZALMA SPRINKLE
 51
dronabinol..... 86
drospirenone-ethinyl
 estradiol tab 3-0.02
 mg 72
drospirenone-ethinyl
 estradiol tab 3-0.03
 mg 72
drospirenone-ethinyl
 estrad-levomefolate
 tab 3-0.02-0.451
 mg 72
drospirenone-ethinyl
 estrad-levomefolate
 tab 3-0.03-0.451
 mg 72
droxidopa 48
dry eye formula .. 124
dry eye relief drops
 142
dry skin treatment
 168
 DULERA AER 100-
 5MCG 161
 DULERA AER 200-
 5MCG 161

DULERA AER 50-
 5MCG161
duloxetine hcl..... 51
 DUPIXENT..... 99
 DUREX MIS REALFEEL
 72
dutasteride 93
dutasteride-
 tamsulosin hcl cap
 0.5-0.4 mg..... 93
d-vite pediatric124
e 1000125
e.e.s. 400 26
e1000125
e200125
e-200125
e400125
e-400125
e-400-clear125
 EAGLE WATCH
 MOSQUITO ELIM
 168
ear drops172
earwax removal...172
earwax removal kit
 172
 EASIVENT MIS.....157
 EASIVENT MIS MASK
 LG.....157
 EASIVENT MIS MASK
 MED157
 EASIVENT MIS MASK
 SM157
econazole nitrate .163
econtra one-step... 72
ed a-hist.....149
ed a-hist dm149
 ED A-HIST DM TAB
 10-4-10149
 ED BRON GP LIQ..149
ed chlorped jr.....145
ed-apap..... 13
 EDURANT..... 22
 EDURANT PED 22
efavirenz 22
efavirenz-
 emtricitabine-

tenofovir df tab
 600-200-300 mg 23
efavirenz-lamivudine-
tenofovir df tab
 400-300-300 mg 23
efavirenz-lamivudine-
tenofovir df tab
 600-300-300 mg 23
 eldertonic..... 125
 ELIGARD..... 29
 elinest 73
 ELIQUIS 95
 ELIQUIS STARTER
 PACK 95
 eluryng..... 73
 EMERGEN-C CHW
 VITA C..... 125
 EMERGEN-C PAK
 BLUE 125
 EMERGEN-C PAK
 HEART 125
 EMERGEN-C PAK
 IMMUNE..... 125
 EMERGEN-C PAK
 KIDZ 125
 EMERGEN-C PAK MSM
 LITE 125
 EMERGEN-C PAK
 PINK..... 125
 EMERGEN-C PAK VIT
 D/CA 125
 EMERGEN-C PAK VITA
 C 125
 EMGALITY 63
 EMOLLIA-CREM CRE
 168
 EMOLLIENT CRE BASE
 105
 EMPTY CAPSUL CAP
 #0 105
 EMPTY CAPSUL CAP
 #00..... 105
 EMPTY CAPSUL CAP
 SIZE 0 105
 EMPTY CAPSUL CAP
 SIZE 00 105

EMPTY CAPSUL CAP
 SIZE 000 105
 EMPTY CAPSUL CAP
 SIZE 1 105
 EMPTY CAPSUL CAP
 SIZE 10 105
 EMPTY CAPSUL CAP
 SIZE 11 105
 EMPTY CAPSUL CAP
 SIZE 13 105
 EMPTY CAPSUL CAP
 SIZE 2 105
 EMPTY CAPSUL CAP
 SIZE 3 105
 EMPTY CAPSUL CAP
 SIZE 4 105
 EMPTY CAPSUL CAP
 SIZE 5 105
 EMPTY CAPSUL CAP
 SIZE 7 105
 EMSAM 51
emtricitabine 22
emtricitabine-
rilpivirine-tenofovir
df tab 200-25-300
mg 23
emtricitabine-
tenofovir disoproxil
fumarate tab 100-
150 mg 23
emtricitabine-
tenofovir disoproxil
fumarate tab 133-
200 mg 23
emtricitabine-
tenofovir disoproxil
fumarate tab 167-
250 mg 23
emtricitabine-
tenofovir disoproxil
fumarate tab 200-
300 mg 23
 EMTRIVA 22
 EMVERM 19
emzahh 73
enalapril maleate .. 42

enalapril maleate &
hydrochlorothiazide
tab 10-25 mg 41
enalapril maleate &
hydrochlorothiazide
tab 5-12.5 mg ... 41
 ENBREL 99
 ENBREL MINI..... 99
 ENBREL SURECLICK
100
endacof-dm.....149
endocet tab 10-
325mg..... 17
endocet tab 2.5-
325mg..... 17
endocet tab 5-325mg
 17
endocet tab 7.5-
325mg..... 17
endur-acin125
 ENDUR-VM TAB ...125
 ENDUR-VM TAB IRON
125
enema ready-to-use
 88
enemeez mini..... 88
enemeez plus 88
 ENFAMIL SOL
 ENFALYTE108
 ENGERIX-B103
enilloring 73
enoxaparin sodium 95
enpresse-28 73
enskyce 73
 ENSTILAR AER.....164
 ENSURE CLEAR LIQ
 APPLE.....116
 ENSURE CLEAR LIQ
 BBRY/POM.....116
 ENSURE CLEAR LIQ
 MIX BERY.....116
 ENSURE CLEAR LIQ
 MIX FRUT.....116
 ENSURE CLEAR LIQ
 PEACH116
entacapone 52
entecavir 24

ENTRESTO CAP 15-
 16MG 43
 ENTRESTO CAP 6-
 6MG 43
enulose 88
e-oil 125
e-ointment 168
 EPCLUSA PAK 150-
 37.5 24
 EPCLUSA PAK 200-
 50MG 24
 EPCLUSA TAB 200-
 50MG 24
 EPCLUSA TAB 400-
 100 24
 EPIDIOLEX 57
epinephrine
 (*anaphylaxis*).... 48,
 157
epitol 57
eplerenone 42
 EPRONTIA 57
epsom salt 88
eq calcium 500+d 113
eq calcium 600+d 113
eq calcium
 600+d+minerals
 113
eq calcium citrate+d
 113
eq complete chewable
 mult 125
eq complete
 multivitamin 125
 EQ COMPLETE TAB
 ADULT 125
 EQ MULTIVITA CHW
 GUMMIES..... 125
 EQ ONE DAILY TAB
 MENS 125
 EQ ONE DAILY TAB
 WOMENS..... 125
eq one daily womens
 healt 125
eq saline nasal spray
 157

eq slow-release iron
 96
 EQ THERAPEUT CRE
 MOISTURI 168
eq b-6 125
eq biotin 125
eq calcium
 600mg/vitamin 113
 EQL CALCIUM CAP
 VIT D 113
eq calcium citrate
 w/vit 113
eq calcium citrate/
 vita 113
eq calcium/vitamin d
 113
eq carbonyl iron... 96
eq castor oil 88
eq century..... 125
eq century mature
 125
 EQL CENTURY TAB
 MENS 125
eq childrens
 multivitami..... 125
eq coq10..... 116
 EQL DIGESTIVE
 PROBIOTIC..... 84
eq fish oil 116
eq iron supplement
 thera 96
eq laxative eq
 laxative..... 88
eq omega 3 fish oil
 116
eq omega-3 fish oil
 116
eq one daily mens
 50+ ad 125
eq one daily mens
 health..... 125
eq one daily womens
 50+..... 125
eq probiotic
 acidophilus..... 84
eq saline nasal spray
 157

eq slow release iron
 96
eq stress b-
 complex/vita125
eq super b
 complex/vitam..125
eq vision formula 125
eq vitamin c125
eq vitamin c/rose
 hips.....126
eq vitamin d3126
eq vitamin e126
ergocalciferol.....126
ergotamine w/
 caffeine tab 1-100
 mg 63
 ERIVEDGE..... 33
 ERLEADA 30
erlotinib hcl 33
errin..... 73
ertapenem sodium 19
ery.....162
ery-tab 26
 ERYTHROCIN
 LACTOBIONATE.. 26
erythromycin (acne
 aid)162
erythromycin (ophth)
 141
erythromycin base 26
erythromycin
 ethylsuccinate.... 26
erythromycin
 lactobionate 26
 ERZOFRI..... 54
escitalopram oxalate
 51
eslicarbazepine
 acetate 58
esomeprazole
 magnesium 93
essentia.....126
essential balance .126
estarylla 73
estradiol 78
estradiol &
 norethindrone

acetate tab 0.5-0.1 mg 78
estradiol & norethindrone acetate tab 1-0.5 mg 78
estradiol vaginal ... 78
estradiol valerate .. 78
 ESTROVEN MEN TAB SUPPLEM..... 126
eszopiclone 62
ethambutol hcl..... 24
ethosuximide..... 58
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 73
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 73
etodolac..... 15
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 73
etoposide 31
etravirine 22
 EUCERIN ADV CRE REPAIR 168
 EUCERIN HAND CRE ADV REPA 168
 EUCERIN PLUS CRE 168
 EULEXIN 30
everolimus 33
everolimus (immunosuppressant) 103
 EVOTAZ TAB 300-150 23
exemestane 30
 EYE HEALTH CAP ADLT 50+ 126
 EYE HEALTH TAB LUTEIN 126
eye itch relief 142
 EYE MULTIVIT TAB SODIUM..... 126

EYSUVIS..... 142
ezetimibe..... 45
ezetimibe-simvastatin tab 10-10 mg 45
ezetimibe-simvastatin tab 10-20 mg 45
ezetimibe-simvastatin tab 10-40 mg 45
ezetimibe-simvastatin tab 10-80 mg 45
 EZFE 200 96
fa-8 126
 FABRAZYME 80
falmina 73
famciclovir 24
famotidine 87
famotidine in nacl 0.9% iv soln 20 mg/50ml..... 87
famotidine maximum streng..... 87
famotidine original stren 87
 FANAPT 54
 FANAPT PAK PACK A 54
 FANAPT PAK PACK C 54
 FANTASY LUBR MIS COLORS..... 73
 FANTASY LUBR MIS SPERMICI..... 73
 FANTASY MIS LUBRICAT 73
 FARXIGA..... 67
 FASENRA 157
 FASENRA PEN 157
 FC2 FEMALE MIS CONDOM..... 73
 FE SULFATE POW .. 96
feirza 1.5/30 73
feirza 1/20 73
felbamate 58
felodipine..... 47
fenofibrate 45
fenofibrate micronized 45

fentanyl..... 17
 FERAHEME 96
ferate 96
fergon 96
 FERIVA TAB 21/7 .. 96
ferosul..... 96
 FERRALET 90 TAB . 96
ferrex 150..... 96
ferric x-150..... 96
ferrous gluconate.. 96
 FERROUS GLUCONATE 96
ferrous sulfate 96
 FETZIMA..... 51
 FETZIMA CAP TITRATIO 51
feverall adults..... 13
feverall childrens... 13
 FEVERALL INFANTS 13
 FEVERALL JUNIOR STRENGTH 13
fe-vite iron 96
fexofenadine hcl ..145
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg149
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg.....149
 FIASP 69
 FIASP FLEXTOUCH 69
 FIASP PENFILL..... 69
 FIASP PUMPCART .. 69
fiber-lax..... 88
fidaxomicin 26
finasteride 93
ingolimod hcl..... 64
 FINTEPLA..... 58
finzala 73
 FIRMAGON 30
 FIRST AID ANTISEPTIC OINT168
fish oil adult gummies116

fish oil burp-less . 116
 FISH OIL CAP
 1000MG..... 116
 FISH OIL CAP
 1400MG..... 116
 FISH OIL CAP 150MG
 116
 FISH OIL CAP 180MG
 116
 FISH OIL CAP
 183.33MG 116
 FISH OIL CAP 360MG
 116
 FISH OIL CAP 850MG
 116
fish oil concentrate
 116
fish oil double
 strength..... 116
fish oil extra strength
 116
fish oil high potency
 116
fish oil maximum
 strength..... 116
fish oil omega-3.. 116
fish oil pearls..... 116
fish oil/super
 potent/no..... 116
flac 144
flanders buttocks 168
 FLAREX..... 141
 FLAVOR SWEET SYP
 S/F..... 105
 FLEBOGAMMA DIF 102
flecainide acetate .. 44
 FLEET BISACODYL. 88
 FLEET ENE PED 88
 FLEXICHAMBER MIS
 157
 FLEXICHAMBER MIS
 MASK LRG 157
 FLEXICHAMBER MIS
 MASK SM 157
 FLINTSTONES CHW
 BONE BLD 126

FLINTSTONES CHW
 COMPLETE..... 126
 FLINTSTONES CHW
 GUMMIES..... 126
 FLINTSTONES CHW
 IMMUNITY 126
 FLINTSTONES CHW
 SOUR GUM 126
flintstones complete
 126
flintstones gummies
 plus..... 126
flintstones
 multivitamin 126
flintstones plus
 calcium..... 126
flintstones w/iron 126
flintstones/my first
 126
 FLORAJEN CAP
 ACIDOPHI 84
 FLORAJEN CAP
 WOMEN 84
floranex..... 84
 FLORIVA DRO PLUS
 126
flu hbp 149
flu/severe cold &
 cough d 149
fluconazole..... 20
fluconazole in nacl
 0.9% inj 200
 mg/100ml 20
fluconazole in nacl
 0.9% inj 400
 mg/200ml 21
flucytosine 21
fludrocortisone
 acetate 78
flunisolide (nasal) 160
fluocinolone acetonide
 165
fluocinolone acetonide
 (otic)..... 144
fluocinonide..... 165
fluocinonide
 emulsified base 165

fluorometholone
 (ophth).....141
fluorouracil..... 29
fluorouracil (topical)
 168
fluoxetine hcl..... 51
fluphenazine
 decanoate 54
fluphenazine hcl.... 54
flurbiprofen 15
flurbiprofen sodium
 141
fluticasone propionate
 165
fluticasone propionate
 (nasal).....160
fluticasone-salmeterol
 aer powder ba 100-
 50 mcg/act.....161
fluticasone-salmeterol
 aer powder ba 250-
 50 mcg/act.....161
fluticasone-salmeterol
 aer powder ba 500-
 50 mcg/act.....161
fluvoxamine maleate
 49
folate126
folic acid126
 FOLIC ACID.....126
 FOLIC ACID POW .126
 FOLIVANE-F CAP... 96
fondaparinux sodium
 95
fosamprenavir
 calcium 22
fosinopril sodium .. 42
fosinopril sodium &
 hydrochlorothiazide
 tab 10-12.5 mg.. 41
fosinopril sodium &
 hydrochlorothiazide
 tab 20-12.5 mg.. 41
 FOTIVDA..... 33
 FREEDAVITE TAB .126
 FREESTY LIBR KIT 2
 SENSOR.....172

FREESTY LIBR KIT 3
 SENSOR..... 172
 FREESTY LIBR KIT
 SENSOR..... 172
 FREESTY LIBR MIS 2
 READER..... 172
 FREESTY LIBR MIS 3
 READER..... 172
 FREESTYLE MIS
 READER..... 172
 FREEZE DRIED
 ACIDOPHILUS 84
 FRESHKOTE PF SOL
 2.7-2% 142
 FRESHKOTE SOL 2.7-
 2%..... 142
 FRINDOVYX..... 28
 FRUCTOSE GRA .. 117
 fruity chews 126
 fruity chews/iron. 126
 FRUZAQLA 33
 ft 8 hour pain relief 13
 ft acid reducer .87, 93
 ft acid reducer
 maximum s 87
 ft all day allergy.. 145
 ft all day allergy 24
 hou 145
 ft all day allergy relief
 145
 ft allergy multi-
 symptom..... 149
 ft allergy relief.... 145
 ft allergy relief 12
 hour 145
 ft allergy relief 24
 hour 145
 ft allergy relief childre
 145
 ft antacid & antigas83
 ft antacid extra
 strength..... 83
 ft antacid regular
 streng..... 83
 ft anti-diarrheal 85
 ft antifungal cream
 163

ft aspirin 13
 ft aspirin low dose. 13
 ft athletes foot cream
 164
 ft castor oil 88
 ft chest congestion
 relie 149
 ft children's
 chewables p 13
 ft clearlax 88
 ft cold & flu relief dayt
 149
 ft cold & flu relief nigh
 149
 ft earwax removal 172
 ft earwax removal kit
 172
 ft enteric coated
 aspirin 13
 ft fiber laxative 88
 ft gas relief drops
 infan 91
 ft gas relief extra
 stren 91
 ft gas relief ultra
 stren 91
 ft gentle laxative... 88
 ft ibuprofen 15
 ft ibuprofen childrens
 15
 ft ibuprofen ib
 childrens 15
 ft ibuprofen minis.. 15
 ft laxative 88
 ft magnesium citrate
 88
 ft mineral oil..... 89
 ft motion sickness . 86
 ft mucus relief 12hr
 149
 ft mucus relief 12hr
 maxi..... 149
 ft mucus relief d 12
 hour 149
 ft mucus relief dm 149
 ft naproxen sodium 15
 ft nasal 149

ft nasal decongestant
 max149
 ft nasal decongestant
 pe149
 ft pain relief 13
 ft pain relief adult
 extr..... 13
 ft senna laxative ... 89
 ft senna-s 89
 ft stomach relief ... 85
 ft stool softener 89
 ft tussin adult149
 ft tussin cf adult...150
 full spectrum
 b/vitamin c.....126
 FULPHILA..... 95
 fulvestrant 30
 FUNGOID TINCTURE
 164
 furosemide..... 47
 furosemide inj 48
 FUSION PLUS CAP. 96
 FUZEON..... 22
 fyavolv tab 0.5mg-
 2.5mcg 78
 fyavolv tab 1mg-
 5mcg..... 78
 FYCOMPA..... 58
 gabapentin..... 58
 galantamine
 hydrobromide 50
 galbriela 73
 gallifrey 82
 GALZIN113
 GAMASTAN INJ102
 GAMMAGARD LIQUID
 102
 GAMMAGARD S/D IGA
 LESS TH.....102
 GAMMAKED.....102
 GAMMAPLEX.....102
 GAMUNEX-C102
 ganciclovir sodium 24
 GARDASIL 9103
 gas relief 91
 gas relief extra
 strength..... 91

gas relief infants ... 92
gas relief ultra strength..... 92
gas-x extra strength 92
gas-x ultra strength 92
gatifloxacin (ophth) 141
GATTEX 92
GAUZE PADS 2 69
gavilax 89
gavilyte-c..... 89
gavilyte-g 89
gavilyte-n/flavor pack 89
GAVRETO..... 33
gefitinib 33
gemcitabine hcl ... 29
gemfibrozil 45
GEMTESA..... 94
GENADEK CAP STEP 1 126
GENADEK CAP STEP 2 126
generlac 89
gengraf..... 103
GENOTROPIN 81
GENOTROPIN MINIQUICK..... 81
gentamicin in saline inj 0.8 mg/ml 19
gentamicin in saline inj 1 mg/ml 19
gentamicin in saline inj 1.2 mg/ml 19
gentamicin in saline inj 1.6 mg/ml 19
gentamicin in saline inj 2 mg/ml 19
gentamicin sulfate. 19
gentamicin sulfate (ophth) 141
gentamicin sulfate (topical)..... 162
GENTEAL SEVERE TEARS 142

GENTEAL TEAR GEL SEV D/N 142
GENTEAL TEAR SOL MOD PF..... 143
GENTEAL TEAR SOL PF 143
genteal tears liquid drop 143
genteal tears night-time 143
gentle laxative..... 89
GENVOYA TAB 23
gerber grow mighty 126
gerber lil' brainies 126
gerivite complete 126
GILOTRIF..... 33
glatiramer acetate. 64
glatopa 64
GLEOSTINE 28
glimepiride 67
glipizide 67
glipizide xl 67
glipizide-metformin hcl tab 2.5-250 mg 67
glipizide-metformin hcl tab 2.5-500 mg 67
glipizide-metformin hcl tab 5-500 mg 67
GLUCOSE..... 79
GLUCOSE CHW FRUIT 79
GLUCOSE CHW GRAPE 79
GLUCOSE CHW ORANGE 79
GLUCOSE CHW RASPBERRY..... 79
GLUCOSE CHW WATERMLN 79
glucoten 126
glutamine powder 117
GLUTATHIONE POW 117
GLYCERIN 105

GLYCERIN LIQ105
glycolax 89
glycopyrrolate 87
glydo.....166
GLYXAMBI TAB 10-5 MG..... 67
GLYXAMBI TAB 25-5 MG..... 67
gnp 8 hour arthritis reli 13
gnp 8 hour pain relief 13
gnp 8 hour pain reliever 13
gnp acetaminophen14
gnp acid reducer... 87
gnp acid reducer maximum 87
gnp adult aspirin low str..... 14
gnp all day allergy145
gnp all day allergy child145
gnp all day allergy relie145
gnp all day allergy-d150
gnp allergy.....145
gnp allergy & congestion150
gnp allergy multi-symptom150
gnp allergy relief..145
gnp allergy relief 24 hou145
gnp allergy relief maximu146
gnp antacid 83
and anti-gas/..... 83
gnp antacid & anti-gas ma 83
gnp antacid & anti-gas/re 83
gnp antacid anti-gas/maxi..... 83
gnp antacid extra strengt 83

gnp antacid ultra
strengt..... 83
gnp antacid/regular
stren 83
gnp antibiotic + pain
rel..... 162
gnp anti-diarrheal . 85
gnp anti-gas ultra
streng..... 92
gnp anti-itch..... 168
gnp artificial tears 143
gnp aspirin..... 14
gnp aspirin low dose
..... 14
gnp athletes foot. 164
gnp bacitracin zinc
..... 163
gnp b-complex plus
vitami..... 126
gnp biotin 127
gnp calcium..... 113
gnp calcium 500 +d3
..... 113
gnp calcium 600
+d/minera..... 113
gnp calcium 600 +d3
..... 113
gnp calcium 600
+d3/miner 113
gnp calcium citrate
+d3..... 113
gnp calcium
citrate+d3 ma. 113
gnp callus removers
..... 168
gnp capsaicin heat
patch..... 168
gnp castor oil 89
gnp childrens allergy
..... 146
gnp childrens
chewables/e 127
gnp childrens
chewables/i 127
gnp childrens
ibuprofen 15
gnp clearlax 89

gnp clotrimazole 3. 94
gnp co q10..... 117
gnp co q-10 117
gnp cold & cough
children 150
gnp cold + flu severe
..... 150
gnp cold + head
congestio 150
gnp cold max
day/night ad.... 150
gnp cold max daytime
for 150
gnp cough dm er. 150
gnp d 1000 127
gnp d 2000 127
gnp day time cold/flu
..... 150
gnp earwax removal
drops..... 172
gnp earwax removal
kit..... 172
GNP ELECTROLYTE
SOLUTION..... 108
gnp epsom salt..... 89
gnp esomeprazole
*magnesi*u 93
gnp essential one
daily..... 127
gnp
fexofenadine/pseud
oep 150
gnp fiber powder... 89
gnp fiber therapy .. 89
gnp fiber-caps 89
gnp fish oil..... 117
GNP FISH OIL CAP
840MG..... 117
gnp fish oil maximum
stre 117
gnp fluticasone
propionat 160
gnp folic acid..... 127
gnp gas relief 92
gnp gas relief extra
stre 92

GNP GENTIAN VIOLET
.....164
gnp gentle laxative 89
GNP GLUCOSE CHW
GRAPE 79
GNP GLUCOSE CHW
ORANGE 79
GNP GLUCOSE CHW
RASPBERRY 79
GNP GLUCOSE CHW
WATERMLN 79
gnp hair/skin/nails
.....127
gnp healthy eyes .127
gnp hydrocortisone
.....165
gnp hydrocortisone
maximu165
gnp hydrocortisone
plus.....165
gnp
hydrocortisone/aloe
.....165
gnp ibuprofen..... 15
gnp ibuprofen
childrens 16
gnp ibuprofen infants
..... 16
gnp infant gas relief
..... 92
gnp infants pain/fever
..... 14
gnp iron..... 97
gnp itch relief spray
ext.....168
gnp lansoprazole... 93
*gnp lice treatment*171
gnp little ones
childrens127
gnp loperamide
hydrochlor..... 85
gnp loratadine146
gnp loratadine
childrens146
gnp lubricating plus
eye143

gnp magnesium
citrate..... 89
gnp mega multi for
men 127
gnp mega multi for
women 127
gnp miconazole 1
combinat..... 94
gnp miconazole 3.. 94
gnp miconazole 7.. 94
*gnp miconazorb af*164
gnp milk of magnesia
..... 89
gnp mineral oil 89
gnp motion sickness
relie 86
gnp mucus dm
maximum stre . 150
gnp mucus er 150
gnp mucus relief . 150
gnp mucus relief dm
..... 150
gnp mucus relief pe
..... 150
gnp naproxen 16
gnp naproxen sodium
..... 16
gnp nasal
decongestant... 150
gnp nasal
decongestant ma
..... 150
gnp nasal
*decongestant pe*150
gnp nasal
decongestant/ma
..... 150
gnp nasal four spray
..... 150
gnp nasal
moisturizing 157
gnp nasal spray .. 150
gnp nasal spray extra
moi 150
gnp nasal spray fast
acti 150
gnp nicotine gum .. 66

gnp nicotine mini
lozenge..... 66
gnp nicotine
polacrilex 66
gnp nicotine
polacrilex m..... 66
gnp nicotine
transdermal..... 66
gnp night time cold &
flu 150
gnp night time cough
..... 150
gnp no drip nasal
spray..... 150
gnp omeprazole 93
gnp omeprazole odt
..... 93
gnp one daily mens
health..... 127
gnp one daily
womens heal ... 127
gnp one daily
womens meta .. 127
gnp pain & fever
children 14
gnp pain & fever
infants 14
gnp pain relief 14
gnp pain relief extra
str..... 14
GNP PEDIATRIC
ELECTROLYTE .. 108
gnp pink bismuth .. 85
gnp pink bismuth
ultra st 85
gnp povidone-iodine
..... 168
GNP PROBIOTI CAP
XTRA STR..... 85
gnp pseudoephedrine
hcl e..... 150
GNP QUICK
DISSOLVE GLUCOS
..... 79
gnp senna lax..... 89
gnp senna plus 89

gnp sinus + headache
for150
gnp sinus
pressure/pain ...150
gnp sinus severe
daytime150
gnp stomach relief 85
gnp stool softener . 89
gnp stool
softener/stimul .. 89
gnp tab tussin150
gnp tab tussin dm 150
gnp terbinafine
hydrochlo.....164
gnp therapeutic-m
.....127
gnp tolnaftate.....164
gnp triple antibiotic
.....163
gnp triple antibiotic
plu163
gnp tussin cf cough &
col150
gnp tussin cough long
act150
gnp tussin dm cough
.....150
gnp tussin dm
cough/chest150
gnp tussin dm max
.....150
gnp tussin mucus &
chest.....150
gnp urinary pain relief
..... 94
gnp urinary pain relief
m..... 94
gnp vitamin a127
gnp vitamin b-6 ...127
gnp vitamin c127
gnp vitamin c w/rose
hips.....127
gnp vitamin c/rose
hips.....127
gnp vitamin d127
gnp vitamin d
maximum str....127

gnp vitamin d super
stren 127
gnp vitamin d3 ... 127
gnp vitamin d3 extra
stre 127
gnp vitamin e 127
gnp vitamin e water
dispe 127
gnp wart remover 168
gnp womens gentle
laxativ 89
 GOLD BOND
 ADVANCED HEALIN
 168
 GOLD BOND CRE
 HEALING 168
 GOLD BOND OIN
 HEALING 168
 GOMEKLI 33, 34
goodsense 24-hour
allergy 160
goodsense all day
allergy 146, 150
goodsense aller-ease
 146
goodsense allergy
relief 146
goodsense anti-
diarrheal 85
goodsense arthritis
pain 14
goodsense aspirin . 14
goodsense aspirin
adults 14
goodsense clearlax 89
goodsense cough dm
 151
goodsense cough dm
childr 151
goodsense day time
cold & 151
goodsense daytime
cold & 151
goodsense electrolyte
 108
goodsense
*esomeprazole ma*93

goodsense first aid
antib 163
goodsense
hemorrhoidal oi 168
goodsense ibuprofen
 16
goodsense ibuprofen
child 16
goodsense ibuprofen
infan 16
goodsense
lansoprazole 93
goodsense lice killing
cr 171
goodsense lubricating
plu 143
goodsense mucus er
 151
goodsense mucus
relief ch 151
goodsense naproxen
sodium 16
goodsense nicotine 66
goodsense nicotine
polacr 66
goodsense nighttime
cold 151
goodsense nighttime
cough 151
goodsense pain &
fever ch 14
goodsense pain &
fever in 14
goodsense pain relief
 14
goodsense pain relief
ext 14
goodsense tussin cf
 151
goodsense tussin dm
coug 151
goodsense tussin dm
max 151
granisetron hcl 86
 GRAPE SYP 105
griseofulvin microsize
 21

griseofulvin
ultramicrosize 21
guaifenesin151
guaifenesin er.....151
guaifenesin-codeine
soln 100-10
mg/5ml151
guanfacine hcl 48
guanfacine hcl (adhd)
 61
 GUMMI BEAR CHW
 MULTIVIT127
 GUMMY DINOS CHW
127
 GUMMY DINOS CHW
 CHLDRN127
 GUMMY MULTIV CHW
 KIDS127
 HAEGARDA 98
hailey 1.5/30 73
hailey 24 fe 73
 HAIR SKIN & TAB
 NAILS AD127
 HAIR SKIN TAB NAILS
127
 HAIR/SKIN/ CAP
 NAILS127
hair/skin/nails127
halobetasol
propionate165
haloette 73
haloperidol 54
haloperidol decanoate
 54
haloperidol lactate. 54
 HARVONI PAK 33.75-
 150MG 24
 HARVONI PAK 45-
 200MG 24
 HARVONI TAB 45-
 200MG 24
 HARVONI TAB 90-
 400MG 24
 HAVRIX103
 H-COSMETIC CRE
 ARBEM105

head
 congestion/mucus
 151
healthy eyes..... 127
 HEALTHY EYES CAP
 SUPERVIS 127
healthy
 eyes/lutein/zeaxa
 128
healthy hair skin &
 nails 128
 HEALTHY KIDS CHW
 GUMMIES 128
healthy kids vitamin
 d3 128
healthylax 89
heartburn relief..... 87
heartburn relief extra
 st 83
heartburn relief
 maximum 87
heather 73
h-e-b oral electrolyte
 so 108
 HEMATEX 97
 HEMATEX
 POLYSACCHARIDE
 IR 97
 HEMATOGEN FA CAP
 97
 HEMOCYTE PLS CAP
 97
 HEP SOD/NACL INJ
 25000UNT 95
heparin sodium
 (porcine) 95
 HEPLISAV-B 103
her style 73
 HERCEP HYLEC SOL
 60-10000 34
 HERCEPTIN 34
 HERZUMA 34
 HIBERIX 103
 HIGH POTENCY TAB
 MULTIVIT 128
 HIGH POTENCY TAB
 MV/FA 128

HISTEX 146
 HISTEX PDX 146
 HISTEX-DM SYP.. 151
hm adult aspirin.... 14
hm all day allergy
 childr 146
hm allergy relief nasal
 s 160
hm antacid extra
 strength 83
hm arthritis pain
 relief 14
hm calcium
 citrate+d3 pet . 113
hm calcium/vitamin
 d/mine 113
hm cold & cough
 childrens 151
hm cold & sinus relief
 151
 HM COMPLETE TAB
 MEN 128
hm complete women
 128
hm cough dm 151
hm enema mineral oil
 89
hm enema saline
 laxative 89
hm esomeprazole
 magnesium 93
hm fexofenadine
 hydrochlo 146
hm ibuprofen
 childrens 16
hm loratadine 146
hm loratadine
 childrens 146
hm nicotine polacrilex
 66
hm pain relief 14
hm stomach relief . 85
hm stomach relief
 ultra 85
hm stool
 softener/stimula . 89

hm urinary pain relief
 94
hm womens 50+
 advanced on 128
 HOLD CHAMBER MIS
 ADLT LG 158
 HOLD CHAMBER MIS
 MEDIUM 158
 HOLD CHAMBER MIS
 SMALL 158
 HONEY BEARS CHW
 128
 HONEY BEARS CHW
 IRON-ZIN 128
 HUMIRA 100
 HUMIRA PEN 100
 HUMIRA PEN KIT
 PS/UV 100
 HUMIRA PEN-
 CD/UC/HS START
 100
 HUMIRA PEN-
 PEDIATRIC UC S
 100
 HUMULIN R U-500
 (CONCENTR 69
 HUMULIN R U-500
 KWIKPEN 69
hydralazine hcl 48
 HYDRALYTE SOL
 BERRY 108
 HYDRALYTE SOL
 LEMONADE 108
 HYDRALYTE SOL
 ORANGE 108
 HYDRASYN25 CRE168
hydrochlorothiazide 48
hydrocod polst-
 chlorphen polst er
 susp 10-8 mg/5ml
 151
hydrocodone bitart-
 homatropine
 methylbrom soln 5-
 1.5 mg/5ml 151
hydrocodone bitart-
 homatropine

methylbromide tab
 5-1.5 mg..... 151
hydrocodone
bitartrate 17
hydrocodone-
acetaminophen soln
 7.5-325 mg/15ml17
hydrocodone-
acetaminophen tab
 10-325 mg 17
hydrocodone-
acetaminophen tab
 5-325 mg..... 17
hydrocodone-
acetaminophen tab
 7.5-325 mg 17
hydrocodone-
ibuprofen tab 7.5-
 200 mg..... 17
hydrocortisone..... 78
 HYDROCORTISONE
 165
hydrocortisone
 (intrarectal)..... 87
hydrocortisone
 (rectal) 169
hydrocortisone
 (topical)... 165, 166
hydrocortisone
*acetate (topical)*166
hydrocortisone
maximum st 166
hydrocortisone sod
succinate 78
hydrocortisone
valerate 166
hydrocortisone/aloe
maxim 166
hydrolatum 169
hydromet..... 151
hydromorphone hcl 17
 HYDROPHILIC OIN
 PETROLAT 106
hydrophor..... 169
 HYDROUS CRE
 EMULSIFI 106

HYDROXOCOBAL POW
 106
hydroxocobalamin
acetate 128
hydroxychloroquine
sulfate 102
hydroxyurea..... 31
hydroxyzine hcl .. 146
hydroxyzine pamoate
 146
 HYPROMELLOSE POW
 4000MPA 106
ibandronate sodium
 71
 IBRANCE..... 34
 IBTROZI 34
ibu 16
ibuprofen 16
ibuprofen childrens 16
ibuprofen infants... 16
ibuprofen junior
strength..... 16
icaps 128
 ICAPS AREDS TAB
 FORMULA..... 128
icaps lutein & omega-
 3..... 128
icaps mv 128
icatibant acetate ... 98
iclevia 73
 ICLUSIG 34
 IDACIO (2 PEN) .. 100
 IDACIO (2 SYRINGE)
 100
 IDACIO CROHN INJ
 DISEASE..... 100
 IDACIO PLAQU INJ
 PSORIASIS..... 100
 IDEAL BOWEL
 SUPPORT 85
 IDHIFA 34
iferex 150 97
iferex 150 forte..... 97
imatinib mesylate.. 34
 IMBRUVICA..... 34

imipenem-cilastatin
intravenous for soln
 250 mg..... 19
imipenem-cilastatin
intravenous for soln
 500 mg..... 19
imipramine hcl..... 51
imiquimod.....169
 IMKELDI 34
 IMMUNE CHW
 SUPPORT128
 IMMUNE SUPP POW
 VIT C.....128
 IMOVAX RABIES
 (H.D.C.V.).....103
 IMPAVIDO..... 19
 INBRIJA..... 53
incassia 73
 INCRELEX 81
 INCRUSE ELLIPTA 144
indapamide 48
 INFANRIX INJ104
infants ibuprofen... 16
 INFED 97
 INFLIXIMAB100
 INFUVITE INJ
 PEDIATRI128
 INJECTAFER 97
 INLYTA 34
 INQOVI TAB 35-
 100MG..... 29
 INREBIC 34
 INSPIREASE MIS DD
 SYST158
 INSULIN PEN
 NEEDLES: BD-
 EMBECTA 69
 INSULIN SAFETY
 NEEDLES: BD-
 EMBECTA 69
 INSULIN SYRINGES:
 BD-EMBECTA 69
 INTEGRA F CAP..... 97
 INTEGRA PLUS CAP97
 INTELENCE 22
 INTESTINEX 85
 INTRALIPID.....110

introvale 73
 INVEGA HAFYERA.. 54
 INVEGA SUSTENNA 54
 INVEGA TRINZA.... 54
 IPOL INJ INACTIVE
 104
ipratropium bromide
 144
ipratropium bromide
 (nasal)..... 144
ipratropium-albuterol
nebu soln 0.5-
2.5(3) mg/3ml . 144
irbesartan 44
irbesartan-
hydrochlorothiazide
tab 150-12.5 mg 43
irbesartan-
hydrochlorothiazide
tab 300-12.5 mg 43
irinotecan hcl..... 31
 IRON..... 97
iron 27 97
 IRON CHEWS
 PEDIATRIC 97
 IRON FOLATE CAP -F
 97
 IRON FOLATE CAP
 PLUS 97
iron infant & toddler
 97
iron infant/toddler . 97
iron slow release... 97
iron supplement.... 97
iron supplement
childrens 97
 IRON UP 97
 IROSPAN 24/6 MIS 97
is-d 10,000 128
 ISENTRESS 22
 ISENTRESS HD 22
isibloom..... 73
 ISOLYTE-P INJ /D5W
 109
 ISOLYTE-S INJ PH 7.4
 109
isoniazid 24

isosorbide dinitrate 48
isosorbide
mononitrate 49
isotretinoin..... 162
isradipine..... 47
itch relief extra
strengt 169
 ITOVEBI 34
itraconazole 21
ivabradine hcl..... 48
ivermectin..... 19
ivermectin
(pediculicide)... 171
i-vite 128
 IWILFIN..... 31
 IXIARO INJ 104
jaimiess..... 73
 JAKAFI 34
jantoven 95
 JANUMET TAB 50-
 1000 67
 JANUMET TAB 50-
 500MG..... 67
 JANUMET XR TAB
 100-1000..... 67
 JANUMET XR TAB 50-
 1000 67
 JANUMET XR TAB 50-
 500MG..... 67
 JANUVIA 67
 JARDIANCE 67
jasmiel 73
javygtor..... 81
 JAYPIRCA..... 35
 JENTADUETO TAB
 2.5-1000..... 67
 JENTADUETO TAB
 2.5-500 67
 JENTADUETO TAB
 2.5-850 67
 JENTADUETO TAB XR
 2.5-1000MG 68
 JENTADUETO TAB XR
 5-1000MG..... 68
jinteli 78
jolessa..... 73
juleber 73

JULUCA TAB 50-25MG
 23
junel 1.5/30 73
junel 1/20..... 73
junel fe 1.5/30 73
junel fe 1/20 73
junel fe 24 73
 JYLAMVO102
 JYNNEOS104
 KADCYLA 35
kaitlib fe 73
 KALA TAB 85
 KALETRA SOL 23
 KALYDECO158
 KANJINTI 35
kariva..... 74
kcl 10 meq/l
(0.075%) in
dextrose 5% & nacl
0.45% inj.....109
kcl 20 meq/l
(0.149%) in nacl
0.45% inj.....109
kcl 20 meq/l (0.15%)
in dextrose 5% &
nacl 0.2% inj....109
kcl 20 meq/l (0.15%)
in dextrose 5% &
nacl 0.45% inj ..109
kcl 20 meq/l (0.15%)
in dextrose 5% &
nacl 0.9% inj....109
kcl 20 meq/l (0.15%)
in nacl 0.45% inj
109
kcl 20 meq/l (0.15%)
in nacl 0.9% inj 109
kcl 30 meq/l
(0.224%) in
dextrose 5% & nacl
0.45% inj.....109
kcl 40 meq/l (0.3%)
in dextrose 5% &
nacl 0.45% inj ..109
kcl 40 meq/l (0.3%)
in dextrose 5% &
nacl 0.9% inj....109

kcl 40 meq/l (0.3%)
in nacl 0.9% inj 109
 KCL/D5W/NACL INJ
 0.3/0.9% 109
kelnor 1/35 74
kelnor 1/50 74
 KERADAN CRE 169
 KERENDIA..... 42
 KESIMPTA 64
ketoconazole 21
ketoconazole (topical)
 164
 KETO-DIASTIX TES 81
ketorolac
 tromethamine
 (ophth) 141
ketotifen fumarate
 (ophth) 142
 KEYTRUDA 35
kids first vitamin d3
 gum 128
 KIDZ MULTVIT CHW
 PROBIOTI..... 128
 KIMONO COLOR MIS
 74
 KIMONO MAXX MIS
 LG FLARE 74
 KIMONO MICRO MIS
 THIN 74
 KIMONO MICRO MIS
 THIN + 74
 KIMONO MIS
 LUBRICAT 74
 KIMONO MIS
 SENSATIO 74
 KIMONO PLUS MIS
 SPERMICI..... 74
 KIMONO SENA MIS
 PLUS 74
 KIMONO SPEC MIS 74
 KINDERLYTE SOL 108
 KINDERLYTE SOL
 CHERRY 108
 KINDERLYTE SOL
 FRUIT 108
 KINDERLYTE SOL
 GRAPE 108

KINDERLYTE SOL
 LEM/LIME..... 108
 KINDERLYTE SOL
 LEMON..... 108
 KINDERLYTE SOL
 LEMONADE..... 108
 KINDERLYTE SOL
 ORANGE 108
 KINDERLYTE SOL
 PREMAX..... 108
 KINDERLYTE SOL
 STRWBRY..... 108
 KINRIX INJ..... 104
kionex 71
 KISQALI 200 DOSE 35
 KISQALI 200 PAK
 FEMARA..... 35
 KISQALI 400 DOSE 35
 KISQALI 400 PAK
 FEMARA..... 35
 KISQALI 600 DOSE 35
 KISQALI 600 PAK
 FEMARA..... 35
klayesta..... 164
klor-con 110
klor-con 10 110
klor-con 8 110
klor-con m10..... 110
klor-con m15..... 110
klor-con m20..... 110
 KONSYL DAILY FIBER
 89
 KOSELUGO..... 35
kourzeq 172
kp adults 50+ daily
 formu 128
kp adults daily
 formula..... 128
kp b complex/c... 128
kp calcium 600+d 113
kp calcium 600+d3
 113
kp calcium citrate+d
 113
kp ferrous gluconate
 97
kp ferrous sulfate.. 97

kp fish oil.....117
kp folic acid.....128
kp mag-oxide
 magnesium113
kp mens 50+ daily
 formula.....128
kp mens daily formula
 128
 KP MENS MIS DAILY
 PK.....128
kp niacin.....128
kp omega-3 fish oil
 117
kp vision formula .128
kp vision formula
 w/lutei.....128
kp vitamin b-6.....128
kp vitamin d.....128
kp vitamin d3128
kp vitamin e.....128
kp womens 50+ daily
 formu128
kp womens daily
 formula.....128
 KP WOMENS PAK
 DAILY129
 K-PAX TAB PROF ST
 128
 KRAZATI..... 35
 KROG GLUCOSE CHW
 ORANGE 79
 KROG GLUCOSE CHW
 RASPBERRY..... 80
 KROG GLUCOSE CHW
 WATERMLN 80
kurvelo..... 74
labetalol hcl 46
lacosamide..... 58
lacosamide oral 58
lactated ringer's
 solution109
lactic acid
 (ammonium
 lactate).....169
 LACTOBACILLUS
 EXTRA STREN 85
 LACTOSE POW.....106

LACTOSE POW
 ANHYDROU 106
 LACTOSE POW
 HYDROUS..... 106
 LACTOSE POW
 MONOHYDR..... 106
lactulose 89
lactulose
 (encephalopathy) 89
lamivudine 22
lamivudine (hbm)... 24
lamivudine-
 zidovudine tab 150-
 300 mg 23
lamotrigine..... 58
 LANAPHILIC OIN . 169
land before time
 multivit 129
 LANOLOR CRE 169
lanreotide acetate . 81
lansinoh lanolin... 169
lansinoh lanolin minis
 ni 169
lansinoh lanolin nipple
 169
lansoprazole 93
lapatinib ditosylate 35
l-arginine maximum
 streng..... 117
 L-ARGININE POW 117
larin 1.5/30..... 74
larin 1/20..... 74
larin 24 fe 74
larin fe 1.5/30 74
larin fe 1/20 74
latanoprost..... 142
laxative maximum
 strength..... 89
laxative regular
 strength..... 89
layolis fe 74
 LAZCLUZE 35
 L-CARNITINE POW
 106
 L-CITRULLINE POW
 106

LEADER FINGE CRE
 169
 LEADER QUICK
 DISSOLVE GLU .. 80
leflunomide 102
lenalidomide..... 30
 LENVIMA 10 MG
 DAILY DOSE 35
 LENVIMA 12MG DAILY
 DOSE 35
 LENVIMA 20 MG
 DAILY DOSE 35
 LENVIMA 4 MG DAILY
 DOSE 35
 LENVIMA 8 MG DAILY
 DOSE 35
 LENVIMA CAP 14 MG
 35
 LENVIMA CAP 18 MG
 36
 LENVIMA CAP 24 MG
 36
lessina..... 74
letrozole 30
leucovorin calcium. 40
 LEUKERAN 28
leuprolide acetate . 30
levalbuterol hcl ... 147
levalbuterol tartrate
 147
levetiracetam 58
 LEVETIRACETAM ... 58
levetiracetam in
 sodium chloride iv
 soln 1000
 mg/100ml 58
levetiracetam in
 sodium chloride iv
 soln 1500
 mg/100ml 58
levetiracetam in
 sodium chloride iv
 soln 500 mg/100ml
 58
levobunolol hcl ... 142

levocarnitine
 (metabolic
 modifiers) 81
levocetirizine
 dihydrochloride .146
levofloxacin 26
levofloxacin in d5w iv
 soln 250 mg/50ml
 26
levofloxacin in d5w iv
 soln 500 mg/100ml
 26
levofloxacin in d5w iv
 soln 750 mg/150ml
 26
levonest 74
levonorgestrel &
 ethinyl estradiol
 (91-day) *tab 0.15-*
 0.03 mg..... 74
levonorgestrel &
 ethinyl estradiol tab
 0.1 mg-20 mcg .. 74
levonorgestrel &
 ethinyl estradiol tab
 0.15 mg-30 mcg 74
levonorgestrel
 (emergency oc) . 74
levonorgestrel-eth
 estra tab 0.05-
 30/0.075-40/0.125-
 30mg-mcg 74
levonorgestrel-ethinyl
 estradiol
 (continuous) *tab*
 90-20 mcg 74
levonorg-eth est tab
 0.1-0.02mg(84) &
 eth est tab
 0.01mg(7) 74
levonorg-eth est tab
 0.15-0.03mg(84) &
 eth est tab
 0.01mg(7) 74
levora 0.15/30-28 . 74
levo-t 82

levothyroxine sodium
 82
levoxyl 82
l-glutamine (sickle cell)..... 98
 L-GLUTAMINE POW
 117
 L-GLUTATHION CRY
 117
lice killing maximum stre 171
lice killing shampoo
 171
lidocaine 166, 169
lidocaine hcl 166
lidocaine hcl (local anesth.)..... 14
lidocaine hcl (mouth-throat)..... 172
*lidocaine-prilocaine cream 2.5-2.5%*166
lidocan 166
 LIFE PACK MIS MENS
 129
 LIFE PACK MIS WOMENS..... 129
 LILETTA 74
linezolid 19
 LINEZOLID INJ
 2MG/ML 19
 LINZESS 92
*liothyronine sodium*82
 LIP BALM OIN BASE
 106
 LIPOIC ACID..... 117
 LIOPEN CRE ARBEM
 106
 LIQ-10 SYP 50-15/5
 117
liquid acetaminophen
 14
*liquid allergy relief*146
 LIQUID CALCI CAP
 WITH D3 113
liquid calcium/d3. 113
liquid calcium/vitamin d..... 113

lisinopril..... 42
lisinopril & hydrochlorothiazide tab 10-12.5 mg. 41
lisinopril & hydrochlorothiazide tab 20-12.5 mg. 41
lisinopril & hydrochlorothiazide tab 20-25 mg 42
 L-ISOLEUCINE POW
 117
lithium..... 63
lithium carbonate.. 64
 LITTLE REMED AER MIST 158
 LITTLE REMED SOL SALINE 158
 LIVTENCITY..... 24
 L-LYSINE HCL POW
 106
 L-LYSINE POW.... 106
loestrin 1.5/30-21 . 74
loestrin 1/20-21.... 74
loestrin fe 1.5/30 .. 74
loestrin fe 1/20..... 74
 LOHIST-D LIQ 151
 LOHIST-DM SYP 5-2-10MG 151
lojaimiess 75
 LOKELMA 71
 LOLLIBASE POW . 106
 LONSURF TAB 15-6.14 29
 LONSURF TAB 20-8.19 29
loperamide hcl.85, 92
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 23
lopinavir-ritonavir tab 100-25 mg 23
lopinavir-ritonavir tab 200-50 mg 23
loratadine 146

loratadine childrens
146
loratadine-d 12hr.151
loratadine-d 24hr.151
lorazepam..... 49
lorazepam intensol 49
 LORBRENA 36
 LORTUSS LQ LIQ..151
loryna 75
losartan potassium 44
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 43
losartan potassium & hydrochlorothiazide tab 100-25 mg... 43
losartan potassium & hydrochlorothiazide tab 50-12.5 mg. 43
 LOTEMAX.....141
loteprednol etabonate
141
lovastatin..... 45
low-ogestrel 75
loxapine succinate. 54
lubricant eye drops
143
lubricant eye nighttime143
lubricating eye drops
143
lubrifresh p.m......143
 LUMAKRAS..... 36
 LUMIGAN142
 LUMIZYME 81
 LUPRON DEPOT (1-MONTH)..... 30
 LUPRON DEPOT (3-MONTH)..... 30
 LUPRON DEPOT-PED (1-MONTH)..... 81
 LUPRON DEPOT-PED (3-MONTH)..... 81
 LUPRON DEPOT-PED (6-MONTH)..... 81
lurasidone hcl 54
lutra 75

L-VALINE POW.... 117
 LYBALVI TAB 10-
 10MG 54
 LYBALVI TAB 15-
 10MG 55
 LYBALVI TAB 20-
 10MG 55
 LYBALVI TAB 5-10MG
 54
lyleq..... 75
lyllana 78
 LYNPARZA..... 36
 LYSIPLEX LIQ PLUS
 129
 LYSODREN 30
 LYTGOBI (12 MG
 DAILY DOSE) 36
 LYTGOBI (16 MG
 DAILY DOSE) 36
 LYTGOBI (20 MG
 DAILY DOSE) 36
lyza..... 75
macular health
 formula..... 129
macuvite..... 129
*macuvite eye care*129
macuvite/lutein... 129
 MAG-AL LIQ 83
mag-al plus..... 83
mag-al plus xs..... 83
magdelay..... 113
 MAG-G 113
 MAGN CHLORID POW
 114
 MAGNESIUM..... 114
 MAGNESIUM CITRATE
 114
 MAGNESIUM EXTRA
 STRENGTH 114
magnesium gluconate
 114
 MAGNESIUM
 GLUCONATE 114
magnesium lactate
 114
magnesium oxide.. 83

MAGNESIUM OXIDE
 114
magnesium oxide
 (*mg supplement*)
 114
magnesium sulfate
 109
 MAGNESIUM SULFATE
 109
magnesium sulfate in
 dextrose 5% iv soln
 1 gm/100ml 109
magnesium-oxide 114
 MAGONATE LIQ
 1000/5ML..... 114
mag-oxide 113
malathion 171
mapap..... 14
mapap childrens ... 14
mapap cold formula
 multi- 151
maraviroc 22
 MAR-COF CG LIQ
 225-7.5 151
marlissa..... 75
 MARPLAN 51
 MATULANE 31
 MAVYRET PAK 50-
 20MG 24
 MAVYRET TAB 100-
 40MG 24
 MAXI DEET..... 169
 MAXICHLOR TAB PEH
 DM..... 152
 MAXIFED TAB 60-
 360MG..... 152
 MAXIFED TR TAB
 1.25-30 152
 MAXIMIN PAK 129
 MAXIMUM D3 129
maximum daily green
 129
maximum epa 117
maxi-tuss ac 151
maxi-tuss g..... 151
maxi-tuss gmx ... 152

MAXI-TUSS JR LIQ
 152
 MAXI-TUSS LIQ CD
 152
 MAXI-TUSS PE LIQ
 152
 MAXI-TUSS PE LIQ JR
 152
 MAXI-TUSS PE LIQ
 MAX152
 MAXI-TUSS TR LIQ
 1.25-30152
 MAXX MIS LUBRICAT
 75
 MAXX PLUS MIS
 SPERMICI..... 75
m-dryl.....146
meclizine hcl 86
medela tender care
 lanoli.....169
medicated callus
 removers169
medicated corn
 removers169
 MEDI-LYTE TAB ...108
medroxyprogesterone
 acetate 82
medroxyprogesterone
 acetate
 (*contraceptive*) .. 75
mefloquine hcl..... 21
 MEGA MULTI TAB
 MEN129
mega-marathon 100
 tr129
 MEGAVITE TAB
 FRT/VEG129
 MEGAVITE TAB GOLD
 55+.....129
megestrol acetate 30,
 82
megestrol acetate
 (*appetite*)..... 82
meijer advanced
 formula.....129
meijer advanced
 formula f.....129

meijer c 129
meijer saline nasal spray 158
 MEKINIST 36
 MEKTOVI 36
meleya 75
meloxicam 16
memantine hcl..... 50
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 50
memantine hcl-donepezil hcl cap er 24hr 14-10 mg .. 50
memantine hcl-donepezil hcl cap er 24hr 21-10 mg .. 50
memantine hcl-donepezil hcl cap er 24hr 28-10 mg .. 50
 MENACTRA INJ ... 104
 M-END DMX LIQ.. 151
 MENQUADFI 104
 MENS 50+ CAP ADVANCED 129
 MENS 50+ TAB MULTIVIT 129
mens daily formula/lycope. 129
 MENS DAILY PAK PACK 129
 MENS MULTI CHW 129
 MENS PAK 129
 MENVEO INJ 104
 MENVEO SOL 104
mercaptapurine 29
meribin 129
meropenem 19
mesalamine 87, 88
mesalamine w/ cleanser 88
mesna 40
 MESNEX 40
metformin hcl 68
methadone hcl 17
methadone hydrochloride i... 17

methazolamide 48
methenamine hippurate 19
methimazole 82
methocarbamol..... 65
 METHOCEL E4M POW PREMIUM 106
methotrexate sodium 29, 102
methsuximide..... 58
 METHYLCELLUL POW 106
 METHYLCELLUL POW 1500CPS 106
 METHYLCELLUL POW 4000CPS 106
 METHYLCELLUL POW 400CPS 106
methylphenidate hcl 62
methylprednisolone 79
methylprednisolone acetate 79
methylprednisolone sod succ..... 79
methyltestosterone 67
metoclopramide hcl 86
metolazone 48
metoprolol & hydrochlorothiazide tab 100-25 mg... 46
metoprolol & hydrochlorothiazide tab 100-50 mg... 46
metoprolol & hydrochlorothiazide tab 50-25 mg 46
metoprolol succinate 46
metoprolol tartrate 46
metronidazole 19
metronidazole (topical) 169
metronidazole vaginal 94
metyrosine 48
mgo 114

mibelas 24 fe 75
micafungin sodium 21
 MICLARA DM LIQ .152
 MICLARA LQ146
miconazole 3 combo pack 94
miconazole 7 94
 MICONAZOLE NITRATE164
miconazole nitrate (topical)164
 MICROCHAMBER MIS158
 MICRODERM CRE BASE106
microgestin 1.5/30 75
microgestin 1/20... 75
microgestin fe 1.5/30 75
*microgestin fe 1/20*75
 MICROLIFE MIS PEAK FLO158
 MICROSOME CRE BASE106
 MICROSPACER MIS158
midodrine hcl 48
 MIEBO143
mifepristone (hyperglycemia). 81
mili 75
milk of magnesia .. 89
 MILK OF MAGNESIA CONCENTR 90
mimvey 78
mineral oil 90
mineral oil enema . 90
minerin creme169
 MINI WRIGHT MIS PFM158
 MINI WRIGHT MIS PFM LOW158
minocycline hcl 28
minoxidil 48
mintox maximum strength 83
mintox plus 83

mirtazapine 51
misoprostol 92
 MITIGARE 13
 M-M-R II INJ 104
 M-NATAL PLUS TAB
 110
modafinil 65
moexipril hcl 42
 MOISTURIZING CRE
 169
moisturizing cream
 169
molindone hcl 55
mometasone furoate
 166
 MONJUVI 36
 MONOFERRIC 97
mono-lynyah 75
montelukast sodium
 156
 MOOD FOOD CAP 129
 MOOD FOOD ES CAP
 129
 MORE-DOPHILUS
 ACIDOPHILUS 85
morphine sulfate.. 17,
 18
motion sickness relief
 86
motion sickness
relief/le 86
motion-time 86
 MOUNJARO 68
 MOVANTIK 92
moxifloxacin hcl 26
moxifloxacin hcl
(ophth) 141
moxifloxacin hcl 400
mg/250ml in
sodium chloride
0.8% inj. 26
m-pap 14
 MRESVIA 104
 MUCINEX CHIL LIQ
 152
 MUCINEX CHLD MIS
 DAY/NITE 152

MUCINEX CNG/ LIQ
 CG/CL/FL 152
 MUCINEX CNG/ TAB
 CG/CD/FL 152
 MUCINEX COLD CAP
 /FLU 152
 MUCINEX COLD CAP
 FLU/THRT 152
 MUCINEX COLD LIQ
 FLU&SORE 152
mucinex cough &
chest con 152
mucinex cough
childrens 152
 MUCINEX D/N CAP
 CLD/FLU 152
 MUCINEX D/N PAK
 FAST/MAX 152
 MUCINEX FAST CAP
 COLD/FLU 152
 MUCINEX FAST LIQ
 COLD/FLU 152
 MUCINEX FAST LIQ
 DAY/NITE 152
 MUCINEX FAST TAB
 5-10-200 152
 MUCINEX FAST TAB
 DAY/NITE 152
mucinex fast-max
chest co 152
mucinex fast-max
cold flu 152
mucinex fast-max
cold/flu 152
mucinex fast-max
congesti 152
mucinex fast-max dm
max 152
mucinex fast-max dm
max m 152
 MUCINEX FREE LIQ
 CLD/FLU 152
 MUCINEX FREE LIQ
 DAY/NIGH 152
 MUCINEX FREE LIQ
 MULTISYM 152

MUCINEX LIQ
 DAY/NITE 152
 MUCINEX LIQ FAST-
 MAX 152
 MUCINEX LIQ SINUS
 152
mucinex multi-
symptom col 152
 MUCINEX NIGH SOL
 CLEAR 152
 MUCINEX NIGH SOL
 COLD/FLU 153
 MUCINEX NIGH SOL
 SV CD/FL 153
 MUCINEX NIGH TAB
 COLD/FLU 153
 MUCINEX NIGH TAB
 SIN MAX 153
 MUCINEX NIGH TAB
 SV CD/FL 153
 MUCINEX SIN CAP
 DAY/NGHT 153
 MUCINEX SINS CAP
 PR/PN/CG 153
 MUCINEX SINU TAB
 DAY/NITE 153
mucinex sinus-max
 153
mucinex sinus-max
clear & 153
mucinex sinus-max
severe 153
mucinex sinus-max
sinus/a 153
 MUCINEX SOL NIGHT
 153
mucus relief 153
mucus relief cough
childr 153
mucus relief d 153
mucus relief dm ... 153
mucus relief dm
cough 153
mucus relief dm
maximum s 153
mucus relief er 153

mucus relief
maximum stre . 153
mucus relief pe sinus
con..... 153
mucus-dm maximum
strength..... 153
 MULTAQ..... 44
multi + omega-3
adult gum 129
multi adult gummies
..... 129
multi complete/iron
..... 129
multi for her 129
multi for her 50+ 129
multi for him 129
multi for him 50+ 129
 MULTI FOR POW HIM
..... 129
multi symptom flu &
sever..... 153
 MULTI VITAMI TAB
..... 129
 MULTI VITAMI TAB D-
 3..... 129
 MULTI VITAMN TAB
 MINERALS 129
 MULTI ZERO CHW
 YUMVSKID 129
 MULTI/IRON/ DRO
 11MG/ML 130
 MULTI/IRON/ DRO
 INF/TODD 130
multiple electrolytes
ph 5.5 109
multiple electrolytes
ph 7.4 109
multiple
vitamin/minerals
..... 130
multiple vitamins
essenti..... 130
multiple
vitamins/womens
..... 130
 MULTISTIX 10 TES
 SG 81

MULTIV INFAN DRO
 /TODDLER..... 130
 MULTI-VITAMI TAB
 MONOCAPS 129
multivitamin..... 130
multi-vitamin..... 129
multivitamin &
mineral..... 130
multivitamin adult
one da 130
multivitamin adults
..... 130
multivitamin adults
50+..... 130
multivitamin childrens
..... 130
 MULTIVITAMIN CHW
 CHILD..... 130
 MULTIVITAMIN CHW
 CHILDREN..... 130
 MULTIVITAMIN CHW
 GUMMIES..... 130
 MULTIVITAMIN CHW
 IRON 130
 MULTIVITAMIN DRO
 INFANT..... 130
multi-vitamin
gummies..... 130
multivitamin gummies
adul 130
multivitamin gummies
mens..... 130
multivitamin gummies
wome..... 130
 MULTIVITAMIN LIQ
..... 130
multivitamin men
50+..... 130
multivitamin men
50+ one..... 130
 MULTIVITAMIN TAB
..... 130
 MULTIVITAMIN TAB
 ADULT 130
 MULTIVITAMIN TAB
 ADULTS 130

MULTIVITAMIN TAB
 ZINC STR.....130
multivitamin women
*.....*130
multivitamin women
*50+.....*130
multivitamin womens
*50+ a*130
multi-
vitamin/minerals
*.....*130
multivitamin/multimin
*eral*130
multi-vitamins/iron
*.....*130
 MULTI-VITE LIQ...130
*mupirocin*163
 MURO 128143
 MVW COMPLETE CAP
 D3000130
 MVW COMPLETE CAP
 D5000130
 MVW COMPLETE CAP
 FORMULAT130
 MVW COMPLETE CAP
 MINIS.....131
 MVW COMPLETE CHW
 BUBBLGUM.....131
 MVW COMPLETE CHW
 D3000131
 MVW COMPLETE CHW
 D5000131
 MVW COMPLETE CHW
 GRAPE131
 MVW COMPLETE CHW
 ORANGE131
 MVW COMPLETE DRO
 PEDIATRI.....131
 MVW HI-D CHW ADEK
*.....*131
 MVW HI-D DR LIQ EX
 VIT D131
 MVW MODULAT CAP
 FORM MIN131
 MVW MODULAT CAP
 FORMULAT131

MX-SOL BLEND SUS
 106
 MX-SOL BLEND SUS
 SF..... 106
 MX-SOL SF SYP .. 106
 MX-SOL SUS
 SUSPEND..... 106
 MX-SOL SYP..... 106
my choice 75
my way 75
myamulti 131
mycophenolate
 mofetil..... 103
mycophenolate
 sodium 103
 MYRBETRIQ..... 94
nabumetone..... 16
nadolol 46
nafcillin sodium..... 27
 NAGLAZYME 81
nalbuphine hcl 18
naloxone hcl..... 66
naltrexone hcl..... 66
 NAMZARIC CAP 14-
 10MG 50
 NAMZARIC CAP 21-
 10MG 50
 NAMZARIC CAP 28-
 10MG 50
 NAMZARIC CAP 7-
 10MG 50
 NAMZARIC CAP PACK
 50
 NANOVM POW 1-3
 YRS..... 131
 NANOVM POW 4-
 8YEARS..... 131
 NANOVM POW 9-18
 YRS..... 131
 NANOVM T/F POW131
naproxen 16
naproxen dr 16
naproxen sodium .. 16
naratriptan hcl..... 63
 NASADROPS SALINE
 ON THE G..... 158

nasal decongestant
 153
nasal decongestant
 pe 153
nasal decongestant
 pe max 153
nasal decongestant
 spray..... 153
nasal four 153
nasal moist 158
nasal moisturizing
 spray..... 158
nasal relief..... 153
nasal spray 12 hour
 153
nasal spray extra
 moistur..... 153
nasal spray no drip
 153
nasogel 158
 NATACYN..... 141
nateglinide..... 68
 NATRAPEL..... 169
 NATRAPEL 12-HOUR
 TICK & I..... 169
natural c/rose hips
 131
natural vitamin d-3
 131
natural vitamin e 131
 NATURAL VITAMIN E
 131
 NAYZILAM..... 58
nebivolol hcl..... 46
necon 0.5/35-28... 75
nefazodone hcl 51
neomycin sulfate... 19
neomycin-bacitrac zn-
 polymyx 5(3.5)mg-
 400unt-10000unt
 op oin..... 141
neomycin-polymy-
 gramicid op sol
 1.75-10000-
 0.025mg-unt-
 mg/ml 141

neomycin-polymyxin-
 dexamethasone
 *ophth oint 0.1%*140
neomycin-polymyxin-
 dexamethasone
 ophth susp 0.1%
 140
neomycin-polymyxin-
 hc ophth susp...140
neomycin-polymyxin-
 hc otic soln 1% .144
neomycin-polymyxin-
 hc otic susp 3.5
 mg/ml-10000
 unit/ml-1%144
neo-polycin
 5(3.5)mg-400unt-
 *10000unt op oin*141
neo-polycin hc ophth
 oint 1%140
 NEOQ10117
 NEO-SYNEPHRINE
 COLD+ALLER....153
 NEPHPLEX RX TAB131
nephro vitamins...131
 NEPHRON FA TAB.. 97
 NEPHRONEX LIQ
 0.9/5ML.....131
nephro-vite131
 NERLYNX 36
 NEUTROGENA CRE
 HAND169
nevirapine..... 22
new day 75
 NEXLETOL..... 45
 NEXLIZET TAB
 180/10MG 45
 NEXPLANON 75
niacin131
niacin
 (antihyperlipidemic)
 45
 NIACIN TR131
niavasc.....131
niavasc 750.....131
nicardipine hcl 47

NICE DISTILL LIQ
 WATER 106
nicotine 66
nicotine mini lozenge
 66
nicotine polacrilex . 66
nicotine polacrilex
 mini 66
 NICOTINE SYS KIT
 TRANSDER 66
nicotine transdermal
 syst..... 66
 NICOTROL INHALER
 66
 NICOTROL NS..... 66
nifedipine..... 47
 NIFEREX TAB..... 97
nighttime cold/flu
 relief 153
nikki..... 75
nilotinib hcl 36
nilutamide..... 30
nimodipine 47
 NINJACOF-A LIQ . 153
 NINJACOF-XG LIQ
 200-8/5 153
 NINLARO 36
nitazoxanide..... 19
nitisinone..... 81
 NITRO-BID..... 49
nitrofurantoin
 macrocrystal..... 19
nitrofurantoin
 monohyd macro . 20
nitroglycerin 49
nitroglycerin (intra-
 anal) 169
 NIVANEX DMX TAB
 153
nizatidine 87
no drip nasal spray
 153
nohist-dm 153
nohist-lq 153
nora-be 75
 NOREL AD TAB 4-10-
 325 154

norelgestromin-
 ethinyl estradiol td
 ptwk 150-35
 mcg/24hr..... 75
norethindrone &
 ethinyl estradiol-fe
 chew tab 0.4 mg-35
 mcg 75
norethindrone
 (contraceptive) .. 75
norethindrone ace &
 ethinyl estradiol tab
 1 mg-20 mcg..... 75
norethindrone ace &
 ethinyl estradiol tab
 1.5 mg-30 mcg .. 75
norethindrone ace-eth
 estradiol-fe chew
 tab 1 mg-20 mcg
 (24) 75
norethindrone acetate
 82
norethindrone
 acetate-ethinyl
 estradiol tab 0.5
 mg-2.5 mcg 78
norethindrone
 acetate-ethinyl
 estradiol tab 1 mg-
 5 mcg..... 78
norgestimate &
 ethinyl estradiol tab
 0.25 mg-35 mcg 75
norgestimate-eth
 estradiol tab 0.18-
 25/0.215-25/0.25-
 25 mg-mcg 75
norgestimate-eth
 estradiol tab 0.18-
 35/0.215-35/0.25-
 35 mg-mcg 76
norlyroc..... 76
nortrel 0.5/35 (28) 76
nortrel 1/35 (21) .. 76
nortrel 1/35 (28) .. 76
nortrel 7/7/7 76
nortriptyline hcl 51

NORVIR 22
norwegian salmon oil
 117
 NOVAFERRUM 125 97
 NOVAFERRUM 50 .. 97
 NOVAFERRUM
 PEDIATRIC DROP 97
 NOVAMV PED DRO
 10MG/ML131
 NOVOLIN INJ 70/30
 69
 NOVOLIN INJ 70/30
 FP 69
 NOVOLIN N 69
 NOVOLIN N FLEXPEN
 69
 NOVOLIN R 69
 NOVOLIN R FLEXPEN
 69
 NOVOLOG 70
 NOVOLOG FLEXPEN70
 NOVOLOG MIX INJ
 70/30 70
 NOVOLOG MIX INJ
 FLEXPEN 70
 NOVOLOG PENFILL 70
 NUBEQA 30
 NUEDEXTA CAP 20-
 10MG 64
nu-iron 150..... 97
 NULOJIX103
numbcream.....169
 NUPLAZID..... 55
 NURTEC..... 63
 NUTRADERM CRE .169
 NUTRILIPID.....110
 NUZYRA..... 28
nyamyc164
nylia 1/35 76
nylia 7/7/7..... 76
nystatin 21
nystatin (mouth-
 throat).....172
nystatin (topical) .164
nystop.....164
ocean for kids.....158
ocella 76

OCTAGAM 102
octreotide acetate . 81
 OCULAR TAB
 VITAMINS 131
ocutabs 131
ocutabs vision
 formula 131
ocutabs/lutein 131
 OCUVITE CAP ADULT
 131
ocuvite extra 131
ocuvite eye + multi
 131
ocuvite eye health
 gummie 131
 OCUVITE LUTE CAP
 131
ocuvite/lutein 131
 ODEFSEY TAB..... 23
 ODOMZO 36
 OFEV..... 158
 OFF ACTIVE..... 169
 OFF DEEP WOODS169
 OFF DEEP WOODS
 DRY..... 169
 OFF DEEP WOODS
 SPORTSMEN 169
 OFF DEEP WOODS
 TOWELETES... 169
 OFF FAMILYCARE
 CLEAN FEEL..... 170
 OFF FAMILYCARE
 SMOOTH & D ... 170
 OFF FAMILYCARE
 TROPICAL F 170
 OFF FAMILYCARE
 UNSCENTED 170
 OFF SMOOTH & DRY
 170
ofloxacin (ophth) 141
ofloxacin (otic) ... 144
 OGIVRI..... 36
 OGSIVEO 36, 37
 OINTMENT OIN BASE
 170
 OJEMDA..... 37
 OJJAARA..... 37

olanzapine 55
olmesartan
 medoxomil 44
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 20-12.5 mg.. 43
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-12.5 mg.. 43
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-25 mg 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 20-5-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-25 mg 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-25 mg . 43
 OMEGA BABY EMU
 PRENATAL..... 117
 OMEGA MONOPU CAP
 1300MG..... 117
omega monopure 650
 ec 117
 OMEGA-3 CAP
 1400MG..... 117

OMEGA-3 CAP 350MG
 117
 OMEGA-3 CAP FISH
 OIL117
omega-3 fatty acids
 117
omega-3 microgel
 improved117
omega-3-acid ethyl
 esters cap 1 gm . 46
omegapure 600 ec
 117
 OMEGAPURE CAP 780
 EC.....117
 OMEGAPURE CAP 820
 117
 OMEGAPURE CAP 900
 EC.....117
 OMEGAPURE CAP
 900-TG117
omeprazole 93
omeprazole
 magnesium 93
 OMERA CAP 750MG
 118
 OMNICAP TAB132
 OMNIPOD 5 DX KIT
 INT G7G6..... 70
 OMNIPOD 5 DX MIS
 POD G7G6..... 70
 OMNIPOD 5 G7 KIT
 INTRO 70
 OMNIPOD 5 G7 MIS
 PODS 70
 OMNIPOD 5 L2 KIT
 INTRO G6 70
 OMNIPOD 5 L2 MIS
 PODS G6..... 70
 OMNIPOD DASH KIT
 INTRO 70
 OMNIPOD DASH MIS
 PODS 70
 OMNIPOD GO KIT
 10UNT/DY 70
 OMNIPOD GO KIT
 15UNT/DY 70

OMNIPOD GO KIT
 20UNT/DY 70
 OMNIPOD GO KIT
 25UNT/DY 70
 OMNIPOD GO KIT
 30UNT/DY 70
 OMNIPOD GO KIT
 35UNT/DY 70
 OMNIPOD GO KIT
 40UNT/DY 70
 OMNIPOD MIS
 CLASSIC 70
 ONCOVITE TAB ... 132
ondansetron 86
ondansetron hcl 86
one daily complete
 132
one daily for men
 50+ adv..... 132
one daily for
 men/lycopen.... 132
one daily for women
 132
one daily for women
 50+a 132
one daily healthy
 weight 132
one daily maximum
 132
one daily mens 50+
 multiv..... 132
one daily mens
 health/lyc..... 132
one daily mens
 multivitam..... 132
one daily multivitamin
 ad 132
one daily
 multivitamin/ir. 132
 ONE DAILY TAB
 ESSENTL..... 132
 ONE DAILY TAB MENS
 50+ 132
 ONE DAILY TAB
 WMNS 50+ 132
 ONE DAILY TAB
 WOMENS..... 132

one daily womens 50
 plus..... 132
one daily womens
 50+..... 132
one daily/iron/calcium
 132
*one daily/minerals*132
one vite ferrous
 sulfate 97
 ONE VITE TAB DAILY
 MV 132
 ONE-A-DAY CHW
 IMMUNITY 132
 ONE-A-DAY CHW JLY
 RANC..... 132
 ONE-A-DAY CHW
 VITACRAV 132
 ONE-A-DAY TAB 50+
 ADV 132
 ONE-A-DAY TAB 50+
 MENS 132
 ONE-A-DAY TAB 50+
 WMN 132
 ONE-A-DAY TAB 65+
 132
 ONE-A-DAY TAB
 ENERGY 132
 ONE-A-DAY TAB
 MENOPAUS..... 132
 ONE-A-DAY TAB
 MENS 132
 ONE-A-DAY TAB
 TEEN/HIM 132
 ONE-A-DAY TAB
 WOMENS 132
one-a-day teen
 advantage..... 132
 ONE-DAILY CAP
 MULTI..... 132
one-daily multi
 vitamins..... 132
one-daily multi-
 vitamin 132
one-daily multi-
 vitamin/i 132
one-daily multi-
 vitamin/m 132

one-daily/iron.....132
onelax senna 90
 ONTRUZANT..... 37
 ONUREG 29
opcicon one-step... 76
 OPIPZA..... 55
 OPSUMIT 49
 OPTICHAMBER MIS
 DIA LG158
 OPTICHAMBER MIS
 DIA MD.....158
 OPTICHAMBER MIS
 DIA SM158
 OPTICHAMBER MIS
 DIAMOND158
optic-vites.....133
 OPTIFAST POS CHW
 BARIATRI.....133
optimal d3133
 OPTIMAL D3 M.....133
 OPTIMAL D3 M CAP
 133
optimal d3 pack...133
optimum pms133
option 2..... 76
 OPTISOURCE CHW
 BARIATRC133
 OPURITY CHW
 BYPASS133
 ORA-BLEND SF SUS
 106
 ORA-BLEND SUS..106
 ORAL MIX SF SUS 106
 ORAL MIX SUS
 SUSPENDI.....106
 ORAL SUSPEND LIQ
 106
 ORAL SYP FLAVORED
 106
 ORAL SYP SF106
oralyte108
 ORAPENN SD LIQ
 SWEET.....106
 ORAPENN SD LIQ
 UNSWEET106
 ORA-PLUS LIQ.....106

ORA-SWEET SF SYP
 106
 ORA-SWEET SYP. 106
orazinc 114
 ORGOVYX 30
 ORKAMBI GRA 100-
 125 158
 ORKAMBI GRA 150-
 188 158
 ORKAMBI GRA 75-
 94MG 158
 ORKAMBI TAB 100-
 125 158
 ORKAMBI TAB 200-
 125 158
orquidea 76
 ORSERDU 30
os-cal 114
os-cal calcium + d3
 114
os-cal extra d3 ... 114
oseltamivir phosphate
 24
 OSTEOPRIME TAB
 PLUS 133
 OSTEO-VIT3..... 133
ovega-3..... 118
 OVIDREL..... 81
oxacillin sodium 27
oxaliplatin 29
oxcarbazepine 58
*oxybutynin chloride*94
oxycodone hcl 18
oxycodone w/
 acetaminophen tab
 10-325 mg 18
oxycodone w/
 acetaminophen tab
 2.5-325 mg 18
oxycodone w/
 acetaminophen tab
 5-325 mg..... 18
oxycodone w/
 acetaminophen tab
 7.5-325 mg 18
 OXYCONTIN 17

OXYTROL FOR
 WOMEN 94
oysco 500+d 114
 OYST SHELL/D TAB
 500MG..... 114
oyster shell 114
oyster shell calcium +
 d..... 114
oyster shell calcium +
 d3..... 114
oyster shell calcium
 plus..... 114
oyster shell
 calcium/d3 114
oyster shell
 calcium/vita..... 114
 OYSTER SHELL
 CALCIUM/VITA. 114
oyster shell
 calcium+d 114
 OZEMPIC (0.25 OR
 0.5MG/DOSE) 68
 OZEMPIC
 (1MG/DOSE)..... 68
 OZEMPIC
 (2MG/DOSE)..... 68
pacerone 44
paclitaxel 31
paclitaxel inj 100mg
 31
pain & fever childrens
 14
*pain & fever infants*14
pain relief extra
 strengt 14
paliperidone 55
pamidronate disodium
 71
 PAMIDRONATE
 DISODIUM 71
 PANDA MASK MIS
 LARGE 158
 PANDA MASK MIS
 MEDIUM..... 158
 PANDA MASK MIS
 PEDIATRI 158

PANDA MASK MIS
 SMALL158
 PANRETIN.....170
pantoprazole sodium
 93
 PANZYGA102
paricalcitol 82
paroxetine hcl 51
 PARVLEX TAB133
 PAXLOVID PAK 24
 PAXLOVID TAB 150-
 100 24
 PAXLOVID TAB 300-
 100 24
pazopanib hcl 37
pc pediatric iron
 drops..... 97
pc pediatric tri-
 vitamin133
 PCCA BASE CRE 7542
 106
 PCCA EMOLLIE CRE
 BASE.....106
 PEAK AIR FLO MIS
 ADLT/PED158
 PEAK FLOW MIS
 METER.....158
 PEAK FLW MTR MIS
 ADULT159
 PEAK FLW MTR MIS
 CHILD159
 PED POLY-VIT DRO
 133
 PED POLY-VIT DRO
 /IRON.....133
pedia vance.....108
 PEDIA-LAX 90
 PEDIARIX INJ 0.5ML
 104
pediatric electrolyte
 fre108
 PEDVAX HIB104
 PEG 1000 LIQ.....107
 PEG 3350 POW107
peg 3350-kcl-na
 bicarb-nacl-na

sulfate for soln 236
gm 90
peg 3350-kcl-sod
bicarb-nacl for soln
420 gm 90
 PEG BLEND OIN .. 107
 PEG OIN 107
 PEGASYS 25
 PEMAZYRE 37
pemetrexed disodium
 29
 PENBRAYA INJ 104
penicillamine 71
penicillin g potassium
 27
penicillin g sodium 27
penicillin v potassium
 27
 PEN-KERA CRE ... 170
 PENMENVY INJ.... 104
 PENTACEL INJ 104
pentamidine
isethionate inh ... 20
pentamidine
isethionate inj.... 20
pentoxifylline..... 98
 PENTRAVAN CRE . 170
 PENTRAVAN CRE
 PLUS 170
perampanel..... 59
perindopril erbumine
 42
perlogard 172
permethrin 171
perphenazine..... 55
 PERSONAL BES MIS
 FULL RNG..... 159
 PETROLATUM OIN 170
 PFCB CRE..... 107
pfizerpen 27
pharbedryl 146
pharbetol 14
pharbetol extra
strength..... 14
 PHARMABASE CRE
 ANTIOXID 107

PHARMABASE CRE
 COSMETIC..... 107
 PHARMABASE CRE
 LIGHT 107
 PHARMABASE CRE
 VAGINAL..... 107
pharmacist choice d-
vitam..... 133
 PHAZYME MAXIMUM
 STRENGTH 92
phenelzine sulfate . 51
phenobarbital 59
phenobarbital sodium
 59
phenylephrine hcl
(oral)..... 154
phenylephrine w/ dm-
gg liqd 10-18-200
mg/15ml..... 154
phenytek 59
phenytoin 59
phenytoin sodium . 59
phenytoin sodium
extended..... 59
 PHESGO SOL..... 37
philith..... 76
 PHLEXY-VITS POW
 133
 PHYTOBASE CRE. 107
 PHYTOMULTI TAB 133
phytonadione 133
 PIFELTRO..... 22
 PIKO 1 MIS
 ELECTRON..... 159
pilocarpine hcl 142
pilocarpine hcl (oral)
 172
pimecrolimus..... 170
pimozide..... 55
pimtrea 76
pin-away 20
pindolol 46
pinworm medicine . 20
pioglitazone hcl..... 68
pioglitazone hcl-
metformin hcl tab
15-500 mg 68

pioglitazone hcl-
metformin hcl tab
15-850 mg 68
piperacillin sod-
tazobactam na for
inj 3.375 gm (3-
0.375 gm)..... 27
piperacillin sod-
tazobactam sod for
inj 13.5 gm (12-1.5
gm)..... 28
piperacillin sod-
tazobactam sod for
inj 2.25 gm (2-0.25
gm)..... 27
piperacillin sod-
tazobactam sod for
inj 4.5 gm (4-0.5
gm)..... 27
piperacillin sod-
tazobactam sod for
inj 40.5 gm (36-4.5
gm)..... 28
 PIQRAY 200MG DAILY
 DOSE 37
 PIQRAY 250MG TAB
 DOSE 37
 PIQRAY 300MG DAILY
 DOSE 37
pirfenidone.....159
piroxicam..... 16
plenamine.....110
 PLENVU SOL..... 90
 POCKET CHAMB MIS
159
 POCKET PEAK MIS
 METER.....159
 POCKET SPACE MIS
159
 POCKETPEAK MIS
 MTR LOW159
podofilox170
poly bacitracin163
 POLY GLYCOL POW
 8000107
polycin ophth oint 141

polyethylene glycol
 3350 90
poly-iron 150..... 97
*polymyxin b sulfate*20
polymyxin b-
trimethoprim ophth
soln 10000 unit/ml-
0.1%..... 141
polysaccharide iron
complex..... 97
 POLY-VI-SOL DRO
 50MG/ML 133
 POLY-VI-SOL SOL
 50MG/ML 133
 POLY-VI-SOL SOL
 IRON 133
 POLY-VITA DRO .. 133
 POLY-VITA/FE DRO
 133
 POLY-VITE DRO .. 133
 POLY-VITE SOL /IRON
 133
 POLY-VITE SOL
 50MG/ML 133
 POLY-VITE SOL IRON
 133
 POMALYST 30
 PORENAL+D CAP
 OMEGA 3 133
portia-28 76
posaconazole..... 21
 POT CHL 20MEQ/L IN
 NACL 0.45% INJ
 109
 POT CHL 20MEQ/L IN
 NACL 0.9% INJ 109
 POT CHL 40MEQ/L IN
 NACL 0.9% INJ 109
potassium & sodium
phosphates powder
pack 280-160-250
mg 114
potassium chloride
 109, 110
potassium chloride 20
meq/l (0.15%) in
dextrose 5% inj 109

potassium chloride
microencapsulated
crystals er 110
potassium citrate
(alkalinizer) 94
 POTASSIUM CRY
 BROMIDE 107
potassium iodide
(expectorant) .. 159
povidone-iodine .. 170
pramipexole
dihydrochloride .. 53
prasugrel hcl 99
pravastatin sodium 45
praziquantel 20
prazosin hcl..... 42
 PRECISN XTRA TES
 KETONE 81
prednisolone 79
prednisolone acetate
(ophth) 141
 PREDNISOLONE
 SODIUM PHOSP 141
prednisolone sodium
phosphate 79
prednisone 79
 PREDNISONE
 INTENSOL 79
pregabalin..... 59
 PREMASOL SOL 10%
 110
 PRENATAL TAB 27-
 1MG 110
 PRENATAL TAB PLUS
 110
 PRESERVISION CAP
 AREDS 133
 PRESERVISION CAP
 AREDS 2 133
 PRESERVISION CAP
 LUTEIN 133
 PRESERVISION CHW
 AREDS 2 133
 PRESERVISION TAB
 AREDS 133
 PRETTY FEET CRE &
 HANDS 170

prevalite 46
prevent133
 PREVYMIS 25
 PREZCOBIX TAB 800-
 150 23
 PREZISTA 22
 PRIFTIN 24
 PRIMADOPHILUS... 85
primaquine phosphate
 21
 PRIMAQUINE
 PHOSPHATE 21
primidone 59
 PRIORIX INJ104
 PRIVIGEN102
probenecid 13
probiata..... 85
 PROBIOTIC
 ACIDOPHILUS.... 85
 PROBIOTIC CAP 85
 PROBIOTIC GOLD
 EXTRA STRE 85
 PRO-CAL TAB133
 PROCARE MIS ADULT
159
 PROCARE MIS CHILD
159
 PROCERV HP TAB.133
prochlorperazine ... 86
prochlorperazine
edisylate 86
prochlorperazine
maleate 86
 PROCRT 96
proctocort170
procto-med hc170
proctosol hc170
proctozone-hc170
 PROFE 97
progesterone..... 82
 PROGRAF103
 PROLASTIN-C159
 PROLIA 71
promethazine hcl .. 86
promethazine
vc/codeine154

promethazine w/
codeine syrup 6.25-
10 mg/5ml 154
promethazine-dm
syrup 6.25-15
mg/5ml..... 154
pronutrients
calcium+d3 114
propafenone hcl 45
proparacaine hcl . 143
propranolol hcl..... 47
 PROPYLENE GL LIQ
 107
propylthiouracil 82
 PROQUAD INJ..... 104
 PRO-RED AC SYP 5-1-
 9/5..... 154
 PRORENAL +D TAB
 133
 PRORENAL+D CAP
 OMEGA-3 134
 PRORENAL+D TAB134
prosight..... 134
 PROSOL INJ 20% 110
 PROTECT CAP
 CARDIO 134
 PROTECT CAP PLUS
 SO 134
 PROTECT IRON LIQ
 134
 PROTEGRA CAP... 134
protriptyline hcl 51
 PROXEED PLUS PAK
 134
pseudoephed-
bromphen-dm
syrup 30-2-10
mg/5ml..... 154
pseudoephedrine hcl
 154
pseudoephedrine-
guaifenesin tab er
12hr 120-1200 mg
 154
pseudoephedrine-
guaifenesin tab er
12hr 60-600 mg154

PULMOZYME..... 159
pure calcium
carbonate..... 114
 PURE COMFORT MIS
 SPACER 159
pure l-arginine hcl118
 PURE L-CITRULLINE
 118
pureway-c..... 134
 PURIXAN..... 29
 PX GLUCOSE CHW
 FRUIT 80
 PX GLUCOSE CHW
 ORANGE 80
 PX GLUCOSE CHW
 RASPBERRY..... 80
 PX GLUCOSE CHW
 SOUR APL 80
pyrazinamide..... 24
pyridostigmine
bromide 64
pyridoxine hcl..... 134
 PYRIDOXINE POW
 HCL..... 134
pyrimethamine 20
 PYZCHIVA..... 100
qc 3 day vaginal
cream..... 95
qc acetaminophen 8
hours..... 14
qc acetaminophen
infants..... 14
qc acid controller .. 87
qc acid controller
maximu 87
qc all day allergy. 146
qc allergy childrens
 147
qc allergy relief... 147
qc antacid 83
qc antacid/anti-gas 83
qc antacid/anti-gas
maxim 83
qc anti-diarrheal ... 85
qc antifungal cream
 164

qc anti-itch extra
streng.....170
qc anti-itch/aloe...166
qc arthritis pain relief
 14
qc aspirin..... 14
qc aspirin low dose 14
qc calcium fast
dissoluti114
qc
calcium/minerals/vi
tam114
 QC CASTOR OIL...107
qc childrens chewable
com134
qc childrens chewable
vit.....134
qc childrens ibuprofen
 16
qc chocolated laxative
 90
qc clotrimazole 95
qc daily
multivitamins/ir 134
qc enema..... 90
qc enteric aspirin .. 14
qc esomeprazole
magnesium 93
qc ferrous sulfate .. 97
qc gentle laxative.. 90
qc ibuprofen 16
qc ibuprofen
cold/sinus154
qc lansoprazole..... 93
qc loratadine allergy
rel.....147
qc loratadine-d154
qc maximum daily
multivit134
qc medifin 400154
qc medifin dm154
qc mens daily
multivitami.....134
qc miconazole 7.... 95
qc milk of magnesia
 90

qc mineral oil heavy
 90
qc mucus relief ... 154
qc mucus relief er 12
hou 154
qc multi-vite 134
qc multi-vite 50 &
over 134
qc naproxen sodium
 16
qc nasal decongestant
max 154
qc natura-lax 90
qc non-aspirin extra
stre 15
qc omeprazole
magnesium 93
qc pain relief 15
qc pain relief
childrens 15
qc pain relief extra
stre 15
qc povidone iodine
 170
qc stool softener ... 90
qc stool softener plus
la 90
qc suphedrine
maximum str ... 154
qc therin-m 134
qc tolnaftate 164
qc triple antibiotic
maxi 163
qc tussin dm cough &
ches 154
qc tussin expectorant
adu 154
qc urinary pain relief
 94
qc vegetable laxative
 90
qc vitamin d3 134
qc womens daily
multivita 134
QINLOCK 37
q-sorb co q-10 118

QUADRACEL INJ
 0.5ML 104
quetiapine fumarate
 55
 QUIN B TAB STRONG
 134
quinapril hcl 42
quinidine sulfate ... 45
quinine sulfate 21
 QUINTABS TAB ... 134
quintabs-m 134
 QUINTABS-M TAB 134
 QULIPTA 63
 RA ADVANCED
 HEALING 170
 RA B-COMPLEX TAB
 VIT C TR 134
ra biotin 134
ra calcium 600 114
ra calcium 600 plus
vitam 114
ra calcium 600/vit
d/mine 114
ra calcium citrate plus
v 114
ra calcium
citrate/vitami ... 114
ra calcium plus
vitamin d 114
ra
calcium/minerals/vi
tam 115
ra central-vite
womens ma 134
ra chewable vitamins
comp 134
ra coenzyme q-10 118
 RA DIGESTIVE
 HEALTH 85
 RA ESSENCE-C POW
 ORANGE 134
 RA ESSENCE-C POW
 RASPBRY 134
 RA ESSENCE-C POW
 TNGERINE 134
ra fish oil 118
ra folic acid 134

ra hi cal 115
ra high potency iron
 97
ra iron 98
ra l-arginine 118
ra magnesium 115
ra niacin 134
ra no flush niacin 500
 134
ra one daily
maximum 134
ra one daily mens
50+ wit 134
ra one daily
mens/vitamin ... 134
ra pediatric
electrolyte 108
ra saline nasal spray
 159
ra slow release iron 98
 RA STERILE SALINE
 NASAL M 159
ra vitamin a 134
ra vitamin b-6 134
ra vitamin c 134
ra vitamin c/rose hips
 135
ra vitamin d-3 135
ra vitamin e 135
 RABAVERT INJ 104
rabeprazole sodium 93
radiance platinum
vitamin 135
 RALDESY 51
raloxifene hcl 81
ramipril 42
 RANGER READY
 REPELLENT 170
ranolazine 48
rasagiline mesylate 53
react 76
 REALITY MIS
 LUBRICAT 76
reclipsen 76
 RECOMBIVAX HB .104
reeses pinworm
medicine 20

refresh celluvisc.. 143
 REFRESH DRO OP 143
 REFRESH DRO
 RELIEVA..... 143
 REFRESH GEL OPTIVE
 143
refresh lacri-lube. 143
 REFRESH OPT SOL
 MEGA-3 143
 REFRESH OPTI DRO
 0.5-0.9% 143
 REFRESH RELI DRO
 0.5-0.9% 143
 REFRESH SOL
 DIGITAL..... 143
 REFRESH SOL OPTIVE
 143
rehydralyte 108
 RELENZA DISKHALER
 25
 RELISTOR 92
 REMICADE 100
renal caps 135
renal vitamin 135
renaplex 135
 RENAPLEX-D TAB 135
rena-vite..... 135
rena-vite rx..... 135
 RENFLEXIS..... 100
reno caps..... 135
repaglinide 68
 REPATHA 46
 REPATHA
 PUSHTRONEX
 SYSTEM 46
 REPATHA SURECLICK
 46
 REPEL 100 170
 REPEL FAMILY 170
 REPEL FAMILY DRY
 170
 REPEL HUNTERS
 FORMULA..... 170
 REPEL LEMON SPR
 INSECT 170
 REPEL MOSQUITO
 WIPES 170

REPEL SPORTSMEN
 170
 REPEL SPORTSMEN
 DRY..... 170
 REPEL SPORTSMEN
 MAX 170
 REPEL TICK DEFENSE
 170
 REPLESTA 135
 REPLESTA NX 135
 RESTASIS 143
 RESTASIS
 MULTIDOSE..... 143
 RETEVM0..... 37
 REVUFORJ..... 37
 REXULTI 55
 REYATAZ 22
 REZLIDHIA..... 37
 REZUROCK..... 103
 RHOPRESSA 142
ribavirin (hepatitis c)
 25
rifabutin 24
rifampin..... 24
riluzole 64
rimantadine
 hydrochloride..... 25
 RINVOQ..... 100
 RINVOQ LQ 100
 RISABAL-PH CRE 170
 RISACAL-D TAB .. 115
risedronate sodium 71
risperidone..... 55, 56
risperidone
 microspheres..... 56
 RITEFLO MIS 159
ritonavir 22
rivaroxaban..... 95
rivastigmine 50
rivastigmine tartrate
 50
rivelsa 76
rizatriptan benzoate
 63
robafen cf multi-
 symptom 154
robafen dm 154

ROCKLATAN DRO .142
roflumilast159
 ROMVIMZA..... 37
ropinirole
 hydrochloride..... 53
rosuvastatin calcium
 45
rosyrah..... 76
 ROTARIX SUS.....104
 ROTATEQ SOL104
roweepra 59
 ROZLYTREK..... 37, 38
 RUBRACA..... 38
rufinamide 59
 RU-HIST D TAB 4-
 10MG154
 RUKOBIA 22
 RYBELSUS..... 68
 RYDAPT 38
 RYDEX LIQ154
 RYMED TAB 2-10MG
 154
rynex dm154
rynex pe154
rynex pse154
sacubitril-valsartan
 tab 24-26 mg 43
sacubitril-valsartan
 tab 49-51 mg 43
sacubitril-valsartan
 tab 97-103 mg... 43
sajazir 98
 SALICYLIC POW ACID
 107
saline159
saline mist159
sam-e.p.a.118
 SANTYL171
sapropterin
 dihydrochloride .. 81
 SAWYER INSECT
 REPELLENT.....170
 SAWYER INSECT
 REPELLENT C....170
 SAWYER PREMIUM
 INSECT REP.....170

sb 12hr nasal spray
 154
sb acid reducer 87
sb allergy 147
sb antacid 83
sb antacid extra
strength 83
sb anti-diarrhea 85
sb calcium + d.... 115
sb cough control . 154
sb cough tab 154
sb loratadine 147
sb milk of magnesia
 90
sb mucus relief dm
 154
sb mucus relief pe 154
sb naproxen sodium
 16
sb omega-3 fish oil
 118
sb oyster shell
calcium 115
sb pediatric
electrolyte 108
sb povidone-iodine
 170
sb saline nose.... 159
sb tab tussin dm . 154
sb vitamin c 135
 SCAR CARE CRE.. 107
 SCEMBLIX 38
scopolamine 86
sea-omega 118
 SEBEX SHA 170
 SECUADO 56
selegiline hcl 53
selenium sulfide.. 164
 SELZENTRY 22
senexon-s 90
senior tabs 135
senna laxative 90
senna plus 90
 SENNA PLUS CAP 8.6-
 50MG 90
senna-lax 90
senna-tabs 90

senna-time 90
senna-time s 90
sennosides 90
sennosides-docusate
sodium tab 8.6-50
mg 90
senokot extra
strength 90
 SENSI-CARE CRE
 MOISTURI 171
sentry 135
sentry senior 135
 SENTRY TAB 135
 SENTRY TAB SENIOR
 135
 SEREVENT DISKUS
 147
sertraline hcl 51
 SESAME OIL 107
se-tan plus 98
setlakin 76
severe cold & flu . 154
severe cold/cough 155
sharobel 76
 SHINGRIX 104
 SIGNIFOR 81
 SIKLOS 98
sildenafil citrate
(pulmonary
hypertension) 49
silver sulfadiazine 163
 SIMBRINZA SUS 1-
 0.2% 142
simethicone 92
simethicone drops
infants 92
simethicone ultra
strengt 92
simliya 76
simpesse 76
 SIMPLY SALINE... 159
simvastatin 45
sinus + headache 155
sinus congestion/pain
 155
sinus nasal spray 155

sinus
pressure/pain/adult
 155
sinus relief extra
streng 155
sinus relief severe
conge 155
 SINUS WASH CRY
 SALT 159
sirolimus 103
 SIRTURO 24
 SKYRIZI 100, 101
 SKYRIZI PEN 101
slow iron 98
 SLOW MAG/CA TAB
 64-106MG 115
slow release iron... 98
 SLOW RELEASE IRON
 98
 SLOW-MAG TAB... 115
 SLOW-MAG TAB 71.5-
 119 115
slow-release iron .. 98
sm 12 hour sinus
deconges 155
sm 3-day vaginal .. 95
sm 8 hour pain relief
 15
sm acid reducer 87
sm acid reducer
maximum s 87
 SM ACIDOPHILUS . 85
sm all day allergy . 147
sm all day allergy
childr 147
sm all day allergy
relief 147
sm all day allergy-d
 155
sm allergy childrens
 147
sm allergy relief... 147
sm allergy relief
childre 147
sm allergy relief nasal
s 160

sm animal shapes complete 135
sm animal shapes kids fir 135
sm antacid 84
sm antacid extra strength 84
sm antibiotic 163
sm antibiotic plus pain r 163
sm anti-diarrheal .. 85
sm antifungal clotrimazol 164
sm antifungal miconazole 164
sm antifungal tolinaftate 164
sm anti-itch extra streng 171
sm antioxidant vitamins 135
sm arthritis pain relief 15
sm arthritis pain relieve 15
sm aspirin adult low stre 15
sm aspirin low dose 15
sm b super vitamin comple 135
 SM B-COMPLEX TAB /VIT C 135
 SM BENZOIN TIN 171
 SM BENZOIN TIN NFXI 171
sm biotin 135
sm calcium /vitamin d 115
sm calcium 500/vitamin d3 115
sm calcium 600/vitamin d .. 115
sm calcium 600+d3 115
sm calcium antacid 84
sm calcium antacid extra 84

sm calcium citrate/vitami... 115
sm calcium citrate+ w/vit 115
sm calcium citrate+vitami.. 115
sm calcium/vitamin d 115
sm calcium/vitamin d3 115
sm chest congestion relie 155
sm childrens aspirin 15
sm childrens ibuprofen 16
sm childrens loratadine 147
 SM CLD/ALLER LIQ CHILDREN 155
sm clearlax 90
sm clotrimazole vaginal 95
sm co q-10 118
sm coenzyme q-10 118
sm cold & cough dm childr 155
sm cold & flu severe 155
sm cold & sinus relief 155
sm complete 135
sm complete 50+ 135
sm complete 50+ ultimate 135
sm complete advanced form . 135
sm complete senior formul 135
sm coq-10 118
sm day time cold & flu re 155
sm double antibiotic 163
sm dry eye relief . 143
sm ear drops 172

sm enema 90
sm epsom salt 90
sm esomeprazole magnesium 93
sm eye itch relief .142
sm fexofenadine hydrochlo147
sm fiber 90
sm fiber laxative ... 90
sm fish oil118
 SM FISH OIL CAP 554MG118
sm folic acid135
sm gas relief 92
sm gas relief drops infan 92
sm gentle laxative . 90
 SM GLUCOSE 80
 SM GLUCOSE CHW ORANGE 80
 SM GLUCOSE CHW RASPBERRY 80
sm hair/skin/nails 135
sm hydrocortisone 166
sm hydrocortisone maximum166
sm hydrocortisone plus166
sm ibuprofen 16
sm ibuprofen ib 16
sm ibuprofen ib childrens 16
sm infants ibuprofen 16
sm iron 98
sm iron slow release 98
sm lansoprazole 93
sm lice killing maximum s171
sm lice treatment .171
sm loratadine147
sm loratadine allergy rel147
sm lorata-dine d ..155
sm loratadine d 12hr155

sm lubricant eye
 drops..... 143
sm lubricating plus
 143
sm lubricating tears
 143
sm magnesium ... 115
sm magnesium citrate
 91
sm miconazole 3... 95
sm miconazole 7... 95
sm milk of magnesia
 91
*sm motion sickness*86
sm mucus relief/12
 hour 155
sm multiple vitamins
 esse 135
sm multiple
 vitamins/iron ... 135
sm naproxen sodium
 16
sm nasal
 *decongestant pe*155
sm nasal spray ... 155
sm nasal spray 12
 hour 155
sm nasal spray saline
 159
sm nasal spray sinus
 155
sm niacin cr 135
sm nicotine 66
sm nicotine polacrilex
 66
sm nicotine
 transdermal s 66
sm nite time cold &
 flu 155
sm omega-3 fish oil
 118
sm omeprazole 93
 SM ONE DAILY TAB
 MENS 135
 SM ONE DAILY TAB
 WOMENS..... 135
sm opti-vitamins . 135

sm oyster shell
 calcium/v 115
sm pain & fever
 childrens 15
sm pain & fever
 infants 15
sm pain reliever.... 15
sm pain reliever
 children 15
sm pain reliever extra
 st..... 15
sm pediatric
 electrolyte..... 108
sm povidone-iodine
 171
sm senna laxative . 91
sm senna-s 91
sm sinus severe for
 adult 155
sm slow release iron
 98
 SM SLOW RELEASE
 IRON 98
sm stomach relief . 85
sm stool softener .. 91
sm stool softener plus
 la 91
sm stool
 softener/stimula . 91
sm super b complex-
 vitami 135
sm triple antibiotic
 163
sm triple antibiotic
 orig 163
sm triple antibiotic
 plus 163
sm tussin cf 155
sm tussin dm 155
sm tussin dm
 cough/chest 155
sm tussin dm
 max/cough +... 155
sm tussin mucus +
 chest c..... 155
sm urinary pain relief
 94

sm urinary pain relief
 ma 94
sm vit c/rose hips 135
sm vitamin b complex
 with136
sm vitamin b6136
sm vitamin b-6136
sm vitamin c136
sm vitamin c/rose
 hips.....136
sm vitamin d136
sm vitamin d3136
 SM VITAMIN D3
 MAXIMUM STR..136
sm vitamin e136
smooth antacid extra
 stre 84
 SOD BENZOATE POW
 107
 SOD BROMIDE GRA
 107
 SOD CHLORIDE GRA
 115
sod sulfate-pot sulf-
 mg sulf oral sol
 17.5-3.13-1.6
 gm/177ml 91
sodium bicarbonate
 (antacid) 84
sodium chloride ..109,
 115
sodium chloride (gu
 irrigant)171
sodium chloride
 (inhalant).....155
sodium chloride
 hypertonic143
sodium ferric
 gluconate complex
 in sucrose 98
sodium fluoride chew;
 tab; 1.1 (0.5 f)
 mg/ml soln.....110
 SODIUM OXYBATE. 65
sodium
 phenylbutyrate .. 81

sodium polystyrene sulfonate powder 71
 SODIUM POW
 BICARBON..... 84
solifenacin succinate 94
 SOLIQUA INJ 100/33 70
 SOLO TAB 136
 SOLTAMOX..... 30
soluble fiber 91
 SOLU-CORTEF 79
soluvita e 136
 SOMATULINE DEPOT 81
 SOMAVERT..... 81
 SOOTH SALINE AER
 NASAL 159
soothing - 12 hour nasal 155
sorafenib tosylate.. 38
 SORBIDON CRE
 HYDRATE 171
 SORBITOL..... 91
 SOSWEET SYP 107
sotalol hcl 45
sotalol hcl (afib/afl) 45
 SOTYKTU 101
 SPACE CHAMBR MIS
 ANTI-STA..... 159
 SPACE CHAMBR MIS
 LARGE 159
 SPACE CHAMBR MIS
 MEDIUM..... 159
 SPACE CHAMBR MIS
 SMALL 159
 SPACER CHAMB MIS
 ADULT 159
 SPACER CHAMB MIS
 CHILD..... 159
 SPACER CHAMB MIS
 INFANT 159
 SPECTRAVITE CHW
 ADLT 50+ 136
 SPECTRAVITE TAB 136
 SPECTRAVITE TAB
 ADLT 50+ 136

SPECTRAVITE TAB
 ADULTS 136
 SPECTRAVITE TAB
 MEN 50+..... 136
 SPECTRAVITE TAB
 ULT MEN 136
 SPECTRAVITE TAB
 ULT WMN..... 136
spironolactone 42
spironolactone & hydrochlorothiazide
 tab 25-25 mg 48
sprintec 28..... 76
 SPRITAM..... 59
sps 71
sps rectal..... 71
sronyx..... 76
ssd 163
st joseph low dose aspi..... 15
 STAHIST AD TAB 25-60MG 155
 STAHIST TP TAB 2.5-10MG 155
 STELARA..... 101
stimulant laxative . 91
 STIVARGA..... 38
 STL SOFT/LAX CAP
 8.6-50MG..... 91
stomach relief..... 85
stomach relief extra
 stre 85
stomach relief ultra 86
stool softener 91
stool softener + stimulan 91
stool softener laxative 91
stool softener plus laxat..... 91
streptomycin sulfate 20
stress b/zinc..... 136
stress b-complex/vitamin 136
stress formula 136

stress formula/iron 136
stress formula/zinc 136
stresstabs advanced 136
stresstabs energy 136
 STRIBILD TAB 23
 STROVITE ONE TAB 136
 STUDIO 35 CRE
 MOIST 171
subvenite..... 59
sucrafate..... 92
sudogest..... 155
sudogest 12 hour 155
sudogest maximum strength..... 155
sudogest sinus & allergy 155
sulfacetamide sodium (acne) 162
sulfacetamide sodium (ophth)..... 141
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 140
sulfadiazine 20
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.. 20
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.. 20
sulfamethoxazole-trimethoprim tab 400-80 mg 20
sulfamethoxazole-trimethoprim tab 800-160 mg 20
 SULFAMYLON 163
sulfasalazine 88
sulindac..... 16
sumatriptan 63

sumatriptan succinate
 63
sunitinib malate 38
 SUNLENCA 22
 SUPER ANTIOX CAP
 136
super
antioxidant/a/c/e/s
 136
super aytinal 50 plus
 136
super aytinal for
active 136
super b with c.... 136
super b-complex/folic
aci..... 136
super b-
complex/vitamin c
 136
super biotin..... 136
super calcium 115
super calcium 600 +
d3 115
super calcium
600+d3 400 115
 SUPER DAILY D3. 136
super dha gems.. 118
super multiple 136
super omega-3 ... 118
*super thera vite m*136
super vita-mins... 137
suphedrine 12hour
maximum..... 155
 SUPPORT-500 CAP
 137
 SUSPENDIT SUS
 ANHYDRS..... 107
 SUSTAINABLE CAP
 VEGAN O3 118
sv iron..... 98
syeda 76
 SYMDEKO TAB 100-
 150 160
 SYMDEKO TAB 50-
 75MG 160
 SYMPAZAN 59
 SYMTUZA TAB 23

SYNAREL 81
 SYNJARDY TAB 12.5-
 1000MG 68
 SYNJARDY TAB 12.5-
 500 68
 SYNJARDY TAB 5-
 1000MG 68
 SYNJARDY TAB 5-
 500MG 68
 SYNJARDY XR TAB
 10-1000 68
 SYNJARDY XR TAB
 12.5-1000 68
 SYNJARDY XR TAB
 25-1000 68
 SYNJARDY XR TAB 5-
 1000MG 68
 SYNTHROID 82
 SYRPALTA 107
 SYRSPEND SF LIQ 107
 SYRSPEND SF SUS
 107
 SYRSPEND SF SUS
 ALKA 107
 SYSTANE COMPLETE
 PF 143
 SYSTANE GEL DRO
 0.4-0.3% 143
 SYSTANE ICAP CHW
 AREDS2 137
 SYSTANE ICAP TAB
 AREDS2 137
systane icaps areds2
 137
systane nighttime 143
tab-a-vite 137
tab-a-vite
multivitamin/i .. 137
 TAB-A-VITE TAB
 IRON/BET 137
tab-a-vite w/beta
caroten 137
 TABLOID 29
 TABRECTA 38
tacrolimus..... 103
tacrolimus (topical)
 171

tadalafil 93
tadalafil (pulmonary
hypertension) 49
 TAFINLAR 38
 TAGRISSO 38
take action 76
 TALZENNA 38
tamoxifen citrate .. 30
tamsulosin hcl 94
tandem plus 98
tarina 24 fe 76
tarina fe 1/20 eq... 76
 TARON FORTE CAP 98
 TASIGNA 38
tasimelteon 62
 TAVNEOS 99
tazarotene 164
tazicef 26
 TAZORAC 164
 TAZVERIK 38
 TECENTRIQ 38
 TECENTRIQ INJ
 HYBREZA 38
 TEFLARO 26
telmisartan 44
telmisartan-
amlodipine tab 40-
10 mg 44
telmisartan-
amlodipine tab 40-5
mg 43
telmisartan-
amlodipine tab 80-
10 mg 44
telmisartan-
amlodipine tab 80-5
mg 44
telmisartan-
hydrochlorothiazide
tab 40-12.5 mg.. 44
telmisartan-
hydrochlorothiazide
tab 80-12.5 mg.. 44
telmisartan-
hydrochlorothiazide
tab 80-25 mg 44
temazepam 62

TENIVAC INJ 5-2LF
 104
tenofovir disoproxil fumarate 22
 TEPMETKO 38
terazosin hcl 42
terbinafine hcl 21
terbinafine hcl (topical) 164
terbutaline sulfate 147
terconazole vaginal 95
 TERIPARATIDE 71
testosterone 67
testosterone cypionate 67
testosterone enanthate 67
testosterone pump 67
tetrabenazine 64
tetracycline hcl 28
 THALOMID 30, 31
the very finest fish oil 118
theophylline 160
 THEOPHYLLINE POW ANHYDROU 107
 THERA TAB 137
thera vital m 137
therabasic-m 137
thera-d 2000 137
 THERA-D 4000.... 137
thera-d rapid repletion 137
theraflu expressmax sever 155
theragran-m fish oil conc 118
 THERAGRAN-M TAB 137
 THERAGRAN-M TAB 50 PLUS 137
 THERAGRAN-M TAB ADVANCED 137
 THERAGRAN-M TAB PREMIER 137
 THERAMILL CAP FORTE 137

THERAPEUTIC CRE MOISTUR 171
 THERAPEUTIC DANDRUFF 171
therapeutic formula/hemat. 137
therapeutic-m 137
thera-tabs 137
 THERA-TABS M TAB 137
theratrum complete 137
theratrum complete 50 plu 137
 THEREMS TAB MULTIVIT 137
 THERMOTABS TAB108
theromega 118
thiamine hcl 137
thioridazine hcl 56
thiothixene 56
tiadylt er 47
tiagabine hcl 59
 TIBSOVO 38
ticagrelor 99
 TICOVAC 104
tigecycline 28
tilia fe 76
timolol maleate 47
timolol maleate (ophth) 142
tinidazole 20
 TIVICAY 22
 TIVICAY PD 22
tizanidine hcl 65
 TOBI PODHALER ... 20
 TOBRADEX OIN 0.3-0.1% 140
tobramycin 20
tobramycin (ophth) 141
tobramycin sulfate 20
tobramycin-dexamethasone ophth susp 0.3-0.1% 140
tolnafi-al 164

tolnaftate 164
tolnaftate antifungal 164
tolterodine tartrate 94
topiramate 60
toremifene citrate . 30
torpenz 39
torseamide 48
 TOTAL HOME SPR INSECT 171
totalday multiple .. 137
 TOUJEO MAX SOLOSTAR 70
 TOUJEO SOLOSTAR 70
 TPN ELECTROL INJ 110
 TR MAG COMPL CAP 400MG 115
 TRADJENTA 68
tramadol hcl 18
tramadol-acetaminophen tab 37.5-325 mg 18
trandolapril 42
tranexamic acid 99
tranylcypromine sulfate 51
 TRAVASOL INJ 10% 110
 TRAZIMERA 39
trazodone hcl 51
 TRELEGY AER ELLIPTA 100-62.5-25 MCG 144
 TRELEGY AER ELLIPTA 200-62.5-25 MCG 144
 TREMFYA 101
 TREMFYA INDUCTION PACK FO 101
treprostinil 49
 TRESIBA 70
 TRESIBA FLEXTOUCH 70
tretinoin 162
tretinoin (chemotherapy) . 31

triamcinolone
acetonide (mouth)
 172
triamcinolone
acetonide (topical)
 166
triamterene &
hydrochlorothiazide
cap 37.5-25 mg . 48
triamterene &
hydrochlorothiazide
tab 37.5-25 mg.. 48
triamterene &
hydrochlorothiazide
tab 75-50 mg 48
tricon 98
tridacaine ii 166
triderm 166
trientine hcl..... 71
tri-estarylla 76
trifluoperazine hcl . 56
trifluridine..... 141
trigels-f forte 98
trihexyphenidyl hcl 53
 TRIJARDY XR TAB ER
 24HR 10-5-1000MG
 68
 TRIJARDY XR TAB ER
 24HR 12.5-2.5-
 1000MG 68
 TRIJARDY XR TAB ER
 24HR 25-5-1000MG
 68
 TRIJARDY XR TAB ER
 24HR 5-2.5-
 1000MG 68
 TRIKAFTA PAK
 59.5MG..... 160
 TRIKAFTA PAK 75MG
 160
 TRIKAFTA TAB 100-
 50-75MG & 150MG
 160
 TRIKAFTA TAB 50-25-
 37.5MG & 75MG 160
tri-legest fe 76
tri-linyah..... 76

tri-lo-estarylla 76
tri-lo-marzia 76
tri-lo-mili 76
tri-lo-sprintec 76
trimethoprim 20
tri-mili 76
trimipramine maleate
 51
 TRINTELLIX..... 51
tri-nymyo 76
triphrocaps..... 137
triple antibiotic .. 163
triple antibiotic + pain
 163
triple antibiotic plus
 163
triprolidine hcl 147
tri-sprintec 76
 TRIUMEQ PD TAB.. 24
 TRIUMEQ TAB..... 24
 TRI-VI-SOL SOL
 A/C/D 137
tri-vite pediatric.. 137
tri-vylibra..... 77
tri-vylibra lo 77
 TROGARZO 22
 TROPHAMINE INJ
 10% 110
tropical liquid
nutrition..... 137
tropium chloride.. 94
 TRUE METRIX KIT AIR
 172
 TRUE METRIX KIT
 METER..... 172
 TRUE METRIX STRIPS
 172
 TRUEPLUS GLUCOSE
 80
 TRUEPLUS GLUCOSE
 GEL..... 80
 TRUEPLUS GLUCOSE
 ON THE G..... 80
 TRULICITY 69
 TRUMENBA..... 104
 TRUQAP..... 39

TRUSTEX LUBR MIS
 ASSORTED 77
 TRUSTEX LUBR MIS
 BANANA..... 77
 TRUSTEX LUBR MIS
 CHOC 77
 TRUSTEX LUBR MIS
 COLA..... 77
 TRUSTEX LUBR MIS
 COLORS..... 77
 TRUSTEX LUBR MIS
 EX LARGE..... 77
 TRUSTEX LUBR MIS
 EX STR 77
 TRUSTEX LUBR MIS
 GRAPE 77
 TRUSTEX LUBR MIS
 RIB/STUD 77
 TRUSTEX LUBR MIS
 SPERMICI..... 77
 TRUSTEX LUBR MIS
 STRWBRY..... 77
 TRUSTEX LUBR MIS
 VANILLA 77
 TRUSTEX MIS
 BANANA..... 77
 TRUSTEX MIS
 CHOCOLAT 77
 TRUSTEX MIS
 FLAVORS 77
 TRUSTEX MIS MINT77
 TRUSTEX MIS
 STRWBRY..... 77
 TRUSTEX MIS
 VANILLA 77
 TRUSTEX/RIA MIS
 LUBRICAT 77
 TRUSTEX/RIA MIS
 NON-LUB 77
 TRUSTEX/RIA MIS
 SPERMICI..... 77
 TRUSTX NON-9 MIS
 RIB/STUD 77
 TRUXIMA 39
 TRUZONE PEAK MIS
 FLOW MTR 160
 TUKYSA 39

TUMS CHEWY
 DELIGHTS ULTRA84
tums smoothies 84
 TURALIO..... 39
turqoz 77
 TUSNEL C SYP 155
tusnel diabetic 155
 TUSNEL DM LIQ .. 156
tusnel dm pediatric
 156
 TUSNEL LIQ 156
 TUSNEL PED DRO
 7.5-50 156
 TUSNEL PEDI LIQ 15-
 5-50..... 156
 TUSNEL PEDIA LIQ
 156
 TUSNEL TAB..... 156
 TUSNEL-DM DRO
 PEDIATRC 156
 TUSNEL-DM LIQ.. 156
tusnel-ex 156
tussin cf..... 156
tussin cough..... 156
tussin dm..... 156
tussin dm cough &
chest c..... 156
tussin dm cough +
chest c..... 156
tussin mucus & chest
cong..... 156
tussin mucus + chest
cong..... 156
 TUXARIN ER TAB
 54.3-8MG..... 156
twice-daily
 clindamycin
 phosphate (topical)
 162
 TWINRIX INJ 104
 TYBOST 22
tydemy 77
 TYENNE 101
 TYPHIM VI..... 104
 U-BASE CRE 107
 UBRELVY 63

ULTRA BONEUP TAB
 137
ultra choice
 multivitamin 137
ultra freeda 137
ultra freeda/iron . 137
ultra lubricating eye
dro..... 143
 ULTRA MEGA G TAB
 100MG..... 137
 ULTRA MEGA G TAB
 75MG CR..... 137
 ULTRA MEGA TAB
 75MG CR..... 137
 ULTRA MEGA TAB
 TWO..... 137
ultra omega-3 118
 ULTRA OMEGA3 CAP
 1400MG..... 118
 ULTRA POTENC TAB
 WOMEN 50..... 137
ultrachoice advanced
form..... 138
 ULTRATHON INSECT
 REPELLEN 171
 UNISPEND ANH SUS
 SWEETENE 107
unithroid..... 82
 UPCAL D POW..... 115
 UPSPRING BABY
 VITAMIN D 138
 UPSPRINGBABY DRO
 MV/IRON..... 138
urinary pain relief.. 94
ursodiol 92
valacyclovir hcl 25
 VALCHLOR 171
valganciclovir hcl .. 25
valproate sodium .. 60
valproic acid..... 60
valsartan 44
valsartan-
 hydrochlorothiazide
 tab 160-12.5 mg 44
valsartan-
 hydrochlorothiazide
 tab 160-25 mg... 44

valsartan-
 hydrochlorothiazide
 tab 320-12.5 mg 44
valsartan-
 hydrochlorothiazide
 tab 320-25 mg... 44
valsartan-
 hydrochlorothiazide
 tab 80-12.5 mg.. 44
 VALTOCO 10 MG
 DOSE 60
 VALTOCO 15 MG
 DOSE 60
 VALTOCO 20 MG
 DOSE 60
 VALTOCO 5 MG DOSE
 60
valtya 1/50 77
value plus glucose. 80
 VANACOF LIQ.....156
 VANALICE GEL 0.3-
 3.5%.....171
 VANATAB DM TAB 5-
 9-198156
vancomycin hcl..... 20
 VANCOMYCIN INJ 1
 GM..... 20
 VANCOMYCIN INJ
 500MG..... 20
 VANCOMYCIN INJ
 750MG..... 20
 VANFLYTA..... 39
 VANIBASE CRE107
 VANICREAM CRE..171
 VANISHING CRE
 BOTANCAL107
 VAQTA.....104
varenicline tartrate 66
varenicline tartrate
 tab 11 x 0.5 mg &
 42 x 1 mg start
 pack..... 66
 VARIVAX.....104
 VASCEPA 46
 VAXCHORA SUS...104
velivet 77
 VELSIPITY.....101

VELVACHOL CRE . 171
 VENCLEXTA..... 39
 VENCLEXTA TAB
 START PK..... 39
venlafaxine hcl 52
 VENOFRER 98
 VENTOLIN HFA ... 147
 VENTOLIN HFA
 (INSTITUTIONAL
 PACK)..... 147
 VEOZAH 81
verapamil hcl..... 47
 VERQUVO 48
 VERSACLOZ 56
 VERSATILE CRE BASE
 107
 VERSIGEL CRE.... 107
 VERZENIO..... 39
vestura 77
vienna 77
vigabatrin 60
vigadrone 60
 VIGAFYDE..... 60
vigpoder 60
vilazodone hcl..... 52
 VIMKUNYA 104
vincristine sulfate.. 31
vinorelbine tartrate 31
violele 77
 VIRACEPT 22
 VIREAD 22
virt-caps 138
vision formula/lutein
 138
 VISION HEALT CAP
 138
vision vitamins ... 138
 VISTA ADVAN CAP
 AREDS2 138
 VISTA ADVAN CAP
 DRY EYE..... 138
vita hair..... 138
 VITABASIC
 COMPLETE..... 138
 VITABASIC SENIOR
 138

VITABEX PLUS CAP
 138
 VITACHEW CHW . 138
 VITACHEW CHW
 ADULT 138
 VITACRAVES CHW
 IMMUNITY..... 138
 VITACRAVES CHW
 MENS 138
 VITACRAVES CHW
 SOUR GUM 138
 VITACRAVES CHW
 WOMENS 138
vitajoy daily d
gummies..... 138
 VITAL-D RX TAB . 138
vitalee 138
 VITALETS CHW CHILD
 138
 VITAMI A-C-D DRO
 INF/TODD 138
 VITAMI A-C-D DRO
 INFANT 138
vitamin a 138
 VITAMIN A
 PALMITATE..... 138
vitamin b
complex/vitamin
 138
vitamin b complex-c
 138
 VITAMIN C 138
vitamin d high
potency 139
vitamin d infant .. 139
vitamin d-1000
maximum st.... 139
 VITAMIN D2 138
 VITAMIN D3 138
vitamin d3 adult
gummies..... 138
vitamin d3 extra
strength..... 138
vitamin d3 gummies
 138
vitamin d3 gummies
adult 138

vitamin d3 high
potency139
 VITAMIN D3 IMMUNE
 HEALTH139
vitamin d3 maximum
streng.....139
vitamin d3 super
strength.....139
 VITAMIN D3 TAB
 COMPLETE.....139
vitamin d3 ultra
strength.....139
vitamin e139
 VITAMIN E139
vitamin e blend....139
vitamin e high
potency139
vitamin e/d-alpha
natural139
vitamin supplement
e-400139
 VITASANA TAB ...139
vitatrum139
*vitatrum complete*139
 VITATRUM TAB ...139
 VITRAKVI..... 39
vitrum senior.....139
 VITRUM TAB SENIOR
139
 VIVIMUSTA 29
 VIVITROL..... 67
 VIVOTIF CAP EC...104
 VIZIMPRO 39
 VONJO..... 39
 VORANIGO 39
voriconazole 21
 VORTEX VALVE MIS
 CHAMBER.....160
 VORTEX/MASK MIS
 CHILDS.....160
 VOSEVI TAB 25
 VOWST CAP 92
 VP GLUCOSE CHW
 FRUIT 80
 VP GLUCOSE CHW
 GRAPE 80
 VRAYLAR 56

vyfemla 77
vylibra 77
VYZULTA..... 142
WALGREENS
 GLUCOSE 80
warfarin sodium 95
wart remover
 maximum stre . 171
water for irrigation,
 sterile irrigation
 soln..... 171
wee care..... 98
weekly-d..... 139
WELIREG 31
wera 77
wescaps..... 139
westab one 139
WESTAB PLUS TAB
 27-1MG 110
westussin dm nf. 156
WESTUSSIN DM SYP
 156
wixela inhub 162
WMNS MULTIVI CHW
 +COLLAGE 139
womens 50+
 advanced 139
WOMENS 50+ TAB
 MULTIVIT 139
womens daily formula
 139
womens daily
 *formula/fo*li 139
WOMENS DAILY PAK
 PACK 139
WOMENS MULT CHW
 GUMMIES..... 139
womens multi..... 139
womens multivitamin
 140
WOMENS PAK 140
WOUND CARE CRE
 107
wymzya fe 77
WYOST 71
XALKORI.....39, 40
xarah fe..... 77

XARELTO 95
XARELTO STAR TAB
 15/20MG..... 95
XATMEP 102
XCEL 100 CRE 107
xcellent a 3000... 140
xcellent a 7500... 140
XCELLENT E CAP
 33.5MG..... 140
XCOPRI 60
XCOPRI PAK 100-150
 60
XCOPRI PAK 12.5-25
 60
XCOPRI PAK 150-
 200MG
 (MAINTENANCE) 60
XCOPRI PAK 150-
 200MG
 (TITRATION) 60
XCOPRI PAK 50-
 100MG..... 60
XDEMVI 141
XELJANZ 101
XELJANZ XR 101
xelria fe 77
XERAC AC 171
XERMELO 92
XGEVA..... 71
XHANCE..... 160
XIFAXAN..... 92
XIGDUO XR TAB 10-
 1000 69
XIGDUO XR TAB 10-
 500MG..... 69
XIGDUO XR TAB 2.5-
 1000 69
XIGDUO XR TAB 5-
 1000MG..... 69
XIGDUO XR TAB 5-
 500MG..... 69
XIIDRA 143
XOFLUZA 25
XOLAIR..... 160
XOSPATA 40
XPOVIO PAK (100 MG
 ONCE WEEKLY) .. 40

XPOVIO PAK (40 MG
 ONCE WEEKLY) .. 40
XPOVIO PAK (40 MG
 TWICE WEEKLY). 40
XPOVIO PAK (60 MG
 ONCE WEEKLY) .. 40
XPOVIO PAK (60 MG
 TWICE WEEKLY). 40
XPOVIO PAK (80 MG
 ONCE WEEKLY) .. 40
XPOVIO PAK (80 MG
 TWICE WEEKLY). 40
XTANDI 30
xulane 77
XULTOPHY INJ
 100/3.6 71
YELETS TEEN TAB
 FORMULA.....140
YESINTEK101
YF-VAX INJ104
yl beta carotene...140
yl coenzyme q10..118
yl folic acid.....140
yl vitamin b-6.....140
yl vitamin c140
yl vitamin c/rose hips
 140
YONSA 30
YOUR LIFE CHW
 GUMMIES.....140
YUMVS DIABET CHW
 MULTIVIT140
YUMVS MULTI CHW
 ZERO.....140
yumvs vitamin d3 140
yumvs vitamin d3
 zero140
YUMVS VITAMIN D3
 ZERO.....140
yumvskids vitamin d3
 zero140
YUTREPIA 49
yuvafem 78
zafemy 77
zafirlukast.....156
zaleplon..... 62
ZARXIO 96

ZEGALOGUE	80	ZENPEP CAP	ZIRGAN	141
ZEJULA	40	60000UNT	<i>zoledronic acid</i>	71
ZELBORAF	40	ZERVIAE	ZOLINZA	40
ZELDANA CAP	140	<i>zidovudine</i>	<i>zolpidem tartrate</i> ..	62
ZEMAIRA	160	ZIKS ARTHRIT CRE	ZONISADE	60
<i>zenatane</i>	162	RELIEF	<i>zonisamide</i>	60
ZENPEP CAP		ZINC LOZ	<i>zoo friends/extra c</i>	
10000UNT	92	<i>zinc oxide (topical)</i>		140
ZENPEP CAP			<i>zovia 1/35</i>	77
15000UNT	92	<i>zinc sulfate</i>	ZTALMY	61
ZENPEP CAP		ZINC SULFATE POW	<i>zumandimine</i>	77
20000UNT	92	GRANULAR	ZURZUVAE	52
ZENPEP CAP		ZINC SULFATE POW	ZYDELIG	40
25000UNT	92	HEPTAHYD	ZYKADIA	40
ZENPEP CAP		ZINC SULFATE POW	ZYLET SUS 0.5-0.3%	
3000UNIT	92	MONOHYD		140
ZENPEP CAP		<i>ziprasidone hcl</i>	ZYPREXA RELPREVV	
40000UNT	92	<i>ziprasidone mesylate</i>		56
ZENPEP CAP				
5000UNIT	92	ZIRABEV		40



+MyCareOhio
Connecting Medicare + Medicaid

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

Actualizado el: **10/01/2025**

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.