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# Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan)
# *Lista de Medicamentos Cubiertos* de 2021 (Formulario)

## Introducción

Este documento se llama *Lista de Medicamentos Cubiertos* (que también se conoce como Lista de Medicamentos). Le informa qué medicamentos que requieren receta médica y medicamentos y artículos de venta libre están cubiertos por Buckeye Health Plan - MyCare Ohio. La Lista de Medicamentos también le informa si existen reglas o restricciones especiales relacionadas con los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual del Afiliado*.

**Para obtener información más actualizada o hacer otras consultas,** comuníquese al 1-866-549-8289 (TTY: 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Se le devolverá la llamada dentro del siguiente día hábil. O visite mmp.buckeyehealthplan.com.

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- → Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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If you believe that Buckeye Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

# Language Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711).

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**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-549-8289 (رقم هاتف الصم والبكم: 711).

**Pennsylvania Dutch:** Geb Acht: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-866-549-8289 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-549-8289 (телетайп: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-549-8289 (ATS : 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-549-8289 (TTY: 711).

**Cushite (Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-549-8289 (TTY: 711).

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**Dutch:** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-549-8289 (TTY: 711).

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-549-8289 (телетайп: 711).

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**Somali:** LA SOCO: Haddii aad ku hadasho Ingiriisi, adeegyada taageerada luqada, oo bilaash ah, ayaad heli kartaa, Wac 1-866-549-8289 (TTY: 711).

**Nepali:** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-866-549-8289 (टिटिवाइ: 711)।

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## A. Descargos de Responsabilidad

Esta es una lista de medicamentos que los afiliados pueden obtener en Buckeye Health Plan - MyCare Ohio.

- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) es un plan de salud que tiene contrato con Medicare y Ohio Medicaid para brindar los beneficios de ambos programas a las personas inscritas.

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

- Puede obtener este documento de forma gratuita en otros formatos, como en letras grandes, braille o audio. Llame al 1-866-549-8289 (TTY: 711), de 8:00 a. m. a 8:00 p. m, de lunes a viernes. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Se le devolverá la llamada dentro del siguiente día hábil. La llamada es gratuita.

- Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) quiere asegurarse de que comprenda la información sobre su plan de salud. Si lo desea, en el futuro podemos enviarle materiales en español o en formatos alternativos. Esto se denomina “solicitud permanente”. Documentaremos su elección. Llámenos si:

  - Desea obtener sus materiales en español o en un formato alternativo.

    **o**

  - Desea cambiar el idioma (inglés/español) o el formato en el que le enviamos los materiales.

  Si necesita ayuda para comprender los materiales de su plan, comuníquese con el Departamento de Servicios al Afiliado de Buckeye al 1-866-549-8289 (TTY: 711). El horario de atención es de 8 a. m. a 8 p. m., de lunes a viernes. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Se le devolverá la llamada dentro del siguiente día hábil.

## B. Preguntas Frecuentes (FAQ)

Encuentre respuestas a las preguntas que tenga sobre esta *Lista de Medicamentos Cubiertos*. Puede leer todas las FAQ para averiguar más o buscar una pregunta y respuesta.

### B1. ¿Qué medicamentos que requieren receta médica están en la *Lista de Medicamentos Cubiertos*? (Llamamos a la *Lista de Medicamentos Cubiertos* la "Lista de Medicamentos" para abreviar).

Los medicamentos de la *Lista de Medicamentos Cubiertos* que comienza en la página 1 son los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo para que ellos trabajen con nosotros y le presten servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- Buckeye Health Plan - MyCare Ohio cubrirá todos los medicamentos médicamente necesarios de la Lista de Medicamentos si:
  - su médico u otra persona que receta dice que usted los necesita para mejorar o mantenerse saludable, **y**
  - debe surtir la receta en una farmacia de la red de Buckeye Health Plan - MyCare Ohio.
- Es posible que Buckeye Health Plan - MyCare Ohio tenga pasos adicionales para acceder a determinados medicamentos (consulte la pregunta B4 más abajo).

También puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en mmp.buckeyehealthplan.com o llame al Departamento de Servicios al Afiliado al 1-866-549-8289 (TTY: 711).

### B2. ¿Alguna vez cambia la Lista de Medicamentos?

Sí, y Buckeye Health Plan - MyCare Ohio debe seguir las reglas de Medicare y Medicaid cuando realice cambios. Podemos agregar o eliminar medicamentos de la Lista de Medicamentos durante el año.

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

- Decidir requerir o no requerir aprobación previa para un medicamento. (Aprobación previa es un permiso que otorga Buckeye Health Plan - MyCare Ohio antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad que usted puede obtener de un medicamento (lo que se denomina límites de cantidad).

- Agregar o cambiar las restricciones de terapia escalonada de un medicamento. (Terapia escalonada significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

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

Si toma un medicamento que tenía cobertura al **comienzo** del año, en general no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que**:**

- surja en el mercado un medicamento nuevo más económico que funcione igual de bien que un medicamento que ya figura en la Lista de Medicamentos, **o**
- nos enteremos de que el medicamento no es seguro, **o**
- un medicamento se retire del mercado.

Las siguientes preguntas B3 y B6 tienen más información acerca de lo que sucede cuando cambia la Lista de Medicamentos.

- Puede consultar la Lista de Medicamentos actualizada de Buckeye Health Plan - MyCare Ohio en línea en mmp.buckeyehealthplan.com.
- También puede llamar al Departamento de Servicios al Afiliado para consultar la Lista de Medicamentos actual al 1-866-549-8289 (TTY: 711).

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

Algunos cambios a la Lista de Medicamentos tendrán lugar **de inmediato**. Por ejemplo:

- **Un medicamento genérico nuevo se torna disponible**. A veces, surge en el mercado un medicamento genérico nuevo que funciona igual de bien que un medicamento de marca que ya figura en la Lista de Medicamentos. Cuando eso ocurre, podemos retirar el medicamento de marca y agregar el medicamento genérico nuevo, pero su costo para el medicamento nuevo seguirá siendo el mismo. Cuando agregamos el medicamento genérico nuevo, podemos decidir también mantener el medicamento de marca en la lista, pero cambiar sus reglas o límites de cobertura.
    - Posiblemente, no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que tenga lugar.
    - Usted o su proveedor pueden pedir una excepción de estos cambios. Le enviaremos un aviso con los pasos que puede tomar para pedir la excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.

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- **Se retira un medicamento del mercado.** Si la Food and Drug Administration (FDA) dice que un medicamento que usted toma no es seguro o si el fabricante retira el medicamento del mercado, lo quitaremos de la Lista de Medicamentos. Si usted toma el medicamento, se lo informaremos. Si tiene preguntas sobre un medicamento retirado del mercado, debe hablar con su médico u otra persona que receta.

**Nosotros podemos realizar otros cambios que afecten los medicamentos que toma.** Le informaremos con antelación sobre estos otros cambios a la Lista de Medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee pautas nuevas o hay pautas clínicas nuevas sobre el medicamento.
- Nosotros agregamos un medicamento genérico que no es nuevo al mercado.
  - Reemplazamos un medicamento de marca que está en la actualidad en la Lista de Medicamentos **o**
  - Cambiamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando estos cambios ocurran, haremos lo siguiente:

- Le informaremos al menos 30 días antes de hacer el cambio en la Lista de Medicamentos **o**
- Le informaremos y le daremos un suministro de 30 días del medicamento luego de que usted solicite una reposición.

Esto le dará tiempo para hablar con su médico u otra persona que receta. Su médico puede ayudarle a decidir:

- si hay un medicamento similar en la Lista de Medicamentos que usted pueda tomar, o
- si debe solicitar una excepción de estos cambios. Para obtener más información sobre las excepciones, consulte la pregunta B10.

## B4. ¿Hay alguna restricción o limitación en la cobertura de los medicamentos o se requiere tomar alguna medida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos, su médico u otra persona que receta debe hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico u otra persona que receta deben obtener aprobación de Buckeye Health Plan -

MyCare Ohio antes de surtir su receta. Si no obtiene aprobación, es posible que Buckeye Health Plan - MyCare Ohio no cubra el medicamento.

- **Límites de cantidad:** En algunos casos, Buckeye Health Plan - MyCare Ohio limita la cantidad que usted puede obtener de un medicamento.
- **Terapia escalonada:** En algunos casos, Buckeye Health Plan - MyCare Ohio requiere que usted realice una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden por su afección médica. Usted podría tener que probar un medicamento antes de que cubramos otro. Si su médico opina que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Puede averiguar si su medicamento tiene restricciones o limitaciones adicionales consultando las tablas de las páginas 1 – Index 1. Además, para obtener más información, visite nuestro sitio web en mmp.buckeyehealthplan.com. Publicamos documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos una copia.

También puede solicitar una excepción de estos límites. Esto le dará tiempo para hablar con su médico u otra persona que receta. Ellos podrán ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos que usted pueda tomar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

## B5. ¿Cómo saber si el medicamento que desea tiene limitaciones o si deben tomarse medidas para obtener el medicamento?

La *Lista de Medicamentos Cubiertos* que figura en la página 1 tiene una columna denominada “Medidas necesarias, restricciones o límites de uso”.

## B6. ¿Qué ocurre si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, autorización previa [aprobación], límites en la cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le informaremos con antelación si añadimos o cambiamos una aprobación previa, los límites de cantidad y/o las restricciones de terapia escalonada sobre un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y sobre las situaciones en las que no podemos informarle con antelación cuando cambian nuestras reglas sobre los medicamentos en la Lista de Medicamentos.

## B7. ¿Cómo puede encontrar un medicamento en la Lista de Medicamentos?

Existen dos maneras de encontrar un medicamento:

- puede buscar alfabéticamente (si usted sabe cómo se escribe el nombre del medicamento), **o**

- puede buscar por afección médica.

Para buscar **alfabéticamente**, ingrese a la sección Índice de Medicamentos Cubiertos. Puede encontrarlo en la página Index 1.

Para buscar **por afección médica**, busque la sección denominada “Lista de medicamentos por afección médica” de la página 1. Los medicamentos en esta sección se agrupan en categorías según el tipo de afección médica que traten. Por ejemplo, si usted tiene una afección cardíaca, usted debería buscar en la categoría CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions. Allí es donde encontrará los medicamentos que tratan afecciones cardíacas.

## B8. ¿Qué pasa si el medicamento que usted quiere tomar no está en la Lista de Medicamentos?

Si usted no ve su medicamento en la Lista de Medicamentos, llame al Departamento de Servicios al Afiliado al 1-866-549-8289 (TTY: 711) y pregunte por ello. Si le informan que Buckeye Health Plan - MyCare Ohio no cubrirá el medicamento, usted puede hacer una de estas cosas:

- Solicite al Departamento de Servicios al Afiliado una lista de medicamentos como el que usted desea tomar. Luego, muéstrele esa lista a su médico o a otra persona que recete. Ellos pueden recetar un medicamento que esté en la Lista de Medicamentos y que sea como el que usted quiere tomar. **O**
- Puede solicitar al plan de salud que haga una excepción para que cubra su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

## B9. ¿Qué pasa si usted es un afiliado nuevo de Buckeye Health Plan - MyCare Ohio y no puede encontrar su medicamento en la Lista de Medicamentos o tiene problemas para obtenerlo?

Le podemos ayudar. Podemos cubrir un suministro temporario de 30 días de su medicamento durante los primeros 90 días que usted es afiliado de Buckeye Health Plan - MyCare Ohio. Esto le dará tiempo para hablar con su médico u otra persona que receta. Ellos podrán ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos que usted pueda tomar o si debe solicitar una excepción.

Si su receta indica un suministro para menos días, autorizaremos reposiciones múltiples hasta alcanzar un suministro máximo del medicamento para 30 días.

Cubriremos un suministro de 30 días de su medicamento si:

- usted está tomando un medicamento que no está en nuestra Lista de Medicamentos, **o**

- las reglas del plan de salud no le permiten obtener la cantidad pedida por la persona que lo recetó, **o**
- el medicamento requiere aprobación previa de Buckeye Health Plan - MyCare Ohio, **o**
- usted está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si usted está en una casa de reposo u otro centro de cuidados a largo plazo y necesita un medicamento que no está en la Lista de Medicamentos, o si usted no puede obtener fácilmente el medicamento que necesita, le podemos ayudar. Si usted ha permanecido en el plan durante más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que usted tenga una receta por menos días), sea usted un afiliado nuevo de Buckeye Health Plan - MyCare Ohio o no.
- Esto es además del suministro temporario durante los primeros 90 días en que usted es miembro de Buckeye Health Plan - MyCare Ohio.

**Cambios en el Nivel de Atención**

Si su nivel de atención cambia, cubriremos un suministro temporario de sus medicamentos. Un cambio en el nivel de atención tiene lugar cuando usted recibe el alta del hospital. También ocurre cuando se traslada a un centro de atención a largo plazo o cuando se va de este.

- Si usted se traslada de un centro de atención a largo plazo o un hospital y necesita un suministro temporario, cubriremos un suministro para 30 días. Si en su receta se establecen menos días, permitiremos las reposiciones hasta alcanzar el total de un suministro para un período de 30 días.
- Si usted se traslada desde su hogar o un hospital a un centro de atención a largo plazo y necesita un suministro temporario, cubriremos un suministro para 31 días. Si en su receta se establecen menos días, permitiremos las reposiciones hasta alcanzar el total de un suministro para un período de 31 días.

## B10. ¿Puede pedir una excepción para que se le brinde cobertura para su medicamento?

Sí. Usted puede solicitar a Buckeye Health Plan - MyCare Ohio que haga una excepción para cubrir un medicamento que no está en la Lista de Medicamentos.

También puede solicitarnos que cambiemos las reglas que afectan a su medicamento.

- Por ejemplo, Buckeye Health Plan - MyCare Ohio puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede solicitarnos que anulemos las restricciones de terapia escalonada o los requisitos de aprobación previa.

### B11. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, llame al Departamento de Servicios al Afiliado. Un representante del Departamento de Servicios al Afiliado trabajará con usted y su proveedor para ayudarle a solicitar una excepción. Usted también puede leer el Capítulo 9 del *Manual del Afiliado* para conocer más sobre las excepciones.

### B12. ¿Cuánto puede demorar obtener una excepción?

Primero, debemos recibir una declaración de la persona que receta en la que se respalde su solicitud de una excepción. Luego de recibir la declaración, le otorgaremos nuestra decisión dentro de las 72 horas.

Si usted o la persona que le receta cree que su salud puede verse perjudicada si usted tiene que esperar 72 horas por una decisión, usted puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona que le receta respalda su solicitud, le daremos una decisión dentro de las 24 horas posteriores a recibir la declaración de respaldo de esta persona.

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

Los medicamentos genéricos tienen los mismos ingredientes activos que los medicamentos de marca. Generalmente tienen un costo menor que el medicamento de marca y con frecuencia no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA).

Buckeye Health Plan - MyCare Ohio cubre los medicamentos de marca y los medicamentos genéricos.

### B14. ¿Qué son los medicamentos OTC?

OTC significa “de venta libre”. Buckeye Health Plan - MyCare Ohio cubre algunos medicamentos OTC cuando son recetados por su proveedor.

Puede consultar la Lista de Medicamentos de Buckeye Health Plan - MyCare Ohio para ver qué medicamentos OTC están cubiertos.

### B15. ¿Cubre Buckeye Health Plan - MyCare Ohio los productos OTC no medicamentosos?

Buckeye Health Plan - MyCare Ohio cubre algunos productos OTC no medicamentosos cuando son recetados por su proveedor.

Algunos ejemplos de productos OTC no medicamentosos incluyen ASSESS LOW RANGE PEAK FLOW METER DEVI, LATEX CONDOMS.

Puede consultar la Lista de Medicamentos de Buckeye Health Plan - MyCare Ohio para ver qué productos OTC no medicamentosos están cubiertos.

### B16. ¿Qué es su copago?

Como afiliado de Buckeye Health Plan - MyCare Ohio, no debe pagar copagos para medicamentos que requieren receta médica ni medicamentos OTC siempre y cuando siga las reglas de Buckeye Health Plan - MyCare Ohio.

### B17. ¿Qué son los niveles de medicamentos?

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

- Los medicamentos del nivel 1 son los medicamentos genéricos.
- Los medicamentos del nivel 2 son los medicamentos de marca.
- Los medicamentos del nivel 3 son medicamentos que requieren receta médica y de venta libre no incluidos en Medicare.

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

## C. Medicamentos agrupados por afección médica

Los medicamentos en esta sección se agrupan en categorías según el tipo de afección médica que traten. Por ejemplo, si usted tiene una afección cardíaca, usted debería buscar en la categoría CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions. Allí es donde encontrará los medicamentos que tratan afecciones cardíacas.

La lista siguiente de medicamentos cubiertos le brinda información sobre los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio. Si tiene problemas para ubicar su medicamento en la lista, consulte el Índice de Medicamentos Cubiertos que comienza en la página Index 1. El Índice enumera alfabéticamente todos los medicamentos cubiertos por Buckeye Health Plan - MyCare Ohio.

La primera columna del cuadro enumera el nombre del medicamento. Los medicamentos de marca están escritos en letra mayúscula (por ejemplo, ELIQUIS TABS), y los medicamentos genéricos, en letra minúscula y cursiva (por ejemplo, *warfarin sodium tabs*).

La información mencionada en la columna “Medidas necesarias, restricciones o límites de uso” le indica si Buckeye Health Plan - MyCare Ohio tiene alguna regla para cubrir su medicamento.

**Nota:** NT al lado de un medicamento significa que el medicamento no es un “medicamento de la Parte D”. El monto que usted paga cuando surte una receta por este medicamento no se aplica a los costos totales del medicamento (es decir, el monto que paga no ayuda a que califique para recibir cobertura catastrófica).

- Además, si recibe Ayuda Adicional para pagar sus medicamentos que requieren receta médica, no recibirá ninguna Ayuda Adicional para pagar estos medicamentos. Para obtener más información sobre la Ayuda Adicional, consulte el siguiente cuadro.

> La **Ayuda Adicional** es un programa de Medicare que ayuda a personas con ingresos y recursos limitados a reducir los costos de los medicamentos que requieren receta médica de Medicare Parte D, como primas, deducibles y copagos. La Ayuda Adicional también se denomina “subsidio por ingresos bajos” o “LIS”.

- Estos medicamentos también tienen reglas diferentes para apelaciones. Una apelación es una manera formal de solicitarnos que revisemos una decisión de cobertura y solicitarnos que la cambiemos, si cree que fue un error. Por ejemplo, podemos decidir que un medicamento que desea no está cubierto o que ya no está cubierto por Medicare o Medicaid.

- Si usted o su médico no está de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo presentar una apelación, llame al Departamento de Servicios al Afiliado al 1-866-549-8289 (TTY: 711). También puede leer el Capítulo 9 del *Manual del Afiliado* para averiguar cómo apelar una decisión.

Aquí se incluyen los significados de los códigos usados en la Lista de Medicamentos:

| Abreviatura | ¿Qué significa esto? | ¿Cómo funciona? |
|---|---|---|
| AL | Límite de Edad | Algunos medicamentos pueden necesitar autorización previa si su edad no cumple con las pautas clínicas, del fabricante de medicamentos o de la FDA. |
| B/D | Medicare Parte B o Parte D | Algunos medicamentos pueden necesitar autorización previa para decidir si el medicamento debe ser cubierto de acuerdo con Medicare Parte B o Parte D. Esto es una regla de Medicare. Su médico u otra persona que receta quizá deba ofrecer más datos para ayudar a tomar esta decisión. |
| LA | Acceso Limitado | Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su *Directorio de Farmacias y Proveedores* o llame al Departamento de Servicios al Afiliado al 1-866-549-8289 (TTY: 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Se le devolverá la llamada dentro del siguiente día hábil. |
| MO | Compra por Correo | Este medicamento está disponible en nuestra farmacia de compra por correo además de otras farmacias de la red. |
| NT | No Parte D | No es un “medicamento de la Parte D”. |
| PA | Autorización Previa | Este medicamento requiere autorización previa. Esto significa que usted o su médico debe obtener nuestra aprobación antes de surtir su receta. Si no obtiene aprobación, es posible que no cubramos el medicamento. |
| QL | Límite de Cantidad | Este medicamento tiene un límite en la cantidad que nuestro plan cubrirá. |
| RX/OTC | Medicamentos que Requieren Receta Médica y de Venta Libre (OTC) | Este medicamento tiene una presentación que requiere receta médica y otra que es OTC. |

| Abreviatura | ¿Qué significa esto? | ¿Cómo funciona? |
|---|---|---|
| SL | Límite de Seguridad | Este medicamento tiene un límite de dosis diaria máxima por motivos de seguridad respaldado por la FDA. Esto significa que no cubriremos más que la dosis diaria máxima. Por ejemplo, la dosis diaria máxima de la FDA para *ibuprofen* es de 3200 mg. Por lo tanto, solo cubriremos cuatro tabletas por día para *ibuprofen 800 mg.* |
| ST | Terapia Escalonada | Este medicamento requiere una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden por su afección médica. Usted podría tener que probar un medicamento antes de que cubramos otro. Si su médico opina que el primer medicamento no funciona para usted, entonces cubriremos el segundo. |
| ^ | Suministro de Días No Extendido | Este medicamento que requiere receta médica puede no estar disponible para un suministro de días extendido. Llame al Departamento de Servicios al Afiliado para preguntar si el medicamento está disponible como suministro extendido. |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders** | | |
| **Amphetamines** | | |
| *amphetamine-dextroamphetamine cp24* | $0 (Tier 1) | QL(4 ea daily); MO |
| *amphetamine-dextroamphetamine tabs* | $0 (Tier 1) | QL(4 ea daily); MO |
| *dextroamphetamine sulfate cp24 10 mg, 5 mg, 15 mg* | $0 (Tier 1) | QL(6 ea daily); MO |
| *dextroamphetamine sulfate tabs 10 mg, 5 mg* | $0 (Tier 1) | QL(6 ea daily); MO |
| *methamphetamine hcl tabs* | $0 (Tier 1) | PA; MO |
| **Analeptics** | | |
| CAFFEINE ANHYDROUS POWD | $0 (Tier 3) | RX/OTC; NT |
| **Attention-Deficit/Hyperactivity Disorder (ADHD)** | | |
| *atomoxetine hcl caps 10 mg* | $0 (Tier 1) | SL(10 ea daily); MO |
| *atomoxetine hcl caps 100 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *atomoxetine hcl caps 18 mg* | $0 (Tier 1) | SL(5.55 ea daily); MO |
| *atomoxetine hcl caps 25 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *atomoxetine hcl caps 40 mg* | $0 (Tier 1) | SL(2.5 ea daily); MO |
| *atomoxetine hcl caps 60 mg* | $0 (Tier 1) | SL(1.66 ea daily); MO |
| *atomoxetine hcl caps 80 mg* | $0 (Tier 1) | SL(1.25 ea daily); MO |
| *clonidine hcl (adhd) tb12* | $0 (Tier 1) | MO |
| *guanfacine hcl (adhd) tb24* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Dopamine and Norepinephrine Reuptake** | | |
| SUNOSI TABS 150 MG | $0 (Tier 2) | PA; SL(1 ea daily); MO |
| SUNOSI TABS 75 MG | $0 (Tier 2) | PA; SL(2 ea daily); MO |
| **Histamine H3-Receptor Antagonist/Inverse** | | |
| WAKIX TABS | $0 (Tier 2^) | PA |
| **Stimulants - Misc.** | | |
| *dexmethylphenidate hcl cp24 10 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *dexmethylphenidate hcl cp24 15 mg* | $0 (Tier 1) | SL(2.66 ea daily); MO |
| *dexmethylphenidate hcl cp24 20 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *dexmethylphenidate hcl cp24 25 mg* | $0 (Tier 1) | SL(1.6 ea daily); MO |
| *dexmethylphenidate hcl cp24 35 mg, 30 mg* | $0 (Tier 1) | SL(1.33 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dexmethylphenidate hcl cp24 40 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *dexmethylphenidate hcl cp24 5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg* | $0 (Tier 1) | MO |
| *methylphenidate hcl cp24 60 mg, 10 mg, 20 mg, 30 mg, 40 mg* | $0 (Tier 1) | MO |
| *methylphenidate hcl cpcr 20 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *methylphenidate hcl cpcr 30 mg* | $0 (Tier 1) | MO |
| *methylphenidate hcl cpcr 40 mg, 60 mg, 10 mg, 50 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| *methylphenidate hcl tabs 10 mg, 20 mg, 5 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *methylphenidate hcl tb24 27 mg, 36 mg* | $0 (Tier 1) | Non-Osmotic Release |
| *methylphenidate hcl tbcr 20 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *methylphenidate hcl tbcr 36 mg, 54 mg, 18 mg, 27 mg* | $0 (Tier 1) | MO |
| *modafinil tabs 100 mg* | $0 (Tier 1) | PA; MO |
| *modafinil tabs 200 mg* | $0 (Tier 1) | PA; QL(1 ea daily); MO |
| **ALTERNATIVE MEDICINES** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Alternative Medicine - A's** | | |
| ALPHA LIPOIC ACID CAPS 300 MG | $0 (Tier 3) | MO; NT |
| ALPHA LIPOIC ACID CAPS 50 MG | $0 (Tier 3) | NT |
| *alpha-lipoic acid (thioctic acid) caps 200 mg* | $0 (Tier 3) | NT |
| *alpha-lipoic acid (thioctic acid) caps 600 mg, 100 mg* | $0 (Tier 3) | MO; NT |
| ALPHA-LIPOIC ACID CAPS OR 50 MG | $0 (Tier 3) | NT |
| LIPOIC ACID CAPS | $0 (Tier 3) | NT |
| **Alternative Medicine - C's** | | |
| *coenzyme q10 (ubidecarenone) caps 300 mg, 10 mg, 150 mg, 75 mg, 60 mg* | $0 (Tier 3) | NT |
| *coenzyme q10 (ubidecarenone) caps 400 mg, 50 mg, 30 mg, 200 mg, 100 mg* | $0 (Tier 3) | MO; NT |
| NEOQ10 CAPS | $0 (Tier 3) | NT |
| Q-GEL CAPS | $0 (Tier 3) | NT |
| **Alternative Medicine - U** | | |
| CYTO-Q LIQD | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CYTO-Q MAX LIQD | $0 (Tier 3) | MO; NT |
| CYTO-Q T/F LIQD | $0 (Tier 3) | MO; NT |
| QH LIQD | $0 (Tier 3) | MO; NT |
| **Alternative Medicine Combinations** | | |
| LIQ-10 SYRP | $0 (Tier 3) | NT |
| **AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections** | | |
| **Aminoglycosides** | | |
| *amikacin sulfate soln* | $0 (Tier 1) | MO |
| ARIKAYCE SUSP | $0 (Tier 2^) | PA; MO |
| *gentamicin in saline soln 1 mg/ml-0.9 %* | $0 (Tier 1) | |
| *gentamicin sulfate soln* | $0 (Tier 1) | MO |
| *neomycin sulfate tabs* | $0 (Tier 1) | MO |
| *paromomycin sulfate caps* | $0 (Tier 1) | MO |
| TOBI PODHALER CAPS | $0 (Tier 2^) | |
| *tobramycin nebu 300 mg/4ml* | $0 (Tier 1^) | B/D |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *tobramycin nebu 300 mg/5ml* | $0 (Tier 1) | B/D |
| *tobramycin sulfate soln 1.2 gm/30ml, 80 mg/2ml* | $0 (Tier 1) | MO |
| *tobramycin sulfate solr 1.2 gm* | $0 (Tier 1) | |
| **ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions** | | |
| **Anti-TNF-alpha - Monoclonal Antibodies** | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | $0 (Tier 2^) | PA |
| HUMIRA PEN PNKT | $0 (Tier 2^) | PA |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | $0 (Tier 2^) | PA |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | $0 (Tier 2^) | PA |
| HUMIRA PEN-PS/UV STARTER PNKT | $0 (Tier 2^) | PA |
| HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | $0 (Tier 2^) | PA |
| SIMPONI SOAJ | $0 (Tier 2^) | PA |
| SIMPONI SOSY | $0 (Tier 2^) | PA |
| **Antirheumatic - Enzyme Inhibitors** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| RINVOQ TB24 | $0 (Tier 2^) | PA |
| XELJANZ SOLN | $0 (Tier 2^) | PA |
| XELJANZ TABS | $0 (Tier 2^) | PA |
| XELJANZ XR TB24 | $0 (Tier 2^) | PA |
| **Antirheumatic Antimetabolites** | | |
| OTREXUP SOAJ | $0 (Tier 2) | PA |
| RASUVO SOAJ | $0 (Tier 2) | PA |
| **Gold Compounds** | | |
| RIDAURA CAPS | $0 (Tier 2^) | MO |
| **Interleukin-1 Blockers** | | |
| ARCALYST SOLR | $0 (Tier 2^) | |
| **Interleukin-1beta Blockers** | | |
| ILARIS SOLN | $0 (Tier 2^) | PA; LA |
| **Nonsteroidal Anti-inflammatory Agents (NSAIDs)** | | |
| *celecoxib caps* | $0 (Tier 1) | MO |
| *diclofenac potassium tabs 50 mg* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *diclofenac sodium tb24* | $0 (Tier 1) | MO |
| *diclofenac sodium tbec* | $0 (Tier 1) | MO |
| *diclofenac w/ misoprostol tbec* | $0 (Tier 1) | MO |
| *etodolac caps* | $0 (Tier 1) | MO |
| *etodolac tabs* | $0 (Tier 1) | MO |
| *etodolac tb24* | $0 (Tier 1) | MO |
| *flurbiprofen tabs 100 mg* | $0 (Tier 1) | MO |
| *ibuprofen caps 200 mg* | $0 (Tier 3) | MO; NT |
| *ibuprofen chew 100 mg* | $0 (Tier 3) | MO; NT |
| *ibuprofen susp 100 mg/5ml* | $0 (Tier 1) | RX/OTC; MO |
| *ibuprofen susp 100 mg/5ml* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *ibuprofen susp 40 mg/ml, 50 mg/1.25ml* | $0 (Tier 3) | NT |
| *ibuprofen tabs 200 mg* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ibuprofen tabs 400 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *ibuprofen tabs 600 mg* | $0 (Tier 1) | SL(5.33 ea daily); MO |
| *ibuprofen tabs 800 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *indomethacin caps 25 mg, 50 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *indomethacin cpcr 75 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *mefenamic acid caps* | $0 (Tier 1) | MO |
| *meloxicam tabs 15 mg, 7.5 mg* | $0 (Tier 1) | MO |
| *nabumetone tabs* | $0 (Tier 1) | MO |
| *naproxen sodium caps 220 mg* | $0 (Tier 3) | NT |
| *naproxen sodium tabs 220 mg* | $0 (Tier 3) | MO; NT |
| *naproxen sodium tabs 550 mg, 275 mg* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *naproxen tabs 250 mg, 375 mg, 500 mg* | $0 (Tier 1) | MO |
| *naproxen tbec 375 mg, 500 mg* | $0 (Tier 1) | MO |
| *oxaprozin tabs* | $0 (Tier 1) | MO |
| *piroxicam caps* | $0 (Tier 1) | MO |
| *sulindac tabs* | $0 (Tier 1) | MO |
| **Pyrimidine Synthesis Inhibitors** | | |
| *leflunomide tabs* | $0 (Tier 1) | MO |
| **Soluble Tumor Necrosis Factor Receptor Agents** | | |
| ENBREL MINI SOCT | $0 (Tier 2^) | PA |
| ENBREL SOLN | $0 (Tier 2^) | PA |
| ENBREL SOLR | $0 (Tier 2^) | PA |
| ENBREL SOSY | $0 (Tier 2^) | PA |
| ENBREL SURECLICK SOAJ | $0 (Tier 2^) | PA |
| **ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions** | | |
| **Analgesics Other** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *acetaminophen caps or 500 mg* | $0 (Tier 3) | MO; NT |
| *acetaminophen chew or 160 mg* | $0 (Tier 3) | NT |
| *acetaminophen chew or 80 mg* | $0 (Tier 3) | MO; NT |
| *acetaminophen liqd or 1000 mg/30ml, 500 mg/15ml* | $0 (Tier 3) | NT |
| *acetaminophen liqd or 160 mg/5ml* | $0 (Tier 3) | MO; NT |
| *acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml* | $0 (Tier 3) | MO; NT |
| *acetaminophen supp re 650 mg, 120 mg* | $0 (Tier 3) | MO; NT |
| *acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml* | $0 (Tier 3) | MO; NT |
| *acetaminophen tabs or 325 mg, 500 mg* | $0 (Tier 3) | MO; NT |
| *acetaminophen tbcr or 650 mg* | $0 (Tier 3) | MO; NT |
| *acetaminophen tbdp or 160 mg* | $0 (Tier 3) | NT |
| FEVERALL INFANTS SUPP | $0 (Tier 3) | NT |
| FEVERALL JUNIOR STRENGTH SUPP | $0 (Tier 3) | NT |
| **Salicylates** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *aspirin chew or 81 mg* | $0 (Tier 3) | MO; NT |
| ASPIRIN SUPP RE 300 MG, 600 MG | $0 (Tier 3) | NT |
| *aspirin tabs or 325 mg* | $0 (Tier 3) | MO; NT |
| *aspirin tbec or 325 mg, 81 mg* | $0 (Tier 3) | MO; NT |
| *diflunisal tabs* | $0 (Tier 1) | MO |
| ECOTRIN REGULAR STRENGTH TBEC (*aspirin*) | $0 (Tier 3) | MO; NT |
| ECOTRIN TBEC (*aspirin*) | $0 (Tier 3) | MO; NT |
| **ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions** | | |
| **Opioid Agonists** | | |
| *fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg* | $0 (Tier 1^) | PA; QL(4 ea daily); MO |
| *fentanyl citrate lpop bu 200 mcg* | $0 (Tier 1^) | PA; QL(8 ea daily); MO |
| *fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | $0 (Tier 1) | Limit 10 patches per month;QL(0.34 ea daily); MO |
| *hydrocodone bitartrate cp12 10 mg, 15 mg* | $0 (Tier 1) | PA; QL(3 ea daily); MO |
| *hydrocodone bitartrate cp12 20 mg, 30 mg, 40 mg, 50 mg* | $0 (Tier 1) | PA; QL(2 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydromorphone hcl liqd or 1 mg/ml* | $0 (Tier 1) | QL(50 ml daily); MO |
| *hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml* | $0 (Tier 1) | |
| *hydromorphone hcl soln ij 4 mg/ml, 1 mg/ml, 2 mg/ml* | $0 (Tier 1) | MO |
| *hydromorphone hcl tabs or 2 mg, 4 mg* | $0 (Tier 1) | QL(9 ea daily); MO |
| *hydromorphone hcl tabs or 8 mg* | $0 (Tier 1) | QL(6.25 ea daily); MO |
| LAZANDA SOLN 100 MCG/ACT | $0 (Tier 2^) | PA; QL(1 ea daily); MO |
| LAZANDA SOLN 400 MCG/ACT | $0 (Tier 2^) | PA; Limit 8 bottles per month;QL(0.27 ea daily); MO |
| *methadone hcl soln or 10 mg/5ml* | $0 (Tier 1) | QL(33.34 ml daily); MO |
| *methadone hcl soln or 5 mg/5ml* | $0 (Tier 1) | QL(15 ml daily); MO |
| *methadone hcl tabs or 5 mg, 10 mg* | $0 (Tier 1) | QL(6 ea daily); MO |
| *morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *morphine sulfate cp24 or 100 mg* | $0 (Tier 1^) | QL(2 ea daily); MO |
| *morphine sulfate cp24 or 60 mg* | $0 (Tier 1) | QL(3.34 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *morphine sulfate cp24 or 80 mg* | $0 (Tier 1) | QL(2.5 ea daily); MO |
| *morphine sulfate soln ij 0.5 mg/ml* | $0 (Tier 1) | |
| *morphine sulfate soln ij 1 mg/ml* | $0 (Tier 1) | MO |
| *morphine sulfate soln or 10 mg/5ml* | $0 (Tier 1) | QL(100 ml daily); MO |
| *morphine sulfate soln or 100 mg/5ml, 20 mg/ml* | $0 (Tier 1) | QL(10 ml daily); MO |
| *morphine sulfate soln or 20 mg/5ml* | $0 (Tier 1) | QL(50 ml daily); MO |
| *morphine sulfate tabs or 15 mg* | $0 (Tier 1) | QL(13.34 ea daily); MO |
| *morphine sulfate tabs or 30 mg* | $0 (Tier 1) | QL(6.67 ea daily); MO |
| *morphine sulfate tbcr or 100 mg, 200 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *morphine sulfate tbcr or 15 mg, 30 mg, 60 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *oxycodone hcl caps 5 mg* | $0 (Tier 1) | QL(6 ea daily); MO |
| *oxycodone hcl conc 100 mg/5ml* | $0 (Tier 1) | QL(6 ml daily); MO |
| *oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg* | $0 (Tier 1) | QL(6 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *oxycodone hcl tabs 30 mg* | $0 (Tier 1) | QL(4.44 ea daily); MO |
| *oxymorphone hcl tabs 10 mg, 5 mg* | $0 (Tier 1) | QL(6 ea daily); MO |
| *oxymorphone hcl tb12 15 mg* | $0 (Tier 1) | QL(4.44 ea daily); MO |
| *oxymorphone hcl tb12 7.5 mg* | $0 (Tier 1) | QL(8.89 ea daily); MO |
| SUBSYS LIQD 100 MCG | $0 (Tier 2^) | PA; QL(16 ea daily); MO |
| SUBSYS LIQD 1200 MCG | $0 (Tier 2^) | PA; QL(2 ea daily) |
| SUBSYS LIQD 1600 MCG, 400 MCG, 600 MCG, 800 MCG | $0 (Tier 2^) | PA; QL(4 ea daily); MO |
| SUBSYS LIQD 200 MCG | $0 (Tier 2^) | PA; QL(8 ea daily); MO |
| *tramadol hcl tabs 50 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *tramadol hcl tb24 100 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *tramadol hcl tb24 200 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *tramadol hcl tb24 300 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| **Opioid Combinations** | | |
| *acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml* | $0 (Tier 1) | SL(150 ml daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *acetaminophen w/ codeine tabs 15 mg-300 mg* | $0 (Tier 1) | SL(13.3 ea daily); MO |
| *acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg* | $0 (Tier 1) | SL(12 ea daily); MO |
| *acetaminophen w/ codeine tabs 60 mg-300 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *butalbital-aspirin-caffeine w/cod caps* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(6 ea daily); MO |
| *hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml* | $0 (Tier 1) | Limit 5535mls per month;SL(184.5 ml daily); MO |
| *hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg* | $0 (Tier 1) | SL(13.3 ea daily); MO |
| *hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg* | $0 (Tier 1) | SL(12.3 ea daily); MO |
| *hydrocodone-ibuprofen tabs* | $0 (Tier 1) | QL(5 ea daily); MO |
| *oxycodone w/ acetaminophen tabs 10 mg-325 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *oxycodone w/ acetaminophen tabs 2.5 mg-325 mg, 325 mg-2.5 mg* | $0 (Tier 1) | SL(12.3 ea daily); MO |
| *oxycodone w/ acetaminophen tabs 325 mg-5 mg, 5 mg-325 mg* | $0 (Tier 1) | SL(12 ea daily); MO |
| *oxycodone w/ acetaminophen tabs 7.5 mg-325 mg* | $0 (Tier 1) | SL(8 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *tramadol-acetaminophen tabs* | $0 (Tier 1) | SL(8 ea daily); MO |
| **Opioid Partial Agonists** | | |
| *buprenorphine hcl subl sl 2 mg, 8 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg, 2 mg-8 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *butorphanol tartrate soln ij 2 mg/ml* | $0 (Tier 1) | MO |
| *butorphanol tartrate soln na 10 mg/ml* | $0 (Tier 1) | Limit 210mls per month;QL(7 ml daily); MO |
| **ANDROGENS-ANABOLIC - Drugs to Regulate Hormones** | | |
| **Anabolic Steroids** | | |
| *oxandrolone tabs 10 mg* | $0 (Tier 1^) | MO |
| *oxandrolone tabs 2.5 mg* | $0 (Tier 1) | MO |
| **Androgens** | | |
| ANDRODERM PT24 | $0 (Tier 2) | MO |
| AVEED SOLN | $0 (Tier 2) | LA |
| *danazol caps* | $0 (Tier 1) | MO |
| *methyltestosterone caps* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *testosterone cypionate soln im 100 mg/ml, 200 mg/ml* | $0 (Tier 1) | MO |
| *testosterone enanthate soln* | $0 (Tier 1) | MO |
| *testosterone gel td 20.25 mg/1.25gm, 40.5 mg/2.5gm, 1 %, 1.62 %, 25 mg/2.5gm, 50 mg/5gm* | $0 (Tier 1) | MO |
| *testosterone soln td 30 mg/act* | $0 (Tier 1) | MO |
| **ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching** | | |
| **Intrarectal Steroids** | | |
| *hydrocortisone (intrarectal) enem* | $0 (Tier 1) | MO |
| UCERIS FOAM RE 2 MG/ACT | $0 (Tier 2) | MO |
| **Rectal Combinations** | | |
| *phenylephrine-mineral oil-petrolatum oint* | $0 (Tier 3) | MO; NT |
| **Rectal Steroids** | | |
| *hydrocortisone (rectal) crea* | $0 (Tier 1) | MO |
| **Vasodilating Agents** | | |
| RECTIV OINT | $0 (Tier 2) | MO |
| **ANTACIDS** | | |
| **Antacid Combinations** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *alum & mag hydrox-simethicone chew 25 mg-200 mg-200 mg* | $0 (Tier 3) | NT |
| *alum & mag hydrox-simethicone liqd 40 mg/5ml-400 mg/5ml-400 mg/5ml, 20 mg/5ml-200 mg/5ml-200 mg/5ml* | $0 (Tier 3) | MO; NT |
| *alum & mag hydrox-simethicone susp 240 mg/30ml-2400 mg/30ml-2400 mg/30ml, 40 mg/5ml-40 mg/5ml-400 mg/5ml-400 mg/5ml-400 mg/5ml-400 mg/5ml, 400 mg/5ml-40 mg/5ml-400 mg/5ml, 80 mg/10ml-800 mg/10ml-800 mg/10ml, 800 mg/10ml-80 mg/10ml-800 mg/10ml, 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml, 200 mg/5ml-20 mg/5ml-200 mg/5ml, 200 mg/5ml-200 mg/5ml-20 mg/5ml* | $0 (Tier 3) | MO; NT |
| *aluminum hydroxide-mag carb chew* | $0 (Tier 3) | MO; NT |
| *aluminum hydroxide-mag carb susp* | $0 (Tier 3) | MO; NT |
| *calcium carbonate-simethicone chew 60 mg-1000 mg* | $0 (Tier 3) | NT |
| GAVISCON CHEW 14.2 MG-80 MG | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MAG-AL LIQD | $0 (Tier 3) | NT |
| **Antacids - Aluminum Salts** | | |
| ALUMINUM HYDROXIDE SUSP OR | $0 (Tier 3) | NT |
| **Antacids - Bicarbonate** | | |
| *sodium bicarbonate (antacid) tabs* | $0 (Tier 3) | MO; NT |
| **Antacids - Calcium Salts** | | |
| ANTACID CHEW | $0 (Tier 3) | NT |
| ANTACID SOFT CHEWS CHEW | $0 (Tier 3) | NT |
| *calcium carbonate (antacid) chew 1000 mg, 500 mg, 750 mg* | $0 (Tier 3) | MO; NT |
| *calcium carbonate (antacid) susp 1250 mg/5ml* | $0 (Tier 3) | MO; NT |
| CALCIUM CARBONATE TABS OR 648 MG | $0 (Tier 3) | MO; NT |
| CVS ANTACID SOFT CHEWS ULTRA STRENGTH CHEW | $0 (Tier 3) | NT |
| TUMS CHEWY DELIGHTS CHEW | $0 (Tier 3) | NT |
| **Antacids - Magnesium Salts** | | |
| *magnesium oxide tabs 400 mg* | $0 (Tier 3) | MO; NT |
| **ANTHELMINTICS - Drugs to Treat Worm Infections** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Anthelmintics** | | |
| *albendazole tabs* | $0 (Tier 1) | MO |
| *ivermectin tabs or 3 mg* | $0 (Tier 1) | MO |
| *pyrantel pamoate susp* | $0 (Tier 3) | MO; NT |
| **ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections** | | |
| **Anti-infective Agents - Misc.** | | |
| IMPAVIDO CAPS | $0 (Tier 2^) | MO |
| *metronidazole caps or 375 mg* | $0 (Tier 1) | SL(10.6 ea daily); MO |
| *metronidazole in nacl soln 0.79 %-5 mg/ml, 5 mg/ml-0.79 %, 500 mg/100ml-0.79 %* | $0 (Tier 1) | |
| *metronidazole tabs or 250 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *metronidazole tabs or 500 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *pentamidine isethionate solr ij* | $0 (Tier 1) | MO |
| *pentamidine isethionate solr in* | $0 (Tier 1) | B/D; MO |
| *tinidazole tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *trimethoprim tabs* | $0 (Tier 1) | MO |
| XIFAXAN TABS 550 MG | $0 (Tier 2^) | QL(3 ea daily); MO |
| **Anti-infective Misc. - Combinations** | | |
| *sulfamethoxazole-trimethoprim soln* | $0 (Tier 1) | MO |
| *sulfamethoxazole-trimethoprim susp* | $0 (Tier 1) | MO |
| *sulfamethoxazole-trimethoprim tabs* | $0 (Tier 1) | MO |
| **Antiprotozoal Agents** | | |
| *atovaquone susp* | $0 (Tier 1^) | MO |
| *nitazoxanide tabs* | $0 (Tier 1) | MO |
| **Carbapenems** | | |
| *ertapenem sodium solr* | $0 (Tier 1) | MO |
| *imipenem-cilastatin solr 250 mg-250 mg, 500 mg-500 mg* | $0 (Tier 1) | MO |
| *meropenem solr 1 gm* | $0 (Tier 1) | MO |
| *meropenem solr 500 mg* | $0 (Tier 1) | |
| VABOMERE SOLR | $0 (Tier 2) | |
| **Chloramphenicols** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *chloramphenicol sodium succinate solr* | $0 (Tier 1) | |
| **Cyclic Lipopeptides** | | |
| *daptomycin solr 500 mg* | $0 (Tier 1^) | MO |
| **Glycopeptides** | | |
| DALVANCE SOLR | $0 (Tier 2^) | |
| FIRVANQ SOLR 25 MG/ML | $0 (Tier 2) | |
| FIRVANQ SOLR 50 MG/ML | $0 (Tier 2) | MO |
| ORBACTIV SOLR | $0 (Tier 2^) | MO |
| *vancomycin hcl caps or 125 mg* | $0 (Tier 1) | PA; QL(4 ea daily); MO |
| *vancomycin hcl caps or 250 mg* | $0 (Tier 1^) | PA; QL(8 ea daily); MO |
| *vancomycin hcl solr iv 10 gm, 5 gm, 750 mg, 1 gm, 1000 mg* | $0 (Tier 1) | |
| *vancomycin hcl solr iv 500 mg* | $0 (Tier 1) | MO |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML | $0 (Tier 2) | MO |
| VANCOMYCIN HYDROCHLORIDE/DEXTROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 750 MG/150ML-5 % | $0 (Tier 2) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Leprostatics** | | |
| *dapsone tabs* | $0 (Tier 1) | MO |
| **Lincosamides** | | |
| *clindamycin hcl caps* | $0 (Tier 1) | MO |
| *clindamycin palmitate hydrochloride solr* | $0 (Tier 1) | MO |
| *clindamycin phosphate in d5w soln* | $0 (Tier 1) | |
| *clindamycin phosphate soln 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml* | $0 (Tier 1) | |
| *clindamycin phosphate soln 600 mg/4ml, 900 mg/6ml* | $0 (Tier 1) | MO |
| *lincomycin hcl soln* | $0 (Tier 1) | MO |
| **Monobactams** | | |
| *aztreonam solr* | $0 (Tier 1) | MO |
| CAYSTON SOLR | $0 (Tier 2^) | PA; LA |
| **Oxazolidinones** | | |
| *linezolid in sodium chloride soln* | $0 (Tier 1^) | |
| *linezolid soln iv 600 mg/300ml* | $0 (Tier 1^) | |
| *linezolid susr or 100 mg/5ml* | $0 (Tier 1^) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *linezolid tabs or 600 mg* | $0 (Tier 1) | MO |
| SIVEXTRO SOLR IV | $0 (Tier 2^) | |
| SIVEXTRO TABS OR | $0 (Tier 2^) | MO |
| ZYVOX SOLN IV 200 MG/100ML | $0 (Tier 2^) | |
| **Pleuromutilins** | | |
| XENLETA TABS OR 600 MG | $0 (Tier 2^) | PA; MO |
| **Polymyxins** | | |
| *colistimethate sodium solr* | $0 (Tier 1) | MO |
| *polymyxin b sulfate solr* | $0 (Tier 1) | |
| **Streptogramins** | | |
| SYNERCID SOLR | $0 (Tier 2^) | |
| **Urinary Anti-infectives** | | |
| *methenamine hippurate tabs* | $0 (Tier 1) | MO |
| *nitrofurantoin macrocrystal caps* | $0 (Tier 1) | MO |
| *nitrofurantoin monohyd macro caps* | $0 (Tier 1) | MO |
| **ANTIANGINAL AGENTS - Drugs to Treat Chest Pain** | | |
| **Antianginals-Other** | | |
| *ranolazine tb12* | $0 (Tier 1) | MO |
| **Nitrates** | | |
| *isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg* | $0 (Tier 1) | MO |
| *isosorbide mononitrate tabs* | $0 (Tier 1) | MO |
| *isosorbide mononitrate tb24* | $0 (Tier 1) | MO |
| *nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr* | $0 (Tier 1) | MO |
| *nitroglycerin soln tl 0.4 mg/spray* | $0 (Tier 1) | MO |
| *nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg* | $0 (Tier 1) | MO |
| NITROSTAT SUBL (*nitroglycerin*) | $0 (Tier 2) | MO |
| **ANTIANXIETY AGENTS - Drugs to Treat Anxiety** | | |
| **Antianxiety Agents - Misc.** | | |
| *buspirone hcl tabs* | $0 (Tier 1) | MO |
| *hydroxyzine hcl soln im 50 mg/ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *hydroxyzine hcl syrp or 10 mg/5ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *hydroxyzine pamoate caps 25 mg, 50 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Benzodiazepines** | | |
| *alprazolam tabs* | $0 (Tier 1) | MO |
| *alprazolam tb24* | $0 (Tier 1) | MO |
| *alprazolam tbdp* | $0 (Tier 1) | MO |
| *clorazepate dipotassium tabs* | $0 (Tier 1) | MO |
| *diazepam conc or 5 mg/ml* | $0 (Tier 1) | MO |
| *diazepam soln or 5 mg/5ml* | $0 (Tier 1) | MO |
| *diazepam tabs or 10 mg, 2 mg, 5 mg* | $0 (Tier 1) | MO |
| *lorazepam conc* | $0 (Tier 1) | MO |
| *lorazepam soln* | $0 (Tier 1) | MO |
| *lorazepam tabs* | $0 (Tier 1) | MO |
| *oxazepam caps* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms** | | |
| **Antiarrhythmics Type I-A** | | |
| *disopyramide phosphate caps* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *quinidine gluconate tbcr* | $0 (Tier 1) | MO |
| *quinidine sulfate tabs* | $0 (Tier 1) | MO |
| **Antiarrhythmics Type I-B** | | |
| *mexiletine hcl caps* | $0 (Tier 1) | MO |
| **Antiarrhythmics Type I-C** | | |
| *flecainide acetate tabs 100 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *flecainide acetate tabs 150 mg* | $0 (Tier 1) | SL(2.66 ea daily); MO |
| *flecainide acetate tabs 50 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *propafenone hcl cp12* | $0 (Tier 1) | MO |
| *propafenone hcl tabs* | $0 (Tier 1) | MO |
| **Antiarrhythmics Type III** | | |
| *amiodarone hcl tabs or 100 mg, 200 mg, 400 mg* | $0 (Tier 1) | MO |
| *dofetilide caps* | $0 (Tier 1) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MULTAQ TABS | $0 (Tier 2) | MO |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions** | | |
| **Anti-Inflammatory Agents** | | |
| *cromolyn sodium nebu* | $0 (Tier 1) | B/D; MO |
| **Antiasthmatic - Monoclonal Antibodies** | | |
| CINQAIR SOLN | $0 (Tier 2^) | PA; LA |
| FASENRA SOSY | $0 (Tier 2^) | PA |
| NUCALA SOLR 100 MG | $0 (Tier 2^) | PA; LA |
| XOLAIR SOLR | $0 (Tier 2^) | PA; LA |
| XOLAIR SOSY | $0 (Tier 2^) | PA; LA |
| **Bronchodilators - Anticholinergics** | | |
| ATROVENT HFA AERS | $0 (Tier 2) | Limit 2 inhalers per month;QL(0.86 gm daily); MO |
| *ipratropium bromide soln* | $0 (Tier 1) | B/D; MO |
| SPIRIVA HANDIHALER CAPS | $0 (Tier 2) | SL(1 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SPIRIVA RESPIMAT AERS | $0 (Tier 2) | Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO |
| **Leukotriene Modulators** | | |
| *montelukast sodium chew 4 mg, 5 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| *montelukast sodium tabs 10 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| *zafirlukast tabs* | $0 (Tier 1) | MO |
| *zileuton tb12* | $0 (Tier 1^) | SL(4 ea daily); MO |
| **Selective Phosphodiesterase 4 (PDE4) Inhibitors** | | |
| DALIRESP TABS | $0 (Tier 2) | QL(1 ea daily); MO |
| **Steroid Inhalants** | | |
| ARNUITY ELLIPTA AEPB | $0 (Tier 2) | SL(1 ea daily); MO |
| *budesonide (inhalation) susp 0.25 mg/2ml* | $0 (Tier 1) | B/D; QL(8 ml daily); MO |
| *budesonide (inhalation) susp 0.5 mg/2ml* | $0 (Tier 1) | B/D; QL(4 ml daily); MO |
| FLOVENT DISKUS AEPB 100 MCG/BLIST | $0 (Tier 2) | SL(20 ea daily); MO |
| FLOVENT DISKUS AEPB 250 MCG/BLIST | $0 (Tier 2) | SL(8 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FLOVENT DISKUS AEPB 50 MCG/BLIST | $0 (Tier 2) | SL(40 ea daily); MO |
| FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT | $0 (Tier 2) | Limit 2 inhalers per month;QL(0.8 gm daily); MO |
| FLOVENT HFA AERO 44 MCG/ACT | $0 (Tier 2) | Limit 1 inhaler per month;QL(0.36 gm daily); MO |
| **Sympathomimetics** | | |
| ADVAIR HFA AERO 21 MCG/ACT-115 MCG/ACT, 45 MCG/ACT-21 MCG/ACT | $0 (Tier 2) | QL(4 gm daily); MO |
| ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT | $0 (Tier 2) | Limit 1 Inhaler per month;QL(0.4 gm daily); MO |
| ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT | $0 (Tier 2) | Limit 2 inhalers per month (Institutional Pack);QL(0.54 gm daily); MO |
| *albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %, 0.5 %, 2.5 mg/0.5ml* | $0 (Tier 1) | B/D; MO |
| *albuterol sulfate syrp or 2 mg/5ml* | $0 (Tier 1) | MO |
| *albuterol sulfate tabs or 2 mg, 4 mg* | $0 (Tier 1) | MO |
| ANORO ELLIPTA AEPB | $0 (Tier 2) | QL(2 ea daily); MO |
| BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH | $0 (Tier 2) | Limit 1 inhaler per month;SL(2 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH | $0 (Tier 2) | Limit 2 inhalers per month (Institutional Pack);SL(2 ea daily); MO |
| COMBIVENT RESPIMAT AERS | $0 (Tier 2) | Limit 3 inhalers per 2 months;SL(0.14 gm daily); MO |
| *fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose* | $0 (Tier 1) | SL(2 ea daily); MO |
| *ipratropium-albuterol soln* | $0 (Tier 1) | B/D; MO |
| *levalbuterol hcl nebu* | $0 (Tier 1) | B/D; MO |
| *levalbuterol tartrate aero* | $0 (Tier 1) | MO |
| PROAIR HFA AERS (*albuterol sulfate*) | $0 (Tier 2) | MO |
| PROAIR RESPICLICK AEPB | $0 (Tier 2) | MO |
| SEREVENT DISKUS AEPB | $0 (Tier 2) | QL(2 ea daily); MO |
| STIOLTO RESPIMAT AERS | $0 (Tier 2) | Limit 1 inhaler per month;SL(0.14 gm daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| STRIVERDI RESPIMATAERS | $0 (Tier 2) | Limit 1 inhaler per month;SL(0.14 gm daily); MO |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT (*budesonide-formoterol fumarate dihydrate*) | $0 (Tier 2) | Limit 2 inhalers per month (Institutional Pack);SL(0.4 gm daily); MO |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT, 4.5 MCG/ACT-80 MCG/ACT (*budesonide-formoterol fumarate dihydrate*) | $0 (Tier 2) | Limit 1 inhaler per month;SL(0.34 gm daily); MO |
| SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT (*budesonide-formoterol fumarate dihydrate*) | $0 (Tier 2) | Limit 2 inhalers per month (Institutional Pack);SL(0.46 gm daily); MO |
| *terbutaline sulfate tabs or 2.5 mg, 5 mg* | $0 (Tier 1) | MO |
| TRELEGY ELLIPTA AEPB 200 MCG/INH-25 MCG/INH-62.5 MCG/INH, 25 MCG/INH-62.5 MCG/INH-200 MCG/INH | $0 (Tier 2) | SL(2 ea daily); MO |
| TRELEGY ELLIPTA AEPB 25 MCG/INH-62.5 MCG/INH-100 MCG/INH | $0 (Tier 2) | MO |
| **Xanthines** | | |
| *aminophylline soln* | $0 (Tier 1) | |
| *theophylline tb12 300 mg, 450 mg* | $0 (Tier 1) | MO |
| *theophylline tb24 400 mg, 600 mg* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **ANTICOAGULANTS - Blood Thinners** | | |
| **Coumarin Anticoagulants** | | |
| *warfarin sodium tabs* | $0 (Tier 1) | MO |
| **Direct Factor Xa Inhibitors** | | |
| ELIQUIS STARTER PACK TBPK | $0 (Tier 2) | QL(2 ea daily); MO |
| ELIQUIS TABS | $0 (Tier 2) | QL(2 ea daily); MO |
| XARELTO STARTER PACK TBPK | $0 (Tier 2) | QL(1.7 ea daily); MO |
| XARELTO TABS 10 MG, 15 MG, 20 MG | $0 (Tier 2) | QL(1 ea daily); MO |
| XARELTO TABS 2.5 MG | $0 (Tier 2) | QL(2 ea daily); MO |
| **Heparins And Heparinoid-Like Agents** | | |
| *enoxaparin sodium soln* | $0 (Tier 1) | MO |
| *fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | $0 (Tier 1^) | MO |
| *fondaparinux sodium soln 2.5 mg/0.5ml* | $0 (Tier 1) | MO |
| FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML | $0 (Tier 2) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | $0 (Tier 2^) | MO |
| *heparin sodium (porcine) soln 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | $0 (Tier 1) | MO |
| **Thrombin Inhibitors** | | |
| PRADAXA CAPS | $0 (Tier 2) | QL(2 ea daily); MO |
| **ANTICONVULSANTS - Drugs to Treat Seizures** | | |
| **AMPA Glutamate Receptor Antagonists** | | |
| FYCOMPA SUSP | $0 (Tier 2) | MO |
| FYCOMPA TABS | $0 (Tier 2) | MO |
| **Anticonvulsants - Benzodiazepines** | | |
| *clobazam susp* | $0 (Tier 1) | MO |
| *clobazam tabs* | $0 (Tier 1) | MO |
| *clonazepam tabs 0.5 mg* | $0 (Tier 1) | SL(40 ea daily); MO |
| *clonazepam tabs 1 mg* | $0 (Tier 1) | SL(20 ea daily); MO |
| *clonazepam tabs 2 mg* | $0 (Tier 1) | SL(10 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | $0 (Tier 1) | MO |
| DIASTAT ACUDIAL GEL (*diazepam (anticonvulsant)*) | $0 (Tier 2) | MO |
| DIASTAT PEDIATRIC GEL (*diazepam (anticonvulsant)*) | $0 (Tier 2) | MO |
| *diazepam (anticonvulsant) gel* | $0 (Tier 1) | MO |
| NAYZILAM SOLN | $0 (Tier 2^) | PA; SL(0.34 ea daily); MO |
| SYMPAZAN FILM 10 MG, 20 MG | $0 (Tier 2^) | PA; MO |
| SYMPAZAN FILM 5 MG | $0 (Tier 2) | PA; MO |
| VALTOCO LIQD | $0 (Tier 2^) | PA; SL(0.34 ea daily); MO |
| VALTOCO LQPK | $0 (Tier 2^) | PA; SL(0.34 ea daily); MO |
| **Anticonvulsants - Misc.** | | |
| APTIOM TABS 200 MG | $0 (Tier 2) | MO |
| APTIOM TABS 400 MG, 600 MG, 800 MG | $0 (Tier 2^) | MO |
| BRIVIACT SOLN IV 50 MG/5ML | $0 (Tier 2^) | SL(20 ml daily) |
| BRIVIACT SOLN OR 10 MG/ML | $0 (Tier 2^) | PA; SL(20 ml daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BRIVIACT TABS OR 10 MG | $0 (Tier 2^) | PA; SL(20 ea daily); MO |
| BRIVIACT TABS OR 100 MG | $0 (Tier 2^) | PA; SL(2 ea daily); MO |
| BRIVIACT TABS OR 25 MG | $0 (Tier 2^) | PA; SL(8 ea daily); MO |
| BRIVIACT TABS OR 50 MG | $0 (Tier 2^) | PA; SL(4 ea daily); MO |
| BRIVIACT TABS OR 75 MG | $0 (Tier 2^) | PA; SL(2.67 ea daily); MO |
| *carbamazepine chew* | $0 (Tier 1) | MO |
| *carbamazepine cp12* | $0 (Tier 1) | MO |
| *carbamazepine susp* | $0 (Tier 1) | MO |
| *carbamazepine tabs* | $0 (Tier 1) | MO |
| *carbamazepine tb12* | $0 (Tier 1) | MO |
| DIACOMIT CAPS | $0 (Tier 2^) | PA; MO |
| DIACOMIT PACK | $0 (Tier 2^) | PA; MO |
| EPIDIOLEX SOLN | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FINTEPLA SOLN | $0 (Tier 2^) | PA; SL(11.82 ml daily); MO |
| *gabapentin caps* | $0 (Tier 1) | MO |
| *gabapentin soln* | $0 (Tier 1) | MO |
| *gabapentin tabs* | $0 (Tier 1) | MO |
| LAMICTAL XR KIT | $0 (Tier 2) | MO |
| *lamotrigine chew 25 mg, 5 mg* | $0 (Tier 1) | MO |
| *lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg* | $0 (Tier 1) | MO |
| *lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | $0 (Tier 1) | MO |
| *levetiracetam in sodium chloride soln* | $0 (Tier 1) | |
| *levetiracetam soln iv 500 mg/5ml* | $0 (Tier 1) | |
| *levetiracetam soln or 100 mg/ml, 500 mg/5ml* | $0 (Tier 1) | MO |
| *levetiracetam tabs or 250 mg, 1000 mg, 750 mg, 500 mg* | $0 (Tier 1) | MO |
| *levetiracetam tb24 or 500 mg, 750 mg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *oxcarbazepine susp* | $0 (Tier 1) | MO |
| *oxcarbazepine tabs* | $0 (Tier 1) | MO |
| *pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *pregabalin caps 150 mg, 200 mg, 225 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *pregabalin caps 300 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *pregabalin soln 20 mg/ml* | $0 (Tier 1) | SL(30 ml daily); MO |
| *primidone tabs* | $0 (Tier 1) | MO |
| *rufinamide susp 40 mg/ml* | $0 (Tier 1) | MO |
| *rufinamide tabs 200 mg* | $0 (Tier 1) | MO |
| *rufinamide tabs 400 mg* | $0 (Tier 1^) | MO |
| SPRITAM TB3D 1000 MG | $0 (Tier 2) | PA; SL(3 ea daily); MO |
| SPRITAM TB3D 250 MG | $0 (Tier 2) | PA; SL(12 ea daily); MO |
| SPRITAM TB3D 500 MG | $0 (Tier 2) | PA; SL(6 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SPRITAM TB3D 750 MG | $0 (Tier 2) | PA; SL(4 ea daily); MO |
| *topiramate cpsp 15 mg, 25 mg* | $0 (Tier 1) | MO |
| *topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg* | $0 (Tier 1) | MO |
| VIMPAT SOLN IV 200 MG/20ML | $0 (Tier 2) | |
| VIMPAT SOLN OR 10 MG/ML | $0 (Tier 2) | MO |
| VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG | $0 (Tier 2) | MO |
| *zonisamide caps* | $0 (Tier 1) | MO |
| **Carbamates** | | |
| *felbamate susp* | $0 (Tier 1) | MO |
| *felbamate tabs* | $0 (Tier 1) | MO |
| XCOPRI TABS 100 MG, 150 MG, 200 MG, 50 MG | $0 (Tier 2^) | PA; MO |
| XCOPRI TBPK | $0 (Tier 2) | PA; 12.5-25 MG;MO |
| XCOPRI TBPK | $0 (Tier 2^) | PA; 50-200 MG |
| XCOPRI TBPK | $0 (Tier 2^) | PA; 50-100 MG;MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| XCOPRI TBPK | $0 (Tier 2^) | PA; 350 MG Daily Dose |
| XCOPRI TBPK | $0 (Tier 2^) | PA; 150-200 MG ;MO |
| XCOPRI TBPK | $0 (Tier 2^) | PA; 100-150 MG;MO |
| **GABA Modulators** | | |
| *tiagabine hcl tabs* | $0 (Tier 1) | MO |
| *vigabatrin pack* | $0 (Tier 1^) | LA; MO |
| *vigabatrin tabs* | $0 (Tier 1^) | LA |
| **Hydantoins** | | |
| DILANTIN CAPS | $0 (Tier 2) | MO |
| *fosphenytoin sodium soln 100 mg pe/2ml* | $0 (Tier 1) | |
| *fosphenytoin sodium soln 500 mg pe/10ml* | $0 (Tier 1) | MO |
| PEGANONE TABS | $0 (Tier 2) | MO |
| *phenytoin chew 50 mg* | $0 (Tier 1) | MO |
| *phenytoin sodium extended caps* | $0 (Tier 1) | MO |
| *phenytoin sodium soln* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenytoin susp 100 mg/4ml, 125 mg/5ml* | $0 (Tier 1) | MO |
| **Succinimides** | | |
| CELONTIN CAPS | $0 (Tier 2) | MO |
| *ethosuximide caps* | $0 (Tier 1) | MO |
| *ethosuximide soln* | $0 (Tier 1) | MO |
| **Valproic Acid** | | |
| *divalproex sodium csdr* | $0 (Tier 1) | MO |
| *divalproex sodium tb24* | $0 (Tier 1) | MO |
| *divalproex sodium tbec* | $0 (Tier 1) | MO |
| *valproate sodium soln iv 100 mg/ml, 500 mg/5ml* | $0 (Tier 1) | |
| *valproate sodium soln or 250 mg/5ml* | $0 (Tier 1) | MO |
| *valproic acid caps* | $0 (Tier 1) | MO |
| **ANTIDEPRESSANTS - Drugs to Treat Depression** | | |
| **Alpha-2 Receptor Antagonists (Tetracyclics)** | | |
| *mirtazapine tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mirtazapine tbdp* | $0 (Tier 1) | MO |
| **Antidepressants - Misc.** | | |
| *bupropion hcl tabs 100 mg* | $0 (Tier 1) | SL(4.5 ea daily); MO |
| *bupropion hcl tabs 75 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *bupropion hcl tb12 100 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *bupropion hcl tb12 150 mg* | $0 (Tier 1) | SL(2.66 ea daily); MO |
| *bupropion hcl tb12 200 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *bupropion hcl tb24 150 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *bupropion hcl tb24 300 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *bupropion hcl tb24 450 mg* | $0 (Tier 1) | ST; MO |
| FORFIVO XL TB24 (*bupropion hcl*) | $0 (Tier 2) | ST; MO |
| **GABA Receptor Modulator - Neuroactive Steroid** | | |
| ZULRESSO SOLN | $0 (Tier 2^) | PA |
| **Monoamine Oxidase Inhibitors (MAOIs)** | | |
| EMSAM PT24 | $0 (Tier 2^) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MARPLAN TABS | $0 (Tier 2) | MO |
| *phenelzine sulfate tabs* | $0 (Tier 1) | MO |
| *tranylcypromine sulfate tabs* | $0 (Tier 1) | MO |
| **N-Methyl-D-aspartic acid (NMDA) Receptor** | | |
| SPRAVATO 56MG DOSE SOPK | $0 (Tier 2^) | PA; MO |
| SPRAVATO 84MG DOSE SOPK | $0 (Tier 2^) | PA; MO |
| **Selective Serotonin Reuptake Inhibitors (SSRIs)** | | |
| *citalopram hydrobromide soln 10 mg/5ml* | $0 (Tier 1) | SL(20 ml daily); MO |
| *citalopram hydrobromide tabs 10 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *citalopram hydrobromide tabs 20 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *citalopram hydrobromide tabs 40 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *escitalopram oxalate soln* | $0 (Tier 1) | MO |
| *escitalopram oxalate tabs* | $0 (Tier 1) | MO |
| *fluoxetine hcl caps* | $0 (Tier 1) | MO |
| *fluoxetine hcl cpdr* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *fluoxetine hcl soln* | $0 (Tier 1) | MO |
| *fluoxetine hcl tabs* | $0 (Tier 1) | MO |
| *fluvoxamine maleate cp24* | $0 (Tier 1) | MO |
| *fluvoxamine maleate tabs* | $0 (Tier 1) | MO |
| *paroxetine hcl susp* | $0 (Tier 1) | MO |
| *paroxetine hcl tabs* | $0 (Tier 1) | MO |
| *paroxetine hcl tb24* | $0 (Tier 1) | MO |
| PAXIL SUSP 10 MG/5ML (*paroxetine hcl*) | $0 (Tier 2) | MO |
| *sertraline hcl conc* | $0 (Tier 1) | MO |
| *sertraline hcl tabs* | $0 (Tier 1) | MO |
| **Serotonin Modulators** | | |
| *nefazodone hcl tabs* | $0 (Tier 1) | MO |
| *trazodone hcl tabs* | $0 (Tier 1) | MO |
| TRINTELLIX TABS 10 MG | $0 (Tier 2) | ST; QL(2 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| TRINTELLIX TABS 20 MG | $0 (Tier 2) | ST; QL(1 ea daily); MO |
| TRINTELLIX TABS 5 MG | $0 (Tier 2) | ST; QL(4 ea daily); MO |
| VIIBRYD STARTER PACK KIT | $0 (Tier 2) | ST; MO |
| VIIBRYD TABS | $0 (Tier 2) | ST; MO |
| **Serotonin-Norepinephrine Reuptake Inhibitors** | | |
| DESVENLAFAXINE ER TB24 | $0 (Tier 2) | ST; MO |
| *desvenlafaxine succinate tb24* | $0 (Tier 1) | MO |
| DRIZALMA SPRINKLE CSDR 20 MG | $0 (Tier 2) | PA; SL(6 ea daily); MO |
| DRIZALMA SPRINKLE CSDR 30 MG | $0 (Tier 2) | PA; SL(4 ea daily); MO |
| DRIZALMA SPRINKLE CSDR 40 MG | $0 (Tier 2) | PA; SL(3 ea daily); MO |
| DRIZALMA SPRINKLE CSDR 60 MG | $0 (Tier 2) | PA; SL(2 ea daily); MO |
| *duloxetine hcl cpep 20 mg, 60 mg, 30 mg* | $0 (Tier 1) | MO |
| FETZIMA CP24 120 MG, 40 MG, 80 MG | $0 (Tier 2) | ST; QL(1 ea daily); MO |
| FETZIMA CP24 20 MG | $0 (Tier 2) | ST; QL(2 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FETZIMA TITRATION PACK C4PK | $0 (Tier 2) | ST; MO |
| *venlafaxine hcl cp24 150 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *venlafaxine hcl cp24 37.5 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *venlafaxine hcl cp24 75 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *venlafaxine hcl tabs 100 mg* | $0 (Tier 1) | SL(3.75 ea daily); MO |
| *venlafaxine hcl tabs 25 mg* | $0 (Tier 1) | SL(15 ea daily); MO |
| *venlafaxine hcl tabs 37.5 mg* | $0 (Tier 1) | SL(10 ea daily); MO |
| *venlafaxine hcl tabs 50 mg* | $0 (Tier 1) | SL(7.5 ea daily); MO |
| *venlafaxine hcl tabs 75 mg* | $0 (Tier 1) | SL(5 ea daily); MO |
| *venlafaxine hcl tb24 150 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *venlafaxine hcl tb24 225 mg* | $0 (Tier 1) | ST; SL(1 ea daily); MO |
| *venlafaxine hcl tb24 37.5 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *venlafaxine hcl tb24 75 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| **Tricyclic Agents** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *amitriptyline hcl tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *amoxapine tabs* | $0 (Tier 1) | MO |
| *clomipramine hcl caps* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *desipramine hcl tabs* | $0 (Tier 1) | MO |
| *doxepin hcl caps* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *doxepin hcl conc* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *imipramine hcl tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *imipramine pamoate caps* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *nortriptyline hcl caps* | $0 (Tier 1) | MO |
| *nortriptyline hcl soln* | $0 (Tier 1) | MO |
| *protriptyline hcl tabs* | $0 (Tier 1) | MO |
| *trimipramine maleate caps* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **ANTIDIABETICS - Drugs to Regulate Blood Sugar** | | |
| **Alpha-Glucosidase Inhibitors** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *acarbose tabs* | $0 (Tier 1) | QL(3 ea daily); MO |
| *miglitol tabs* | $0 (Tier 1) | QL(3 ea daily); MO |
| **Antidiabetic - Amylin Analogs** | | |
| SYMLINPEN 120 SOPN | $0 (Tier 2) | PA; Limit 12mls per month;QL(0.4 ml daily); MO |
| SYMLINPEN 60 SOPN | $0 (Tier 2) | PA; Limit 12mls per month;QL(0.4 ml daily); MO |
| **Antidiabetic Combinations** | | |
| *glipizide-metformin hcl tabs 2.5 mg-250 mg, 250 mg-2.5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *glipizide-metformin hcl tabs 5 mg-500 mg, 2.5 mg-500 mg, 500 mg-2.5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *glyburide-metformin tabs 1.25 mg-250 mg, 250 mg-1.25 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(8 ea daily); MO |
| *glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(4 ea daily); MO |
| INVOKAMET TABS 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| INVOKAMET TABS 50 MG-500 MG | $0 (Tier 2) | SL(4 ea daily); MO |
| INVOKAMET XR TB24 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| INVOKAMET XR TB24 50 MG-500 MG | $0 (Tier 2) | SL(4 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| JANUMET TABS | $0 (Tier 2) | SL(2 ea daily); MO |
| JANUMET XR TB24 100 MG-1000 MG | $0 (Tier 2) | SL(1 ea daily); MO |
| JANUMET XR TB24 1000 MG-50 MG, 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| JENTADUETO TABS | $0 (Tier 2) | SL(2 ea daily); MO |
| JENTADUETO XR TB24 2.5 MG-1000 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| JENTADUETO XR TB24 5 MG-1000 MG | $0 (Tier 2) | SL(1 ea daily); MO |
| *pioglitazone hcl-glimepiride tabs* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *pioglitazone hcl-metformin hcl tabs* | $0 (Tier 1) | SL(3 ea daily); MO |
| SYNJARDY TABS 12.5 MG-1000 MG, 5 MG-1000 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| SYNJARDY TABS 12.5 MG-500 MG, 5 MG-500 MG | $0 (Tier 2) | SL(4 ea daily); MO |
| SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| SYNJARDY XR TB24 25 MG-1000 MG | $0 (Tier 2) | SL(1 ea daily); MO |
| **Biguanides** | | |
| *metformin hcl tabs 1000 mg* | $0 (Tier 1) | SL(2.55 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *metformin hcl tabs 500 mg* | $0 (Tier 1) | SL(5.1 ea daily); MO |
| *metformin hcl tabs 850 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *metformin hcl tb24 500 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *metformin hcl tb24 750 mg* | $0 (Tier 1) | SL(2.66 ea daily); MO |
| **Diabetic Other** | | |
| BAQSIMI ONE PACK POWD | $0 (Tier 2) | MO |
| BAQSIMI TWO PACK POWD | $0 (Tier 2) | MO |
| BD GLUCOSE CHEW | $0 (Tier 3) | NT |
| CVS GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| CVS SOFT GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| DEX4 CHEW | $0 (Tier 3) | MO; NT |
| DEX4 FAST ACTING GLUCOSE CHEW 4 GM-6 MG, 6 MG-4 GM | $0 (Tier 3) | MO; NT |
| DEX4 FAST ACTING GLUCOSE LIQD 15 GM/59ML (*dextrose (diabetic use)*) | $0 (Tier 3) | NT |
| DEX4 FAST ACTING GLUCOSEGO-POUCH GEL | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DEX4 GLUCOSE LIQD (*dextrose (diabetic use)*) | $0 (Tier 3) | NT |
| DEX4 NATURALS CHEW | $0 (Tier 3) | MO; NT |
| DEX4 POUCH PACK CHEW | $0 (Tier 3) | MO; NT |
| DEX4 QUICK DISSOLVE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| *dextrose (diabetic use) gel 15 gm/38gm, 40 %* | $0 (Tier 3) | MO; NT |
| *dextrose (diabetic use) liqd 15 gm/59ml* | $0 (Tier 3) | NT |
| *diazoxide susp* | $0 (Tier 1) | MO |
| GLUCAGEN HYPOKIT SOLR | $0 (Tier 2) | MO |
| *glucagon (rdna) kit* | $0 (Tier 1) | MO |
| GLUCOSE CHEW 4 GM | $0 (Tier 3) | MO; NT |
| GLUCOSE CHEW 4 GM-4 GM-6 MG, 4 GM-6 MG-4 GM | $0 (Tier 3) | MO; NT |
| GLUCOSE GEL 15 GM/33GM | $0 (Tier 3) | MO; NT |
| GLUCOSE INSTANT ENERGY CHEW | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GNP GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| GNP QUICK DISSOLVE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| GOODSENSE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| GVOKE PFS SOSY | $0 (Tier 2) | MO |
| HY-VEE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| INSTA-GLUCOSE GEL | $0 (Tier 3) | MO; NT |
| KORLYM TABS | $0 (Tier 2) | PA; SL(4 ea daily); LA; MO |
| KROGER GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| LEADER GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| LEADER QUICK DISSOLVE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| LONGS GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| MEIJER GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| PREFERRED PLUS GLUCOSE CHEW | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PX GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| RA GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| RA TRUEPLUS GLUCOSE GEL | $0 (Tier 3) | NT |
| RELION GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| SM GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| SMART SENSE GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| SMART SENSE GLUCOSE TABLETS CHEW | $0 (Tier 3) | MO; NT |
| TGT GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| TRUEPLUS GLUCOSE GEL GEL | $0 (Tier 3) | NT |
| UP & UP GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| VALUE PLUS GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| WALGREENS GLUCOSE CHEW | $0 (Tier 3) | MO; NT |
| **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors** | | |
| JANUVIA TABS 100 MG | $0 (Tier 2) | QL(1 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| JANUVIA TABS 25 MG | $0 (Tier 2) | QL(4 ea daily); MO |
| JANUVIA TABS 50 MG | $0 (Tier 2) | QL(2 ea daily); MO |
| TRADJENTA TABS | $0 (Tier 2) | QL(1 ea daily); MO |
| **Dopamine Receptor Agonists - Antidiabetic** | | |
| CYCLOSET TABS | $0 (Tier 2) | QL(6 ea daily); MO |
| **Incretin Mimetic Agents (GLP-1 Receptor** | | |
| BYDUREON BCISE AUIJ | $0 (Tier 2) | MO |
| BYDUREON PEN PEN | $0 (Tier 2) | |
| BYETTA SOPN | $0 (Tier 2) | MO |
| OZEMPIC SOPN 2 MG/1.5ML | $0 (Tier 2) | 1MG/Dose |
| OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML | $0 (Tier 2) | MO |
| RYBELSUS TABS | $0 (Tier 2) | MO |
| TRULICITY SOPN | $0 (Tier 2) | MO |
| VICTOZA SOPN | $0 (Tier 2) | Limit 9mls per month;QL(0.3 ml daily); MO |
| **Insulin Sensitizing Agents** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *pioglitazone hcl tabs 15 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *pioglitazone hcl tabs 30 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |
| *pioglitazone hcl tabs 45 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| **Insulin** | | |
| BASAGLAR KWIKPEN SOPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| FIASP FLEXTOUCH SOPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| FIASP PENFILL SOCT | $0 (Tier 2) | QL(1.5 ml daily); MO |
| FIASP SOLN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| HUMULIN R U-500 (*CONCENTRATED*) SOLN | $0 (Tier 2) | Limit 45mls per month;QL(1.5 ml daily); MO |
| HUMULIN R U-500 KWIKPEN SOPN | $0 (Tier 2) | Limit 45mls per month;QL(1.5 ml daily); MO |
| LEVEMIR FLEXTOUCH SOPN | $0 (Tier 2) | Limit 45mls per month;QL(1.5 ml daily); MO |
| LEVEMIR SOLN | $0 (Tier 2) | Limit 45mls per month;QL(1.5 ml daily); MO |
| NOVOLIN 70/30 FLEXPEN SUPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLIN 70/30 SUSP | $0 (Tier 2) | QL(1.5 ml daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NOVOLIN N FLEXPEN SUPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLIN N SUSP | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLIN R FLEXPEN SOPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLIN R SOLN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLOG FLEXPEN SOPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLOG MIX 70/30 SUSP | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLOG PENFILL SOCT | $0 (Tier 2) | QL(1.5 ml daily); MO |
| NOVOLOG SOLN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML | $0 (Tier 2) | Limit 45mls per month;QL(1.5 ml daily); MO |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML | $0 (Tier 2) | Limit 27mls per month;QL(0.9 ml daily); MO |
| TRESIBA SOLN | $0 (Tier 2) | QL(1.5 ml daily); MO |
| **Meglitinide Analogues** | | |
| *nateglinide tabs* | $0 (Tier 1) | QL(3 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *repaglinide tabs 0.5 mg* | $0 (Tier 1) | SL(32 ea daily); MO |
| *repaglinide tabs 1 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *repaglinide tabs 2 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| **Sodium-Glucose Co-Transporter 2 (SGLT2)** | | |
| INVOKANA TABS | $0 (Tier 2) | MO |
| JARDIANCE TABS | $0 (Tier 2) | MO |
| **Sulfonylureas** | | |
| *glimepiride tabs 1 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(8 ea daily); MO |
| *glimepiride tabs 2 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(4 ea daily); MO |
| *glimepiride tabs 4 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(2 ea daily); MO |
| *glipizide tabs 10 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *glipizide tabs 5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *glipizide tb24 10 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *glipizide tb24 2.5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *glipizide tb24 5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *glyburide micronized tabs 1.5 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(8 ea daily); MO |
| *glyburide micronized tabs 3 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(4 ea daily); MO |
| *glyburide micronized tabs 6 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(2 ea daily); MO |
| *glyburide tabs 1.25 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(16 ea daily); MO |
| *glyburide tabs 2.5 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(8 ea daily); MO |
| *glyburide tabs 5 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); SL(4 ea daily); MO |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea** | | |
| **Antidiarrheal/Probiotic Agents - Misc.** | | |
| ACIDOPHILUS WAFR | $0 (Tier 3) | NT |
| ACIDOPHILUS/BIFIDUS WAFR | $0 (Tier 3) | NT |
| *bismuth subsalicylate chew 262 mg* | $0 (Tier 3) | MO; NT |
| *bismuth subsalicylate susp 1050 mg/30ml, 525 mg/15ml* | $0 (Tier 3) | NT |
| *bismuth subsalicylate susp 262 mg/15ml, 525 mg/30ml, 527 mg/30ml* | $0 (Tier 3) | MO; NT |
| *bismuth subsalicylate tabs 262 mg* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lactobacillus caps 10 mg, 100 mg, 13.3 mg, 3.5 mg, 600 mg, 680 mg* | $0 (Tier 3) | RX/OTC; MO; NT |
| *lactobacillus chew* | $0 (Tier 3) | MO; NT |
| *lactobacillus pack* | $0 (Tier 3) | MO; NT |
| *lactobacillus tabs 0.2 mg-0.2 mg, 0.5 mg, 1 mg, 10 mg, 5 mg, 50 mg* | $0 (Tier 3) | MO; NT |
| MORE-DOPHILUS ACIDOPHILUS POWD | $0 (Tier 3) | NT |
| **Antidiarrheal/Probiotic Combinations** | | |
| ACIDOPHILUS/CITRUS PECTIN TABS | $0 (Tier 3) | MO; NT |
| KALA TABS | $0 (Tier 3) | MO; NT |
| *lactobacillus acidophilus-pectin caps* | $0 (Tier 3) | NT |
| **Antiperistaltic Agents** | | |
| *diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg, 2.5 mg-0.025 mg* | $0 (Tier 1) | MO |
| *loperamide hcl caps 2 mg* | $0 (Tier 1) | RX/OTC; MO |
| *loperamide hcl caps 2 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *loperamide hcl liqd 1 mg/7.5ml* | $0 (Tier 3) | MO; NT |
| *loperamide hcl susp 1 mg/7.5ml* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *loperamide hcl tabs 2 mg* | $0 (Tier 3) | MO; NT |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| **Antidotes - Chelating Agents** | | |
| *deferasirox pack* | $0 (Tier 1^) | |
| *deferasirox tabs* | $0 (Tier 1^) | |
| *deferasirox tbso* | $0 (Tier 1^) | |
| *deferiprone tabs* | $0 (Tier 1^) | PA; LA; MO |
| FERRIPROX TABS 1000 MG | $0 (Tier 2^) | PA; LA; MO |
| FERRIPROX TWICE-A-DAY TABS | $0 (Tier 2^) | PA; MO |
| **Antidotes and Specific Antagonists** | | |
| VISTOGARD PACK | $0 (Tier 2^) | MO |
| **Opioid Antagonists** | | |
| *naloxone hcl sosy 2 mg/2ml* | $0 (Tier 1) | |
| *naltrexone hcl tabs* | $0 (Tier 1) | MO |
| NARCAN LIQD | $0 (Tier 2) | 1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0.134 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **ANTIEMETICS - Drugs to Treat Nausea and Vomiting** | | |
| **5-HT3 Receptor Antagonists** | | |
| *granisetron hcl tabs or 1 mg* | $0 (Tier 1) | B/D; MO |
| *ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml* | $0 (Tier 1) | MO |
| *ondansetron hcl soln or 4 mg/5ml* | $0 (Tier 1) | MO |
| *ondansetron hcl tabs or 24 mg* | $0 (Tier 1) | |
| *ondansetron hcl tabs or 4 mg, 8 mg* | $0 (Tier 1) | MO |
| *ondansetron tbdp* | $0 (Tier 1) | MO |
| **Antiemetics - Anticholinergic** | | |
| *dimenhydrinate tabs or 50 mg* | $0 (Tier 3) | MO; NT |
| *meclizine hcl chew 25 mg* | $0 (Tier 3) | RX/OTC; MO; NT |
| *meclizine hcl tabs 12.5 mg, 25 mg* | $0 (Tier 1) | RX/OTC; MO |
| *meclizine hcl tabs 12.5 mg, 25 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *scopolamine pt72* | $0 (Tier 1) | MO |
| TIGAN SOLN IM 100 MG/ML | $0 (Tier 2) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Antiemetics - Miscellaneous** | | |
| BONJESTA TBCR | $0 (Tier 2) | SL(2 ea daily); MO |
| *dronabinol caps* | $0 (Tier 1) | B/D; MO |
| SYNDROS SOLN | $0 (Tier 2^) | B/D; MO |
| **Substance P/Neurokinin 1 (NK1) Receptor** | | |
| *aprepitant caps 125 mg, 80 mg* | $0 (Tier 1) | B/D; MO |
| *aprepitant caps 40 mg* | $0 (Tier 1) | PA; MO |
| *aprepitant misc* | $0 (Tier 1) | B/D; MO |
| VARUBI TBPK | $0 (Tier 2) | B/D |
| **ANTIFUNGALS - Drugs to Treat Fungal Infections** | | |
| **Antifungal - Glucan Synthesis Inhibitors** | | |
| ERAXIS SOLR | $0 (Tier 2) | |
| *micafungin sodium solr 100 mg* | $0 (Tier 1^) | |
| *micafungin sodium solr 50 mg* | $0 (Tier 1^) | MO |
| **Antifungals** | | |
| ABELCET SUSP | $0 (Tier 2) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AMBISOME SUSR | $0 (Tier 2) | PA |
| *amphotericin b solr* | $0 (Tier 1) | PA; MO |
| *flucytosine caps* | $0 (Tier 1) | MO |
| *griseofulvin microsize susp* | $0 (Tier 1) | MO |
| *griseofulvin microsize tabs* | $0 (Tier 1) | MO |
| *griseofulvin ultramicrosize tabs* | $0 (Tier 1) | MO |
| *nystatin tabs* | $0 (Tier 1) | MO |
| *terbinafine hcl tabs* | $0 (Tier 1) | MO |
| **Imidazole-Related Antifungals** | | |
| CRESEMBA CAPS OR 186 MG | $0 (Tier 2^) | MO |
| CRESEMBA SOLR IV 372 MG | $0 (Tier 2^) | |
| *fluconazole in nacl soln* | $0 (Tier 1) | |
| *fluconazole susr* | $0 (Tier 1) | MO |
| *fluconazole tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *itraconazole caps 100 mg* | $0 (Tier 1) | MO |
| *ketoconazole tabs* | $0 (Tier 1) | MO |
| NOXAFIL SOLN IV 300 MG/16.7ML | $0 (Tier 2^) | |
| NOXAFIL SUSP OR 40 MG/ML | $0 (Tier 2^) | MO |
| *posaconazole tbec* | $0 (Tier 1^) | MO |
| TOLSURA CAPS | $0 (Tier 2^) | PA; MO |
| *voriconazole solr iv 200 mg* | $0 (Tier 1) | PA |
| *voriconazole susr or 40 mg/ml* | $0 (Tier 1) | QL(20 ml daily); MO |
| *voriconazole tabs or 200 mg* | $0 (Tier 1^) | QL(4 ea daily); MO |
| *voriconazole tabs or 50 mg* | $0 (Tier 1) | QL(4 ea daily); MO |
| **ANTIHISTAMINES - Drugs to Treat Allergies** | | |
| **Antihistamines - Alkylamines** | | |
| ALA-HIST IR TABS | $0 (Tier 3) | MO; NT |
| *chlorpheniramine maleate syrp 2 mg/5ml* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *chlorpheniramine maleate tabs 4 mg* | $0 (Tier 3) | MO; NT |
| *chlorpheniramine maleate tbcr 12 mg* | $0 (Tier 3) | MO; NT |
| HISTEX PD LIQD (*triprolidine hcl*) | $0 (Tier 3) | MO; NT |
| HISTEX SYRP 2.5 MG/5ML | $0 (Tier 3) | MO; NT |
| PEDIAVENT SYRP 2 MG/5ML | $0 (Tier 3) | NT |
| *triprolidine hcl liqd 0.313 mg/ml* | $0 (Tier 3) | NT |
| *triprolidine hcl liqd 0.938 mg/ml, 0.625 mg/ml* | $0 (Tier 3) | MO; NT |
| *triprolidine hcl syrp 2.5 mg/5ml* | $0 (Tier 3) | MO; NT |
| TRIPROLIDINE HYDROCHLORIDE LIQD | $0 (Tier 3) | NT |
| VANACLEAR PD LIQD (*triprolidine hcl*) | $0 (Tier 3) | NT |
| **Antihistamines - Ethanolamines** | | |
| *carbinoxamine maleate soln 4 mg/5ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *carbinoxamine maleate tabs 4 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *clemastine fumarate tabs 1.34 mg* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *clemastine fumarate tabs 2.68 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *diphenhydramine hcl caps or 50 mg, 25 mg* | $0 (Tier 3) | MO; NT |
| *diphenhydramine hcl chew or 12.5 mg* | $0 (Tier 3) | NT |
| *diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml* | $0 (Tier 3) | MO; NT |
| *diphenhydramine hcl liqd or 6.25 mg/ml* | $0 (Tier 3) | NT |
| *diphenhydramine hcl soln ij 50 mg/ml* | $0 (Tier 1) | MO |
| *diphenhydramine hcl tabs or 25 mg* | $0 (Tier 3) | MO; NT |
| DIPHENHYDRAMINE HYDROCHLORIDE LIQD | $0 (Tier 3) | NT |
| VANAMINE PD LIQD (*diphenhydramine hcl*) | $0 (Tier 3) | NT |
| **Antihistamines - Non-Sedating** | | |
| *cetirizine hcl caps 10 mg* | $0 (Tier 3) | MO; NT |
| *cetirizine hcl chew 5 mg, 10 mg* | $0 (Tier 3) | MO; NT |
| *cetirizine hcl soln 1 mg/ml, 5 mg/5ml* | $0 (Tier 1) | RX/OTC; MO |
| *cetirizine hcl soln 1 mg/ml, 5 mg/5ml* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *cetirizine hcl syrp 1 mg/ml, 5 mg/5ml* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *cetirizine hcl tabs 5 mg, 10 mg* | $0 (Tier 3) | MO; NT |
| *desloratadine tabs 5 mg* | $0 (Tier 1) | MO |
| *desloratadine tbdp 5 mg* | $0 (Tier 1) | MO |
| *fexofenadine hcl tabs 60 mg, 180 mg* | $0 (Tier 3) | MO; NT |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml* | $0 (Tier 1) | RX/OTC; MO |
| *levocetirizine dihydrochloride tabs 5 mg* | $0 (Tier 1) | RX/OTC; MO |
| *levocetirizine dihydrochloride tabs 5 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *loratadine chew 5 mg* | $0 (Tier 3) | MO; NT |
| *loratadine soln 5 mg/5ml* | $0 (Tier 3) | MO; NT |
| *loratadine syrp 5 mg/5ml* | $0 (Tier 3) | MO; NT |
| *loratadine tabs 10 mg* | $0 (Tier 3) | MO; NT |
| *loratadine tbdp 10 mg* | $0 (Tier 3) | MO; NT |
| **Antihistamines - Phenothiazines** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *promethazine hcl soln ij 50 mg/ml, 25 mg/ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *promethazine hcl soln or 6.25 mg/5ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *promethazine hcl supp re 12.5 mg, 25 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *promethazine hcl syrp or 6.25 mg/5ml* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Antihistamines - Piperidines** | | |
| *cyproheptadine hcl syrp* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *cyproheptadine hcl tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol** | | |
| **Antihyperlipidemics - Combinations** | | |
| *ezetimibe-simvastatin tabs 10 mg-10 mg* | $0 (Tier 1) | QL(8 ea daily); MO |
| *ezetimibe-simvastatin tabs 10 mg-20 mg* | $0 (Tier 1) | QL(4 ea daily); MO |
| *ezetimibe-simvastatin tabs 10 mg-40 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *ezetimibe-simvastatin tabs 10 mg-80 mg, 80 mg-10 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| **Antihyperlipidemics - Misc.** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *icosapent ethyl caps* | $0 (Tier 1) | ST; MO |
| *omega-3-acid ethyl esters caps* | $0 (Tier 1) | MO |
| VASCEPA CAPS 0.5 GM | $0 (Tier 2) | ST; MO |
| **Bile Acid Sequestrants** | | |
| *cholestyramine light pack* | $0 (Tier 1) | MO |
| *cholestyramine light powd* | $0 (Tier 1) | MO |
| *cholestyramine pack* | $0 (Tier 1) | MO |
| *cholestyramine powd* | $0 (Tier 1) | MO |
| *colesevelam hcl pack* | $0 (Tier 1) | MO |
| *colesevelam hcl tabs* | $0 (Tier 1) | MO |
| *colestipol hcl gran* | $0 (Tier 1) | MO |
| *colestipol hcl pack* | $0 (Tier 1) | MO |
| *colestipol hcl tabs* | $0 (Tier 1) | MO |
| **Fibric Acid Derivatives** | | |
| ANTARA CAPS 30 MG | $0 (Tier 2) | SL(4.33 ea daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ANTARA CAPS 90 MG | $0 (Tier 2) | SL(1.44 ea daily); MO |
| *choline fenofibrate cpdr* | $0 (Tier 1) | MO |
| *fenofibrate micronized caps 130 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *fenofibrate micronized caps 134 mg, 200 mg, 67 mg* | $0 (Tier 1) | MO |
| FENOFIBRATE MICRONIZED CAPS 30 MG | $0 (Tier 2) | SL(4.33 ea daily); MO |
| *fenofibrate micronized caps 43 mg* | $0 (Tier 1) | SL(3.02 ea daily); MO |
| FENOFIBRATE MICRONIZED CAPS 90 MG | $0 (Tier 2) | SL(1.44 ea daily); MO |
| *fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg* | $0 (Tier 1) | MO |
| *gemfibrozil tabs* | $0 (Tier 1) | MO |
| **HMG CoA Reductase Inhibitors** | | |
| *atorvastatin calcium tabs* | $0 (Tier 1) | MO |
| *fluvastatin sodium caps 20 mg* | $0 (Tier 1) | QL(3 ea daily); MO |
| *fluvastatin sodium caps 40 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *fluvastatin sodium tb24 80 mg* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lovastatin tabs 20 mg, 10 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| *lovastatin tabs 40 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *pravastatin sodium tabs* | $0 (Tier 1) | QL(1 ea daily); MO |
| *rosuvastatin calcium tabs* | $0 (Tier 1) | QL(1 ea daily); MO |
| *simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| *simvastatin tabs 80 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| **Intestinal Cholesterol Absorption Inhibitors** | | |
| *ezetimibe tabs* | $0 (Tier 1) | QL(1 ea daily); MO |
| **Microsomal Triglyceride Transfer Protein (MTP)** | | |
| JUXTAPID CAPS 10 MG | $0 (Tier 2^) | PA; SL(6 ea daily); LA; MO |
| JUXTAPID CAPS 20 MG | $0 (Tier 2^) | PA; SL(3 ea daily); LA; MO |
| JUXTAPID CAPS 30 MG | $0 (Tier 2^) | PA; SL(2 ea daily); LA; MO |
| JUXTAPID CAPS 5 MG | $0 (Tier 2^) | PA; SL(12 ea daily); LA; MO |
| **Nicotinic Acid Derivatives** | | |
| *niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg* | $0 (Tier 1) | MO |
| **Proprotein Convertase Subtilisin/Kexin Type 9** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PRALUENT SOAJ 150 MG/ML | $0 (Tier 2) | PA; Limit 2mls per 28 days;SL(0.08 ml daily); MO |
| PRALUENT SOAJ 75 MG/ML | $0 (Tier 2) | PA; Limit 4mls per 28 days;SL(0.15 ml daily); MO |
| REPATHA PUSHTRONEX SYSTEM SOCT | $0 (Tier 2) | PA; MO |
| REPATHA SOSY | $0 (Tier 2) | PA; MO |
| REPATHA SURECLICK SOAJ | $0 (Tier 2) | PA; MO |
| **ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure** | | |
| **ACE Inhibitors** | | |
| *benazepril hcl tabs* | $0 (Tier 1) | MO |
| *captopril tabs* | $0 (Tier 1) | MO |
| *enalapril maleate tabs 10 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *enalapril maleate tabs 2.5 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *enalapril maleate tabs 20 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *enalapril maleate tabs 5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *fosinopril sodium tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lisinopril tabs* | $0 (Tier 1) | MO |
| *moexipril hcl tabs* | $0 (Tier 1) | MO |
| *perindopril erbumine tabs 2 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *perindopril erbumine tabs 4 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *perindopril erbumine tabs 8 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *quinapril hcl tabs* | $0 (Tier 1) | MO |
| *ramipril caps* | $0 (Tier 1) | MO |
| *trandolapril tabs* | $0 (Tier 1) | MO |
| **Agents for Pheochromocytoma** | | |
| *metyrosine caps* | $0 (Tier 1^) | MO |
| *phenoxybenzamine hcl caps* | $0 (Tier 1) | MO |
| **Angiotensin II Receptor Antagonists** | | |
| *candesartan cilexetil tabs* | $0 (Tier 1) | MO |
| *irbesartan tabs* | $0 (Tier 1) | MO |
| *losartan potassium tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *valsartan tabs* | $0 (Tier 1) | MO |
| **Antiadrenergic Antihypertensives** | | |
| *clonidine hcl tabs* | $0 (Tier 1) | MO |
| *clonidine ptwk* | $0 (Tier 1) | MO |
| *doxazosin mesylate tabs* | $0 (Tier 1) | MO |
| *guanfacine hcl tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *prazosin hcl caps* | $0 (Tier 1) | MO |
| *terazosin hcl caps* | $0 (Tier 1) | MO |
| **Antihypertensive Combinations** | | |
| *amlodipine besylate-benazepril hcl caps* | $0 (Tier 1) | MO |
| *atenolol & chlorthalidone tabs* | $0 (Tier 1) | MO |
| *benazepril & hydrochlorothiazide tabs 5 mg-6.25 mg, 10 mg-12.5 mg, 12.5 mg-20 mg, 20 mg-25 mg* | $0 (Tier 1) | MO |
| *bisoprolol & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *candesartan cilexetil-hydrochlorothiazide tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *enalapril maleate & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *fosinopril sodium & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *irbesartan-hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *lisinopril & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *losartan potassium & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *metoprolol & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *quinapril-hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| TEKTURNA HCT TABS | $0 (Tier 2) | MO |
| *valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-80 mg, 160 mg-12.5 mg, 80 mg-12.5 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *valsartan-hydrochlorothiazide tabs 12.5 mg-320 mg, 25 mg-320 mg, 160 mg-25 mg, 25 mg-160 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| **Direct Renin Inhibitors** | | |
| *aliskiren fumarate tabs* | $0 (Tier 1) | MO |
| **Selective Aldosterone Receptor Antagonists** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *eplerenone tabs* | $0 (Tier 1) | MO |
| **Vasodilators** | | |
| *hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg* | $0 (Tier 1) | MO |
| *minoxidil tabs* | $0 (Tier 1) | MO |
| **ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)** | | |
| **Antimalarial Combinations** | | |
| *atovaquone-proguanil hcl tabs* | $0 (Tier 1) | MO |
| COARTEM TABS | $0 (Tier 2) | MO |
| **Antimalarials** | | |
| *chloroquine phosphate tabs 250 mg, 500 mg* | $0 (Tier 1) | MO |
| *hydroxychloroquine sulfate tabs 200 mg* | $0 (Tier 1) | MO |
| KRINTAFEL TABS | $0 (Tier 2) | QL(0.14 ea daily) |
| *mefloquine hcl tabs* | $0 (Tier 1) | MO |
| *primaquine phosphate tabs* | $0 (Tier 1) | MO |
| PRIMAQUINE PHOSPHATE TABS (*primaquine phosphate*) | $0 (Tier 2) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *pyrimethamine tabs* | $0 (Tier 1) | MO |
| *quinine sulfate caps* | $0 (Tier 1) | PA; MO |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | |
| **Antimyasthenic/Cholinergic Agents** | | |
| FIRDAPSE TABS | $0 (Tier 2^) | PA; SL(8 ea daily); LA; MO |
| *pyridostigmine bromide tabs 60 mg* | $0 (Tier 1) | MO |
| *pyridostigmine bromide tbcr 180 mg* | $0 (Tier 1) | MO |
| RUZURGI TABS | $0 (Tier 2^) | PA; SL(10 ea daily); MO |
| **ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)** | | |
| **Antimycobacterial Agents** | | |
| CAPASTAT SULFATE SOLR | $0 (Tier 2) | |
| *ethambutol hcl tabs* | $0 (Tier 1) | MO |
| *isoniazid tabs or 100 mg, 300 mg* | $0 (Tier 1) | MO |
| PASER PACK | $0 (Tier 2) | MO |
| PRETOMANID TABS | $0 (Tier 2) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PRIFTIN TABS | $0 (Tier 2) | MO |
| *pyrazinamide tabs* | $0 (Tier 1) | MO |
| *rifabutin caps* | $0 (Tier 1^) | MO |
| *rifampin caps or 150 mg, 300 mg* | $0 (Tier 1) | MO |
| *rifampin solr iv 600 mg* | $0 (Tier 1) | |
| SIRTURO TABS | $0 (Tier 2^) | LA |
| TRECATOR TABS | $0 (Tier 2) | MO |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer** | | |
| **Alkylating Agents** | | |
| BENDEKA SOLN | $0 (Tier 2^) | |
| *busulfan soln* | $0 (Tier 1) | |
| *carboplatin soln* | $0 (Tier 1) | |
| *carmustine solr* | $0 (Tier 1) | |
| *cisplatin soln 100 mg/100ml, 200 mg/200ml, 50 mg/50ml* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *cyclophosphamide caps or 25 mg, 50 mg* | $0 (Tier 1) | B/D; MO |
| CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML | $0 (Tier 2^) | |
| CYCLOPHOSPHAMIDE TABS OR 25 MG, 50 MG | $0 (Tier 2) | B/D |
| EVOMELA SOLR | $0 (Tier 2^) | |
| IFEX SOLR 3 GM | $0 (Tier 2) | |
| *ifosfamide soln 1 gm/20ml, 3 gm/60ml* | $0 (Tier 1) | |
| *ifosfamide solr 1 gm* | $0 (Tier 1) | |
| IFOSFAMIDE SOLR 3 GM | $0 (Tier 2) | |
| LEUKERAN TABS | $0 (Tier 2) | MO |
| *melphalan hcl solr* | $0 (Tier 1) | |
| *melphalan tabs* | $0 (Tier 1) | B/D; MO |
| *oxaliplatin soln 200 mg/40ml, 100 mg/20ml, 50 mg/10ml* | $0 (Tier 1) | |
| *oxaliplatin solr 100 mg, 50 mg* | $0 (Tier 1^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PEPAXTO SOLR | $0 (Tier 2^) | MO |
| TEMODAR SOLR | $0 (Tier 2^) | |
| *thiotepa solr 15 mg* | $0 (Tier 1^) | |
| TREANDA SOLR | $0 (Tier 2^) | |
| YONDELIS SOLR | $0 (Tier 2^) | LA |
| ZANOSAR SOLR | $0 (Tier 2) | MO |
| **Antimetabolites** | | |
| ALIMTA SOLR | $0 (Tier 2^) | |
| ARRANON SOLN | $0 (Tier 2^) | |
| *azacitidine susr* | $0 (Tier 1^) | |
| *cladribine soln* | $0 (Tier 1) | PA |
| *clofarabine soln* | $0 (Tier 1) | |
| *cytarabine soln* | $0 (Tier 1) | PA |
| *decitabine solr* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *fludarabine phosphate solr 50 mg* | $0 (Tier 1) | |
| *fluorouracil soln* | $0 (Tier 1) | PA |
| FOLOTYN SOLN | $0 (Tier 2^) | |
| *gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml* | $0 (Tier 1) | |
| *gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml* | $0 (Tier 1^) | |
| *gemcitabine hcl solr 2 gm, 1 gm, 200 mg* | $0 (Tier 1) | |
| INFUGEM SOLN | $0 (Tier 2^) | |
| *mercaptopurine tabs* | $0 (Tier 1) | MO |
| *methotrexate sodium soln ij 1 gm/40ml* | $0 (Tier 1) | |
| *methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml* | $0 (Tier 1) | MO |
| *methotrexate sodium solr ij 1 gm* | $0 (Tier 1) | |
| *methotrexate sodium tabs or 2.5 mg* | $0 (Tier 1) | MO |
| ONUREG TABS | $0 (Tier 2^) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PURIXAN SUSP | $0 (Tier 2^) | PA |
| TABLOID TABS | $0 (Tier 2) | MO |
| TREXALL TABS | $0 (Tier 2) | MO |
| XATMEP SOLN | $0 (Tier 2) | PA; MO |
| **Antineoplastic - Angiogenesis Inhibitors** | | |
| AVASTIN SOLN | $0 (Tier 2^) | |
| CYRAMZA SOLN | $0 (Tier 2^) | LA |
| INLYTA TABS | $0 (Tier 2^) | PA |
| LENVIMA 10 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 12MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 14 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 18 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 20 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 24 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LENVIMA 4 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| LENVIMA 8 MG DAILY DOSE CPPK | $0 (Tier 2^) | PA |
| MVASI SOLN | $0 (Tier 2^) | |
| ZALTRAP SOLN | $0 (Tier 2^) | PA |
| ZIRABEV SOLN | $0 (Tier 2^) | |
| **Antineoplastic - Anti-HER2 Agents** | | |
| HERCEPTIN SOLR | $0 (Tier 2^) | PA |
| KANJINTI SOLR | $0 (Tier 2^) | PA |
| OGIVRI SOLR | $0 (Tier 2^) | |
| PERJETA SOLN | $0 (Tier 2^) | |
| TRAZIMERA SOLR 420 MG | $0 (Tier 2^) | |
| TUKYSA TABS | $0 (Tier 2^) | PA; MO |
| **Antineoplastic - Antibodies** | | |
| ARZERRA CONC | $0 (Tier 2^) | |
| BAVENCIO SOLN | $0 (Tier 2^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BESPONSA SOLR | $0 (Tier 2^) | |
| BLENREP SOLR | $0 (Tier 2^) | MO |
| BLINCYTO SOLR | $0 (Tier 2^) | |
| DARZALEX SOLN | $0 (Tier 2^) | |
| EMPLICITI SOLR | $0 (Tier 2^) | |
| ENHERTU SOLR | $0 (Tier 2^) | |
| GAZYVA SOLN | $0 (Tier 2^) | |
| IMFINZI SOLN | $0 (Tier 2^) | |
| JEMPERLI SOLN | $0 (Tier 2^) | |
| KADCYLA SOLR | $0 (Tier 2^) | PA |
| KEYTRUDA SOLN | $0 (Tier 2^) | |
| LIBTAYO SOLN | $0 (Tier 2^) | MO |
| LUMOXITI SOLR | $0 (Tier 2^) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MONJUVI SOLR | $0 (Tier 2^) | MO |
| MYLOTARG SOLR | $0 (Tier 2^) | |
| OPDIVO SOLN | $0 (Tier 2^) | |
| PADCEV SOLR 20 MG | $0 (Tier 2^) | SL(7 ea daily) |
| PADCEV SOLR 30 MG | $0 (Tier 2^) | SL(5 ea daily) |
| POLIVY SOLR | $0 (Tier 2^) | |
| POTELIGEO SOLN | $0 (Tier 2^) | |
| RITUXAN SOLN | $0 (Tier 2^) | |
| RUXIENCE SOLN | $0 (Tier 2^) | |
| RYBREVANT SOLN | $0 (Tier 2^) | |
| SARCLISA SOLN | $0 (Tier 2^) | |
| TECENTRIQ SOLN | $0 (Tier 2^) | PA |
| TIVDAK SOLR | $0 (Tier 2^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| TRUXIMA SOLN | $0 (Tier 2^) | PA |
| YERVOY SOLN | $0 (Tier 2^) | PA |
| ZYNLONTA SOLR | $0 (Tier 2^) | MO |
| **Antineoplastic - BCL-2 Inhibitors** | | |
| VENCLEXTA STARTING PACK TBPK | $0 (Tier 2) | PA; LA; MO |
| VENCLEXTA TABS | $0 (Tier 2) | PA; LA; MO |
| **Antineoplastic - EGFR Inhibitors** | | |
| ERBITUX SOLN | $0 (Tier 2^) | |
| *erlotinib hcl tabs* | $0 (Tier 1^) | PA |
| GILOTRIF TABS | $0 (Tier 2^) | PA; MO |
| IRESSA TABS | $0 (Tier 2^) | |
| PORTRAZZA SOLN | $0 (Tier 2^) | |
| TAGRISSO TABS | $0 (Tier 2^) | PA |
| VECTIBIX SOLN | $0 (Tier 2^) | |
| VIZIMPRO TABS | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Antineoplastic - Hedgehog Pathway Inhibitors** | | |
| DAURISMO TABS | $0 (Tier 2^) | PA |
| ERIVEDGE CAPS | $0 (Tier 2^) | LA |
| ODOMZO CAPS | $0 (Tier 2^) | PA; LA |
| **Antineoplastic - Hormonal and Related Agents** | | |
| *abiraterone acetate tabs* | $0 (Tier 1^) | PA |
| *anastrozole tabs* | $0 (Tier 1) | MO |
| *bicalutamide tabs* | $0 (Tier 1) | MO |
| ELIGARD KIT | $0 (Tier 2) | |
| EMCYT CAPS | $0 (Tier 2) | MO |
| ERLEADA TABS | $0 (Tier 2^) | PA |
| *exemestane tabs* | $0 (Tier 1) | MO |
| FIRMAGON SOLR 120 MG/VIAL | $0 (Tier 2^) | |
| FIRMAGON SOLR 80 MG | $0 (Tier 2) | |
| *flutamide caps* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *fulvestrant soln* | $0 (Tier 1^) | MO |
| *hydroxyprogesterone caproate (antineoplastic) soln* | $0 (Tier 1^) | |
| *letrozole tabs* | $0 (Tier 1) | MO |
| *leuprolide acetate kit* | $0 (Tier 1) | |
| LUPRON DEPOT (*1-MONTH*) KIT | $0 (Tier 2^) | |
| LUPRON DEPOT (*3-MONTH*) KIT | $0 (Tier 2^) | |
| LUPRON DEPOT (*4-MONTH*) KIT | $0 (Tier 2^) | |
| LUPRON DEPOT (*6-MONTH*) KIT | $0 (Tier 2^) | |
| LYSODREN TABS | $0 (Tier 2) | |
| *megestrol acetate susp* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *megestrol acetate tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *nilutamide tabs* | $0 (Tier 1) | MO |
| NUBEQA TABS | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ORGOVYX TABS | $0 (Tier 2^) | PA; MO |
| SOLTAMOX SOLN | $0 (Tier 2) | MO |
| *tamoxifen citrate tabs* | $0 (Tier 1) | MO |
| *toremifene citrate tabs* | $0 (Tier 1^) | MO |
| TRELSTAR MIXJECT SUSR | $0 (Tier 2^) | |
| VANTAS KIT | $0 (Tier 2^) | |
| XTANDI CAPS 40 MG | $0 (Tier 2^) | PA; LA |
| XTANDI TABS 40 MG, 80 MG | $0 (Tier 2^) | PA |
| YONSA TABS | $0 (Tier 2^) | PA |
| ZOLADEX IMPL | $0 (Tier 2) | |
| **Antineoplastic - Hypoxia-Inducible Factor** | | |
| WELIREG TABS | $0 (Tier 2^) | PA; MO |
| **Antineoplastic - Immunomodulators** | | |
| POMALYST CAPS | $0 (Tier 2^) | LA |
| **Antineoplastic - PDGFR-alpha Inhibitors** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AYVAKIT TABS | $0 (Tier 2^) | PA; MO |
| **Antineoplastic - XPO1 Inhibitors** | | |
| XPOVIO 100 MG ONCE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 40 MG ONCE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 40 MG TWICE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 60 MG ONCE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 60 MG TWICE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 80 MG ONCE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO 80 MG TWICE WEEKLY TBPK | $0 (Tier 2^) | PA; MO |
| XPOVIO TBPK | $0 (Tier 2^) | PA; MO |
| **Antineoplastic Antibiotics** | | |
| *bleomycin sulfate solr* | $0 (Tier 1) | PA |
| *dactinomycin solr* | $0 (Tier 1) | |
| *daunorubicin hcl soln* | $0 (Tier 1) | |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML | $0 (Tier 2^) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *doxorubicin hcl liposomal inj* | $0 (Tier 1) | |
| *doxorubicin hcl soln* | $0 (Tier 1) | |
| *doxorubicin hcl solr* | $0 (Tier 1) | |
| *epirubicin hcl soln* | $0 (Tier 1) | |
| *idarubicin hcl soln* | $0 (Tier 1) | |
| *mitomycin solr* | $0 (Tier 1) | |
| *mitoxantrone hcl conc* | $0 (Tier 1) | |
| *valrubicin soln* | $0 (Tier 1^) | |
| **Antineoplastic Combinations** | | |
| DARZALEX FASPRO SOLN | $0 (Tier 2^) | LA |
| INQOVI TABS | $0 (Tier 2^) | PA |
| KISQALI FEMARA 200 DOSE TBPK | $0 (Tier 2^) | PA |
| KISQALI FEMARA 400 DOSE TBPK | $0 (Tier 2^) | PA |
| KISQALI FEMARA 600 DOSE TBPK | $0 (Tier 2^) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LONSURF TABS | $0 (Tier 2^) | PA |
| PHESGO SOLN | $0 (Tier 2^) | |
| VYXEOS SUSR | $0 (Tier 2^) | |
| **Antineoplastic Enzyme Inhibitors** | | |
| AFINITOR DISPERZ TBSO (*everolimus*) | $0 (Tier 2^) | PA |
| AFINITOR TABS 10 MG (*everolimus*) | $0 (Tier 2^) | PA |
| ALECENSA CAPS | $0 (Tier 2^) | PA |
| ALIQOPA SOLR | $0 (Tier 2^) | MO |
| ALUNBRIG TABS | $0 (Tier 2^) | PA; MO |
| ALUNBRIG TBPK | $0 (Tier 2^) | PA; MO |
| BALVERSA TABS | $0 (Tier 2^) | PA; LA; MO |
| BELEODAQ SOLR | $0 (Tier 2^) | PA |
| BORTEZOMIB SOLR | $0 (Tier 2^) | |
| BOSULIF TABS | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BRAFTOVI CAPS | $0 (Tier 2^) | PA |
| BRUKINSA CAPS | $0 (Tier 2^) | PA; MO |
| CABOMETYX TABS | $0 (Tier 2^) | PA |
| CALQUENCE CAPS | $0 (Tier 2^) | PA; MO |
| CAPRELSA TABS | $0 (Tier 2^) | PA; MO |
| COMETRIQ KIT | $0 (Tier 2^) | PA |
| COPIKTRA CAPS | $0 (Tier 2^) | PA; MO |
| COTELLIC TABS | $0 (Tier 2^) | PA; LA |
| *everolimus tabs* | $0 (Tier 1^) | PA |
| *everolimus tbso* | $0 (Tier 1^) | PA |
| FARYDAK CAPS | $0 (Tier 2^) | PA; LA |
| FOTIVDA CAPS | $0 (Tier 2^) | PA; MO |
| GAVRETO CAPS | $0 (Tier 2^) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| IBRANCE CAPS | $0 (Tier 2^) | LA |
| IBRANCE TABS | $0 (Tier 2^) | LA |
| ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG | $0 (Tier 2^) | PA; MO |
| IDHIFA TABS | $0 (Tier 2^) | PA |
| *imatinib mesylate tabs* | $0 (Tier 1^) | PA |
| IMBRUVICA CAPS | $0 (Tier 2^) | PA; MO |
| IMBRUVICA TABS | $0 (Tier 2^) | PA; MO |
| INREBIC CAPS | $0 (Tier 2^) | PA; LA |
| ISTODAX (*OVERFILL*) SOLR | $0 (Tier 2^) | |
| JAKAFI TABS | $0 (Tier 2^) | PA; LA |
| KISQALI TBPK | $0 (Tier 2^) | PA |
| KOSELUGO CAPS | $0 (Tier 2^) | PA; MO |
| KYPROLIS SOLR | $0 (Tier 2^) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lapatinib ditosylate tabs* | $0 (Tier 1^) | |
| LORBRENA TABS | $0 (Tier 2^) | PA |
| LUMAKRAS TABS | $0 (Tier 2^) | PA |
| LYNPARZA TABS | $0 (Tier 2^) | PA; LA |
| MEKINIST TABS | $0 (Tier 2^) | PA |
| MEKTOVI TABS | $0 (Tier 2^) | PA |
| NERLYNX TABS | $0 (Tier 2^) | PA |
| NEXAVAR TABS | $0 (Tier 2^) | LA |
| NINLARO CAPS | $0 (Tier 2^) | PA |
| PEMAZYRE TABS | $0 (Tier 2^) | PA; MO |
| PIQRAY 200MG DAILY DOSE TBPK | $0 (Tier 2^) | PA |
| PIQRAY 250MG DAILY DOSE TBPK | $0 (Tier 2^) | PA |
| PIQRAY 300MG DAILY DOSE TBPK | $0 (Tier 2^) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| QINLOCK TABS | $0 (Tier 2^) | PA; MO |
| RETEVMO CAPS | $0 (Tier 2^) | PA |
| ROZLYTREK CAPS | $0 (Tier 2^) | PA |
| RUBRACA TABS | $0 (Tier 2^) | PA; LA |
| RYDAPT CAPS | $0 (Tier 2^) | PA |
| SPRYCEL TABS | $0 (Tier 2^) | PA |
| STIVARGA TABS | $0 (Tier 2^) | PA; LA |
| *sunitinib malate caps* | $0 (Tier 1^) | |
| TABRECTA TABS | $0 (Tier 2^) | PA |
| TAFINLAR CAPS | $0 (Tier 2^) | |
| TALZENNA CAPS | $0 (Tier 2^) | PA |
| TASIGNA CAPS | $0 (Tier 2^) | PA |
| TAZVERIK TABS | $0 (Tier 2^) | PA; MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *temsirolimus soln* | $0 (Tier 1^) | |
| TEPMETKO TABS | $0 (Tier 2^) | PA; MO |
| TIBSOVO TABS | $0 (Tier 2^) | PA; LA |
| TRUSELTIQ CPPK | $0 (Tier 2^) | PA; MO |
| TURALIO CAPS | $0 (Tier 2^) | PA; MO |
| UKONIQ TABS | $0 (Tier 2^) | PA; MO |
| VELCADE SOLR | $0 (Tier 2^) | |
| VERZENIO TABS | $0 (Tier 2^) | PA |
| VITRAKVI CAPS | $0 (Tier 2^) | PA |
| VITRAKVI SOLN | $0 (Tier 2^) | PA |
| VOTRIENT TABS | $0 (Tier 2^) | PA |
| XALKORI CAPS | $0 (Tier 2^) | PA |
| XOSPATA TABS | $0 (Tier 2^) | PA; MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ZEJULA CAPS | $0 (Tier 2^) | PA |
| ZELBORAF TABS | $0 (Tier 2^) | PA; LA |
| ZOLINZA CAPS | $0 (Tier 2^) | |
| ZYDELIG TABS | $0 (Tier 2^) | PA; LA |
| ZYKADIA TABS | $0 (Tier 2^) | PA |
| **Antineoplastic Enzymes** | | |
| ASPARLAS SOLN | $0 (Tier 2^) | |
| ONCASPAR SOLN | $0 (Tier 2^) | |
| RYLAZE SOLN | $0 (Tier 2^) | MO |
| **Antineoplastics Misc.** | | |
| ACTIMMUNE SOLN | $0 (Tier 2^) | LA |
| *arsenic trioxide soln* | $0 (Tier 1^) | |
| *bexarotene caps* | $0 (Tier 1^) | |
| *dacarbazine solr* | $0 (Tier 1) | |
| *hydroxyurea caps* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| INTRON A SOLN 10 MU/ML | $0 (Tier 2^) | |
| INTRON A SOLN 6000000 UNIT/ML | $0 (Tier 2) | |
| INTRON A SOLR 10 MU, 18 MU, 50 MU | $0 (Tier 2^) | |
| MATULANE CAPS | $0 (Tier 2^) | MO |
| NIPENT SOLR | $0 (Tier 2) | |
| PROLEUKIN SOLR | $0 (Tier 2^) | |
| SYNRIBO SOLR | $0 (Tier 2^) | |
| TICE BCG SUSR | $0 (Tier 2^) | |
| *tretinoin (chemotherapy) caps* | $0 (Tier 1^) | MO |
| UVADEX SOLN | $0 (Tier 2) | |
| **Chemotherapy Adjuncts** | | |
| ELITEK SOLR | $0 (Tier 2^) | |
| KEPIVANCE SOLR | $0 (Tier 2^) | |
| **Chemotherapy Rescue/Antidote/Protective Agents** | | |
| *dexrazoxane hcl solr* | $0 (Tier 1) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| KHAPZORY SOLR | $0 (Tier 2^) | |
| *leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg* | $0 (Tier 1) | |
| *leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg* | $0 (Tier 1) | MO |
| *levoleucovorin calcium soln 175 mg/17.5ml* | $0 (Tier 1^) | |
| *levoleucovorin calcium soln 250 mg/25ml* | $0 (Tier 1) | |
| *levoleucovorin calcium solr 50 mg* | $0 (Tier 1) | |
| *mesna soln* | $0 (Tier 1) | |
| MESNEX TABS OR 400 MG | $0 (Tier 2^) | MO |
| **Mitotic Inhibitors** | | |
| ABRAXANE SUSR | $0 (Tier 2^) | MO |
| *docetaxel conc 20 mg/ml, 80 mg/4ml* | $0 (Tier 1^) | |
| *docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml* | $0 (Tier 1^) | |
| ETOPOPHOS SOLR | $0 (Tier 2) | |
| *etoposide soln* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| HALAVEN SOLN | $0 (Tier 2^) | |
| IXEMPRA KIT SOLR | $0 (Tier 2^) | |
| JEVTANA SOLN | $0 (Tier 2^) | |
| MARQIBO SUSP | $0 (Tier 2^) | MO |
| *paclitaxel conc 100 mg/16.67ml, 150 mg/25ml, 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml* | $0 (Tier 1) | |
| *vinblastine sulfate soln* | $0 (Tier 1) | PA; MO |
| *vincristine sulfate soln* | $0 (Tier 1) | PA |
| *vinorelbine tartrate soln 10 mg/ml* | $0 (Tier 1) | |
| *vinorelbine tartrate soln 50 mg/5ml* | $0 (Tier 1) | MO |
| **Oncolytic Viral Agents** | | |
| IMLYGIC SUSP | $0 (Tier 2) | 1000000 Unit/ML;MO |
| IMLYGIC SUSP | $0 (Tier 2^) | 100000000 Unit/ML;MO |
| **Topoisomerase I Inhibitors** | | |
| *irinotecan hcl soln* | $0 (Tier 1) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ONIVYDE INJ | $0 (Tier 2^) | |
| *topotecan hcl solr 4 mg* | $0 (Tier 1^) | |
| TRODELVY SOLR | $0 (Tier 2^) | MO |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease** | | |
| **Antiparkinson Adjunctive Therapy** | | |
| *carbidopa tabs* | $0 (Tier 1) | MO |
| NOURIANZ TABS | $0 (Tier 2) | MO |
| **Antiparkinson Anticholinergics** | | |
| *benztropine mesylate soln ij 1 mg/ml* | $0 (Tier 1) | MO |
| *benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *trihexyphenidyl hcl soln* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *trihexyphenidyl hcl tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Antiparkinson COMT Inhibitors** | | |
| *entacapone tabs* | $0 (Tier 1) | SL(8 ea daily); MO |
| *tolcapone tabs* | $0 (Tier 1) | MO |
| **Antiparkinson Dopaminergics** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *amantadine hcl caps* | $0 (Tier 1) | MO |
| *amantadine hcl soln* | $0 (Tier 1) | MO |
| *amantadine hcl tabs* | $0 (Tier 1) | MO |
| APOKYN SOCT | $0 (Tier 2^) | PA; LA |
| *bromocriptine mesylate caps* | $0 (Tier 1) | MO |
| *bromocriptine mesylate tabs* | $0 (Tier 1) | MO |
| *carbidopa-levodopa tabs 25 mg-250 mg, 10 mg-100 mg, 100 mg-10 mg, 100 mg-25 mg, 25 mg-100 mg* | $0 (Tier 1) | MO |
| *carbidopa-levodopa tbcr 25 mg-100 mg, 50 mg-200 mg* | $0 (Tier 1) | MO |
| *carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg* | $0 (Tier 1) | MO |
| DUOPA SUSP | $0 (Tier 2) | B/D |
| NEUPRO PT24 | $0 (Tier 2) | MO |
| *pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | $0 (Tier 1) | MO |
| *ropinirole hydrochloride tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ropinirole hydrochloride tb24* | $0 (Tier 1) | MO |
| **Antiparkinson Monoamine Oxidase Inhibitors** | | |
| *rasagiline mesylate tabs* | $0 (Tier 1) | MO |
| *selegiline hcl caps* | $0 (Tier 1) | MO |
| *selegiline hcl tabs* | $0 (Tier 1) | MO |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders** | | |
| **Antimanic Agents** | | |
| *lithium carbonate caps* | $0 (Tier 1) | MO |
| *lithium carbonate tabs* | $0 (Tier 1) | MO |
| *lithium carbonate tbcr* | $0 (Tier 1) | MO |
| LITHIUM SOLN | $0 (Tier 2) | MO |
| **Antipsychotics - Misc.** | | |
| CAPLYTA CAPS | $0 (Tier 2^) | PA; MO |
| EQUETRO CP12 | $0 (Tier 2) | MO |
| LATUDA TABS 120 MG | $0 (Tier 2^) | PA; SL(1.33 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LATUDA TABS 20 MG | $0 (Tier 2^) | PA; SL(8 ea daily); MO |
| LATUDA TABS 40 MG | $0 (Tier 2^) | PA; SL(4 ea daily); MO |
| LATUDA TABS 60 MG | $0 (Tier 2^) | PA; SL(2.67 ea daily); MO |
| LATUDA TABS 80 MG | $0 (Tier 2^) | PA; SL(2 ea daily); MO |
| NUPLAZID CAPS | $0 (Tier 2^) | PA; LA |
| NUPLAZID TABS | $0 (Tier 2^) | PA; LA |
| VRAYLAR CAPS 1.5 MG | $0 (Tier 2) | PA; SL(4 ea daily); MO |
| VRAYLAR CAPS 3 MG | $0 (Tier 2) | PA; SL(2 ea daily); MO |
| VRAYLAR CAPS 4.5 MG | $0 (Tier 2) | PA; SL(1.4 ea daily); MO |
| VRAYLAR CAPS 6 MG | $0 (Tier 2) | PA; SL(1 ea daily); MO |
| VRAYLAR CPPK | $0 (Tier 2) | PA; MO |
| *ziprasidone hcl caps* | $0 (Tier 1) | MO |
| *ziprasidone mesylate solr* | $0 (Tier 1) | MO |
| **Benzisoxazoles** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG | $0 (Tier 2) | MO |
| FANAPT TABS 12 MG, 6 MG, 8 MG | $0 (Tier 2^) | MO |
| INVEGA SUSTENNA SUSY 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | $0 (Tier 2^) | MO |
| INVEGA SUSTENNA SUSY 39 MG/0.25ML, 78 MG/0.5ML | $0 (Tier 2) | MO |
| INVEGA TRINZA SUSY | $0 (Tier 2^) | |
| *paliperidone tb24 1.5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *paliperidone tb24 3 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *paliperidone tb24 6 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *paliperidone tb24 9 mg* | $0 (Tier 1^) | SL(1.33 ea daily); MO |
| PERSERIS PRSY | $0 (Tier 2^) | PA |
| RISPERDAL CONSTA SRER 12.5 MG | $0 (Tier 2) | Limit 8 vials per 28 days;SL(0.29 ea daily); MO |
| RISPERDAL CONSTA SRER 25 MG | $0 (Tier 2) | Limit 4 vials per 28 days;SL(0.15 ea daily); MO |
| RISPERDAL CONSTA SRER 37.5 MG | $0 (Tier 2^) | Limit 4 vials per 42 days;SL(0.1 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| RISPERDAL CONSTA SRER 50 MG | $0 (Tier 2^) | Limit 2 vials per 28 days;SL(0.08 ea daily); MO |
| *risperidone soln* | $0 (Tier 1) | MO |
| *risperidone tabs* | $0 (Tier 1) | MO |
| *risperidone tbdp* | $0 (Tier 1) | MO |
| **Butyrophenones** | | |
| *haloperidol decanoate soln* | $0 (Tier 1) | MO |
| *haloperidol lactate conc* | $0 (Tier 1) | MO |
| *haloperidol lactate soln* | $0 (Tier 1) | MO |
| *haloperidol tabs* | $0 (Tier 1) | MO |
| **Dibenzapines** | | |
| *asenapine maleate subl 10 mg* | $0 (Tier 1^) | SL(2 ea daily); MO |
| *asenapine maleate subl 2.5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *asenapine maleate subl 5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg* | $0 (Tier 1) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg* | $0 (Tier 1) | |
| *clozapine tbdp 200 mg* | $0 (Tier 1^) | |
| *loxapine succinate caps* | $0 (Tier 1) | MO |
| *olanzapine solr* | $0 (Tier 1) | MO |
| *olanzapine tabs* | $0 (Tier 1) | MO |
| *olanzapine tbdp* | $0 (Tier 1) | MO |
| *quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | $0 (Tier 1) | MO |
| SAPHRIS SUBL 10 MG (*asenapine maleate*) | $0 (Tier 2^) | SL(2 ea daily); MO |
| SAPHRIS SUBL 2.5 MG (*asenapine maleate*) | $0 (Tier 2) | SL(8 ea daily); MO |
| SAPHRIS SUBL 5 MG | $0 (Tier 2) | SL(4 ea daily); MO |
| SAPHRIS SUBL 5 MG (*asenapine maleate*) | $0 (Tier 2) | SL(4 ea daily); MO |
| SECUADO PT24 3.8 MG/24HR | $0 (Tier 2^) | PA; SL(2 ea daily) |
| SECUADO PT24 5.7 MG/24HR | $0 (Tier 2^) | PA; SL(1.34 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SECUADO PT24 7.6 MG/24HR | $0 (Tier 2^) | PA; SL(1 ea daily) |
| VERSACLOZ SUSP | $0 (Tier 2^) | PA; SL(18 ml daily) |
| ZYPREXA RELPREVV SUSR | $0 (Tier 2) | |
| **Dihydroindolones** | | |
| *molindone hcl tabs* | $0 (Tier 1) | |
| **Phenothiazines** | | |
| *chlorpromazine hcl soln ij 25 mg/ml* | $0 (Tier 1) | MO |
| *chlorpromazine hcl soln ij 50 mg/2ml* | $0 (Tier 1) | |
| *chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | $0 (Tier 1) | MO |
| CHLORPROMAZINE HYDROCHLORIDE CONC | $0 (Tier 2) | PA |
| *fluphenazine decanoate soln* | $0 (Tier 1) | MO |
| *fluphenazine hcl conc or 5 mg/ml* | $0 (Tier 1) | MO |
| *fluphenazine hcl soln ij 2.5 mg/ml* | $0 (Tier 1) | MO |
| *fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg* | $0 (Tier 1) | MO |
| *perphenazine tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *prochlorperazine edisylate soln 10 mg/2ml* | $0 (Tier 1) | MO |
| *prochlorperazine edisylate soln 50 mg/10ml* | $0 (Tier 1) | |
| *prochlorperazine maleate tabs* | $0 (Tier 1) | MO |
| *prochlorperazine supp* | $0 (Tier 1) | MO |
| *thioridazine hcl tabs* | $0 (Tier 1) | MO |
| *trifluoperazine hcl tabs* | $0 (Tier 1) | MO |
| **Quinolinone Derivatives** | | |
| ABILIFY MAINTENA PRSY | $0 (Tier 2^) | MO |
| ABILIFY MAINTENA SRER | $0 (Tier 2^) | MO |
| *aripiprazole soln 1 mg/ml* | $0 (Tier 1) | SL(30 ml daily); MO |
| *aripiprazole tabs 10 mg* | $0 (Tier 1) | SL(3 ea daily); MO |
| *aripiprazole tabs 15 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *aripiprazole tabs 2 mg* | $0 (Tier 1) | SL(15 ea daily); MO |
| *aripiprazole tabs 20 mg* | $0 (Tier 1) | SL(1.5 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *aripiprazole tabs 30 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *aripiprazole tabs 5 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *aripiprazole tbdp 10 mg* | $0 (Tier 1^) | SL(3 ea daily); MO |
| *aripiprazole tbdp 15 mg* | $0 (Tier 1^) | SL(2 ea daily); MO |
| ARISTADA INITIO PRSY | $0 (Tier 2^) | |
| ARISTADA PRSY | $0 (Tier 2^) | |
| REXULTI TABS 0.25 MG | $0 (Tier 2^) | PA; SL(16 ea daily); MO |
| REXULTI TABS 0.5 MG | $0 (Tier 2^) | PA; SL(8 ea daily); MO |
| REXULTI TABS 1 MG | $0 (Tier 2^) | PA; SL(4 ea daily); MO |
| REXULTI TABS 2 MG | $0 (Tier 2^) | PA; SL(2 ea daily); MO |
| REXULTI TABS 3 MG | $0 (Tier 2^) | PA; SL(1.33 ea daily); MO |
| REXULTI TABS 4 MG | $0 (Tier 2^) | PA; SL(1 ea daily); MO |
| **Thioxanthenes** | | |
| *thiothixene caps* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **ANTISEPTICS & DISINFECTANTS** | | |
| **Iodine Antiseptics** | | |
| BETADINE SOLN 5 % | $0 (Tier 3) | NT |
| BETADINE SURGICAL SCRUB SOLN | $0 (Tier 3) | NT |
| BETADINE SWABSTICKS SWAB (*povidone-iodine*) | $0 (Tier 3) | MO; NT |
| FIRST AID ANTISEPTIC OINTMENT OINT | $0 (Tier 3) | NT |
| *povidone-iodine oint 10 %* | $0 (Tier 3) | NT |
| *povidone-iodine soln 10 %* | $0 (Tier 3) | MO; NT |
| *povidone-iodine soln 7.5 %* | $0 (Tier 3) | NT |
| *povidone-iodine swab 10 %* | $0 (Tier 3) | MO; NT |
| **ANTIVIRALS - Drugs to Treat Viral Infections** | | |
| **Antiretrovirals** | | |
| *abacavir sulfate soln* | $0 (Tier 1) | MO |
| *abacavir sulfate tabs* | $0 (Tier 1) | MO |
| *abacavir sulfate-lamivudine tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *abacavir sulfate-lamivudine-zidovudine tabs* | $0 (Tier 1^) | MO |
| APTIVUS CAPS 250 MG | $0 (Tier 2^) | MO |
| APTIVUS SOLN 100 MG/ML | $0 (Tier 2) | |
| *atazanavir sulfate caps* | $0 (Tier 1) | MO |
| BIKTARVY TABS | $0 (Tier 2^) | MO |
| CABENUVA SUER | $0 (Tier 2^) | MO |
| CIMDUO TABS | $0 (Tier 2^) | MO |
| COMPLERA TABS | $0 (Tier 2^) | MO |
| CRIXIVAN CAPS | $0 (Tier 2) | MO |
| DELSTRIGO TABS | $0 (Tier 2^) | MO |
| DESCOVY TABS | $0 (Tier 2^) | MO |
| DOVATO TABS | $0 (Tier 2^) | MO |
| EDURANT TABS | $0 (Tier 2^) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *efavirenz caps* | $0 (Tier 1) | MO |
| *efavirenz tabs* | $0 (Tier 1) | MO |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs* | $0 (Tier 1^) | MO |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate tabs* | $0 (Tier 1^) | MO |
| *emtricitabine caps* | $0 (Tier 1) | MO |
| *emtricitabine-tenofovir disoproxil fumarate tabs* | $0 (Tier 1^) | MO |
| EMTRIVA SOLN 10 MG/ML | $0 (Tier 2) | MO |
| *etravirine tabs* | $0 (Tier 1^) | MO |
| EVOTAZ TABS | $0 (Tier 2^) | MO |
| *fosamprenavir calcium tabs* | $0 (Tier 1^) | MO |
| FUZEON SOLR | $0 (Tier 2^) | MO |
| GENVOYA TABS | $0 (Tier 2^) | MO |
| INTELENCE TABS 25 MG | $0 (Tier 2) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| INVIRASE TABS | $0 (Tier 2^) | MO |
| ISENTRESS CHEW 100 MG | $0 (Tier 2) | SL(6 ea daily); MO |
| ISENTRESS CHEW 25 MG | $0 (Tier 2) | SL(24 ea daily); MO |
| ISENTRESS HD TABS | $0 (Tier 2^) | MO |
| ISENTRESS PACK 100 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| ISENTRESS TABS 400 MG | $0 (Tier 2^) | MO |
| JULUCA TABS | $0 (Tier 2^) | MO |
| *lamivudine soln* | $0 (Tier 1) | MO |
| *lamivudine tabs* | $0 (Tier 1) | MO |
| *lamivudine-zidovudine tabs* | $0 (Tier 1) | MO |
| LEXIVA SUSP 50 MG/ML | $0 (Tier 2) | MO |
| *lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml* | $0 (Tier 1^) | MO |
| *lopinavir-ritonavir tabs 100 mg-25 mg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lopinavir-ritonavir tabs 50 mg-200 mg* | $0 (Tier 1^) | MO |
| *nevirapine susp 50 mg/5ml* | $0 (Tier 1) | MO |
| *nevirapine tabs 200 mg* | $0 (Tier 1) | MO |
| *nevirapine tb24 100 mg* | $0 (Tier 1) | |
| *nevirapine tb24 400 mg* | $0 (Tier 1) | MO |
| NORVIR PACK 100 MG | $0 (Tier 2) | MO |
| NORVIR SOLN 80 MG/ML | $0 (Tier 2) | MO |
| ODEFSEY TABS | $0 (Tier 2^) | MO |
| PIFELTRO TABS | $0 (Tier 2^) | MO |
| PREZCOBIX TABS | $0 (Tier 2^) | MO |
| PREZISTA SUSP 100 MG/ML | $0 (Tier 2^) | MO |
| PREZISTA TABS 150 MG, 600 MG, 800 MG | $0 (Tier 2^) | MO |
| PREZISTA TABS 75 MG | $0 (Tier 2) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| RETROVIR IV INFUSION SOLN | $0 (Tier 2) | |
| REYATAZ PACK 50 MG | $0 (Tier 2^) | MO |
| *ritonavir tabs* | $0 (Tier 1) | MO |
| RUKOBIA TB12 | $0 (Tier 2^) | MO |
| SELZENTRY SOLN 20 MG/ML | $0 (Tier 2) | |
| SELZENTRY TABS 150 MG, 300 MG | $0 (Tier 2) | MO |
| SELZENTRY TABS 25 MG, 75 MG | $0 (Tier 2) | |
| *stavudine caps 15 mg, 20 mg, 30 mg, 40 mg* | $0 (Tier 1) | MO |
| STRIBILD TABS | $0 (Tier 2^) | MO |
| SYMTUZA TABS | $0 (Tier 2^) | MO |
| TEMIXYS TABS | $0 (Tier 2^) | MO |
| *tenofovir disoproxil fumarate tabs* | $0 (Tier 1) | MO |
| TIVICAY PD TBSO | $0 (Tier 2) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| TIVICAY TABS 10 MG | $0 (Tier 2) | MO |
| TIVICAY TABS 25 MG, 50 MG | $0 (Tier 2^) | MO |
| TRIUMEQ TABS | $0 (Tier 2^) | MO |
| TROGARZO SOLN | $0 (Tier 2^) | MO |
| TYBOST TABS | $0 (Tier 2) | MO |
| VIRACEPT TABS | $0 (Tier 2^) | MO |
| VIREAD POWD 40 MG/GM | $0 (Tier 2^) | MO |
| VIREAD TABS 150 MG, 200 MG, 250 MG | $0 (Tier 2^) | MO |
| *zidovudine caps* | $0 (Tier 1) | MO |
| *zidovudine syrp* | $0 (Tier 1) | MO |
| *zidovudine tabs* | $0 (Tier 1) | MO |
| **CMV Agents** | | |
| *cidofovir soln* | $0 (Tier 1^) | |
| *ganciclovir sodium solr* | $0 (Tier 1) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PREVYMIS TABS | $0 (Tier 2^) | PA; MO |
| *valganciclovir hcl tabs 450 mg* | $0 (Tier 1^) | MO |
| **Hepatitis Agents** | | |
| *adefovir dipivoxil tabs* | $0 (Tier 1^) | MO |
| BARACLUDE SOLN 0.05 MG/ML | $0 (Tier 2) | MO |
| *entecavir tabs* | $0 (Tier 1) | MO |
| EPCLUSA TABS 200 MG-50 MG, 400 MG-100 MG | $0 (Tier 2^) | PA |
| EPIVIR HBV SOLN 5 MG/ML | $0 (Tier 2) | MO |
| HARVONI PACK 33.75 MG-150 MG, 45 MG-200 MG | $0 (Tier 2^) | PA |
| HARVONI TABS 400 MG-90 MG, 45 MG-200 MG | $0 (Tier 2^) | PA |
| *lamivudine (hbv) tabs* | $0 (Tier 1) | MO |
| MAVYRET TABS 100 MG-40 MG | $0 (Tier 2^) | PA |
| PEGASYS SOLN | $0 (Tier 2^) | |
| PEGASYS SOSY | $0 (Tier 2^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ribavirin (hepatitis c) caps* | $0 (Tier 1) | |
| *ribavirin (hepatitis c) tabs* | $0 (Tier 1) | |
| VEMLIDY TABS | $0 (Tier 2^) | ST; MO |
| VOSEVI TABS | $0 (Tier 2^) | PA |
| **Herpes Agents** | | |
| *acyclovir caps* | $0 (Tier 1) | MO |
| *acyclovir sodium soln* | $0 (Tier 1) | PA |
| *acyclovir susp* | $0 (Tier 1) | MO |
| *acyclovir tabs* | $0 (Tier 1) | MO |
| *famciclovir tabs* | $0 (Tier 1) | MO |
| *valacyclovir hcl tabs* | $0 (Tier 1) | MO |
| **Influenza Agents** | | |
| *oseltamivir phosphate caps 30 mg* | $0 (Tier 1) | QL(4 ea daily); MO |
| *oseltamivir phosphate caps 45 mg, 75 mg* | $0 (Tier 1) | MO |
| *oseltamivir phosphate susr 6 mg/ml* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| RELENZA DISKHALER AEPB | $0 (Tier 2) | MO |
| *rimantadine hydrochloride tabs* | $0 (Tier 1) | MO |
| **Respiratory Syncytial Virus (RSV) Agents** | | |
| *ribavirin solr* | $0 (Tier 1) | |
| **BETA BLOCKERS - Drugs to Treat High Blood Pressure** | | |
| **Alpha-Beta Blockers** | | |
| *carvedilol phosphate cp24* | $0 (Tier 1) | MO |
| *carvedilol tabs 12.5 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *carvedilol tabs 25 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *carvedilol tabs 3.125 mg* | $0 (Tier 1) | SL(32 ea daily); MO |
| *carvedilol tabs 6.25 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *labetalol hcl tabs or 100 mg, 200 mg, 300 mg* | $0 (Tier 1) | MO |
| **Beta Blockers Cardio-Selective** | | |
| *acebutolol hcl caps* | $0 (Tier 1) | MO |
| *atenolol tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *betaxolol hcl tabs* | $0 (Tier 1) | MO |
| *bisoprolol fumarate tabs* | $0 (Tier 1) | MO |
| *metoprolol succinate tb24* | $0 (Tier 1) | MO |
| *metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg* | $0 (Tier 1) | MO |
| **Beta Blockers Non-Selective** | | |
| *nadolol tabs* | $0 (Tier 1) | MO |
| *pindolol tabs* | $0 (Tier 1) | MO |
| *propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg* | $0 (Tier 1) | MO |
| *propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg* | $0 (Tier 1) | MO |
| *sotalol hcl (afib/afl) tabs* | $0 (Tier 1) | MO |
| *sotalol hcl tabs* | $0 (Tier 1) | MO |
| SOTYLIZE SOLN | $0 (Tier 2) | MO |
| **CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure** | | |
| **Calcium Channel Blockers** | | |
| *amlodipine besylate tabs 10 mg* | $0 (Tier 1) | SL(1 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *amlodipine besylate tabs 2.5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *amlodipine besylate tabs 5 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *diltiazem hcl coated beads cp24* | $0 (Tier 1) | MO |
| *diltiazem hcl coated beads tb24* | $0 (Tier 1) | MO |
| *diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg* | $0 (Tier 1) | MO |
| *diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg* | $0 (Tier 1) | MO |
| *diltiazem hcl extended release beads cp24* | $0 (Tier 1) | MO |
| *diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg* | $0 (Tier 1) | MO |
| *felodipine tb24* | $0 (Tier 1) | MO |
| *nicardipine hcl caps or 20 mg, 30 mg* | $0 (Tier 1) | MO |
| *nifedipine tb24 30 mg, 60 mg, 90 mg* | $0 (Tier 1) | MO |
| *nimodipine caps* | $0 (Tier 1) | MO |
| *nisoldipine tb24 17 mg, 34 mg, 8.5 mg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML | $0 (Tier 2^) | |
| *verapamil hcl cp24 or 100 mg, 300 mg, 360 mg, 120 mg, 180 mg, 200 mg, 240 mg* | $0 (Tier 1) | MO |
| *verapamil hcl tabs or 40 mg, 120 mg, 80 mg* | $0 (Tier 1) | MO |
| *verapamil hcl tbcr or 120 mg, 180 mg, 240 mg* | $0 (Tier 1) | MO |
| VERELAN PM CP24 300 MG (*verapamil hcl*) | $0 (Tier 1) | MO |
| **CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm** | | |
| **Cardiac Glycosides** | | |
| *digoxin soln or 0.05 mg/ml* | $0 (Tier 1) | MO |
| *digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg* | $0 (Tier 1) | MO |
| LANOXIN TABS OR 62.5 MCG | $0 (Tier 2) | MO |
| **Inotropes** | | |
| *dobutamine hcl soln* | $0 (Tier 1) | |
| **CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions** | | |
| **Cardiovascular Agents Misc. - Combinations** | | |
| *amlodipine besylate-atorvastatin calcium tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ENTRESTO TABS | $0 (Tier 2) | MO |
| **Prostaglandin Vasodilators** | | |
| ORENITRAM TBCR 0.125 MG | $0 (Tier 2) | PA |
| ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 5 MG | $0 (Tier 2^) | PA |
| *treprostinil soln* | $0 (Tier 1^) | B/D; LA |
| TYVASO REFILL SOLN | $0 (Tier 2^) | B/D; LA |
| TYVASO SOLN | $0 (Tier 2^) | B/D; LA |
| TYVASO STARTER SOLN | $0 (Tier 2^) | B/D; LA |
| VENTAVIS SOLN 10 MCG/ML | $0 (Tier 2) | B/D; LA |
| VENTAVIS SOLN 20 MCG/ML | $0 (Tier 2^) | B/D; LA |
| **Pulmonary Hypertension - Endothelin Receptor** | | |
| *ambrisentan tabs* | $0 (Tier 1^) | PA; LA |
| *bosentan tabs* | $0 (Tier 1^) | PA; LA |
| OPSUMIT TABS | $0 (Tier 2^) | PA |
| **Pulmonary Hypertension - Phosphodiesterase** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml* | $0 (Tier 1^) | PA |
| *sildenafil citrate (pulmonary hypertension) tabs or 20 mg* | $0 (Tier 1) | PA |
| *tadalafil (pulmonary hypertension) tabs* | $0 (Tier 1^) | PA |
| **Pulmonary Hypertension - Prostacyclin Receptor** | | |
| UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | $0 (Tier 2^) | PA; LA |
| UPTRAVI TBPK OR | $0 (Tier 2^) | PA; LA |
| **Pulmonary Hypertension - Sol Guanylate Cyclase** | | |
| ADEMPAS TABS 0.5 MG | $0 (Tier 2^) | PA; SL(15 ea daily) |
| ADEMPAS TABS 1 MG | $0 (Tier 2^) | PA; SL(7.5 ea daily) |
| ADEMPAS TABS 1.5 MG | $0 (Tier 2^) | PA; SL(5 ea daily) |
| ADEMPAS TABS 2 MG | $0 (Tier 2^) | PA; SL(3.75 ea daily) |
| ADEMPAS TABS 2.5 MG | $0 (Tier 2^) | PA; SL(3 ea daily) |
| **Sinus Node Inhibitors** | | |
| CORLANOR SOLN 5 MG/5ML | $0 (Tier 2) | SL(15 ml daily) |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CORLANOR TABS 5 MG | $0 (Tier 2) | SL(3 ea daily); MO |
| CORLANOR TABS 7.5 MG | $0 (Tier 2) | SL(2 ea daily); MO |
| **Transthyretin Stabilizers** | | |
| VYNDAMAX CAPS | $0 (Tier 2^) | PA; QL(1 ea daily) |
| VYNDAQEL CAPS | $0 (Tier 2^) | PA; QL(4 ea daily) |
| **CEPHALOSPORINS - Drugs to Treat Bacterial Infections** | | |
| **Cephalosporins - 1st Generation** | | |
| *cefadroxil caps* | $0 (Tier 1) | MO |
| *cefadroxil susr* | $0 (Tier 1) | MO |
| *cefadroxil tabs* | $0 (Tier 1) | MO |
| *cefazolin sodium solr ij 500 mg, 1 gm, 10 gm* | $0 (Tier 1) | MO |
| *cephalexin caps 750 mg, 250 mg, 500 mg* | $0 (Tier 1) | MO |
| *cephalexin susr 125 mg/5ml, 250 mg/5ml* | $0 (Tier 1) | MO |
| **Cephalosporins - 2nd Generation** | | |
| *cefaclor caps 250 mg, 500 mg* | $0 (Tier 1) | MO |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *cefoxitin sodium solr 1 gm, 10 gm, 2 gm* | $0 (Tier 1) | |
| *cefprozil susr* | $0 (Tier 1) | MO |
| *cefprozil tabs* | $0 (Tier 1) | MO |
| *cefuroxime axetil tabs* | $0 (Tier 1) | MO |
| *cefuroxime sodium solr ij 750 mg* | $0 (Tier 1) | MO |
| *cefuroxime sodium solr iv 1.5 gm* | $0 (Tier 1) | |
| **Cephalosporins - 3rd Generation** | | |
| *cefdinir caps* | $0 (Tier 1) | MO |
| *cefdinir susr* | $0 (Tier 1) | MO |
| *cefixime caps 400 mg* | $0 (Tier 1) | MO |
| *cefpodoxime proxetil susr* | $0 (Tier 1) | MO |
| *cefpodoxime proxetil tabs* | $0 (Tier 1) | MO |
| *ceftazidime solr ij 1 gm* | $0 (Tier 1) | MO |
| *ceftazidime solr ij 6 gm* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ceftazidime solr iv 2 gm* | $0 (Tier 1) | MO |
| *ceftazidime solr iv 6 gm* | $0 (Tier 1) | |
| *ceftriaxone sodium solr ij 1 gm* | $0 (Tier 1) | SL(4 ea daily); MO |
| *ceftriaxone sodium solr ij 2 gm* | $0 (Tier 1) | SL(2 ea daily); MO |
| *ceftriaxone sodium solr ij 250 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *ceftriaxone sodium solr ij 500 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *ceftriaxone sodium solr iv 1 gm* | $0 (Tier 1) | SL(4 ea daily) |
| *ceftriaxone sodium solr iv 10 gm* | $0 (Tier 1) | MO |
| *ceftriaxone sodium solr iv 2 gm* | $0 (Tier 1) | SL(2 ea daily); MO |
| **Cephalosporins - 4th Generation** | | |
| *cefepime hcl solr* | $0 (Tier 1) | MO |
| CEFEPIME SOLN | $0 (Tier 2) | |
| **Cephalosporins - 5th Generation** | | |
| TEFLARO SOLR | $0 (Tier 2) | |
| **CHEMICALS** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Bulk Chemicals - A's** | | |
| ACETAMINOPHEN POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |
| **Bulk Chemicals - B's** | | |
| BIOTIN POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |
| BIOTIN-D POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| **Bulk Chemicals - C's** | | |
| CHOLESTEROL ACETATE POWD | $0 (Tier 3) | RX/OTC; NT |
| CHOLESTEROL POWD | $0 (Tier 3) | RX/OTC; NT |
| CITRULLINE(*L*) POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| CYANOCOBALAMIN CRYS XX | $0 (Tier 3) | RX/OTC; NT |
| CYANOCOBALAMIN POWD XX | $0 (Tier 3) | NT |
| L-CITRULLINE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| **Bulk Chemicals - H's** | | |
| HYDROXOCOBALAMIN POWD | $0 (Tier 3) | RX/OTC; NT |
| HYDROXYPROPYL METHYLCELLULOSE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE 100000 MPA-S POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE 100000CPS POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE 4000 MPA-S POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE 4000CPS POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE METHOCEL K100M POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| HYPROMELLOSE TYPE 2910 POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| METHOCEL E4M POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| METHOCEL E4M PREMIUM CR POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| METHOCEL E4M PREMIUM POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| METHOCEL K100 PREMIUM POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| METHOCEL K100M PREMIUM POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| **Bulk Chemicals - L's** | | |
| L-LYSINE HCL POWD | $0 (Tier 3) | RX/OTC; NT |
| L-LYSINE MONOHYDROCHLORIDE POWD | $0 (Tier 3) | RX/OTC; NT |
| **Bulk Chemicals - S's** | | |
| SALICYLIC ACID POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Liquids** | | |
| BENZYL BENZOATE LIQD | $0 (Tier 3) | RX/OTC; NT |
| CASTOR OIL OIL XX | $0 (Tier 3) | RX/OTC; MO; NT |
| GLYCERIN LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| GLYCERINE LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| GLYCEROL FORMAL LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| HM CASTOR OIL OIL | $0 (Tier 3) | RX/OTC; MO; NT |
| QC CASTOR OIL OIL | $0 (Tier 3) | RX/OTC; MO; NT |
| SESAME OIL OIL | $0 (Tier 3) | RX/OTC; NT |
| **Solids** | | |
| CO-ENZYME Q 10 POWD | $0 (Tier 3) | RX/OTC; NT |
| COENZYME Q-10 POWD | $0 (Tier 3) | RX/OTC; NT |
| COENZYME Q10 POWD XX | $0 (Tier 3) | RX/OTC; NT |
| POTASSIUM BROMIDE CRYS | $0 (Tier 3) | RX/OTC; MO; NT |
| SODIUM BROMIDE GRAN | $0 (Tier 3) | RX/OTC; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| THEOPHYLLINE ANHYDROUS POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| UBIDECARENONE POWD | $0 (Tier 3) | RX/OTC; NT |
| **CONTRACEPTIVES - Drugs to Prevent Pregnancy** | | |
| **Combination Contraceptives - Oral** | | |
| *desogestrel & ethinyl estradiol tabs* | $0 (Tier 1) | MO |
| *desogestrel-ethinyl estradiol (biphasic) tabs* | $0 (Tier 1) | MO |
| *drospirenone-ethinyl estradiol tabs* | $0 (Tier 1) | MO |
| *ethynodiol diacet & eth estrad tabs* | $0 (Tier 1) | MO |
| *levonorgestrel & eth estradiol chew 0.1 mg-20 mcg* | $0 (Tier 1) | |
| *levonorgestrel & eth estradiol tabs 0.03 mg-0.15 mg, 0.15 mg-0.03 mg, 0.15 mg-30 mcg, 30 mcg-0.15 mg, 0.1 mg-20 mcg, 20 mcg-0.1 mg* | $0 (Tier 1) | MO |
| *levonorgestrel-eth estradiol (triphasic) tabs* | $0 (Tier 1) | MO |
| *levonorgestrel-ethinyl estradiol (91-day) tabs* | $0 (Tier 1) | biphasic;MO |
| *norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 75 mg-1 mg-20 mcg, 1.5 mg-30 mcg-75 mg, 75 mg-1.5 mg-30 mcg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *norethindrone & eth estradiol tabs* | $0 (Tier 1) | MO |
| *norethindrone & ethinyl estradiol-fe chew 0.4 mg-35 mcg* | $0 (Tier 1) | MO |
| *norethindrone acet & eth estra tabs* | $0 (Tier 1) | MO |
| *norethindrone-eth estradiol (triphasic) tabs* | $0 (Tier 1) | MO |
| *norgestimate-ethinyl estradiol (triphasic) tabs* | $0 (Tier 1) | MO |
| *norgestimate-ethinyl estradiol tabs* | $0 (Tier 1) | MO |
| *norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg* | $0 (Tier 1) | MO |
| **Combination Contraceptives - Transdermal** | | |
| *norelgestromin-ethinyl estradiol ptwk* | $0 (Tier 1) | MO |
| **Combination Contraceptives - Vaginal** | | |
| *etonogestrel-ethinyl estradiol ring* | $0 (Tier 1) | MO |
| **Emergency Contraceptives** | | |
| ELLA TABS | $0 (Tier 2) | |
| *levonorgestrel (emergency oc) tabs* | $0 (Tier 3) | MO; NT |
| **Progestin Contraceptives - Injectable** | | |
| *medroxyprogesterone acetate (contraceptive) susp* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *medroxyprogesterone acetate (contraceptive) susy* | $0 (Tier 1) | MO |
| **Progestin Contraceptives - Oral** | | |
| *norethindrone (contraceptive) tabs* | $0 (Tier 1) | MO |
| SLYND TABS | $0 (Tier 2) | MO |
| **CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions** | | |
| **Glucocorticosteroids** | | |
| *betamethasone sod phosphate & acetate susp* | $0 (Tier 1) | MO |
| *budesonide cpep 3 mg* | $0 (Tier 1) | MO |
| *cortisone acetate tabs* | $0 (Tier 1) | MO |
| DEPO-MEDROL SUSP 20 MG/ML | $0 (Tier 2) | MO |
| *dexamethasone elix 0.5 mg/5ml* | $0 (Tier 1) | MO |
| *dexamethasone sodium phosphate soln ij 10 mg/ml* | $0 (Tier 1) | |
| *dexamethasone sodium phosphate soln ij 10 mg/ml* | $0 (Tier 1) | Preservative Free;MO |
| *dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dexamethasone soln 0.5 mg/5ml* | $0 (Tier 1) | MO |
| *dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg* | $0 (Tier 1) | MO |
| *dexamethasone tbpk 1.5 mg* | $0 (Tier 1) | MO |
| EMFLAZA SUSP | $0 (Tier 2^) | PA |
| EMFLAZA TABS | $0 (Tier 2^) | PA |
| *hydrocortisone tabs or 10 mg, 20 mg, 5 mg* | $0 (Tier 1) | MO |
| KENALOG-10 SUSP | $0 (Tier 2) | MO |
| MEDROL TABS 2 MG | $0 (Tier 2) | MO |
| *methylprednisolone acetate susp 80 mg/ml, 40 mg/ml* | $0 (Tier 1) | MO |
| *methylprednisolone sod succ solr* | $0 (Tier 1) | MO |
| *methylprednisolone tabs* | $0 (Tier 1) | MO |
| *methylprednisolone tbpk* | $0 (Tier 1) | MO |
| *prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg* | $0 (Tier 1) | MO |
| *prednisolone soln* | $0 (Tier 1) | MO |
| *prednisolone tabs* | $0 (Tier 1) | MO |
| PREDNISONE INTENSOL CONC | $0 (Tier 2) | MO |
| *prednisone soln* | $0 (Tier 1) | MO |
| *prednisone tabs* | $0 (Tier 1) | MO |
| *prednisone tbpk* | $0 (Tier 1) | MO |
| SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG | $0 (Tier 2) | MO |
| SOLU-CORTEF SOLR 1000 MG | $0 (Tier 2) | |
| *triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml* | $0 (Tier 1) | MO |
| **Mineralocorticoids** | | |
| *fludrocortisone acetate tabs* | $0 (Tier 1) | MO |
| **COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms** | | |
| **Antitussives** | | |
| *benzonatate caps* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dextromethorphan hbr caps 15 mg* | $0 (Tier 3) | NT |
| *dextromethorphan hbr syrp 10 mg/5ml, 15 mg/5ml* | $0 (Tier 3) | NT |
| *dextromethorphan polistirex suer* | $0 (Tier 3) | MO; NT |
| HYCODAN SYRP (*hydrocodone w/ homatropine*) | $0 (Tier 3) | MO; NT |
| *hydrocodone w/ homatropine syrp* | $0 (Tier 3) | MO; NT |
| *hydrocodone w/ homatropine tabs* | $0 (Tier 3) | MO; NT |
| **Cough/Cold/Allergy Combinations** | | |
| ACTICON SOLN | $0 (Tier 3) | NT |
| ACTICON TABS | $0 (Tier 3) | NT |
| ACTINEL LIQD | $0 (Tier 3) | NT |
| ACTINEL PEDIATRIC LIQD | $0 (Tier 3) | NT |
| ALAHIST CF TABS | $0 (Tier 3) | NT |
| ALAHIST DM LIQD | $0 (Tier 3) | NT |
| AQUANAZ TABS | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BIONEL LIQD | $0 (Tier 3) | NT |
| BIONEL PEDIATRIC LIQD | $0 (Tier 3) | NT |
| BROHIST D TABS | $0 (Tier 3) | NT |
| *brompheniramine & phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml, 2.5 mg/5ml-1 mg/5ml, 2.5 mg/5ml-1 mg/5ml-2.5 mg/5ml-1 mg/5ml* | $0 (Tier 3) | NT |
| *brompheniramine & pseudoeph elix* | $0 (Tier 3) | NT |
| *brompheniramine & pseudoeph liqd* | $0 (Tier 3) | NT |
| BRONKAID TABS | $0 (Tier 3) | NT |
| CAPCOF SYRP | $0 (Tier 3) | NT |
| CAPMIST DM TABS | $0 (Tier 3) | NT |
| CAPRON DM LIQD | $0 (Tier 3) | NT |
| CAPRON DMT TABS | $0 (Tier 3) | NT |
| *cetirizine-pseudoephedrine tb12* | $0 (Tier 3) | MO; NT |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CHLO HIST SOLN | $0 (Tier 3) | NT |
| CHLO TUSS LIQD | $0 (Tier 3) | NT |
| CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./PSEUDOEPHEDRINE LIQD | $0 (Tier 3) | NT |
| *chlorpheniramine & phenylephrine liqd* | $0 (Tier 3) | MO; NT |
| *chlorpheniramine & phenylephrine tabs* | $0 (Tier 3) | MO; NT |
| *chlorpheniramine & pseudoeph tabs* | $0 (Tier 3) | NT |
| *chlorpheniramine-dm tabs 30 mg-4 mg, 4 mg-30 mg, 4 mg-4 mg-30 mg-30 mg* | $0 (Tier 3) | NT |
| *chlorpheniramine-phenylephrine-acetaminophen misc* | $0 (Tier 3) | NT |
| *chlorpheniramine-phenylephrine-acetaminophen tabs* | $0 (Tier 3) | NT |
| *chlorpheniramine-phenylephrine-asa tbef* | $0 (Tier 3) | NT |
| CLARINEX-D 12 HOUR TB12 | $0 (Tier 2) | MO |
| CONEX COLD/ALLERGY SOLN | $0 (Tier 3) | NT |
| CONEX COLD/ALLERGY TABS | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DAYCLEAR ALLERGY RELIEF TABS | $0 (Tier 3) | NT |
| DECONEX DMX TABS 10 MG-17.5 MG-400 MG | $0 (Tier 3) | NT |
| DECONEX IR TABS | $0 (Tier 3) | NT |
| *dexbrompheniramine-phenylephrine tabs* | $0 (Tier 3) | NT |
| *dextromethorphan-acetaminophen-chlorpheniramine tabs 2 mg-15 mg-500 mg, 2 mg-2 mg-15 mg-15 mg-500 mg-500 mg* | $0 (Tier 3) | NT |
| *dextromethorphan-doxylamine-acetaminophen caps* | $0 (Tier 3) | NT |
| *dextromethorphan-doxylamine-acetaminophen liqd* | $0 (Tier 3) | NT |
| *dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml, 200 mg/5ml-10 mg/5ml, 100 mg/5ml-5 mg/5ml, 20 mg/20ml-400 mg/20ml, 5 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml* | $0 (Tier 3) | MO; NT |
| *dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dextromethorphan-guaifenesin tabs 20 mg-20 mg-400 mg-400 mg, 400 mg-20 mg* | $0 (Tier 3) | NT |
| *dextromethorphan-guaifenesin tb12 30 mg-600 mg, 600 mg-30 mg, 1200 mg-60 mg, 60 mg-1200 mg* | $0 (Tier 3) | MO; NT |
| *dextromethorphan-phenylephrine-acetaminophen caps* | $0 (Tier 3) | NT |
| *dextromethorphan-phenylephrine-acetaminophen liqd* | $0 (Tier 3) | NT |
| *dextromethorphan-phenylephrine-acetaminophen pack* | $0 (Tier 3) | NT |
| *dextromethorphan-phenylephrine-acetaminophen tabs* | $0 (Tier 3) | NT |
| *diphenhydramine-phenylephrine liqd 2.5 mg/5ml-6.25 mg/5ml* | $0 (Tier 3) | NT |
| *diphenhydramine-phenylephrine-acetaminophen liqd 325 mg/10ml-5 mg/10ml-12.5 mg/10ml, 5 mg/10ml-12.5 mg/10ml-325 mg/10ml, 10 mg/30ml-25 mg/30ml-650 mg/30ml, 5 mg/15ml-12.5 mg/15ml-325 mg/15ml, 5 mg/15ml-5 mg/15ml-12.5 mg/15ml-12.5 mg/15ml-325 mg/15ml-325 mg/15ml-10 %* | $0 (Tier 3) | NT |
| *diphenhydramine-phenylephrine-acetaminophen pack 10 mg-25 mg-650 mg, 650 mg-10 mg-25 mg* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *diphenhydramine-phenylephrine-acetaminophen tabs 5 mg-12.5 mg-325 mg, 5 mg-325 mg-12.5 mg, 5 mg-5 mg-12.5 mg-12.5 mg-325 mg-325 mg* | $0 (Tier 3) | NT |
| *doxylamine-dm liqd 12.5 mg/30ml-30 mg/30ml, 15 mg/15ml-6.25 mg/15ml, 30 mg/30ml-12.5 mg/30ml, 6.25 mg/15ml-15 mg/15ml, 6.25 mg/15ml-15 mg/15ml-10 %-6.25 mg/15ml-15 mg/15ml* | $0 (Tier 3) | NT |
| *doxylamine-phenylephrine tabs* | $0 (Tier 3) | NT |
| DURAFLU TABS | $0 (Tier 3) | NT |
| ED A-HIST DM TABS | $0 (Tier 3) | NT |
| ED BRON GP LIQD | $0 (Tier 3) | NT |
| ED CHLORPED D LIQD | $0 (Tier 3) | NT |
| *fexofenadine-pseudoephedrine tb12 120 mg-60 mg, 60 mg-120 mg* | $0 (Tier 3) | MO; NT |
| GCON IR TABS | $0 (Tier 3) | NT |
| GLENTUSS LIQD | $0 (Tier 3) | NT |
| *guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *guaifenesin-codeine liqd 225 mg/5ml-7.5 mg/5ml* | $0 (Tier 3) | NT |
| *guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml* | $0 (Tier 3) | MO; NT |
| *guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml* | $0 (Tier 3) | MO; NT |
| HISTEX-AC SYRP | $0 (Tier 3) | NT |
| HISTEX-DM SYRP | $0 (Tier 3) | NT |
| *hydrocodone polistirex-chlorpheniramine polistirex suer* | $0 (Tier 3) | MO; NT |
| LODRANE D CAPS | $0 (Tier 3) | MO; NT |
| LOHIST-D LIQD | $0 (Tier 3) | MO; NT |
| LOHIST-DM SYRP | $0 (Tier 3) | MO; NT |
| *loratadine & pseudoephedrine tb12* | $0 (Tier 3) | MO; NT |
| *loratadine & pseudoephedrine tb24* | $0 (Tier 3) | MO; NT |
| LORTUSS DM LIQD | $0 (Tier 3) | NT |
| LORTUSS EX LIQD | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LORTUSS LQ LIQD | $0 (Tier 3) | NT |
| M-CLEAR WC SOLN | $0 (Tier 3) | NT |
| M-END DMX LIQD | $0 (Tier 3) | NT |
| M-END PE LIQD | $0 (Tier 3) | NT |
| MAR-COF BP LIQD | $0 (Tier 3) | MO; NT |
| MAR-COF CG EXPECTORANT LIQD (*guaifenesin-codeine*) | $0 (Tier 3) | NT |
| MAXI-TUSS CD LIQD | $0 (Tier 3) | NT |
| MAXI-TUSS DM LIQD | $0 (Tier 3) | NT |
| MAXI-TUSS PE MAX LIQD | $0 (Tier 3) | NT |
| MAXICHLOR PEH DM TABS | $0 (Tier 3) | NT |
| MAXIFED TABS | $0 (Tier 3) | NT |
| MUCINEX CHILDRENS STUFFYNOSE AND CHEST CONGESTION LIQD (*phenylephrine-guaifenesin*) | $0 (Tier 3) | NT |
| MUCINEX COUGH FOR KIDS PACK | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MUCINEX D MAXIMUM STRENGTH TB12 (*pseudoephedrine-guaifenesin*) | $0 (Tier 3) | MO; NT |
| MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS (*phenylephrine-dm-gg w/ apap*) | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX COLD/FLUMAXIMUM STRENGTH CAPS (*phenylephrine-dm-gg w/ apap*) | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC (*phenylephrine-diphenhydramine-dm-guaifenesin-apap*) | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK (*phenylephrine-doxylamine-dm-guaifenesin-apap*) | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY/NIGHT CPPK (*phenylephrine-doxylamine-dm-guaifenesin-apap*) | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY/NIGHT MAXIMUM STRENGTH MISC | $0 (Tier 3) | NT |
| MUCINEX FAST-MAX DAY/NITE M/S MISC | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MUCINEX FAST-MAX SEVERE CONGESTION & COUGH TABS 5 MG-10 MG-200 MG | $0 (Tier 3) | NT |
| MUCINEX MULTI-SYMPTOM COLD DAY/NIGHT PACK MISC | $0 (Tier 3) | NT |
| MUCINEX SINUS-MAX DAY/NIGHT CPPK (*phenylephrine-doxylamine-dm-guaifenesin-apap*) | $0 (Tier 3) | NT |
| MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS (*phenylephrine-dm-gg w/ apap*) | $0 (Tier 3) | NT |
| MUCINEX STUFFY NOSE & COLD CHILDRENS LIQD (*phenylephrine-guaifenesin*) | $0 (Tier 3) | NT |
| MULTI-SYMPTOM COLD DAYTIME/NIGHTTIME CHILDRENS MISC | $0 (Tier 3) | NT |
| NASOPEN PE LIQD | $0 (Tier 3) | NT |
| NIGHT TIME COLD/COUGH SYRP | $0 (Tier 3) | NT |
| NINJACOF LIQD | $0 (Tier 3) | NT |
| NINJACOF-A LIQD | $0 (Tier 3) | NT |
| NINJACOF-XG LIQD | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NIVANEX DMX TABS | $0 (Tier 3) | NT |
| NOREL AD TABS | $0 (Tier 3) | MO; NT |
| *phenylephrine w/ acetaminophen tabs 325 mg-5 mg, 5 mg-325 mg, 5 mg-5 mg-325 mg-325 mg* | $0 (Tier 3) | NT |
| *phenylephrine w/ dm-gg liqd 10 mg/15ml-18 mg/15ml-200 mg/15ml, 200 mg/5ml-5 mg/5ml-10 mg/5ml, 5 mg/5ml-10 mg/5ml-200 mg/5ml, 10 mg/10ml-20 mg/10ml-200 mg/10ml, 100 mg/5ml-5 mg/5ml-10 mg/5ml, 5 mg/5ml-10 mg/5ml-100 mg/5ml, 5 mg/5ml-5 mg/5ml-10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/20ml-20 mg/20ml-400 mg/20ml, 2.5 mg/5ml-5 mg/5ml-100 mg/5ml* | $0 (Tier 3) | NT |
| *phenylephrine w/ dm-gg syrp 100 mg/5ml-5 mg/5ml-10 mg/5ml, 5 mg/5ml-10 mg/5ml-100 mg/5ml* | $0 (Tier 3) | NT |
| *phenylephrine w/ dm-gg tabs 10 mg-17.5 mg-385 mg* | $0 (Tier 3) | NT |
| *phenylephrine-acetaminophen-guaifenesin liqd* | $0 (Tier 3) | NT |
| *phenylephrine-acetaminophen-guaifenesin tabs* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenylephrine-brompheniramine-dm liqd 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml-5 mg/5ml-5 mg/5ml, 1 mg/5ml-2.5 mg/5ml-5 mg/5ml, 2 mg/10ml-5 mg/10ml-10 mg/10ml, 5 mg/5ml-1 mg/5ml-2.5 mg/5ml* | $0 (Tier 3) | MO; NT |
| *phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml* | $0 (Tier 3) | MO; NT |
| *phenylephrine-chlorpheniramine-dm w/ apap misc 2 mg-5 mg-10 mg-325 mg* | $0 (Tier 3) | NT |
| *phenylephrine-chlorpheniramine-dm w/ apap susp 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml-5 mg/5ml-160 mg/5ml-160 mg/5ml-5 mg/5ml, 1 mg/5ml-2.5 mg/5ml-5 mg/5ml-160 mg/5ml, 160 mg/5ml-1 mg/5ml-2.5 mg/5ml-5 mg/5ml* | $0 (Tier 3) | NT |
| *phenylephrine-diphenhydramine-dm-guaifenesin-apap misc* | $0 (Tier 3) | NT |
| *phenylephrine-diphenhydramine-dm-guaifenesin-apap tbpk* | $0 (Tier 3) | NT |
| *phenylephrine-dm-gg w/ apap caps 5 mg-10 mg-200 mg-325 mg* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenylephrine-dm-gg w/ apap liqd 10 mg/30ml-20 mg/30ml-400 mg/30ml-650 mg/30ml, 5 mg/15ml-10 mg/15ml-200 mg/15ml-325 mg/15ml, 10 mg/20ml-20 mg/20ml-400 mg/20ml-650 mg/20ml, 325 mg/10ml-5 mg/10ml-10 mg/10ml-200 mg/10ml, 5 mg/10ml-10 mg/10ml-200 mg/10ml-325 mg/10ml* | $0 (Tier 3) | NT |
| *phenylephrine-dm-gg w/ apap tabs 325 mg-5 mg-10 mg-200 mg, 5 mg-10 mg-200 mg-325 mg, 5 mg-5 mg-10 mg-10 mg-200 mg-200 mg-325 mg-325 mg* | $0 (Tier 3) | NT |
| *phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd 10 mg/30ml-12.5 mg/30ml-20 mg/30ml-650 mg/30ml, 20 mg/30ml-10 mg/30ml-12.5 mg/30ml-650 mg/30ml, 5 mg/15ml-6.25 mg/15ml-10 mg/15ml-325 mg/15ml, 650 mg/30ml-10 mg/30ml-12.5 mg/30ml-20 mg/30ml* | $0 (Tier 3) | NT |
| *phenylephrine-doxylamine-dm-guaifenesin-apap cppk 5 mg-6.25 mg-10 mg-200 mg-325 mg* | $0 (Tier 3) | NT |
| *phenylephrine-guaifenesin liqd 100 mg/5ml-2.5 mg/5ml, 2.5 mg/5ml-100 mg/5ml* | $0 (Tier 3) | NT |
| *phenylephrine-guaifenesin tabs 10 mg-10 mg-400 mg-400 mg, 10 mg-400 mg-400 mg-10 mg* | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenylephrine-triprolidine-dextromethorphan syrp* | $0 (Tier 3) | NT |
| POLY HIST FORTE TABS 10 MG-10.5 MG | $0 (Tier 3) | NT |
| POLY-HIST DM LIQD | $0 (Tier 3) | NT |
| POLY-HIST PD LIQD | $0 (Tier 3) | NT |
| POLY-TUSSIN AC LIQD | $0 (Tier 3) | NT |
| POLY-VENT DM TABS | $0 (Tier 3) | MO; NT |
| POLY-VENT IR TABS | $0 (Tier 3) | NT |
| POLYTUSSIN DM LIQD | $0 (Tier 3) | NT |
| POLYTUSSIN DM SYRP | $0 (Tier 3) | NT |
| PRO-RED AC SYRP | $0 (Tier 3) | MO; NT |
| *promethazine & phenylephrine syrp* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *promethazine w/codeine soln* | $0 (Tier 3) | MO; NT |
| *promethazine w/codeine syrp* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *promethazine-dm syrp* | $0 (Tier 3) | MO; NT |
| *promethazine-phenylephrine-codeine syrp* | $0 (Tier 3) | MO; NT |
| *pseudoephed-bromphen-dm syrp* | $0 (Tier 3) | MO; NT |
| *pseudoephedrine-guaifenesin tb12 120 mg-1200 mg, 60 mg-600 mg, 600 mg-60 mg* | $0 (Tier 3) | MO; NT |
| *pseudoephedrine-ibuprofen tabs 200 mg-30 mg, 30 mg-200 mg* | $0 (Tier 3) | MO; NT |
| *pseudoephedrine-naproxen sodium tb12* | $0 (Tier 3) | NT |
| QC TRIACTING DAYTIME CHILDRENS SYRP | $0 (Tier 3) | MO; NT |
| RESCON TABS | $0 (Tier 3) | NT |
| ROBITUSSIN PEAK COLD DAY/NIGHT PACK MAXIMUM STRENGTH MISC | $0 (Tier 3) | NT |
| RONDEC-D LIQD | $0 (Tier 3) | NT |
| RU-HIST D TABS | $0 (Tier 3) | NT |
| RYDEX LIQD | $0 (Tier 3) | NT |
| RYMED TABS | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| STAHIST AD TABS | $0 (Tier 3) | MO; NT |
| THERAFLU FLU & SORE THROAT PACK | $0 (Tier 3) | NT |
| THERAFLU POWERPODS NIGHTTIME SEVERE COLD MISC | $0 (Tier 3) | NT |
| TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP | $0 (Tier 3) | MO; NT |
| TRIAMINIC NIGHT TIME COLD & COUGH SYRP | $0 (Tier 3) | NT |
| *triprolidine & pseudoephedrine tabs* | $0 (Tier 3) | MO; NT |
| TUSNEL C SYRP | $0 (Tier 3) | NT |
| TUSNEL LIQD | $0 (Tier 3) | NT |
| TUSNEL PEDIATRIC LIQD 5 MG/5ML-15 MG/5ML-50 MG/5ML | $0 (Tier 3) | NT |
| TUSNEL PEDIATRIC LIQD 7.5 MG/ML-50 MG/ML | $0 (Tier 3) | NT |
| TUSNEL TABS | $0 (Tier 3) | NT |
| TUSNEL-DM PEDIATRIC LIQD 2.5 MG/ML-7.5 MG/ML-25 MG/ML | $0 (Tier 3) | NT |
| TUSSICAPS CP12 | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| VANACOF LIQD | $0 (Tier 3) | NT |
| VANATAB DM TABS | $0 (Tier 3) | NT |
| VIRTUSSIN DAC SOLN | $0 (Tier 3) | MO; NT |
| WAL-FLU SEVERE COLD NIGHT TIME PACK | $0 (Tier 3) | NT |
| WESTUSSIN DM SYRP | $0 (Tier 3) | NT |
| Z-TUSS AC LIQD | $0 (Tier 3) | NT |
| **Expectorants** | | |
| *guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml* | $0 (Tier 3) | MO; NT |
| *guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml* | $0 (Tier 3) | MO; NT |
| *guaifenesin syrp 100 mg/5ml* | $0 (Tier 3) | MO; NT |
| *guaifenesin tabs 200 mg* | $0 (Tier 3) | NT |
| *guaifenesin tabs 400 mg* | $0 (Tier 3) | MO; NT |
| *guaifenesin tb12 600 mg, 1200 mg* | $0 (Tier 3) | MO; NT |
| MUCINEX FOR KIDS PACK | $0 (Tier 3) | MO; NT |
| **Misc. Respiratory Inhalants** | | |
| *sodium chloride (inhalant) aers* | $0 (Tier 3) | NT |
| **Mucolytics** | | |
| *acetylcysteine soln* | $0 (Tier 1) | B/D; MO |
| **DERMATOLOGICALS - Drugs to Treat Skin Conditions** | | |
| **Acne Products** | | |
| ACNE MEDICATION 10 LOTN | $0 (Tier 3) | NT |
| ACNE MEDICATION 5 LOTN | $0 (Tier 3) | NT |
| *adapalene crea 0.1 %* | $0 (Tier 1) | MO |
| *adapalene gel 0.1 %* | $0 (Tier 1) | RX/OTC; MO |
| *adapalene gel 0.1 %* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| BENZOYL PEROXIDE CLEANSER LIQD | $0 (Tier 3) | MO; NT |
| *benzoyl peroxide foam 5.3 %* | $0 (Tier 3) | RX/OTC; MO; NT |
| *benzoyl peroxide gel 2.5 %, 5 %, 10 %* | $0 (Tier 3) | MO; NT |
| *benzoyl peroxide liqd 10 %* | $0 (Tier 3) | MO; NT |
| *benzoyl peroxide liqd 4 %* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *benzoyl peroxide liqd 5 %* | $0 (Tier 3) | RX/OTC; MO; NT |
| *benzoyl peroxide misc 6 %* | $0 (Tier 3) | RX/OTC; MO; NT |
| *benzoyl peroxide-erythromycin gel* | $0 (Tier 1) | MO |
| *clindamycin phosphate (topical) foam* | $0 (Tier 1) | MO |
| *clindamycin phosphate (topical) gel* | $0 (Tier 1) | MO |
| *clindamycin phosphate (topical) lotn* | $0 (Tier 1) | MO |
| *clindamycin phosphate (topical) soln* | $0 (Tier 1) | QL(2 ml daily); MO |
| *clindamycin phosphate (topical) swab* | $0 (Tier 1) | MO |
| *clindamycin phosphate-benzoyl peroxide (refrigerate) gel* | $0 (Tier 1) | MO |
| *clindamycin phosphate-benzoyl peroxide gel 1 %-5 %* | $0 (Tier 1) | MO |
| DIFFERIN GEL 0.1 % (*adapalene*) | $0 (Tier 3) | RX/OTC; MO; NT |
| *erythromycin (acne aid) soln* | $0 (Tier 1) | MO |
| *isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *sulfacetamide sodium (acne) lotn* | $0 (Tier 1) | MO |
| *tretinoin crea 0.05 %, 0.1 %, 0.025 %* | $0 (Tier 1) | QL(1.5 gm daily); MO |
| *tretinoin gel 0.01 %, 0.025 %* | $0 (Tier 1) | QL(1.5 gm daily); MO |
| *tretinoin microsphere gel* | $0 (Tier 1) | QL(1.67 gm daily); MO |
| **Anti-inflammatory Agents - Topical** | | |
| *diclofenac epolamine ptch* | $0 (Tier 1) | PA; MO |
| *diclofenac sodium (topical) gel 1 %* | $0 (Tier 1) | SL(33.34 gm daily); RX/OTC; MO |
| FLECTOR PTCH (*diclofenac epolamine*) | $0 (Tier 2) | PA; MO |
| PENNSAID SOLN | $0 (Tier 2^) | PA; QL(8 gm daily); MO |
| **Antibiotics - Topical** | | |
| *bacitracin (topical) oint* | $0 (Tier 3) | MO; NT |
| *bacitracin zinc oint* | $0 (Tier 3) | MO; NT |
| *bacitracin-polymyxin b oint* | $0 (Tier 3) | MO; NT |
| *gentamicin sulfate (topical) crea* | $0 (Tier 1) | MO |
| *mupirocin oint* | $0 (Tier 1) | QL(0.74 gm daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *neomycin-bacitracin-polymyxin oint* | $0 (Tier 3) | MO; NT |
| *neomycin-bacitracin-polymyxin-pramoxine oint* | $0 (Tier 3) | MO; NT |
| *neomycin-polymyxin w/ pramoxine crea* | $0 (Tier 3) | MO; NT |
| **Antifungals - Topical** | | |
| ALEVAZOL OINT | $0 (Tier 3) | NT |
| ALOE VESTA ANTIFUNGAL OINT (*miconazole nitrate (topical)*) | $0 (Tier 3) | MO; NT |
| ALOE VESTA CLEAR ANTIFUNGAL OINT (*miconazole nitrate (topical)*) | $0 (Tier 3) | MO; NT |
| AZOLEN TINCTURE SOLN | $0 (Tier 3) | MO; NT |
| *butenafine hcl crea* | $0 (Tier 3) | RX/OTC; MO; NT |
| *castellani paint liqd* | $0 (Tier 3) | MO; NT |
| *ciclopirox gel 0.77 %* | $0 (Tier 1) | MO |
| *ciclopirox olamine crea* | $0 (Tier 1) | MO |
| *ciclopirox olamine susp* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ciclopirox sham 1 %* | $0 (Tier 1) | MO |
| *ciclopirox soln 8 %* | $0 (Tier 1) | MO |
| *clotrimazole (topical) crea* | $0 (Tier 1) | RX/OTC; MO |
| *clotrimazole (topical) crea* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *clotrimazole (topical) soln* | $0 (Tier 1) | RX/OTC; MO |
| *clotrimazole (topical) soln* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *clotrimazole w/ betamethasone crea* | $0 (Tier 1) | QL(3 gm daily); MO |
| *clotrimazole w/ betamethasone lotn* | $0 (Tier 1) | MO |
| *econazole nitrate crea* | $0 (Tier 1) | QL(3 gm daily); MO |
| FUNGOID TINCTURE SOLN | $0 (Tier 3) | MO; NT |
| *ketoconazole (topical) crea 2 %* | $0 (Tier 1) | QL(2 gm daily); MO |
| *ketoconazole (topical) foam 2 %* | $0 (Tier 1) | QL(3.34 gm daily); MO |
| *ketoconazole (topical) sham 2 %* | $0 (Tier 1) | QL(4 ml daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *miconazole nitrate (topical) aerp* | $0 (Tier 3) | NT |
| *miconazole nitrate (topical) crea* | $0 (Tier 3) | MO; NT |
| *miconazole nitrate (topical) oint* | $0 (Tier 3) | MO; NT |
| *miconazole nitrate (topical) powd* | $0 (Tier 3) | MO; NT |
| *naftifine hcl crea 2 %* | $0 (Tier 1) | MO |
| *naftifine hcl gel 1 %* | $0 (Tier 1) | MO |
| NAFTIN GEL 1 % (*naftifine hcl*) | $0 (Tier 2) | MO |
| NAFTIN GEL 2 % | $0 (Tier 2) | MO |
| *nystatin (topical) crea* | $0 (Tier 1) | QL(2 gm daily); MO |
| *nystatin (topical) oint* | $0 (Tier 1) | QL(2 gm daily); MO |
| *nystatin (topical) powd* | $0 (Tier 1) | QL(2 gm daily); MO |
| *nystatin-triamcinolone crea* | $0 (Tier 1) | MO |
| *nystatin-triamcinolone oint* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *terbinafine hcl (topical) crea* | $0 (Tier 3) | MO; NT |
| *tolnaftate aero* | $0 (Tier 3) | NT |
| *tolnaftate aerp* | $0 (Tier 3) | MO; NT |
| *tolnaftate crea* | $0 (Tier 3) | MO; NT |
| *tolnaftate powd* | $0 (Tier 3) | MO; NT |
| **Antihistamines-Topical** | | |
| *diphenhydramine-zinc acetate crea 0.1 %-0.1 %-2 %-2 %* | $0 (Tier 3) | MO; NT |
| *diphenhydramine-zinc acetate liqd 0.1 %-2 %* | $0 (Tier 3) | NT |
| **Antineoplastic or Premalignant Lesion Agents -** | | |
| CARAC CREA (*fluorouracil (topical)*) | $0 (Tier 2^) | MO |
| *diclofenac sodium (actinic keratoses) gel* | $0 (Tier 1) | PA; QL(3.34 gm daily); MO |
| *fluorouracil (topical) crea 0.5 %* | $0 (Tier 1^) | MO |
| *fluorouracil (topical) crea 5 %* | $0 (Tier 1) | MO |
| *fluorouracil (topical) soln 2 %, 5 %* | $0 (Tier 1) | MO |
| PANRETIN GEL | $0 (Tier 2^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PICATO GEL | $0 (Tier 2^) | |
| TARGRETIN GEL EX 1 % | $0 (Tier 2^) | PA; QL(2 gm daily) |
| VALCHLOR GEL | $0 (Tier 2^) | PA; MO |
| **Antipruritics - Topical** | | |
| *doxepin hcl (antipruritic) crea* | $0 (Tier 1) | PA; QL(1.5 gm daily); MO |
| PRUDOXIN CREA (*doxepin hcl (antipruritic)*) | $0 (Tier 2) | PA; QL(1.5 gm daily); MO |
| ZONALON CREA (*doxepin hcl (antipruritic)*) | $0 (Tier 2) | PA; QL(1.5 gm daily); MO |
| **Antipsoriatics** | | |
| *acitretin caps 10 mg, 25 mg* | $0 (Tier 1) | MO |
| *acitretin caps 17.5 mg* | $0 (Tier 1^) | MO |
| *calcipotriene crea* | $0 (Tier 1) | QL(4 gm daily); MO |
| *calcipotriene oint* | $0 (Tier 1) | QL(4 gm daily); MO |
| *calcipotriene soln* | $0 (Tier 1) | QL(4 ml daily); MO |
| *methoxsalen rapid caps* | $0 (Tier 1^) | MO |
| SKYRIZI PSKT 75 MG/0.83ML | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| STELARA SOLN | $0 (Tier 2^) | PA |
| STELARA SOSY | $0 (Tier 2^) | PA |
| TALTZ SOAJ | $0 (Tier 2^) | PA |
| TALTZ SOSY | $0 (Tier 2^) | PA |
| *tazarotene crea* | $0 (Tier 1) | MO |
| TAZORAC CREA 0.05 % | $0 (Tier 2) | MO |
| TAZORAC GEL 0.05 %, 0.1 % | $0 (Tier 2) | MO |
| **Antiseborrheic Products** | | |
| SEBEX SHAM | $0 (Tier 3) | NT |
| SEBULEX SHAM | $0 (Tier 3) | NT |
| *selenium sulfide lotn 1 %* | $0 (Tier 3) | MO; NT |
| *selenium sulfide lotn 2.5 %* | $0 (Tier 1) | MO |
| *selenium sulfide sham 1 %* | $0 (Tier 3) | MO; NT |
| **Antivirals - Topical** | | |
| *acyclovir topical crea* | $0 (Tier 1^) | QL(1 gm daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *acyclovir topical oint* | $0 (Tier 1) | MO |
| DENAVIR CREA | $0 (Tier 2^) | MO |
| **Burn Products** | | |
| *silver sulfadiazine crea* | $0 (Tier 1) | MO |
| SULFAMYLON CREA 85 MG/GM | $0 (Tier 2) | MO |
| **Corticosteroids - Topical** | | |
| *alclometasone dipropionate crea* | $0 (Tier 1) | MO |
| *alclometasone dipropionate oint* | $0 (Tier 1) | MO |
| *amcinonide crea* | $0 (Tier 1) | MO |
| *betamethasone dipropionate (topical) crea* | $0 (Tier 1) | MO |
| *betamethasone dipropionate (topical) lotn* | $0 (Tier 1) | MO |
| *betamethasone dipropionate (topical) oint* | $0 (Tier 1) | MO |
| *betamethasone dipropionate augmented crea* | $0 (Tier 1) | MO |
| *betamethasone dipropionate augmented gel* | $0 (Tier 1) | MO |
| *betamethasone dipropionate augmented lotn* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *betamethasone dipropionate augmented oint* | $0 (Tier 1) | MO |
| *betamethasone valerate crea* | $0 (Tier 1) | MO |
| *betamethasone valerate foam* | $0 (Tier 1) | MO |
| *betamethasone valerate lotn* | $0 (Tier 1) | MO |
| *betamethasone valerate oint* | $0 (Tier 1) | MO |
| *clobetasol propionate crea* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate emollient base crea* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate emulsion foam* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate foam* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate gel* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate lotn* | $0 (Tier 1) | SL(7.15 ml daily); MO |
| *clobetasol propionate oint* | $0 (Tier 1) | SL(7.15 gm daily); MO |
| *clobetasol propionate sham* | $0 (Tier 1) | SL(7.15 ml daily); MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *clobetasol propionate soln* | $0 (Tier 1) | SL(7.15 ml daily); MO |
| *desonide crea* | $0 (Tier 1) | QL(2 gm daily); MO |
| *desonide lotn* | $0 (Tier 1) | QL(3.94 ml daily); MO |
| *desonide oint* | $0 (Tier 1) | QL(2 gm daily); MO |
| *desoximetasone crea 0.25 %* | $0 (Tier 1) | QL(3.34 gm daily); MO |
| *desoximetasone gel 0.05 %* | $0 (Tier 1) | MO |
| *desoximetasone oint 0.25 %* | $0 (Tier 1) | MO |
| *diflorasone diacetate oint* | $0 (Tier 1) | QL(2 gm daily); MO |
| *fluocinolone acetonide crea* | $0 (Tier 1) | MO |
| *fluocinolone acetonide oil* | $0 (Tier 1) | MO |
| *fluocinolone acetonide oint* | $0 (Tier 1) | MO |
| *fluocinolone acetonide soln* | $0 (Tier 1) | MO |
| *fluocinonide crea 0.05 %* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *fluocinonide emulsified base crea* | $0 (Tier 1) | MO |
| *fluocinonide gel 0.05 %* | $0 (Tier 1) | MO |
| *fluocinonide oint 0.05 %* | $0 (Tier 1) | MO |
| *fluocinonide soln 0.05 %* | $0 (Tier 1) | MO |
| *fluticasone propionate crea* | $0 (Tier 1) | MO |
| *fluticasone propionate lotn* | $0 (Tier 1) | MO |
| *fluticasone propionate oint* | $0 (Tier 1) | MO |
| *halobetasol propionate crea* | $0 (Tier 1) | QL(1.67 gm daily); MO |
| *halobetasol propionate oint* | $0 (Tier 1) | MO |
| *hydrocortisone (topical) crea 0.5 %* | $0 (Tier 3) | MO; NT |
| *hydrocortisone (topical) crea 1 %* | $0 (Tier 1) | RX/OTC; MO |
| *hydrocortisone (topical) crea 1 %* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *hydrocortisone (topical) crea 2.5 %* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydrocortisone (topical) lotn 2.5 %* | $0 (Tier 1) | MO |
| *hydrocortisone (topical) oint 0.5 %* | $0 (Tier 3) | NT |
| *hydrocortisone (topical) oint 1 %* | $0 (Tier 1) | RX/OTC; MO |
| *hydrocortisone (topical) oint 1 %* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *hydrocortisone (topical) oint 2.5 %* | $0 (Tier 1) | MO |
| *hydrocortisone (topical) soln 1 %* | $0 (Tier 3) | NT |
| *hydrocortisone butyrate crea* | $0 (Tier 1) | QL(1.5 gm daily); MO |
| *hydrocortisone butyrate hydrophilic lipo base crea* | $0 (Tier 1) | QL(1.5 gm daily); MO |
| *hydrocortisone butyrate oint* | $0 (Tier 1) | QL(1.5 gm daily); MO |
| *hydrocortisone butyrate soln* | $0 (Tier 1) | QL(2 ml daily); MO |
| HYDROCORTISONE OINT EX 1 % | $0 (Tier 3) | NT |
| *hydrocortisone valerate crea* | $0 (Tier 1) | MO |
| *hydrocortisone valerate oint* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydrocortisone-aloe vera crea* | $0 (Tier 3) | NT |
| *mometasone furoate crea* | $0 (Tier 1) | MO |
| *mometasone furoate oint* | $0 (Tier 1) | MO |
| *mometasone furoate soln* | $0 (Tier 1) | MO |
| *triamcinolone acetonide (topical) aers 0.147 mg/gm* | $0 (Tier 1) | MO |
| *triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %* | $0 (Tier 1) | MO |
| *triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %* | $0 (Tier 1) | MO |
| *triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %* | $0 (Tier 1) | MO |
| **Emollients** | | |
| AMLACTIN ULTRA CREA | $0 (Tier 3) | MO; NT |
| AQUA GLYCOLIC FACE CREAM CREA | $0 (Tier 3) | MO; NT |
| AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA | $0 (Tier 3) | MO; NT |
| AVEENO INTENSE RELIEF HAND CREA | $0 (Tier 3) | MO; NT |
| AVEENO POSITIVELY RADIANTINTENSIVE NIGHT CREA | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI CREA | $0 (Tier 3) | MO; NT |
| AVEENO RESTORATIVE SKIN THERAPY OAT REPAIRING CREA | $0 (Tier 3) | MO; NT |
| BASLE CREA | $0 (Tier 3) | MO; NT |
| BETA CARE CREA | $0 (Tier 3) | MO; NT |
| BETA XMA CREA | $0 (Tier 3) | MO; NT |
| CERAVE CREA | $0 (Tier 3) | MO; NT |
| CERAVE MOISTURIZING CREA | $0 (Tier 3) | MO; NT |
| CERAVE RENEWING SA CREA | $0 (Tier 3) | MO; NT |
| CERAVE SA/ROUGH AND BUMPYSKIN CREA | $0 (Tier 3) | MO; NT |
| CETAPHIL MOISTURIZING CREA (*emollient*) | $0 (Tier 3) | MO; NT |
| CETAPHIL THERAPEUTIC HAND CREA | $0 (Tier 3) | MO; NT |
| CICAPLAST BAUME B5 SOOTHING MULTI-PURPOSE BALM CREA | $0 (Tier 3) | MO; NT |
| COCONUT OIL BEAUTY CREA | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CVS DRY SKIN THERAPY CREA | $0 (Tier 3) | MO; NT |
| CVS MOISTURIZING CREAM CREA | $0 (Tier 3) | MO; NT |
| DERMABASEOIL IN WATER CREA | $0 (Tier 3) | MO; NT |
| DERMAIDE ALOE CREA | $0 (Tier 3) | MO; NT |
| DERMEND ALPHA + BETA HYDROXY THERAPY CREA | $0 (Tier 3) | MO; NT |
| DERMEND FRAGILE SKIN MOISTURIZING FORMULA CREA | $0 (Tier 3) | MO; NT |
| DERMEND MOISTURIZING BRUISE FORMULA CREA | $0 (Tier 3) | MO; NT |
| DIABETIDERM CREA | $0 (Tier 3) | MO; NT |
| DIABETIDERM FOOT REJUVENATING CREA | $0 (Tier 3) | MO; NT |
| DMAE CREA | $0 (Tier 3) | MO; NT |
| DML FORTE CREA | $0 (Tier 3) | MO; NT |
| ELON SKIN REPAIR SYSTEM CREA | $0 (Tier 3) | MO; NT |
| EMOLLIA-CREME CREA | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *emollient crea* | $0 (Tier 3) | MO; NT |
| *emollient oint 0.16 gm/30gm-100 unit/30gm-300 mg/30gm, 41 %, 42 %* | $0 (Tier 3) | MO; NT |
| EQ THERAPEUTIC DRY SKIN CREA | $0 (Tier 3) | MO; NT |
| EQ THERAPEUTIC MOISTURIZING CREAM CREA | $0 (Tier 3) | MO; NT |
| EQL MOISTURIZING CREAM CREA | $0 (Tier 3) | MO; NT |
| EUCERIN ADVANCED REPAIR CREA | $0 (Tier 3) | MO; NT |
| EUCERIN CALMING DAILY MOISTURIZER CREA (*emollient*) | $0 (Tier 3) | MO; NT |
| EUCERIN INTENSIVE REPAIRHAND CREA | $0 (Tier 3) | MO; NT |
| EUCERIN PLUS CREA 10 %-2.5 % | $0 (Tier 3) | MO; NT |
| EUCERIN ROUGHNESS RELIEF CREA | $0 (Tier 3) | MO; NT |
| EUCERIN SKIN CALMING DAILY MOISTURIZING CREA (*emollient*) | $0 (Tier 3) | MO; NT |
| GENTLE CREA | $0 (Tier 3) | MO; NT |
| GOLD BOND ULTIMATE HEALING CREA | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GOLD BOND ULTIMATE ROUGH& BUMPY SKIN CREA | $0 (Tier 3) | MO; NT |
| GOLD BOND ULTIMATE SOOTHING CREA | $0 (Tier 3) | MO; NT |
| HYDRASYN25 CREA | $0 (Tier 3) | MO; NT |
| J & J BURN CREAM CREA | $0 (Tier 3) | MO; NT |
| KERADAN CREA | $0 (Tier 3) | MO; NT |
| KERI LONG LASTING CREA | $0 (Tier 3) | MO; NT |
| *lactic acid (ammonium lactate) crea 12 %* | $0 (Tier 1) | RX/OTC; MO |
| *lactic acid (ammonium lactate) crea 12 %* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *lactic acid (ammonium lactate) lotn 12 %* | $0 (Tier 1) | RX/OTC; MO |
| *lactic acid (ammonium lactate) lotn 12 %* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| LACTINOL HX CREA | $0 (Tier 3) | MO; NT |
| LADY ESTHER 4 PURPOSE FACE CREAM CREA | $0 (Tier 3) | MO; NT |
| LEADER FINGER CREAM CREA | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MEDERMA AG FACE CREAM CREA | $0 (Tier 3) | MO; NT |
| MEDERMA STRETCH MARKS THERAPY CREA | $0 (Tier 3) | MO; NT |
| MOISTURIZING CREAM CREA | $0 (Tier 3) | MO; NT |
| MOTHERS FRIEND CREA | $0 (Tier 3) | MO; NT |
| NEUTROGENA HAND CREA | $0 (Tier 3) | MO; NT |
| NEUTROGENA HEALTHY SKIN CREA | $0 (Tier 3) | MO; NT |
| NISEKO HYDRATING FACIAL MOISTURIZER CREA | $0 (Tier 3) | MO; NT |
| NIVEA CREA | $0 (Tier 3) | MO; NT |
| NIVEA LIGHT CREA | $0 (Tier 3) | MO; NT |
| NIVEA SOFT CREA | $0 (Tier 3) | MO; NT |
| NIVEA VISAGE CREA | $0 (Tier 3) | MO; NT |
| NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA | $0 (Tier 3) | MO; NT |
| NUTRADERM CREA 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %-2.5 % | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| OKEEFFES WORKING HANDS CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCOA BUTTER FORMULA CONCENTRATED CREAM CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCOA BUTTER FORMULA CREAM CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCOA BUTTER FORMULA INTENSIVE RELIEF HAND CREAM CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCOA BUTTER FORMULA MASSAGE CREAM/STRETCH MARKS CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCOA BUTTER FORMULA NIGHT CREAM MOISTURE RICH CREA | $0 (Tier 3) | MO; NT |
| PALMERS COCONUT OIL FORMULA HAND CREAM CREA | $0 (Tier 3) | MO; NT |
| PEN-KERA CREA | $0 (Tier 3) | MO; NT |
| PENTRAVAN CREA | $0 (Tier 3) | MO; NT |
| PENTRAVAN PLUS CREA | $0 (Tier 3) | MO; NT |
| PETROLATUM OINT | $0 (Tier 3) | NT |
| PRETTY FEET & HANDS CREA | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| RESTA CREA | $0 (Tier 3) | MO; NT |
| RISABAL-PH CREA | $0 (Tier 3) | MO; NT |
| ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA | $0 (Tier 3) | MO; NT |
| ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA | $0 (Tier 3) | MO; NT |
| ROC RETINOL CORREXION CREA | $0 (Tier 3) | MO; NT |
| ROC RETINOL CORREXION MAX CREA | $0 (Tier 3) | MO; NT |
| ROC RETINOL CORREXION NIGHT CREA | $0 (Tier 3) | MO; NT |
| ROC RETINOL CORREXION SENSITIVE EYE CREA | $0 (Tier 3) | MO; NT |
| ROC RETINOL CORREXION SENSITIVE NIGHT CREA | $0 (Tier 3) | MO; NT |
| SOOTHE & COOL SKIN CREAMWITH ALOE & VITAMINS A, D & E CREA | $0 (Tier 3) | MO; NT |
| SORBOLENE CREA | $0 (Tier 3) | MO; NT |
| SPECIAL CARE CREAM CREA | $0 (Tier 3) | MO; NT |
| STUDIO 35 MOISTURIZING SKIN CREA | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| THERAPEUTIC MOISTURIZING CREA | $0 (Tier 3) | MO; NT |
| UDDERLY SMOOTH CREA | $0 (Tier 3) | MO; NT |
| UDDERLY SMOOTH EXTRA CARE CREA | $0 (Tier 3) | MO; NT |
| UDDERLY SMOOTH EXTRA CARE20 CREA | $0 (Tier 3) | MO; NT |
| VANICREAM CREA | $0 (Tier 3) | MO; NT |
| VELVACHOL CREA | $0 (Tier 3) | MO; NT |
| VITAMIN E WITH PANTHENOL CREA | $0 (Tier 3) | MO; NT |
| **Enzymes - Topical** | | |
| SANTYL OINT | $0 (Tier 2) | MO |
| **Immunomodulating Agents - Topical** | | |
| *imiquimod crea 3.75 %* | $0 (Tier 1^) | MO |
| *imiquimod crea 5 %* | $0 (Tier 1) | MO |
| ZYCLARA CREA (*imiquimod*) | $0 (Tier 2^) | MO |
| ZYCLARA PUMP CREA 2.5 % | $0 (Tier 2^) | MO |
| ZYCLARA PUMP CREA 3.75 % (*imiquimod*) | $0 (Tier 2^) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Immunosuppressive Agents - Topical** | | |
| *pimecrolimus crea* | $0 (Tier 1) | PA; QL(3.34 gm daily); MO |
| *tacrolimus (topical) oint* | $0 (Tier 1) | PA; MO |
| **Keratolytic/Antimitotic Agents** | | |
| BETASAL SHAM | $0 (Tier 3) | NT |
| CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM | $0 (Tier 3) | NT |
| CVS THERAPEUTIC DANDRUFFMAXIMUM STRENGTH SHAM | $0 (Tier 3) | NT |
| DENOREX EXTRA STRENGTH 2-IN-1 SHAM | $0 (Tier 3) | NT |
| DENOREX EXTRA STRENGTH MEDICATED SHAM | $0 (Tier 3) | NT |
| DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM | $0 (Tier 3) | NT |
| NEUTROGENA T/SAL SHAM | $0 (Tier 3) | NT |
| *podofilox soln* | $0 (Tier 1) | MO |
| *salicylic acid gel ex 17 %* | $0 (Tier 3) | MO; NT |
| *salicylic acid liqd ex 3 %, 17 %* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *salicylic acid pads ex 40 %* | $0 (Tier 3) | MO; NT |
| *salicylic acid strp ex 40 %* | $0 (Tier 3) | NT |
| SELSUN BLUE DEEP CLEANSING SHAM | $0 (Tier 3) | NT |
| SELSUN BLUE NATURALS DRYSCALP SHAM | $0 (Tier 3) | NT |
| THERAPEUTIC DANDRUFF SHAM | $0 (Tier 3) | NT |
| THERAPEUTIC T+PLUS MAXIMUM STRENGTH SHAM | $0 (Tier 3) | NT |
| **Liniments** | | |
| ZIKS ARTHRITIS PAIN RELIEF CREA | $0 (Tier 3) | NT |
| **Local Anesthetics - Topical** | | |
| ARTHRITIS PAIN RELIEVING CREA | $0 (Tier 3) | NT |
| *capsaicin crea 0.025 %* | $0 (Tier 3) | MO; NT |
| *capsaicin crea 0.075 %* | $0 (Tier 3) | NT |
| CAPZASIN LIQD | $0 (Tier 3) | NT |
| CVS CAPSAICIN LIQD | $0 (Tier 3) | NT |
| GNP CAPSAICIN LIQD | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF LIQD | $0 (Tier 3) | NT |
| *lidocaine crea ex 4 %* | $0 (Tier 3) | MO; NT |
| *lidocaine hcl gel ex 2 %* | $0 (Tier 1) | QL(4 ml daily); MO |
| *lidocaine hcl prsy ex 2 %* | $0 (Tier 1) | MO |
| *lidocaine hcl soln ex 4 %* | $0 (Tier 1) | QL(6.67 ml daily); MO |
| *lidocaine oint ex 5 %* | $0 (Tier 1) | QL(3 gm daily); MO |
| *lidocaine ptch ex 5 %* | $0 (Tier 1) | PA; SL(3 ea daily); MO |
| *lidocaine-prilocaine crea* | $0 (Tier 1) | QL(1 gm daily); MO |
| QC PAIN RELIEF LIQUID CAPSAICIN LIQD | $0 (Tier 3) | NT |
| **Misc. Topical** | | |
| 4-N-1 CREA | $0 (Tier 3) | NT |
| A+D FIRST AID OINT | $0 (Tier 3) | MO; NT |
| ABSORBASE OINT | $0 (Tier 3) | MO; NT |
| ALOE VESTA PROTECTIVE OINT | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *aluminum hydroxide oint ex* | $0 (Tier 3) | NT |
| AMERIDERM PERISHIELD OINT | $0 (Tier 3) | MO; NT |
| AQUAPHOR LIP REPAIR OINT | $0 (Tier 3) | MO; NT |
| *benzoin compound tinc* | $0 (Tier 3) | RX/OTC; NT |
| BENZOIN TINCTURE PLAIN TINC | $0 (Tier 3) | RX/OTC; MO; NT |
| BENZOIN TINCTURE TINC | $0 (Tier 3) | RX/OTC; MO; NT |
| BULL FROG MOSQUITO COASTSUNSCREEN/INSECT REPELLLENT LIQD | $0 (Tier 3) | NT |
| CARMEX CLASSIC LIP BALM OINT | $0 (Tier 3) | MO; NT |
| CERAVE OINT | $0 (Tier 3) | MO; NT |
| CHAPSTICK OVERNIGHT OINT | $0 (Tier 3) | MO; NT |
| CHAPSTICK ULTRASMOOTH FORTIFY OINT | $0 (Tier 3) | MO; NT |
| CHAPSTICK ULTRASMOOTH NOURISH OINT | $0 (Tier 3) | MO; NT |
| CHAPSTICK ULTRASMOOTH REJUVENATE OINT | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CHAPSTICK ULTRASMOOTH SOOTHE OINT | $0 (Tier 3) | MO; NT |
| COLEMAN 100 MAX INSECT REPELLENT LIQD | $0 (Tier 3) | NT |
| COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO | $0 (Tier 3) | NT |
| COLEMAN BOTANICALS INSECTREPELLENT LIQD | $0 (Tier 3) | NT |
| COLEMAN INSECT REPELLENT/HIGH & DRY AERO | $0 (Tier 3) | NT |
| COLEMAN INSECT REPELLENT/SPORTSMEN AERO | $0 (Tier 3) | NT |
| COLEMAN SKINSMART INSECTREPELLENT AERO | $0 (Tier 3) | NT |
| COLEMAN SKINSMART INSECTREPELLENT LIQD | $0 (Tier 3) | NT |
| COLEMAN SKINSMART INSECTREPELLENT/GO READY SPRAY PEN LIQD | $0 (Tier 3) | NT |
| COOL BOTTOMS CREA | $0 (Tier 3) | NT |
| CUTTER AERO | $0 (Tier 3) | NT |
| CUTTER ALL FAMILY AERO | $0 (Tier 3) | NT |
| CUTTER ALL FAMILY LIQD | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CUTTER ALL FAMILY MOSQUITO WIPES SHEE | $0 (Tier 3) | NT |
| CUTTER BACKWOODS AERO | $0 (Tier 3) | NT |
| CUTTER BACKWOODS DRY AERO | $0 (Tier 3) | NT |
| CUTTER BACKWOODS LIQD | $0 (Tier 3) | NT |
| CUTTER DRY AERO | $0 (Tier 3) | NT |
| CUTTER LEMON EUCALYPTUS LIQD | $0 (Tier 3) | NT |
| CUTTER NATURAL AERO | $0 (Tier 3) | NT |
| CUTTER NATURAL LIQD | $0 (Tier 3) | NT |
| CUTTER SKINSATIONS AERO | $0 (Tier 3) | NT |
| CUTTER SKINSATIONS LIQD | $0 (Tier 3) | NT |
| CUTTER SPORT AERO | $0 (Tier 3) | NT |
| CVS INSECT REPELLENT AERO | $0 (Tier 3) | NT |
| CVS TOTAL HOME INSECT REPELLENT AERO | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DERMACINRX SKIN REPAIR CREA | $0 (Tier 3) | NT |
| DERMADROX OINT | $0 (Tier 3) | MO; NT |
| EAGLE WATCH MOSQUITO ELIMINATOR LIQD | $0 (Tier 3) | NT |
| GERI PROTECT OINT | $0 (Tier 3) | MO; NT |
| LANTISEPTIC SKIN PROTECTANT OINT | $0 (Tier 3) | MO; NT |
| MAXI DEET LIQD | $0 (Tier 3) | NT |
| MOISTURE GUARD CREA | $0 (Tier 3) | NT |
| NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO | $0 (Tier 3) | NT |
| NATRAPEL LIQD | $0 (Tier 3) | NT |
| NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY OINT | $0 (Tier 3) | MO; NT |
| NEUTRAPHOR CREA | $0 (Tier 3) | NT |
| NEUTRAPHORUS REX CREA | $0 (Tier 3) | NT |
| OFF ACTIVE AERO | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| OFF DEEP WOODS AERO | $0 (Tier 3) | NT |
| OFF DEEP WOODS DRY AERO | $0 (Tier 3) | NT |
| OFF DEEP WOODS LIQD | $0 (Tier 3) | NT |
| OFF DEEP WOODS SPORTSMEN AERO | $0 (Tier 3) | NT |
| OFF DEEP WOODS SPORTSMEN LIQD | $0 (Tier 3) | NT |
| OFF DEEP WOODS TOWELETTES SHEE | $0 (Tier 3) | NT |
| OFF FAMILYCARE CLEAN FEEL LIQD | $0 (Tier 3) | NT |
| OFF FAMILYCARE SMOOTH & DRY AERO | $0 (Tier 3) | NT |
| OFF FAMILYCARE TROPICAL FRESH LIQD | $0 (Tier 3) | NT |
| OFF FAMILYCARE UNSCENTED LIQD | $0 (Tier 3) | NT |
| OFF SMOOTH & DRY AERO | $0 (Tier 3) | NT |
| PALOMAR E OINT | $0 (Tier 3) | MO; NT |
| PETROLEUM JELLY LIP TREATMENT OINT | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PROSHIELD PLUS SKIN PROTECTANT CREA | $0 (Tier 3) | NT |
| RANGER READY REPELLENT LIQD | $0 (Tier 3) | NT |
| REMEDY CLEAR-AID OINT | $0 (Tier 3) | MO; NT |
| REMEDY DIMETHICONE MOISTURE BARRIER CREA | $0 (Tier 3) | NT |
| REMEDY NUTRASHIELD CREA | $0 (Tier 3) | NT |
| REMEDY SKIN REPAIR CREA | $0 (Tier 3) | MO; NT |
| REPEL 100 LIQD | $0 (Tier 3) | NT |
| REPEL FAMILY AERO | $0 (Tier 3) | NT |
| REPEL FAMILY DRY AERO | $0 (Tier 3) | NT |
| REPEL HUNTERS FORMULA AERO | $0 (Tier 3) | NT |
| REPEL LEMON EUCALYPTUS INSECT REPELLENT AERO | $0 (Tier 3) | NT |
| REPEL MOSQUITO WIPES SHEE | $0 (Tier 3) | NT |
| REPEL SPORTSMEN AERO | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| REPEL SPORTSMEN DRY AERO | $0 (Tier 3) | NT |
| REPEL SPORTSMEN MAX AERO | $0 (Tier 3) | NT |
| REPEL SPORTSMEN MAX LIQD | $0 (Tier 3) | NT |
| REPEL SPORTSMEN MAX LOTN | $0 (Tier 3) | NT |
| REPEL TICK DEFENSE AERO | $0 (Tier 3) | NT |
| SAWYER INSECT REPELLENT AERO | $0 (Tier 3) | NT |
| SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN | $0 (Tier 3) | NT |
| SAWYER PREMIUM INSECT REPELLENT LIQD | $0 (Tier 3) | NT |
| *skin protectants, misc. crea* | $0 (Tier 3) | MO; NT |
| *skin protectants, misc. oint 51.1 %* | $0 (Tier 3) | MO; NT |
| SM BENZOIN TINCTURE TINC | $0 (Tier 3) | RX/OTC; MO; NT |
| SOOTHE & COOL FREE MEDSEPTIC OINT | $0 (Tier 3) | MO; NT |
| SOOTHE & COOL FREE MOISTURE BARRIER OINT | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SOOTHE & COOL MOISTURE BARRIER OINT | $0 (Tier 3) | MO; NT |
| SOOTHE & COOL PROTECT MOISTURE BARRIER OINT | $0 (Tier 3) | MO; NT |
| ULTRATHON INSECT REPELLENT 8 AERO | $0 (Tier 3) | NT |
| ULTRATHON INSECT REPELLENT LOTN | $0 (Tier 3) | NT |
| XERAC AC SOLN | $0 (Tier 3) | MO; NT |
| **Rosacea Agents** | | |
| *azelaic acid gel* | $0 (Tier 1) | MO |
| *metronidazole (topical) crea* | $0 (Tier 1) | MO |
| *metronidazole (topical) gel* | $0 (Tier 1) | MO |
| *metronidazole (topical) lotn* | $0 (Tier 1) | MO |
| MIRVASO GEL | $0 (Tier 2) | PA; MO |
| **Scabicides & Pediculicides** | | |
| CVS LICE SOLUTION KIT 3-STEP KIT | $0 (Tier 3) | Spray;NT |
| *malathion lotn* | $0 (Tier 1) | MO |
| *permethrin crea ex 5 %* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *permethrin liqd ex 1 %* | $0 (Tier 3) | MO; NT |
| *permethrin lotn ex 1 %* | $0 (Tier 3) | MO; NT |
| *pyrethrins-piperonyl butoxide sham 0.3 %-0.33 %-4 %, 4 %-0.33 %* | $0 (Tier 3) | MO; NT |
| *pyrethrins-piperonyl butoxide-permethrin-nit remover kit* | $0 (Tier 3) | Gel;MO; NT |
| RID COMPLETE LICE ELIMINATION KIT (*pyrethrins-piperonyl butoxide-permethrin-nit remover*) | $0 (Tier 3) | Gel;MO; NT |
| VANALICE GEL | $0 (Tier 3) | NT |
| **Wound Care Products** | | |
| REGRANEX GEL | $0 (Tier 2^) | MO |
| **DIAGNOSTIC PRODUCTS** | | |
| **Diagnostic Tests** | | |
| CHEMSTRIP -10 WITH SG STRP | $0 (Tier 3) | MO; NT |
| CHEMSTRIP 10 MD STRP | $0 (Tier 3) | MO; NT |
| CHEMSTRIP 2 GP STRIPS STRP | $0 (Tier 3) | MO; NT |
| CHEMSTRIP 5 OB STRP | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CHEMSTRIP 7 STRP | $0 (Tier 3) | MO; NT |
| CHEMSTRIP 9 STRIPS STRP | $0 (Tier 3) | MO; NT |
| CHEMSTRIP UGK STRP | $0 (Tier 3) | MO; NT |
| CVS KETONE CARE STRP | $0 (Tier 3) | MO; NT |
| KETO-DIASTIX STRP | $0 (Tier 3) | MO; NT |
| **DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes** | | |
| **Digestive Enzymes** | | |
| CREON CPEP | $0 (Tier 2) | MO |
| SUCRAID SOLN | $0 (Tier 2) | LA; MO |
| ZENPEP CPEP | $0 (Tier 2) | MO |
| **DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure** | | |
| **Carbonic Anhydrase Inhibitors** | | |
| *acetazolamide cp12* | $0 (Tier 1) | MO |
| *acetazolamide tabs* | $0 (Tier 1) | MO |
| *methazolamide tabs* | $0 (Tier 1) | MO |
| **Diuretic Combinations** | | |
| *amiloride & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *spironolactone & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *triamterene & hydrochlorothiazide caps* | $0 (Tier 1) | MO |
| *triamterene & hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| **Loop Diuretics** | | |
| *bumetanide tabs or 0.5 mg, 1 mg, 2 mg* | $0 (Tier 1) | MO |
| *furosemide soln ij 10 mg/ml* | $0 (Tier 1) | MO |
| *furosemide soln or 10 mg/ml* | $0 (Tier 1) | MO |
| *furosemide tabs or 20 mg, 40 mg, 80 mg* | $0 (Tier 1) | MO |
| *torsemide tabs* | $0 (Tier 1) | MO |
| **Potassium Sparing Diuretics** | | |
| *amiloride hcl tabs* | $0 (Tier 1) | MO |
| *spironolactone tabs* | $0 (Tier 1) | MO |
| **Thiazides and Thiazide-Like Diuretics** | | |
| *chlorthalidone tabs* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydrochlorothiazide caps* | $0 (Tier 1) | MO |
| *hydrochlorothiazide tabs* | $0 (Tier 1) | MO |
| *indapamide tabs* | $0 (Tier 1) | MO |
| *metolazone tabs* | $0 (Tier 1) | MO |
| **ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones** | | |
| **Bone Density Regulators** | | |
| *alendronate sodium tabs 10 mg* | $0 (Tier 1) | MO |
| *alendronate sodium tabs 35 mg, 70 mg* | $0 (Tier 1) | QL(0.15 ea daily); MO |
| *calcitonin (salmon) soln na 200 unit/act* | $0 (Tier 1) | MO |
| EVENITY SOSY | $0 (Tier 2^) | PA |
| FORTEO SOPN | $0 (Tier 2^) | PA; Limit 2.4mls per 28 days;QL(0.09 ml daily) |
| *ibandronate sodium soln iv 3 mg/3ml* | $0 (Tier 1) | QL(0.036 ml daily); MO |
| *ibandronate sodium tabs or 150 mg* | $0 (Tier 1) | Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NATPARA CART | $0 (Tier 2^) | PA; LA |
| PROLIA SOSY | $0 (Tier 2) | PA; QL(0.006 ml daily) |
| TERIPARATIDE SOPN | $0 (Tier 2^) | PA; Limit 2.4mls per 28 days;QL(0.09 ml daily) |
| TYMLOS SOPN | $0 (Tier 2^) | PA |
| XGEVA SOLN | $0 (Tier 2^) | PA; Limit 6.8mls per 28 days;QL(0.243 ml daily) |
| *zoledronic acid conc 4 mg/5ml* | $0 (Tier 1) | |
| *zoledronic acid soln 5 mg/100ml* | $0 (Tier 1) | Limit 1 dose per year;QL(0.28 ml daily) |
| **Fertility Regulators** | | |
| *chorionic gonadotropin solr* | $0 (Tier 1) | PA |
| NOVAREL SOLR | $0 (Tier 2) | PA |
| OVIDREL INJ | $0 (Tier 3) | NT |
| **GnRH/LHRH Antagonists** | | |
| ORILISSA TABS | $0 (Tier 2^) | PA; MO |
| **Growth Hormone Receptor Antagonists** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SOMAVERT SOLR | $0 (Tier 2^) | PA; LA |
| **Growth Hormones** | | |
| NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 5 MG/1.5ML | $0 (Tier 2^) | PA |
| NUTROPIN AQ NUSPIN 20 SOPN | $0 (Tier 2^) | PA |
| **Hormone Receptor Modulators** | | |
| OSPHENA TABS | $0 (Tier 2) | MO |
| *raloxifene hcl tabs* | $0 (Tier 1) | QL(1 ea daily); MO |
| **Insulin-Like Growth Factor Receptor Inhibitors** | | |
| TEPEZZA SOLR | $0 (Tier 2^) | PA |
| **Insulin-Like Growth Factors (Somatomedins)** | | |
| INCRELEX SOLN | $0 (Tier 2) | LA |
| **LHRH/GnRH Agonist Analog Pituitary** | | |
| FENSOLVI KIT | $0 (Tier 2) | |
| LUPANETA PACK KIT | $0 (Tier 2^) | |
| LUPRON DEPOT-PED (*1-MONTH*) KIT 11.25 MG, 7.5 MG | $0 (Tier 2^) | |
| LUPRON DEPOT-PED (*1-MONTH*) KIT 15 MG | $0 (Tier 2) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LUPRON DEPOT-PED (*3-MONTH*) KIT | $0 (Tier 2^) | |
| SYNAREL SOLN | $0 (Tier 2^) | MO |
| TRIPTODUR SRER | $0 (Tier 2^) | MO |
| **Metabolic Modifiers** | | |
| *calcitriol caps or 0.25 mcg, 0.5 mcg* | $0 (Tier 1) | MO |
| *calcitriol soln or 1 mcg/ml* | $0 (Tier 1) | MO |
| CARBAGLU TABS | $0 (Tier 2^) | LA; MO |
| *cinacalcet hcl tabs 30 mg* | $0 (Tier 1) | |
| *cinacalcet hcl tabs 60 mg, 90 mg* | $0 (Tier 1^) | |
| CRYSVITA SOLN | $0 (Tier 2^) | PA; LA |
| FABRAZYME SOLR | $0 (Tier 2^) | LA |
| GALAFOLD CAPS | $0 (Tier 2^) | PA; LA |
| KANUMA SOLN | $0 (Tier 2^) | LA |
| KUVAN TABS 100 MG (*sapropterin dihydrochloride*) | $0 (Tier 2^) | PA |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *levocarnitine (metabolic modifiers) tabs 330 mg* | $0 (Tier 1) | MO |
| LUMIZYME SOLR | $0 (Tier 2^) | LA |
| MYALEPT SOLR | $0 (Tier 2^) | LA; MO |
| NAGLAZYME SOLN | $0 (Tier 2^) | LA |
| *nitisinone caps* | $0 (Tier 1) | MO |
| ORFADIN CAPS 20 MG | $0 (Tier 2) | LA; MO |
| PALYNZIQ SOSY | $0 (Tier 2^) | PA; LA |
| *paricalcitol caps or 1 mcg, 2 mcg, 4 mcg* | $0 (Tier 1) | MO |
| RAVICTI LIQD | $0 (Tier 2) | SL(17.5 ml daily); LA |
| RAYALDEE CPCR | $0 (Tier 2) | PA; MO |
| REVCOVI SOLN | $0 (Tier 2^) | PA; LA; MO |
| *sapropterin dihydrochloride pack* | $0 (Tier 1^) | PA |
| *sapropterin dihydrochloride tabs* | $0 (Tier 1^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| STRENSIQ SOLN | $0 (Tier 2^) | PA; LA; MO |
| VIMIZIM SOLN | $0 (Tier 2^) | LA |
| XURIDEN PACK | $0 (Tier 2^) | SL(4 ea daily); MO |
| **Posterior Pituitary Hormones** | | |
| *desmopressin acetate soln ij 4 mcg/ml* | $0 (Tier 1) | MO |
| *desmopressin acetate spray refrigerated soln* | $0 (Tier 1) | MO |
| *desmopressin acetate spray soln* | $0 (Tier 1) | MO |
| *desmopressin acetate tabs or 0.1 mg, 0.2 mg* | $0 (Tier 1) | MO |
| **Prolactin Inhibitors** | | |
| *cabergoline tabs* | $0 (Tier 1) | MO |
| **Somatostatic Agents** | | |
| *octreotide acetate soln ij 100 mcg/ml, 50 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 200 mcg/ml* | $0 (Tier 1) | |
| *octreotide acetate sosy sc 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | $0 (Tier 1) | |
| SANDOSTATIN LAR DEPOT KIT | $0 (Tier 2^) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SIGNIFOR LAR SRER 10 MG | $0 (Tier 2^) | Limit 6 vials per 28 days;SL(0.22 ea daily); LA; MO |
| SIGNIFOR LAR SRER 20 MG | $0 (Tier 2^) | Limit 3 vials per 28 days;SL(0.11 ea daily); LA; MO |
| SIGNIFOR LAR SRER 30 MG | $0 (Tier 2^) | Limit 2 vials per 28 days;SL(0.08 ea daily); LA; MO |
| SIGNIFOR LAR SRER 40 MG | $0 (Tier 2^) | Limit 3 vials per 56 days;SL(0.054 ea daily); LA; MO |
| SIGNIFOR LAR SRER 60 MG | $0 (Tier 2^) | Limit 1 vial per 28 days;SL(0.036 ea daily); LA; MO |
| SIGNIFOR SOLN | $0 (Tier 2^) | LA; MO |
| SOMATULINE DEPOT SOLN | $0 (Tier 2^) | |
| **Vasopressin Receptor Antagonists** | | |
| JYNARQUE TABS 15 MG, 30 MG | $0 (Tier 2^) | MO |
| JYNARQUE TBPK | $0 (Tier 2^) | PA; LA |
| JYNARQUE TBPK 15 MG | $0 (Tier 2^) | PA; LA; MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SAMSCA TABS 15 MG (*tolvaptan*) | $0 (Tier 2^) | MO |
| *tolvaptan tabs 15 mg, 30 mg* | $0 (Tier 1^) | MO |
| **ESTROGENS - Hormone Replacement/Modifying Drugs** | | |
| **Estrogen Combinations** | | |
| *estradiol & norethindrone acetate tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg, 2.5 mcg-0.5 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| PREMPHASE TABS | $0 (Tier 2) | AL(Up to 64 yrs old); MO |
| PREMPRO TABS | $0 (Tier 2) | AL(Up to 64 yrs old); MO |
| **Estrogens** | | |
| DELESTROGEN OIL 10 MG/ML | $0 (Tier 2) | MO |
| DIVIGEL GEL | $0 (Tier 2) | AL(Up to 64 yrs old); MO |
| *estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *estradiol tabs or 0.5 mg, 1 mg, 2 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *estradiol valerate oil* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | $0 (Tier 2) | AL(Up to 64 yrs old); MO |
| **FLUOROQUINOLONES - Drugs to Treat Bacterial Infections** | | |
| **Fluoroquinolones** | | |
| BAXDELA SOLR IV 300 MG | $0 (Tier 2^) | PA |
| BAXDELA TABS OR 450 MG | $0 (Tier 2^) | ST; MO |
| *ciprofloxacin hcl tabs* | $0 (Tier 1) | MO |
| *ciprofloxacin in d5w soln 200 mg/100ml-5 %, 5 %-200 mg/100ml* | $0 (Tier 1) | |
| *ciprofloxacin in d5w soln 400 mg/200ml-5 %, 5 %-400 mg/200ml* | $0 (Tier 1) | MO |
| *levofloxacin in d5w soln* | $0 (Tier 1) | |
| *levofloxacin soln iv 25 mg/ml* | $0 (Tier 1) | |
| *levofloxacin soln or 25 mg/ml* | $0 (Tier 1) | MO |
| *levofloxacin tabs or 250 mg, 500 mg, 750 mg* | $0 (Tier 1) | MO |
| **GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs** | | |
| **Antiflatulents** | | |
| *simethicone caps 180 mg, 125 mg* | $0 (Tier 3) | MO; NT |
| *simethicone chew 80 mg, 125 mg* | $0 (Tier 3) | MO; NT |
| *simethicone susp 20 mg/0.3ml, 40 mg/0.6ml* | $0 (Tier 3) | MO; NT |
| **Farnesoid X Receptor (FXR) Agonists** | | |
| OCALIVA TABS 10 MG | $0 (Tier 2^) | PA; SL(1 ea daily) |
| OCALIVA TABS 5 MG | $0 (Tier 2^) | PA; SL(2 ea daily) |
| **Gallstone Solubilizing Agents** | | |
| *chenodiol tabs* | $0 (Tier 1^) | LA; MO |
| *ursodiol caps 300 mg* | $0 (Tier 1) | MO |
| *ursodiol tabs 250 mg, 500 mg* | $0 (Tier 1) | MO |
| **Gastrointestinal Antiallergy Agents** | | |
| *cromolyn sodium (mastocytosis) conc* | $0 (Tier 1) | MO |
| **Gastrointestinal Stimulants** | | |
| *metoclopramide hcl soln ij 5 mg/ml* | $0 (Tier 1) | MO |
| *metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml* | $0 (Tier 1) | MO |
| *metoclopramide hcl tabs or 10 mg, 5 mg* | $0 (Tier 1) | MO |
| **Inflammatory Bowel Agents** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *balsalazide disodium caps* | $0 (Tier 1) | MO |
| DIPENTUM CAPS | $0 (Tier 2^) | MO |
| ENTYVIO SOLR | $0 (Tier 2^) | PA |
| INFLECTRA SOLR | $0 (Tier 2^) | PA |
| *mesalamine cp24 or 0.375 gm* | $0 (Tier 1) | MO |
| *mesalamine cpdr or 400 mg* | $0 (Tier 1) | MO |
| *mesalamine enem re 4 gm* | $0 (Tier 1) | MO |
| *mesalamine tbec or 1.2 gm, 800 mg* | $0 (Tier 1) | MO |
| *mesalamine w/ cleanser kit* | $0 (Tier 1) | MO |
| REMICADE SOLR | $0 (Tier 2^) | PA |
| RENFLEXIS SOLR | $0 (Tier 2^) | PA |
| STELARA SOLN | $0 (Tier 2^) | PA |
| *sulfasalazine tabs* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *sulfasalazine tbec* | $0 (Tier 1) | MO |
| **Intestinal Acidifiers** | | |
| *lactulose (encephalopathy) soln* | $0 (Tier 1) | MO |
| **Irritable Bowel Syndrome (IBS) Agents** | | |
| *alosetron hcl tabs* | $0 (Tier 1^) | PA; MO |
| LINZESS CAPS | $0 (Tier 2) | MO |
| **Peripheral Opioid Receptor Antagonists** | | |
| MOVANTIK TABS | $0 (Tier 2) | MO |
| RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML | $0 (Tier 2^) | MO |
| **Phosphate Binder Agents** | | |
| *calcium acetate (phosphate binder) caps* | $0 (Tier 1) | MO |
| *lanthanum carbonate chew* | $0 (Tier 1^) | MO |
| *sevelamer carbonate pack 0.8 gm, 2.4 gm* | $0 (Tier 1^) | MO |
| *sevelamer carbonate tabs 800 mg* | $0 (Tier 1) | MO |
| **Short Bowel Syndrome (SBS) Agents** | | |
| GATTEX KIT | $0 (Tier 2^) | PA; LA |
| **Tryptophan Hydroxylase Inhibitors** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| XERMELO TABS | $0 (Tier 2^) | PA; MO |
| **GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System** | | |
| **Alkalinizers** | | |
| *potassium citrate (alkalinizer) tbcr* | $0 (Tier 1) | MO |
| *sodium citrate & citric acid soln 334 mg/5ml-500 mg/5ml, 500 mg/5ml-334 mg/5ml* | $0 (Tier 1) | RX/OTC; MO |
| **Cystinosis Agents** | | |
| CYSTAGON CAPS | $0 (Tier 2) | |
| PROCYSBI CPDR 25 MG, 75 MG | $0 (Tier 2) | PA |
| **Genitourinary Irrigants** | | |
| *acetic acid soln* | $0 (Tier 1) | MO |
| *neomycin/polymyxin b gu soln* | $0 (Tier 1) | MO |
| *sodium chloride (gu irrigant) soln* | $0 (Tier 1) | MO |
| **Prostatic Hypertrophy Agents** | | |
| *alfuzosin hcl tb24* | $0 (Tier 1) | MO |
| *dutasteride caps* | $0 (Tier 1) | MO |
| *dutasteride-tamsulosin hcl caps* | $0 (Tier 1) | MO |
| *finasteride tabs* | $0 (Tier 1) | MO |
| *tamsulosin hcl caps* | $0 (Tier 1) | MO |
| **Urinary Analgesics** | | |
| *phenazopyridine hcl tabs 95 mg* | $0 (Tier 3) | MO; NT |
| *phenazopyridine hcl tabs 97.5 mg* | $0 (Tier 3) | NT |
| **GOUT AGENTS - Drugs to Treat Gout** | | |
| **Gout Agent Combinations** | | |
| *colchicine w/ probenecid tabs* | $0 (Tier 1) | MO |
| **Gout Agents** | | |
| *allopurinol tabs 100 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *allopurinol tabs 300 mg* | $0 (Tier 1) | SL(2.66 ea daily); MO |
| *colchicine tabs* | $0 (Tier 1) | MO |
| **Uricosurics** | | |
| *probenecid tabs* | $0 (Tier 1) | MO |
| **HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders** | | |
| **Aminolevulinate Synthase 1-Directed siRNA** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GIVLAARI SOLN | $0 (Tier 2^) | PA; MO |
| **Bradykinin B2 Receptor Antagonists** | | |
| *icatibant acetate soln* | $0 (Tier 1^) | PA |
| **Complement Inhibitors** | | |
| CINRYZE SOLR | $0 (Tier 2^) | PA; LA |
| HAEGARDA SOLR | $0 (Tier 2^) | PA |
| **Hemataologic - Tyrosine Kinase Inhibitors** | | |
| TAVALISSE TABS | $0 (Tier 2^) | PA |
| **Hematorheologic Agents** | | |
| *pentoxifylline tbcr* | $0 (Tier 1) | MO |
| **Plasma Kallikrein Inhibitors** | | |
| KALBITOR SOLN | $0 (Tier 2^) | |
| TAKHZYRO SOLN | $0 (Tier 2^) | PA |
| **Platelet Aggregation Inhibitors** | | |
| *anagrelide hcl caps* | $0 (Tier 1) | MO |
| *aspirin-dipyridamole cp12* | $0 (Tier 1) | MO |
| BRILINTA TABS | $0 (Tier 2) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CABLIVI KIT | $0 (Tier 2^) | PA; MO |
| *cilostazol tabs* | $0 (Tier 1) | MO |
| *clopidogrel bisulfate tabs* | $0 (Tier 1) | MO |
| *dipyridamole tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *prasugrel hcl tabs* | $0 (Tier 1) | MO |
| **HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders** | | |
| **Agents for Gaucher Disease** | | |
| CERDELGA CAPS | $0 (Tier 2^) | PA |
| CEREZYME SOLR | $0 (Tier 2^) | PA; LA |
| ELELYSO SOLR | $0 (Tier 2^) | |
| *miglustat caps* | $0 (Tier 1^) | LA; MO |
| VPRIV SOLR | $0 (Tier 2^) | |
| **Agents for Sickle Cell Disease** | | |
| ADAKVEO SOLN | $0 (Tier 2^) | PA |
| DROXIA CAPS | $0 (Tier 2) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ENDARI PACK | $0 (Tier 2^) | PA |
| OXBRYTA TABS | $0 (Tier 2^) | PA; LA |
| **Cobalamins** | | |
| *cyanocobalamin soln ij 1000 mcg/ml* | $0 (Tier 3) | MO; NT |
| *hydroxocobalamin acetate soln* | $0 (Tier 3) | MO; NT |
| NASCOBAL SOLN | $0 (Tier 3) | MO; NT |
| **Folic Acid/Folates** | | |
| *folic acid caps or 0.8 mg, 800 mcg* | $0 (Tier 3) | NT |
| FOLIC ACID CAPS OR 20 MG | $0 (Tier 3) | NT |
| FOLIC ACID CAPS OR 5 MG | $0 (Tier 3) | MO; NT |
| FOLIC ACID POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |
| *folic acid soln ij 5 mg/ml* | $0 (Tier 3) | MO; NT |
| *folic acid tabs or 1 mg* | $0 (Tier 3) | RX/OTC; MO; NT |
| *folic acid tabs or 800 mcg, 400 mcg* | $0 (Tier 3) | MO; NT |
| **Hematopoietic Growth Factors** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DOPTELET TABS | $0 (Tier 2^) | PA; LA |
| MULPLETA TABS | $0 (Tier 2^) | PA |
| PROMACTA PACK 12.5 MG | $0 (Tier 2^) | PA; SL(12 ea daily); LA |
| PROMACTA PACK 25 MG | $0 (Tier 2^) | PA; SL(6 ea daily); LA |
| PROMACTA TABS 12.5 MG | $0 (Tier 2^) | PA; SL(12 ea daily); LA |
| PROMACTA TABS 25 MG | $0 (Tier 2^) | PA; SL(6 ea daily); LA |
| PROMACTA TABS 50 MG | $0 (Tier 2^) | PA; SL(3 ea daily); LA |
| PROMACTA TABS 75 MG | $0 (Tier 2^) | PA; SL(2 ea daily); LA |
| REBLOZYL SOLR | $0 (Tier 2^) | PA |
| RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | $0 (Tier 2) | PA |
| RETACRIT SOLN 20000 UNIT/ML | $0 (Tier 2) | |
| ZARXIO SOSY | $0 (Tier 2^) | PA |
| **Hematopoietic Mixtures** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ACTIVE FE TABS | $0 (Tier 3) | MO; NT |
| BP VIT 3 CAPS | $0 (Tier 3) | MO; NT |
| CENTRATEX CAPS | $0 (Tier 3) | MO; NT |
| CORVITE 150 TABS 5 MG-10 MG-10 MG-20 MCG-25 MG-100 MCG-120 MG-150 MG-300 MCG-700 MCG | $0 (Tier 3) | MO; NT |
| CORVITE FE TABS | $0 (Tier 3) | MO; NT |
| DERMACINRX PUREFOLIX TABS | $0 (Tier 3) | NT |
| *fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps* | $0 (Tier 3) | MO; NT |
| *fe fumarate-vitamin c-vitamin b12-folic acid caps* | $0 (Tier 3) | RX/OTC; MO; NT |
| FERIVA 21/7 TABS | $0 (Tier 3) | MO; NT |
| FERIVAFA CAPS | $0 (Tier 3) | MO; NT |
| FERRAPLUS 90 TABS | $0 (Tier 3) | MO; NT |
| FERREX 150 PLUS CAPS | $0 (Tier 3) | MO; NT |
| *ferrous fumarate w/ b12-vit c-fa-ifc caps* | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ferrous fumarate-folic acid tabs* | $0 (Tier 3) | MO; NT |
| FOLIC + B12 TABS | $0 (Tier 3) | RX/OTC; MO; NT |
| *folic acid-vitamin b6-vitamin b12 tabs 1 mg-2.2 mg-25 mg, 1 mg-2.5 mg-25 mg, 25 mg-1 mg-2.5 mg* | $0 (Tier 3) | MO; NT |
| FOLIKA-D TABS | $0 (Tier 3) | NT |
| FOLITE TABS | $0 (Tier 3) | NT |
| FOLIVANE-F CAPS | $0 (Tier 3) | MO; NT |
| FOLIVANE-PLUS CAPS | $0 (Tier 3) | MO; NT |
| FOLIXAPURE TABS | $0 (Tier 3) | NT |
| FOLTRATE TABS | $0 (Tier 3) | RX/OTC; MO; NT |
| FOLTREXYL TABS | $0 (Tier 3) | NT |
| FUSION PLUS CAPS | $0 (Tier 3) | MO; NT |
| FUSION SPRINKLES PACK | $0 (Tier 3) | NT |
| HEMATOGEN FA CAPS | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| HEMOCYTE PLUS CAPS | $0 (Tier 3) | MO; NT |
| INTEGRA F CAPS | $0 (Tier 3) | MO; NT |
| INTEGRA PLUS CAPS | $0 (Tier 3) | MO; NT |
| *iron combinations caps* | $0 (Tier 3) | RX/OTC; MO; NT |
| *iron polysaccharide complex-vit b12-folic acid caps* | $0 (Tier 3) | MO; NT |
| *iron-docusate-b12-folic acid-vit c-vit e-copper-biotin tabs* | $0 (Tier 3) | RX/OTC; MO; NT |
| *iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc tabs* | $0 (Tier 3) | MO; NT |
| IROSPAN 24/6 MISC | $0 (Tier 3) | MO; NT |
| IS 24/6 MISC | $0 (Tier 3) | MO; NT |
| MTX SUPPORT TABS | $0 (Tier 3) | RX/OTC; MO; NT |
| NEPHRON FA TABS | $0 (Tier 3) | MO; NT |
| NIFEREX TABS | $0 (Tier 3) | MO; NT |
| NUFERA TABS | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| OPURITY B12/FOLIC ACID TABS | $0 (Tier 3) | RX/OTC; MO; NT |
| TALIVA CAPS | $0 (Tier 3) | MO; NT |
| TARON FORTE CAPS | $0 (Tier 3) | MO; NT |
| VIRT-FEFA PLUS CAPS | $0 (Tier 3) | MO; NT |
| VITAMEZ CAPS | $0 (Tier 3) | MO; NT |
| VITAMIN B12/FOLIC ACID TABS | $0 (Tier 3) | RX/OTC; MO; NT |
| **Iron** | | |
| *carbonyl iron susp* | $0 (Tier 3) | MO; NT |
| *carbonyl iron tabs* | $0 (Tier 3) | MO; NT |
| EZFE 200 CAPS | $0 (Tier 3) | MO; NT |
| FERAHEME SOLN (*ferumoxytol*) | $0 (Tier 3) | MO; NT |
| FERROUS GLUCONATE TABS 324 MG | $0 (Tier 3) | MO; NT |
| *ferrous gluconate tabs 324 mg, 240 mg, 27 mg* | $0 (Tier 3) | MO; NT |
| FERROUS SULFATE ANHYDROUS POWD | $0 (Tier 3) | RX/OTC; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ferrous sulfate dried tabs 200 mg, 65 mg* | $0 (Tier 3) | MO; NT |
| *ferrous sulfate dried tbcr 160 mg* | $0 (Tier 3) | NT |
| *ferrous sulfate dried tbcr 45 mg* | $0 (Tier 3) | MO; NT |
| *ferrous sulfate elix or 220 mg/5ml* | $0 (Tier 3) | MO; NT |
| FERROUS SULFATE LIQD OR 220 MG/5ML | $0 (Tier 3) | NT |
| FERROUS SULFATE POWD XX | $0 (Tier 3) | RX/OTC; NT |
| *ferrous sulfate soln or 15 mg/ml* | $0 (Tier 3) | MO; NT |
| *ferrous sulfate syrp or 300 mg/5ml* | $0 (Tier 3) | NT |
| *ferrous sulfate tabs or 28 mg, 27 mg* | $0 (Tier 3) | NT |
| *ferrous sulfate tabs or 325 mg, 65 mg* | $0 (Tier 3) | MO; NT |
| *ferrous sulfate tbcr or 142 mg, 45 mg* | $0 (Tier 3) | MO; NT |
| *ferrous sulfate tbcr or 143 mg, 50 mg* | $0 (Tier 3) | NT |
| FERROUS SULFATE TBEC OR 324 MG | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ferrous sulfate tbec or 325 mg* | $0 (Tier 3) | MO; NT |
| *ferumoxytol soln* | $0 (Tier 3) | MO; NT |
| HEMATEX LIQD | $0 (Tier 3) | NT |
| INFED SOLN | $0 (Tier 3) | MO; NT |
| INJECTAFER SOLN | $0 (Tier 3) | MO; NT |
| IRON CHEWS PEDIATRIC CHEW | $0 (Tier 3) | MO; NT |
| IRON SLOW RELEASE TBCR | $0 (Tier 3) | NT |
| IRON TABS | $0 (Tier 3) | NT |
| IRON TBCR | $0 (Tier 3) | NT |
| IRON UP LIQD | $0 (Tier 3) | NT |
| NOVAFERRUM 50 CAPS | $0 (Tier 3) | NT |
| NOVAFERRUM PEDIATRIC DROPS LIQD | $0 (Tier 3) | MO; NT |
| *polysaccharide iron complex caps* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PROFE CAPS | $0 (Tier 3) | MO; NT |
| SLOW RELEASE IRON TBCR | $0 (Tier 3) | NT |
| SM SLOW RELEASE IRON TBCR | $0 (Tier 3) | NT |
| *sodium ferric gluconate complex in sucrose soln* | $0 (Tier 3) | MO; NT |
| TRIFERIC PACK | $0 (Tier 3) | NT |
| VENOFER SOLN | $0 (Tier 3) | MO; NT |
| **Stem Cell Mobilizers** | | |
| MOZOBIL SOLN | $0 (Tier 2^) | PA |
| **HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders** | | |
| **Hemostatics - Systemic** | | |
| *aminocaproic acid soln or 0.25 gm/ml* | $0 (Tier 1^) | MO |
| *aminocaproic acid tabs or 500 mg* | $0 (Tier 1) | MO |
| *tranexamic acid soln iv 1000 mg/10ml* | $0 (Tier 1) | |
| *tranexamic acid tabs or 650 mg* | $0 (Tier 1) | MO |
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | | |
| **Barbiturate Hypnotics** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenobarbital elix* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *phenobarbital soln* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *phenobarbital tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Hypnotics - Tricyclic Agents** | | |
| *doxepin hcl (sleep) tabs 3 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *doxepin hcl (sleep) tabs 6 mg* | $0 (Tier 1) | QL(1 ea daily); MO |
| **Non-Barbiturate Hypnotics** | | |
| *temazepam caps* | $0 (Tier 1) | MO |
| *triazolam tabs* | $0 (Tier 1) | MO |
| *zaleplon caps* | $0 (Tier 1) | MO |
| *zolpidem tartrate tabs or 10 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *zolpidem tartrate tabs or 5 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *zolpidem tartrate tbcr or 12.5 mg* | $0 (Tier 1) | SL(1 ea daily); MO |
| *zolpidem tartrate tbcr or 6.25 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| **Orexin Receptor Antagonists** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BELSOMRA TABS 10 MG | $0 (Tier 2) | PA; SL(2 ea daily); MO |
| BELSOMRA TABS 15 MG | $0 (Tier 2) | PA; SL(1.33 ea daily); MO |
| BELSOMRA TABS 20 MG | $0 (Tier 2) | PA; SL(1 ea daily); MO |
| BELSOMRA TABS 5 MG | $0 (Tier 2) | PA; SL(4 ea daily); MO |
| **Selective Melatonin Receptor Agonists** | | |
| HETLIOZ CAPS | $0 (Tier 2^) | PA; MO |
| *ramelteon tabs* | $0 (Tier 1) | SL(1 ea daily); MO |
| **LAXATIVES - Bowel Treatment Drugs** | | |
| **Bulk Laxatives** | | |
| *calcium polycarbophil tabs* | $0 (Tier 3) | MO; NT |
| EVAC POWD (*psyllium*) | $0 (Tier 3) | MO; NT |
| KONSYL DAILY FIBER PACK 100 % | $0 (Tier 3) | MO; NT |
| KONSYL DAILY FIBER PACK 28.3 % | $0 (Tier 3) | NT |
| KONSYL DAILY FIBER POWD 100 % (*psyllium*) | $0 (Tier 3) | MO; NT |
| KONSYL ORIGINAL DAILY FIBER PACK | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| KONSYL-D POWD | $0 (Tier 3) | NT |
| *methylcellulose (laxative) powd* | $0 (Tier 3) | MO; NT |
| *methylcellulose (laxative) tabs* | $0 (Tier 3) | MO; NT |
| NATURAL FIBER LAXATIVE POWD | $0 (Tier 3) | NT |
| *psyllium powd 100 %, 48.57 %, 58.6 %, 28.3 %* | $0 (Tier 3) | MO; NT |
| *psyllium powd 30.9 %* | $0 (Tier 3) | NT |
| **Laxative Combinations** | | |
| MEDI-LAXX CAPS | $0 (Tier 3) | NT |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr* | $0 (Tier 1) | MO |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride solr* | $0 (Tier 1) | MO |
| SENNA PLUS CAPS | $0 (Tier 3) | NT |
| *sennosides-docusate sodium tabs* | $0 (Tier 3) | MO; NT |
| STOOL SOFTENER + STIMULANT LAXATIVE CAPS | $0 (Tier 3) | NT |
| SUPREP BOWEL PREP KIT SOLN | $0 (Tier 2) | MO |
| **Laxatives - Miscellaneous** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lactulose soln 10 gm/15ml, 20 gm/30ml* | $0 (Tier 1) | MO |
| *polyethylene glycol 3350 pack or 17 gm* | $0 (Tier 3) | MO; NT |
| *polyethylene glycol 3350 powd or 17 gm/scoop* | $0 (Tier 3) | MO; NT |
| SORBITOL SOLN OR 70 % | $0 (Tier 3) | MO; NT |
| SORBITOL SOLN RE 70 % | $0 (Tier 3) | NT |
| **Lubricant Laxatives** | | |
| *mineral oil enem re 100 %* | $0 (Tier 3) | MO; NT |
| *mineral oil oil or 100 %, 99.9 %* | $0 (Tier 3) | RX/OTC; NT |
| **Saline Laxatives** | | |
| FLEET PEDIATRIC ENEM (*sodium phosphates*) | $0 (Tier 3) | NT |
| *magnesium citrate soln 1.745 gm/30ml,* | $0 (Tier 3) | MO; NT |
| *magnesium hydroxide susp 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %* | $0 (Tier 3) | MO; NT |
| *magnesium hydroxide susp 2400 mg/10ml* | $0 (Tier 3) | NT |
| *magnesium sulfate (laxative) gran* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PEDIA-LAX CHEW OR 400 MG | $0 (Tier 3) | MO; NT |
| *sodium phosphates enem 19 gm/118ml-7 gm/118ml, 6 gm/133ml-16 gm/133ml, 7 gm/118ml-19 gm/118ml* | $0 (Tier 3) | MO; NT |
| *sodium phosphates enem 3.5 gm/59ml-9.5 gm/59ml* | $0 (Tier 3) | NT |
| **Stimulant Laxatives** | | |
| *bisacodyl supp* | $0 (Tier 3) | MO; NT |
| *bisacodyl tbec* | $0 (Tier 3) | MO; NT |
| *castor oil oil or* | $0 (Tier 3) | NT |
| FLEET BISACODYL ENEM | $0 (Tier 3) | MO; NT |
| *sennosides caps 8.6 mg* | $0 (Tier 3) | NT |
| *sennosides chew 15 mg* | $0 (Tier 3) | MO; NT |
| *sennosides liqd 8.8 mg/5ml* | $0 (Tier 3) | MO; NT |
| *sennosides syrp 8.8 mg/5ml* | $0 (Tier 3) | MO; NT |
| *sennosides tabs 15 mg, 8.6 mg* | $0 (Tier 3) | MO; NT |
| *sennosides tabs 17.2 mg, 25 mg* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **Surfactant Laxatives** | | |
| COLACE CLEAR CAPS (*docusate sodium*) | $0 (Tier 3) | MO; NT |
| *docusate calcium caps* | $0 (Tier 3) | MO; NT |
| *docusate sodium caps or 50 mg, 250 mg, 100 mg* | $0 (Tier 3) | MO; NT |
| *docusate sodium enem re 100 mg/5ml* | $0 (Tier 3) | NT |
| *docusate sodium enem re 283 mg/5ml* | $0 (Tier 3) | MO; NT |
| *docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml* | $0 (Tier 3) | MO; NT |
| *docusate sodium syrp or 60 mg/15ml* | $0 (Tier 3) | MO; NT |
| *docusate sodium tabs or 100 mg* | $0 (Tier 3) | MO; NT |
| DOCUSOL KIDS ENEM (*docusate sodium*) | $0 (Tier 3) | NT |
| DOCUSOL PLUS MINI-ENEMA ENEM | $0 (Tier 3) | MO; NT |
| ENEMEEZ PLUS ENEM | $0 (Tier 3) | MO; NT |
| PEDIA-LAX LIQD OR 50 MG/15ML | $0 (Tier 3) | NT |
| **LOCAL ANESTHETICS-Parenteral - Drugs for Numbing** | | |
| **Local Anesthetics - Amides** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *lidocaine hcl (local anesth.) soln 1 %, 2 %* | $0 (Tier 1) | |
| **MACROLIDES - Drugs to Treat Bacterial Infections** | | |
| **Azithromycin** | | |
| *azithromycin solr iv 500 mg* | $0 (Tier 1) | MO |
| *azithromycin susr or 100 mg/5ml, 200 mg/5ml* | $0 (Tier 1) | MO |
| *azithromycin tabs or 250 mg, 500 mg, 600 mg* | $0 (Tier 1) | MO |
| **Clarithromycin** | | |
| *clarithromycin susr 250 mg/5ml* | $0 (Tier 1) | MO |
| *clarithromycin tabs 250 mg, 500 mg* | $0 (Tier 1) | MO |
| *clarithromycin tb24 500 mg* | $0 (Tier 1) | MO |
| **Erythromycins** | | |
| ERYTHROCIN LACTOBIONATE SOLR | $0 (Tier 2) | SL(8 ea daily) |
| *erythromycin base tabs 250 mg* | $0 (Tier 1) | SL(16 ea daily); MO |
| *erythromycin base tabs 500 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *erythromycin ethylsuccinate tabs 400 mg* | $0 (Tier 1) | SL(10 ea daily); MO |
| **Fidaxomicin** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DIFICID TABS 200 MG | $0 (Tier 2^) | MO |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| **Bandages-Dressings-Tape** | | |
| *gauze pads 2"x2"* | $0 (Tier 1) | RX/OTC; MO |
| **Contraceptives** | | |
| CONDOMS MISC | $0 (Tier 3) | NT |
| DUREX REALFEEL NON-LATEX DEVI | $0 (Tier 3) | NT |
| FC FEMALE CONDOM MISC | $0 (Tier 3) | MO; NT |
| FC2 FEMALE CONDOM MISC | $0 (Tier 3) | MO; NT |
| LATEX CONDOMS | $0 (Tier 3) | |
| LIFESTYLES ASSORTED COLORS MISC | $0 (Tier 3) | NT |
| LIFESTYLES EXTRA STRENGTH MISC | $0 (Tier 3) | NT |
| LIFESTYLES FORM FITTING MISC | $0 (Tier 3) | NT |
| LIFESTYLES LUBRICATED MISC | $0 (Tier 3) | NT |
| LIFESTYLES RIBBED MISC | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LIFESTYLES SKYN ORIGINAL MISC | $0 (Tier 3) | NT |
| LIFESTYLES SPERMICIDALLYLUBRICATED MISC | $0 (Tier 3) | NT |
| LIFESTYLES STUDDED MISC | $0 (Tier 3) | NT |
| LIFESTYLES ULTRA SENSITIVE MISC | $0 (Tier 3) | NT |
| LIFESTYLES ULTRA SENSITIVE/SPERMICIDE MISC | $0 (Tier 3) | NT |
| LIFESTYLES VIBRA-RIBBED MISC | $0 (Tier 3) | NT |
| LIFESTYLES VIBRA-RIBBED/SPERMICIDE MISC | $0 (Tier 3) | NT |
| LIFESTYLES XTRA PLEASURE MISC | $0 (Tier 3) | NT |
| **Misc. Devices** | | |
| ALCOHOL PADS | $0 (Tier 2) | RX/OTC; MO |
| **Parenteral Therapy Supplies** | | |
| INSULIN SYRINGES AND PEN NEEDLES | $0 (Tier 2) | RX/OTC; MO |
| **Respiratory Therapy Supplies** | | |
| AEROCHAMBER MINI AEROSOLCHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER MV MISC | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AEROCHAMBER PLUS FLOW VU MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER PLUS FLOW-VU MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER PLUS FLOW-VU/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROCHAMBER/FLOWSIGNAL MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| AEROGEAR ASTHMA ACTION KIT | $0 (Tier 3) | RX/OTC; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| AIRZONE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ARIAL CHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASSESS FULL RANGE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASSESS LOW RANGE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASSESS PEAK FLOW METER FULL RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASSESS PEAK FLOW METER LOW RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASTHMA CHECK METER-ZONE SYSTEM DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASTHMAMENTOR DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| ASTHMAPACK FOR CHILDREN KIT | $0 (Tier 3) | RX/OTC; NT |
| ASTHMAPACK I KIT | $0 (Tier 3) | RX/OTC; NT |
| ASTHMAPACK II KIT | $0 (Tier 3) | RX/OTC; NT |
| ASTHMAPACK III KIT | $0 (Tier 3) | RX/OTC; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BREATHE EASE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHE EASE/LARGE MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHE EASE/MEDIUM MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHE EASE/SMALL MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE RIGID SPACERW/MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE W/LARGE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| BREATHERITE W/MEDIUM MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BREATHERITE W/SMALL MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEVER CHOICE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| COMPACT SPACE CHAMBER/ANTI-STATIC DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| EASIVENT MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| EASIVENT/MASK-LARGE MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| EASIVENT/MASK-MEDIUM MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| EASIVENT/MASK-SMALL MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| FLEXICHAMBER ADULT MASK/SMALL MISC | $0 (Tier 3) | RX/OTC; NT |
| FLEXICHAMBER CHILD MASK/LARGE MISC | $0 (Tier 3) | RX/OTC; NT |
| FLEXICHAMBER CHILD MASK/SMALL MISC | $0 (Tier 3) | RX/OTC; NT |
| FLEXICHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| INSPIRACHAMBER/LARGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| INSPIREASE DRUG DELIVERYSYSTEM MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| LITEAIRE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| LUNG PERFORMANCE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| MASK VORTEX/BABY WHIRL DUCKLING MISC | $0 (Tier 3) | RX/OTC; NT |
| MASK VORTEX/CHILD/FROG MISC | $0 (Tier 3) | RX/OTC; NT |
| MASK VORTEX/SPINNER THE DUCK MISC | $0 (Tier 3) | RX/OTC; NT |
| MASK VORTEX/TODDLER/LADY BUG MISC | $0 (Tier 3) | RX/OTC; NT |
| MICROCHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| MICROCHAMBER MISC | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MICROLIFE DIGITAL PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| MICROSPACER MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| MINI WRIGHT PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER ADVANTAGE/LARGE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER DIAMOND MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER DIAMOND/SMALLFACE MASK MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER FACE MASK/LARGE MISC | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| OPTICHAMBER FACE MASK/MEDIUM MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTICHAMBER FACE MASK/SMALL MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| OPTIHALER MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| PANDA MASK LARGE MISC | $0 (Tier 3) | RX/OTC; NT |
| PANDA MASK MEDIUM MISC | $0 (Tier 3) | RX/OTC; NT |
| PANDA MASK SMALL MISC | $0 (Tier 3) | RX/OTC; NT |
| PEAK A-I-R FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PEAK AIR PEAK FLOW METERADULT/PEDIATRIC DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PEDIATRIC PANDA MASK MISC | $0 (Tier 3) | RX/OTC; NT |
| PERSONAL BEST FULL RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PERSONAL BEST LOW RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PIKO 1 ELECTRONIC DEVI | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| POCKET CHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| POCKET PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| POCKET SPACER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| POCKETPEAK PEAK FLOW METER LOW RANGE DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PRO COMFORT INHALER SPACER CHAMBER ADULT MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| PRO COMFORT INHALER SPACER CHAMBER CHILD MISC | $0 (Tier 3) | RX/OTC; MO; NT |
| PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PROCARE SPACER CHAMBER W/ADULT MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PROCARE SPACER CHAMBER W/CHILD MASK DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PURE COMFORT PEAK FLOW METER ADULT DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| PURE COMFORT PEAK FLOW METER CHILD DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| RITEFLO DEVI | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| TRUZONE PEAK FLOW METER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| VALVED HOLDING CHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| VORTEX VALVED HOLDING CHAMBER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| WATCHHALER DEVI | $0 (Tier 3) | RX/OTC; MO; NT |
| **MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches** | | |
| **Calcitonin Gene-Related Peptide (CGRP)** | | |
| AIMOVIG SOAJ | $0 (Tier 2) | PA; MO |
| EMGALITY SOAJ 120 MG/ML | $0 (Tier 2) | PA; MO |
| EMGALITY SOSY 100 MG/ML | $0 (Tier 2^) | PA; MO |
| EMGALITY SOSY 120 MG/ML | $0 (Tier 2) | PA; MO |
| **Migraine Combinations** | | |
| *ergotamine w/ caffeine supp re 2 mg-100 mg* | $0 (Tier 1) | MO |
| *sumatriptan-naproxen sodium tabs* | $0 (Tier 1) | MO |
| **Migraine Products** | | |
| *dihydroergotamine mesylate soln ij 1 mg/ml* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dihydroergotamine mesylate soln na 4 mg/ml* | $0 (Tier 1^) | MO |
| *ergotamine tartrate subl* | $0 (Tier 1) | |
| MIGRANAL SOLN (*dihydroergotamine mesylate*) | $0 (Tier 2^) | MO |
| **Serotonin Agonists** | | |
| *almotriptan malate tabs* | $0 (Tier 1) | QL(0.4 ea daily); MO |
| *naratriptan hcl tabs* | $0 (Tier 1) | QL(0.3 ea daily); MO |
| *rizatriptan benzoate tabs* | $0 (Tier 1) | QL(0.4 ea daily); MO |
| *rizatriptan benzoate tbdp* | $0 (Tier 1) | QL(0.4 ea daily); MO |
| *sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml* | $0 (Tier 1) | Auto-injector; Limit 4mls per month;QL(0.14 ml daily); MO |
| *sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml* | $0 (Tier 1) | Solution cartridge;Limit 4mls per month;QL(0.14 ml daily); MO |
| *sumatriptan succinate soln sc 6 mg/0.5ml* | $0 (Tier 1) | Limit 4mls per month;QL(0.14 ml daily); MO |
| *sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg* | $0 (Tier 1) | QL(0.3 ea daily); MO |
| *zolmitriptan tabs or 2.5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *zolmitriptan tabs or 5 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| *zolmitriptan tbdp or 2.5 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *zolmitriptan tbdp or 5 mg* | $0 (Tier 1) | SL(2 ea daily); MO |
| **MINERALS & ELECTROLYTES** | | |
| **Calcium** | | |
| CAL-CITRATE CAPS | $0 (Tier 3) | NT |
| CAL-CITRATE PLUS VITAMIND TABS | $0 (Tier 3) | NT |
| CAL-MINT CHEW | $0 (Tier 3) | NT |
| CAL-QUICK LIQD | $0 (Tier 3) | NT |
| *calcium & phosphorus w/ vitamin d chew* | $0 (Tier 3) | NT |
| CALCIUM 1000 + D TABS | $0 (Tier 3) | NT |
| CALCIUM 1200 CHEW | $0 (Tier 3) | NT |
| CALCIUM CARBONATE CHEW OR 260 MG, 500 MG | $0 (Tier 3) | NT |
| CALCIUM CARBONATE POWD OR 800 MG/2GM | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *calcium carbonate tabs or 1250 mg, 500 mg, 600 mg* | $0 (Tier 3) | NT |
| *calcium carbonate tabs or 1500 mg, 600 mg* | $0 (Tier 3) | 1500 MG;MO; NT |
| *calcium carbonate-cholecalciferol caps 500 unit-600 mg* | $0 (Tier 3) | MO; NT |
| *calcium carbonate-cholecalciferol chew 100 unit-500 mg, 500 mg-600 unit, 10 mcg-500 mg, 400 unit-500 mg* | $0 (Tier 3) | MO; NT |
| *calcium carbonate-cholecalciferol chew 400 unit-600 mg* | $0 (Tier 3) | NT |
| *calcium carbonate-cholecalciferol tabs 125 unit-250 mg, 3.12 mcg-250 mg, 200 unit-600 mg, 5 mcg-600 mg, 10 mcg-500 mg, 400 unit-400 unit-500 mg-500 mg, 500 mg-400 unit, 200 unit-200 unit-500 mg-500 mg, 5 mcg-500 mg, 500 mg-200 unit, 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit, 800 unit-600 mg, 10 mcg-600 mg, 600 mg-400 unit* | $0 (Tier 3) | MO; NT |
| *calcium carbonate-cholecalciferol tabs 125 unit-500 mg, 15 mcg-500 mg, 500 mg-600 unit* | $0 (Tier 3) | NT |
| *calcium carbonate-vitamin d caps* | $0 (Tier 3) | NT |
| *calcium carbonate-vitamin d tabs* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *calcium carbonate-vitamin d w/ minerals chew 1 mg-1.8 mg-7.5 mg-40 mg-250 mcg-400 unit-600 mg, 1 mg-1.8 mg-7.5 mg-50 mg-250 mcg-400 unit-600 mg, 1 mg-40 mg-400 unit-600 mg-250 mcg-1.8 mg-7.5 mg, 1 mg-1.8 mg-7.5 mg-40 mg-250 mcg-600 mg-800 unit, 1 mg-1.8 mg-7.5 mg-50 mg-250 mcg-600 mg-800 unit* | $0 (Tier 3) | NT |
| *calcium carbonate-vitamin d w/ minerals tabs 1 mg-1.8 mg-7.5 mg-40 mg-200 unit-250 mcg-600 mg, 1 mg-1.8 mg-7.5 mg-50 mg-250 mcg-400 unit-600 mg, 1.8 mg-7.5 mg-50 mg-250 mcg-600 mg-400 unit-1 mg* | $0 (Tier 3) | NT |
| *calcium carbonate-vitamin d w/ minerals tabs 1 mg-1.8 mg-7.5 mg-50 mg-250 mcg-600 mg-800 unit, 50 mg-1 mg-1.8 mg-7.5 mg-250 mcg-600 mg-800 unit* | $0 (Tier 3) | MO; NT |
| CALCIUM CHEW 100 UNIT-500 MG | $0 (Tier 3) | MO; NT |
| CALCIUM CHEW 500 MG | $0 (Tier 3) | NT |
| CALCIUM CITRATE GRAN 760 MG/3.5GM | $0 (Tier 3) | NT |
| CALCIUM CITRATE TABS 1040 MG | $0 (Tier 3) | NT |
| *calcium citrate tabs 200 mg, 950 mg* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CALCIUM CITRATE TABS 250 MG | $0 (Tier 3) | MO; NT |
| CALCIUM CITRATE W/D TABS | $0 (Tier 3) | NT |
| *calcium citrate-vitamin d tabs 200 mg-250 unit, 250 unit-200 mg, 6.25 mcg-200 mg, 200 unit-315 mg, 5 mcg-315 mg* | $0 (Tier 3) | MO; NT |
| *calcium citrate-vitamin d tabs 200 unit-250 mg, 250 unit-315 mg, 6.25 mcg-315 mg* | $0 (Tier 3) | NT |
| CALCIUM CITRATE/VITAMIN D3 LIQD | $0 (Tier 3) | NT |
| CALCIUM LACTATE TABS 100 MG, 750 MG | $0 (Tier 3) | NT |
| CALCIUM LACTATE TABS 648 MG | $0 (Tier 3) | MO; NT |
| CALCIUM PLUS D3 ABSORBABLE CAPS | $0 (Tier 3) | NT |
| CALCIUM PLUS VITAMIN D CAPS 50 UNIT-500 MG | $0 (Tier 3) | NT |
| CALCIUM TABS 200 UNIT-600 MG | $0 (Tier 3) | NT |
| CALCIUM-FOLIC ACID PLUS D WAFR | $0 (Tier 3) | MO; NT |
| CALCIUM/VITAMIN D CAPS | $0 (Tier 3) | NT |
| CALTRATE 600+D3 SOFT CHEWS CHEW | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CALTRATE MINIS PLUS MINERALS TABS | $0 (Tier 3) | NT |
| CITRACAL CALCIUM GUMMIES CHEW | $0 (Tier 3) | MO; NT |
| CITRACAL+D3 CHEW | $0 (Tier 3) | MO; NT |
| DISNEY CALCIUM + VITAMIND3 GUMMIES CHEW | $0 (Tier 3) | NT |
| EQL CALCIUM/VITAMIN D CAPS | $0 (Tier 3) | NT |
| LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH CAPS | $0 (Tier 3) | NT |
| OSTEO-PORETICAL TABS | $0 (Tier 3) | NT |
| OYSTER SHELL CALCIUM 500+ D TABS | $0 (Tier 3) | NT |
| OYSTER SHELL CALCIUM/D TABS | $0 (Tier 3) | NT |
| OYSTER SHELL CALCIUM/VITAMIN D PACK 200 UNIT-500 MG | $0 (Tier 3) | NT |
| *oyster shell tabs* | $0 (Tier 3) | MO; NT |
| RISACAL-D TABS | $0 (Tier 3) | NT |
| UPCAL D PACK | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| UPCAL D POWD | $0 (Tier 3) | NT |
| **Electrolyte Mixtures** | | |
| *dextrose in lactated ringers soln* | $0 (Tier 1) | |
| *dextrose w/ sodium chloride soln 0.2 %-5 %, 0.33 %-5 %, 0.45 %-2.5 %, 0.45 %-5 %* | $0 (Tier 1) | |
| *dextrose w/ sodium chloride soln 0.9 %-5 %* | $0 (Tier 1) | MO |
| *lactated ringer's soln 109 meq/l-3 meq/l-4 meq/l-28 meq/l-130 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l* | $0 (Tier 1) | |
| MEDI-LYTE TABS | $0 (Tier 3) | MO; NT |
| *oral electrolytes soln* | $0 (Tier 3) | MO; NT |
| *parenteral electrolytes conc* | $0 (Tier 1) | B/D |
| *potassium chloride in dextrose & sodium chloride soln 0.45 %-5 %-20 meq/l* | $0 (Tier 1) | |
| THERMOTABS TABS | $0 (Tier 3) | MO; NT |
| **Magnesium** | | |
| CVS TRIPLE MAGNESIUM COMPLEX CAPS | $0 (Tier 3) | NT |
| MAG-G TABS | $0 (Tier 3) | MO; NT |
| MAGNESIUM CAPS 400 MG | $0 (Tier 3) | NT |
| MAGNESIUM CHLORIDE POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |
| *magnesium chloride tbec or 64 mg* | $0 (Tier 3) | MO; NT |
| *magnesium chloride-calcium carbonate tbec* | $0 (Tier 3) | NT |
| MAGNESIUM CITRATE TABS 100 MG | $0 (Tier 3) | NT |
| MAGNESIUM EXTRA STRENGTH CAPS | $0 (Tier 3) | NT |
| MAGNESIUM GLUCONATE TABS 250 MG, 500 MG | $0 (Tier 3) | NT |
| *magnesium gluconate tabs 27.5 mg* | $0 (Tier 3) | NT |
| *magnesium gluconate tabs 500 mg* | $0 (Tier 3) | MO; NT |
| *magnesium lactate tbcr* | $0 (Tier 3) | MO; NT |
| *magnesium oxide (mg supplement) caps 500 mg* | $0 (Tier 3) | NT |
| *magnesium oxide (mg supplement) tabs 200 mg, 400 mg* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *magnesium oxide (mg supplement) tabs 500 mg, 400 mg, 250 mg* | $0 (Tier 3) | MO; NT |
| MAGNESIUM OXIDE 400 PACK | $0 (Tier 3) | NT |
| MAGNESIUM OXIDE CAPS 400 MG | $0 (Tier 3) | NT |
| MAGNESIUM OXIDE TABS 420 MG | $0 (Tier 3) | NT |
| *magnesium sulfate soln ij 50 %* | $0 (Tier 1) | |
| MAGONATE LIQD | $0 (Tier 3) | MO; NT |
| NU-MAG TBEC | $0 (Tier 3) | MO; NT |
| SLOW-MAG TBEC | $0 (Tier 3) | MO; NT |
| SLOWMAG MG MUSCLE/HEART TBEC | $0 (Tier 3) | MO; NT |
| **Manganese** | | |
| *manganese chloride soln* | $0 (Tier 3) | NT |
| **Mineral Combinations** | | |
| ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS | $0 (Tier 3) | MO; NT |
| BONE DENSITY BUILDER TABS | $0 (Tier 3) | MO; NT |
| CAL MAG ZINC +D3 TABS | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CAL-MAG-ZINC-D TABS | $0 (Tier 3) | MO; NT |
| CAL-MAG-ZINC-D3 TABS | $0 (Tier 3) | MO; NT |
| CALCIUM/MAGNESIUM/ZINC TABS 5 MG-133 MG-200 UNIT-333 MG | $0 (Tier 3) | MO; NT |
| CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS | $0 (Tier 3) | MO; NT |
| CITRACAL MAXIMUM PLUS TABS | $0 (Tier 3) | MO; NT |
| CITRACAL PLUS TABS | $0 (Tier 3) | MO; NT |
| CVS CALCIUM CITRATE+D/MAGNESIUM TABS | $0 (Tier 3) | MO; NT |
| CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS | $0 (Tier 3) | MO; NT |
| FEM-CAL CITRATE TABS | $0 (Tier 3) | MO; NT |
| MULTI MEGA MINERALS TABS | $0 (Tier 3) | MO; NT |
| *multiple minerals w/ vitamins tabs* | $0 (Tier 3) | MO; NT |
| MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS | $0 (Tier 3) | MO; NT |
| PROSTEON TABS | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| THERACAL D2000 TABS | $0 (Tier 3) | MO; NT |
| THERACAL D4000 TABS | $0 (Tier 3) | MO; NT |
| THERACAL RAPID REPLETION TABS | $0 (Tier 3) | MO; NT |
| **Phosphate** | | |
| *potassium & sodium phosphates pack* | $0 (Tier 3) | MO; NT |
| **Potassium** | | |
| *potassium chloride cpcr or 10 meq, 8 meq* | $0 (Tier 1) | MO |
| *potassium chloride microencapsulated crystaler tbcr 20 meq, 10 meq* | $0 (Tier 1) | MO |
| *potassium chloride soln iv 2 meq/ml* | $0 (Tier 1) | MO |
| *potassium chloride soln or 20 %, 10 %* | $0 (Tier 1) | MO |
| *potassium chloride tbcr or 20 meq, 10 meq, 8 meq* | $0 (Tier 1) | MO |
| **Sodium** | | |
| SODIUM CHLORIDE GRAN XX | $0 (Tier 3) | RX/OTC; NT |
| *sodium chloride soln iv 0.45 %* | $0 (Tier 1) | |
| *sodium chloride soln iv 3 %, 5 %, 0.9 %* | $0 (Tier 1) | MO |
| **Trace Minerals** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *chromic chloride soln* | $0 (Tier 3) | NT |
| *cupric chloride soln* | $0 (Tier 3) | MO; NT |
| **Zinc** | | |
| GALZIN CAPS | $0 (Tier 3) | MO; NT |
| WILZIN CAPS | $0 (Tier 3) | MO; NT |
| *zinc chloride soln* | $0 (Tier 3) | MO; NT |
| *zinc sulfate caps or 220 mg* | $0 (Tier 3) | MO; NT |
| ZINC SULFATE GRANULAR POWD | $0 (Tier 3) | RX/OTC; NT |
| ZINC SULFATE HEPTAHYDRATE POWD | $0 (Tier 3) | RX/OTC; NT |
| ZINC SULFATE MONOHYDRATE POWD | $0 (Tier 3) | RX/OTC; NT |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| **Chelating Agents** | | |
| *penicillamine tabs* | $0 (Tier 1) | |
| *trientine hcl caps* | $0 (Tier 1^) | SL(2 ea daily) |
| **Immunomodulators** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| REVLIMID CAPS | $0 (Tier 2^) | PA; LA |
| THALOMID CAPS | $0 (Tier 2^) | |
| **Immunosuppressive Agents** | | |
| ASTAGRAF XL CP24 | $0 (Tier 2) | B/D; MO |
| AZATHIOPRINE SOLR IJ 100 MG | $0 (Tier 2) | B/D |
| *azathioprine tabs or 100 mg, 50 mg, 75 mg* | $0 (Tier 1) | B/D; MO |
| *cyclosporine caps* | $0 (Tier 1) | B/D; MO |
| *cyclosporine modified (for microemulsion) caps* | $0 (Tier 1) | B/D; MO |
| *cyclosporine modified (for microemulsion) soln* | $0 (Tier 1) | B/D; MO |
| *cyclosporine soln* | $0 (Tier 1) | B/D; MO |
| ENVARSUS XR TB24 | $0 (Tier 2) | B/D; MO |
| *everolimus (immunosuppressant) tabs 0.25 mg* | $0 (Tier 1) | B/D; MO |
| *everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg* | $0 (Tier 1^) | B/D; MO |
| *mycophenolate mofetil caps 250 mg* | $0 (Tier 1) | B/D; MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mycophenolate mofetil hcl solr* | $0 (Tier 1) | B/D; MO |
| *mycophenolate mofetil susr 200 mg/ml* | $0 (Tier 1^) | B/D; MO |
| *mycophenolate mofetil tabs 500 mg* | $0 (Tier 1) | B/D; MO |
| *mycophenolate sodium tbec* | $0 (Tier 1) | B/D; MO |
| NULOJIX SOLR | $0 (Tier 2^) | B/D |
| PROGRAF PACK OR 0.2 MG, 1 MG | $0 (Tier 2) | B/D; MO |
| PROGRAF SOLN IV 5 MG/ML | $0 (Tier 2) | B/D |
| REZUROCK TABS | $0 (Tier 2^) | B/D; MO |
| SANDIMMUNE SOLN OR 100 MG/ML | $0 (Tier 2) | B/D; MO |
| SIMULECT SOLR | $0 (Tier 2^) | |
| *sirolimus soln 1 mg/ml* | $0 (Tier 1) | B/D; MO |
| *sirolimus tabs 0.5 mg, 1 mg* | $0 (Tier 1) | B/D; MO |
| *sirolimus tabs 2 mg* | $0 (Tier 1^) | B/D; MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *tacrolimus caps* | $0 (Tier 1) | B/D; MO |
| THYMOGLOBULIN SOLR | $0 (Tier 2) | B/D |
| ZORTRESS TABS 1 MG | $0 (Tier 2^) | B/D; MO |
| **Irrigation Solutions** | | |
| *irrigation solutions, physiological soln* | $0 (Tier 1) | |
| *water for irrigation, sterile soln* | $0 (Tier 1) | MO |
| **Potassium Removing Agents** | | |
| *sodium polystyrene sulfonate powd* | $0 (Tier 1) | MO |
| *sodium polystyrene sulfonate susp* | $0 (Tier 1) | MO |
| VELTASSA PACK 16.8 GM | $0 (Tier 2) | ST; SL(1.5 ea daily); MO |
| VELTASSA PACK 25.2 GM | $0 (Tier 2) | ST; SL(1 ea daily); MO |
| VELTASSA PACK 8.4 GM | $0 (Tier 2^) | ST; SL(3 ea daily); MO |
| **Systemic Lupus Erythematosus Agents** | | |
| BENLYSTA SOAJ | $0 (Tier 2^) | PA |
| BENLYSTA SOLR | $0 (Tier 2^) | PA |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BENLYSTA SOSY | $0 (Tier 2^) | PA |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| **Anesthetics Topical Oral** | | |
| *lidocaine hcl (mouth-throat) soln 2 %* | $0 (Tier 1) | MO |
| **Anti-infectives - Throat** | | |
| *clotrimazole troc* | $0 (Tier 1) | MO |
| *nystatin (mouth-throat) susp* | $0 (Tier 1) | QL(24 ml daily); MO |
| **Antiseptics - Mouth/Throat** | | |
| *chlorhexidine gluconate (mouth-throat) soln* | $0 (Tier 1) | MO |
| **Steroids - Mouth/Throat/Dental** | | |
| *triamcinolone acetonide (mouth) pste* | $0 (Tier 1) | MO |
| **Throat Products - Misc.** | | |
| *cevimeline hcl caps* | $0 (Tier 1) | MO |
| *pilocarpine hcl (oral) tabs* | $0 (Tier 1) | MO |
| **MULTIVITAMINS** | | |
| **B-Complex w/ C** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *b complex w/ c caps 15 mg-5 mg-10 mg-10.2 mg-50 mg-300 mg, 5 mg-10 mg-10 mg-15 mg-50 mg-300 mg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg* | $0 (Tier 3) | NT |
| *b complex w/ c tabs 15 mg-5 mg-10 mg-10.2 mg-50 mg-300 mg, 15 mg-5 mg-10 mg-14.3 mg-50 mg-175 mg-300 mg, 2 mg-5 mcg-5.5 mg-15 mcg-20 mg-25 mg-100 mg-100 mg-400 mcg, 2 mg-5 mcg-6 mg-15 mcg-20 mg-25 mg-100 mg-100 mg-100 mg-150 mg, 25 mg-5 mg-5.5 mg-20 mg-25 mg-60 mg-100 mcg-400 mcg-1000 mcg, 5 mg-10 mcg-10 mg-15 mg-20 mg-100 mg-500 mg, 5 mg-10 mcg-10 mg-15 mg-20 mg-50 mg-300 mg, 5 mg-10 mcg-10 mg-15 mg-20 mg-80 mg-100 mg-500 mg, 5 mg-10 mg-10 mg-15 mg-50 mg-300 mcg-300 mg-400 mcg, 5 mg-10 mg-10 mg-15 mg-50 mg-300 mg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-150 mg-300 mg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg, 5 mg-10 mg-14.3 mg-15 mg-50 mg-300 mg, 5 mg-5 mg-10 mg-10 mg-10.2 mg-10.2 mg-15 mg-15 mg-50 mg-50 mg-300 mg-300 mg, 5 mg-5.5 mg-20 mg-25 mg-25 mg-60 mg-100 mcg-400 mcg-1000 mcg, 5 mg-6 mcg-10 mg-10.2 mg-15 mg-50 mg-300 mg-400 mcg* | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *b complex w/ c tbcr 5 mg-10 mg-10 mg-15 mg-50 mg-300 mg* | $0 (Tier 3) | NT |
| *b-complex w/ c & calcium tabs* | $0 (Tier 3) | NT |
| *b-complex w/ c & e + zn tabs* | $0 (Tier 3) | MO; NT |
| RA B-COMPLEX/VITAMIN C TR TBCR | $0 (Tier 3) | NT |
| **B-Complex w/ Folic Acid** | | |
| B COMPLEX + C TR TBCR | $0 (Tier 3) | MO; NT |
| *b-complex w/ c & folic acid caps 1 mg-1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg, 5 mg-1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg* | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *b-complex w/ c & folic acid tabs 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-6 mcg-6 mcg-10 mg-10 mg-10 mg-10 mg-20 mg-20 mg-100 mg-100 mg-300 mcg-300 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-8 mg-20 mg-30 mcg-200 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1.5 mg-0.006 mg-0.3 mg-1 mg-1.7 mg-10 mg-10 mg-20 mg-100 mg, 1.5 mg-1.7 mg-10 mg-20 mg-0.01 mcg-1 mg-10 mg-60 mg-300 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg-1000 mcg, 10 mg-1.5 mg-1.7 mg-6 mcg-10 mg-20 mg-100 mg-300 mcg-1000 mcg, 0.5 mg-4 mg-5 mcg-15 mg-15 mg-18 mg-100 mg-500 mg, 1 mg-1 mg-1 mg-5 mg-10 mg-10 mg-12 mcg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 2 mg-5 mg-15 mcg-20 mg-25 mg-30 mcg-100 mg-150 mg-400 mcg, 2 mg-5.5 mg-15 mcg-20 mg-25 mg-30 mcg-100 mg-150 mg-400 mcg, 25 mg-5 mg-5.5 mg-20 mg-25 mg-60 mg-100 mcg-100 mg-400 mcg-1000 mcg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mcg-300 mg-400 mcg, 5* | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mg-5 mg-10 mcg-10 mg-18 mg-45 mg-250 mg-400 mcg, 5 mg-5 mg-5 mg-10 mg-25 mg-120 mg-250 mcg-300 mcg-400 mcg, 5 mg-5 mg-5 mg-15 mcg-25 mg-37.5 mcg-50 mg-150 mg-200 mcg, 5 mg-5.5 mg-20 mg-25 mg-25 mg-60 mg-100 mcg-400 mcg-1000 mcg, 5 mg-6 mcg-10 mg-10.2 mg-15 mg-50 mg-300 mg-400 mcg, 5.5 mg-15 mcg-25 mg-30 mcg-150 mg-400 mcg-100 mg-2 mg-20 mg, 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-400 mcg-500 mg* | | |
| *b-complex w/ c & folic acid tabs 1.5 mg-0.006 mg-0.3 mg-0.8 mg-1.7 mg-10 mg-10 mg-20 mg-60 mg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-60 mg-300 mcg-800 mcg, 10 mg-1.5 mg-1.7 mg-6 mcg-10 mg-20 mg-60 mg-300 mcg-800 mcg* | $0 (Tier 3) | MO; NT |
| B-COMPLEX/FOLIC ACID/VITAMIN C TBCR | $0 (Tier 3) | MO; NT |
| DIALYVITE 3000 TABS | $0 (Tier 3) | MO; NT |
| DIALYVITE 5000 TABS | $0 (Tier 3) | MO; NT |
| DIALYVITE 800 WAFR | $0 (Tier 3) | NT |
| DIALYVITE/ZINC TABS | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NEPHPLEX RX TABS | $0 (Tier 3) | MO; NT |
| NEPHRONEX LIQD | $0 (Tier 3) | NT |
| VITAL-D RX TABS | $0 (Tier 3) | MO; NT |
| **B-Complex w/ Minerals** | | |
| APETIGEN-PLUS TABS 6 MCG-8 MG-8.5 MG-10 MG-15 MG-18 MG-20 MG-30 UNIT-80 MG-225 MG-300 MG | $0 (Tier 3) | NT |
| *b-complex w/ minerals liqd* | $0 (Tier 3) | MO; NT |
| **Iron w/ Vitamins** | | |
| *iron w/ vitamins tabs 0.38 mg-1 mcg-1 mcg-1.5 mg-1.7 mg-1.8 mg-2 mg-2.4 mg-6.7 mcg-12 mcg-13 mg-13.5 mg-16 mg-20 mg-20 mg-24 mcg-30 unit-36 mg-44 mcg-57 mg-86 mg-118 mg-120 mcg-148 mg-400 unit-6100 unit, 1 mg-1.1 mg-1.8 mg-2.5 mg-5 mcg-15 mg-30 unit-60 mg-65 mg-125 mg-400 unit-6000 unit, 1 mg-2 mg-3 mcg-4 mg-4.8 mg-10 mg-60 mg-100 mg-150 mg, 4 mg-4.8 mg-1 mg-2 mg-3 mcg-10 mg-60 mg-100 mg-150 mg, 4.8 mg-2 mg-3 mcg-4 mg-10 mg-31 mg-60 mg-100 mg-150 mg* | $0 (Tier 3) | RX/OTC; MO; NT |
| **Multiple Vitamins w/ Iron** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| CHLORELLA CAPS | $0 (Tier 3) | NT |
| *multiple vitamins w/ iron tabs* | $0 (Tier 3) | MO; NT |
| **Multiple Vitamins w/ Minerals** | | |
| AIRBORNE LOZG | $0 (Tier 3) | NT |
| BIOVOL SYRP | $0 (Tier 3) | NT |
| C-BUFF POWD | $0 (Tier 3) | NT |
| CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC | $0 (Tier 3) | NT |
| CVS DIABETES HEALTH SUPPORT MISC | $0 (Tier 3) | NT |
| DAILY HEART HEALTH SUPPORT MISC | $0 (Tier 3) | NT |
| DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC | $0 (Tier 3) | NT |
| DIABETES HEALTH PACK MISC | $0 (Tier 3) | NT |
| DIABETES SUPPORT PACK MISC | $0 (Tier 3) | NT |
| DIALYVITE SUPREME D TABS | $0 (Tier 3) | MO; NT |
| Emergen-c vitamin c pack | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| END FATIGUE DAILY ENERGYENFUSION POWD | $0 (Tier 3) | NT |
| KP MENS DAILY PACK MISC | $0 (Tier 3) | NT |
| KP WOMENS DAILY PACK MISC | $0 (Tier 3) | NT |
| LIFE PACK MENS MISC | $0 (Tier 3) | NT |
| LIFE PACK WOMENS MISC | $0 (Tier 3) | NT |
| MEGA MULTIVITAMIN POWD | $0 (Tier 3) | NT |
| MENS PACK MISC | $0 (Tier 3) | NT |
| MH MACULAR HEALTH MISC | $0 (Tier 3) | NT |
| *multiple vitamins w/ minerals & folic acid tabs* | $0 (Tier 3) | MO; NT |
| Multiple vitamins w/ minerals caps | $0 (Tier 3) | RX/OTC; MO; NT |
| Multiple vitamins w/ minerals chew | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *multiple vitamins w/ minerals liqd 1.5 mg/15ml-1.7 mg/15ml-2 mg/15ml-2 mg/15ml-3 mg/15ml-6 mcg/15ml-9 mg/15ml-10 mg/15ml-20 mg/15ml-25 mcg/15ml-25 mcg/15ml-30 unit/15ml-60 mg/15ml-150 mcg/15ml-300 mcg/15ml, 1.5 mg/15ml-1.7 mg/15ml-2 mg/15ml-2 mg/15ml-3 mg/15ml-6 mcg/15ml-9 mg/15ml-10 mg/15ml-20 mg/15ml-25 mcg/15ml-25 mcg/15ml-30 unit/15ml-60 mg/15ml-150 mcg/15ml-300 mcg/15ml-1000 unit/15ml-1300 unit/15ml, 1.5 mg/15ml-1.7 mg/15ml-2 mg/15ml-2 mg/15ml-3 mg/15ml-6 mcg/15ml-9 mg/15ml-10 mg/15ml-20 mg/15ml-25 mcg/15ml-25 mcg/15ml-30 unit/15ml-60 mg/15ml-150 mcg/15ml-300 mcg/15ml-400 unit/15ml-1300 unit/15ml, 1.5 mg/15ml-1.7 mg/15ml-2 mg/15ml-2 mg/15ml-3 mg/15ml-6 mcg/15ml-9 mg/15ml-10 mg/15ml-20 mg/15ml-25 mcg/15ml-30 unit/15ml-60 mg/15ml-150 mcg/15ml-250 mcg/15ml-300 mcg/15ml-400 unit/15ml, 2 mg/15ml-10 mg/15ml-15 mcg/15ml-15 mg/15ml-15 mg/15ml-50 mcg/15ml-50 mg/15ml-50 mg/15ml-50 mg/15ml-50 mg/15ml-150 mcg/15ml-800 mcg/15ml-1000 mg/15ml-5000 unit/15ml, 2.25 mg/15ml-2.55 mg/15ml-3 mg/15ml-15* | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mg/15ml-15 mg/15ml-18 mcg/15ml-37 mg/15ml-45 mg/15ml-45 unit/15ml-75 mg/15ml-112.5 mcg/15ml-150 mcg/15ml-300 mcg/15ml-600 unit/15ml-5250 unit/15ml-90 mg/15ml, 2.5 unit/5ml-5 mcg/5ml-5 mg/5ml-7.5 mg/5ml-7.5 mg/5ml-10 mg/5ml-12.5 mg/5ml-25 mcg/5ml-75 mg/5ml-100 unit/5ml-200 mcg/5ml-225 mg/5ml-750 mcg/5ml-2500 unit/5ml-250 mg/5ml-25 mcg/5ml* | | |
| Multiple vitamins w/ minerals tabs | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *multiple vitamins w/ minerals tbcr 0.25 mg-5 mcg-6.1 mg-7.2 mg-10 mcg-10 mg-10 mg-15 mg-25 mcg-25 mcg-25 mcg-25 mcg-50 mg-75 mcg-75 mcg-75 mcg-75 mcg-75 mcg-75 mg-75 mg-75 mg-75 mg-75 mg-150 mcg-150 unit-250 mg-400 mcg-400 unit-10000 unit, 0.3 mg-0.66 mg-1.65 mg-1.9 mg-4 mg-4.6 mg-5 mg-10 mcg-10 mcg-25 mg-25 mg-25 mg-25 mg-75 mcg-75 mcg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-150 mcg-150 unit-250 mg-400 mcg-1000 unit-10000 unit, 1 mg-1 mg-4 mg-5 mg-6 mg-7.5 mg-12.5 mg-12.5 mg-15 mg-18 mg-20 mg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-35 mcg-35 mg-37.5 mcg-50 mg-50 mg-50 mg-50 unit-60 mcg-75 mcg-125 mcg-125 mcg-125 mg-150 mcg-200 mcg-200 unit-5000 unit, 10 mcg-10 mcg-10 mcg-15 mg-15 mg-15 mg-15 mg-18 mg-20 mg-25 mg-25 mg-30 mg-50 mg-50 mg-50 mg-50 mg-100 mcg-100 mcg-100 mcg-100 mcg-100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 unit-180 mcg-300 mg-400 mcg-1000 unit-25000 unit, 15 mg-18 mg-10 mcg-15 mg-15 mg-20 mg-25 mg-25 mg-30 mcg-30 mg-50 mcg-50 mg-50 mg-50 mg-50 mg-100* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mcg-100 mcg-100 mcg-100 mcg-100 mcg-100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 unit-180 mcg-500 mg-1000 unit-25000 unit, 20 mg-0.225 mg-5 mg-6.1 mg-20 mg-25 mcg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-50 mg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 unit-150 mcg-200 mg-400 mcg-600 unit-6000 unit-9000 unit* | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *multiple vitamins w/ minerals tbef 0.46 mg-2.2 mg-3 mg-11 mcg-50 mg-80 mg-180 mcg-230 mg-1000 mg, 10 mg-5 mg-10 mcg-10 mg-15 mg-15 mg-23 mg-50 mg-50 mg-50 mg-89.45 mg-150 mcg-260 mg-400 mcg-500 unit-1000 mg, 2.8 mg-3 mg-8 mg-13.5 mg-15 mcg-40 mg-80 mg-230 mg-600 mcg-1000 mg, 2.8 mg-3 mg-8 mg-15 mcg-20 mg-40 mg-80 mg-230 mg-600 mcg-1000 mg, 2.8 mg-3 mg-8 mg-15 mcg-30 unit-32 mg-40 mg-50 mg-80 mg-290 mg-1000 mg-2000 unit, 2.8 mg-3 mg-8 mg-15 mcg-30 unit-40 mg-75 mg-230 mg-1000 mg-2000 unit, 2.8 mg-3 mg-8 mg-15 mcg-30 unit-40 mg-80 mg-230 mg-1000 mg-2000 unit, 3 mg-8 mg-13.5 mg-15 mcg-40 mg-80 mg-150 mg-600 mcg-1000 mg, 3 mg-8 mg-15 mcg-30 unit-40 mg-50 mg-75 mg-149 mg-1000 mg-2000 unit, 3 mg-8 mg-15 mcg-30 unit-40 mg-50 mg-75 mg-150 mg-350 mg-1000 mg-2000 unit, 3 mg-8 mg-15 mcg-30 unit-40 mg-75 mg-149 mg-1000 mg-2000 unit, 5 mg-10 mcg-10 mg-10 mg-15 mg-15 mg-23 mg-44 mg-50 mg-50 mg-50 mg-89.45 mg-150 mcg-260 mg-400 mcg-500 unit-1000 mg* | $0 (Tier 3) | NT |
| NANOVM ADULT POWD | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NANOVM SENIOR 71+ POWD | $0 (Tier 3) | NT |
| PHLEXY-VITS POWD | $0 (Tier 3) | NT |
| PREMIUM PACKETS MISC | $0 (Tier 3) | NT |
| PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS MISC | $0 (Tier 3) | NT |
| PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS MISC | $0 (Tier 3) | NT |
| SUPER NU-THERA POWD | $0 (Tier 3) | NT |
| THERANATAL LACTATION COMPLETE MISC | $0 (Tier 3) | NT |
| VITAMINS TO GO MAXIMUM MISC | $0 (Tier 3) | NT |
| VITAMINS TO GO MEN MISC | $0 (Tier 3) | NT |
| VITAMINS TO GO WOMEN MISC | $0 (Tier 3) | NT |
| VITEYES CLASSIC+MULTI POWD | $0 (Tier 3) | NT |
| WOMENS PACK MISC | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ZINC LOZG OR 10 MG-15 MG-50 MG-100 MG-500 UNIT, 10 MG-50 MG-100 MG-500 UNIT-15 MG, 100 MG-500 UNIT-15 MG-50 MG, 5 MG-10 MG-10 MG-10 MG-15 MG-60 MG-500 UNIT | $0 (Tier 3) | NT |
| **Multivitamins** | | |
| CHEW-12 CHEW | $0 (Tier 3) | NT |
| DEKAS ESSENTIAL LIQD 70 UNIT/ML-2000 MCG/ML-2000 UNIT/ML-2000 UNIT/ML | $0 (Tier 3) | NT |
| INFUVITE ADULT INJ | $0 (Tier 3) | MO; NT |
| M.V.I. ADULT INJ | $0 (Tier 3) | MO; NT |
| MOMMYS BLISS MULTIVITAMINORGANIC DROPS LIQD | $0 (Tier 3) | NT |
| *multiple vitamin caps or 0.5 mg-2 mcg-2.5 mg-2.5 mg-5 mg-10 unit-20 mg-50 mg-400 unit-5000 unit, 1 mcg-5 mcg-10 mg-30 mcg-30 mcg-50 mcg, 150 mg-300 mg-750 unit, 2 mg-6 mcg-400 mcg-400 unit, 200 unit-250 mg-10000 unit, 250 mg-1 mg-5 mg-89 mg* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *multiple vitamin inj iv 0.2 mg/5ml-1 mcg/5ml-1 mcg/5ml-1 mg/5ml-1.2 mg/5ml-1.4 mg/5ml-5 mg/5ml-7 unit/5ml-17 mg/5ml-80 mg/5ml-140 mcg/5ml-400 unit/5ml-2300 unit/5ml* | $0 (Tier 3) | MO; NT |
| Multiple vitamin tabs or | $0 (Tier 3) | MO; NT |
| MULTIVITAMIN+ LIQD | $0 (Tier 3) | NT |
| ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW | $0 (Tier 3) | NT |
| ONE-DAILY MULTI-VITAMIN PACK | $0 (Tier 3) | NT |
| **Ped MV w/ Fluoride** | | |
| *pediatric vitamins acd w/ fluoride soln 0.25 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml* | $0 (Tier 1) | RX/OTC; MO |
| *pediatric vitamins acd w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml* | $0 (Tier 1) | MO |
| **Ped MV w/ Iron** | | |
| BPROTECTED PEDIA POLY-VITE/IRON SOLN | $0 (Tier 3) | NT |
| DINO-LIFE W/IRON & ZINC CHEW | $0 (Tier 3) | NT |
| HONEY BEARS W/IRON AND ZINC CHEW | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN | $0 (Tier 3) | NT |
| *pediatric multiple vitamins w/ iron chew 0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 mg-15 unit-60 mg-400 unit-2500 unit, 0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-9 mg-13.5 mg-15 mg-15 unit-60 mg-400 unit-1250 unit, 1 mg-1 mg-1 mg-4.5 mcg-14 mg-15 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 1.05 mg-1.05 mg-1.2 mg-4 mcg-5 mg-13.5 mg-15 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit* | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *pediatric multiple vitamins w/ iron chew 0.4 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-10 mg-12 mg-15 mg-18 mg-30 unit-40 mcg-55 mcg-60 mg-100 mg-150 mcg-600 unit-3000 unit, 0.6 mg-0.6 mg-1.2 mcg-3 mg-5 mg-8 mg-12 mcg-15 mcg-18 mg-25 mg-90 mcg-120 mcg-400 mcg-7 mg-0.6 mg, 1 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mcg-20 mcg-20 mg-30 unit-40 mg-45 mcg-50 mg-60 mg-150 mcg-160 mg-400 unit-5000 unit, 1 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mcg-20 mg-30 unit-40 mg-45 mcg-50 mg-60 mg-108 mg-150 mcg-400 mcg-400 unit-3500 unit, 1 mg-2 mg-2.2 mg-2.5 mg-5 mcg-2 mg-2 mg-2 mg-5 mg-5 mg-8 mcg-10 mcg-10 mcg-10 mg-10 mg-10 mg-15 mg-18 mg-25 mg-30 unit-40 mcg-40 mg-100 mg-125 mg-150 mcg-300 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-10 mg-10 mg-12 mg-15 mg-18 mg-20 mg-30 unit-38 mg-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-10 mg-12 mg-15 mg-18 mg-20 mg-30 unit-38 mg-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2* | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *mg-2 mg-6 mcg-10 mg-10 mg-12 mg-15 mg-18 mg-30 unit-40 mcg-55 mcg-60 mg-100 mg-150 mcg-400 mcg-600 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-12 mg-15 mg-18 mg-20 mg-30 unit-38 mg-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-12 mg-15 mg-18 mg-20 mg-30 unit-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-15 mg-18 mg-20 mg-20 mg-30 unit-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-8 mg-10 mg-12 mg-15 mg-18 mg-30 unit-40 mcg-60 mg-100 mg-150 mcg-400 mcg-600 unit-3000 unit, 10 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-12 mg-15 mg-18 mg-20 mg-30 unit-38 mg-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 2 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-10 mg-12 mg-15 mg-18 mg-30 unit-40 mcg-55 mcg-60 mg-100 mg-150 mcg-400 mcg-600 unit-3000 unit, 2 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-12 mg-15 mg-18 mg-20 mg-30 unit-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-3000 unit, 2 mg-6 mcg-8 mg-1.5 mg-1.7 mg-2 mg-* | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *10 mg-15 mg-18 mg-20 mg-20 mg-30 unit-40 mcg-60 mg-100 mg-100 mg-150 mcg-400 mcg-400 unit-5000 unit* | | |
| POLY-VI-SOL/IRON SOLN | $0 (Tier 3) | MO; NT |
| POLY-VITA/IRON SOLN | $0 (Tier 3) | NT |
| POLY-VITE/IRON SOLN | $0 (Tier 3) | MO; NT |
| SCOOBY-DOO ONE A DAY CHEW | $0 (Tier 3) | NT |
| **Ped Multiple Vitamins w/ Minerals** | | |
| AQUADEKS LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| DEKAS PLUS LIQD | $0 (Tier 3) | NT |
| GENADEK LIQD | $0 (Tier 3) | NT |
| MVW COMPLETE FORMULATIONPEDIATRIC SOLN | $0 (Tier 3) | MO; NT |
| NANOVM 1-3 YEARS POWD | $0 (Tier 3) | MO; NT |
| NANOVM 4-8 YEARS POWD | $0 (Tier 3) | MO; NT |
| NANOVM 9-18 YEARS POWD | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| NANOVM T/F POWD | $0 (Tier 3) | MO; NT |
| Pediatric multiple vitamin w/ minerals & c chew | $0 (Tier 3) | MO; NT |
| *pediatric multiple vitamin w/ minerals & c soln 0.5 mg/ml-0.6 mg/ml-0.6 mg/ml-3 mg/ml-4 mcg/ml-6 mg/ml-7.5 mg/ml-15 mcg/ml-45 mg/ml-50 unit/ml-300 mcg/ml-400 unit/ml-3170 unit/ml* | $0 (Tier 3) | RX/OTC; MO; NT |
| UPSPRING BABY IRON & IMMUNITY LIQD | $0 (Tier 3) | NT |
| UPSPRINGBABY MULTIVITAMIN/IRON LIQD | $0 (Tier 3) | NT |
| **Pediatric Multiple Vitamins** | | |
| BPROTECTED PEDIA POLY-VITE SOLN | $0 (Tier 3) | MO; NT |
| INFUVITE PEDIATRIC SOLN | $0 (Tier 3) | NT |
| M.V.I. PEDIATRIC SOLR | $0 (Tier 3) | NT |
| NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD | $0 (Tier 3) | NT |
| PC PEDIATRIC POLY-VITAMIN DROPS SOLN | $0 (Tier 3) | MO; NT |
| *pediatric multiple vitamin w/ c & fa chew* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *pediatric multiple vitamin w/ extra c & fa chew* | $0 (Tier 3) | NT |
| *pediatric multiple vitamins soln* | $0 (Tier 3) | MO; NT |
| PEDIAVIT LIQD | $0 (Tier 3) | NT |
| POLY-VI-SOL SOLN | $0 (Tier 3) | MO; NT |
| POLY-VITA SOLN | $0 (Tier 3) | MO; NT |
| POLY-VITE PEDIATRIC SOLN | $0 (Tier 3) | MO; NT |
| **Pediatric Vitamins** | | |
| HONEY BEARS CHEW | $0 (Tier 3) | NT |
| MULTIVITAMIN GUMMIES CHILDRENS CHEW | $0 (Tier 3) | NT |
| *pediatric vitamins adc soln* | $0 (Tier 3) | NT |
| **Prenatal Vitamins** | | |
| TRINATAL RX 1 TABS | $0 (Tier 2) | MO |
| **Vitamin Mixtures** | | |
| *niacinamide w/ zinc-copper-methylfolate-se-cr tabs* | $0 (Tier 3) | MO; NT |
| NICOMIDE TABS (*niacinamide w/ zinc-copper-methylfolate-se-cr*) | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms** | | |
| **Central Muscle Relaxants** | | |
| *baclofen tabs or 10 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *baclofen tabs or 20 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *carisoprodol tabs 350 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *chlorzoxazone tabs 500 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *cyclobenzaprine hcl tabs 10 mg, 5 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *metaxalone tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *methocarbamol tabs or 500 mg, 750 mg* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *tizanidine hcl caps 2 mg* | $0 (Tier 1) | SL(18 ea daily); MO |
| *tizanidine hcl caps 4 mg* | $0 (Tier 1) | SL(9 ea daily); MO |
| *tizanidine hcl caps 6 mg* | $0 (Tier 1) | SL(6 ea daily); MO |
| *tizanidine hcl tabs 2 mg* | $0 (Tier 1) | SL(18 ea daily); MO |
| *tizanidine hcl tabs 4 mg* | $0 (Tier 1) | SL(9 ea daily); MO |
| **Direct Muscle Relaxants** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dantrolene sodium caps* | $0 (Tier 1) | MO |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus** | | |
| **Nasal Agents - Misc.** | | |
| AYR NASAL DROPS SOLN | $0 (Tier 3) | MO; NT |
| AYR NASAL MIST ALLERGY &SINUS HYPERTONIC SALINE SOLN | $0 (Tier 3) | NT |
| CVS NASAL MIST AERS 0.9 % | $0 (Tier 3) | NT |
| LITTLE NOSES STERILE SALINE NASAL MIST AERS | $0 (Tier 3) | NT |
| LITTLE REMEDIES BABY STERILE SALINE MIST FOR NOSES AERS | $0 (Tier 3) | NT |
| NASADROPS SALINE ON THE GO SOLN | $0 (Tier 3) | NT |
| RA STERILE SALINE NASAL MIST SOLN | $0 (Tier 3) | NT |
| RHINARIS SOLN | $0 (Tier 3) | NT |
| *saline gel* | $0 (Tier 3) | MO; NT |
| *saline soln* | $0 (Tier 3) | MO; NT |
| SIMPLY SALINE AERS | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SINUS WASH SALT CRYS | $0 (Tier 3) | NT |
| ZARBEES SOOTHING SALINE NASAL MIST/ALOE AERS | $0 (Tier 3) | NT |
| **Nasal Antiallergy** | | |
| *azelastine hcl soln* | $0 (Tier 1) | MO |
| *cromolyn sodium (nasal) aers* | $0 (Tier 3) | MO; NT |
| *olopatadine hcl (nasal) soln* | $0 (Tier 1) | MO |
| **Nasal Anticholinergics** | | |
| *ipratropium bromide (nasal) soln* | $0 (Tier 1) | MO |
| **Nasal Steroids** | | |
| *flunisolide (nasal) soln* | $0 (Tier 1) | MO |
| *fluticasone propionate (nasal) susp* | $0 (Tier 1) | RX/OTC; MO |
| *fluticasone propionate (nasal) susp* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| **Sympathomimetic Decongestants** | | |
| BENZEDREX INHALER INHA | $0 (Tier 3) | NT |
| *oxymetazoline hcl soln* | $0 (Tier 3) | MO; NT |
| *phenylephrine hcl (oral) tabs* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *phenylephrine hcl soln* | $0 (Tier 3) | NT |
| *pseudoephedrine hcl liqd 15 mg/5ml* | $0 (Tier 3) | MO; NT |
| *pseudoephedrine hcl tabs 60 mg, 30 mg* | $0 (Tier 3) | MO; NT |
| *pseudoephedrine hcl tb12 120 mg* | $0 (Tier 3) | MO; NT |
| **NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles** | | |
| **ALS Agents** | | |
| RADICAVA SOLN | $0 (Tier 2^) | PA |
| *riluzole tabs* | $0 (Tier 1) | MO |
| **Muscular Dystrophy Agents** | | |
| EXONDYS 51 SOLN | $0 (Tier 2^) | PA; LA; MO |
| VYONDYS 53 SOLN | $0 (Tier 2^) | PA; LA; MO |
| **Neuromuscular Blocking Agent - Neurotoxins** | | |
| BOTOX SOLR | $0 (Tier 2) | PA |
| XEOMIN SOLR | $0 (Tier 2) | PA; MO |
| **NUTRIENTS** | | |
| **Carbohydrates** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dextrose soln 5 %* | $0 (Tier 1) | B/D; MO |
| *dextrose soln 50 %, 10 %, 70 %* | $0 (Tier 1) | B/D |
| FRUCTOSE GRAN | $0 (Tier 3) | RX/OTC; NT |
| **Lipids** | | |
| CLINOLIPID EMUL | $0 (Tier 2) | B/D |
| INTRALIPID EMUL 20 GM/100ML | $0 (Tier 1) | B/D |
| NUTRILIPID EMUL | $0 (Tier 1) | B/D |
| **Misc. Nutritional Substances** | | |
| ALP HIGH3 CPDR | $0 (Tier 3) | NT |
| COROMEGA OMEGA 3 KIDS EMUL | $0 (Tier 3) | MO; NT |
| COROMEGA OMEGA 3 SQUEEZE EMUL | $0 (Tier 3) | MO; NT |
| FISH OIL CAPS 950 MG-1360 MG | $0 (Tier 3) | NT |
| FISH OIL CHEW 90 MG-135 MG-875 MG | $0 (Tier 3) | NT |
| FISH OIL PEARLS CAPS | $0 (Tier 3) | NT |
| FISH OIL TRIPLE STRENGTH CAPS | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FISH OIL ULTRA CAPS | $0 (Tier 3) | NT |
| GNP FISH OIL CPDR | $0 (Tier 3) | NT |
| OMEGA-3 CAPS | $0 (Tier 3) | NT |
| OMEGA-3 CPDR | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *omega-3 fatty acids caps 120 mg-180 mg-500 mg, 130 mg-320 mg-500 mg, 135 mg-270 mg-500 mg, 2.5 unit-200 mg-300 mg-500 mg, 200 mg-300 mg-1000 mg, 27 mg-89 mg-244 mg-500 mg, 60 mg-90 mg-150 mg-500 mg, 60 mg-90 mg-500 mg, 108 mg-180 mg-360 mg-1200 mg, 12 mg-360 mg-360 mg-1200 mg, 1200 mg-2 unit, 1200 mg-360 mg, 144 mg-180 mg-1200 mg, 144 mg-216 mg-1200 mg, 144 mg-216 mg-360 mg-1200 mg, 15 unit-144 mg-216 mg-1200 mg, 216 mg-324 mg-600 mg-1200 mg, 276 mg-336 mg-1200 mg, 60 mg-120 mg-180 mg-1200 mg, 60 mg-300 mg-360 mg-1200 mg, 1 gm-120 mg-180 mg-300 mg, 1 unit-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-340 mg-1000 mg, 1 unit-200 mg-300 mg-1000 mg, 1 unit-300 mg-1000 mg, 1 unit-300 mg-1000 mg-1000 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-500 mg-1000 mg, 100 mg-150 mg-300 mg-1000 mg, 100 mg-160 mg-1000 mg, 1000 mg-1 mg-120 mg-180 mg, 120 mg-180 mg-300 mg-1000 mg, 180 mg-270 mg-1000 mg, 250 mg-350 mg-1000 mg, 250 mg-500 mg-1000 mg, 3 mg-108 mg-162 mg-1000 mg, 300 mg-400 mg-1000 mg, 360 mg-455 mg-900 mg-1000 mg,* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *5 unit-120 mg-180 mg, 600 mg-1000 mg, 75 mg-90 mg-210 mg-1000 mg* | | |
| *omega-3 fatty acids caps 175 mg-175 mg-260 mg-260 mg-435 mg-435 mg, 175 mg-260 mg-435 mg, 120 mg-180 mg, 300 mg, 5 unit-100 mg-160 mg-300 mg-1000 mg, 90 mg-180 mg-300 mg-772.5 mg* | $0 (Tier 3) | NT |
| *omega-3 fatty acids chew 4.75 mg-23.75 mg-28.5 mg-113.5 mg, 5 mg-25 mg-113.5 mg, 5 mg-25 mg-35 mg-113.5 mg* | $0 (Tier 3) | NT |
| *omega-3 fatty acids cpdr 100 mg-160 mg-1000 mg, 120 mg-180 mg-1000 mg, 120 mg-180 mg-300 mg-1000 mg, 200 mg-300 mg-1000 mg* | $0 (Tier 3) | MO; NT |
| *omega-3 fatty acids cpdr 144 mg-216 mg-360 mg-1200 mg, 684 mg-1200 mg* | $0 (Tier 3) | NT |
| *omega-3 fatty acids liqd 10 unit/5ml-300 mg/5ml-500 mg/5ml-800 mg/5ml, 10 unit/5ml-500 mg/5ml-800 mg/5ml-1600 mg/5ml, 4.6 gm/5ml, 460 mg/5ml-740 mg/5ml-1400 mg/5ml, 5 unit/2.5ml-250 mg/2.5ml-400 mg/2.5ml-800 mg/2.5ml, 712 mg/15ml-1024 mg/15ml* | $0 (Tier 3) | NT |
| OMEGA-3 FISH OIL EXTRA STRENGTH CAPS | $0 (Tier 3) | NT |
| OMEGAPURE 780 EC CPDR | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PRENATAL OMEGA BABY EMUL | $0 (Tier 3) | MO; NT |
| PRO NUTRIENTS OMEGA 3 CPDR | $0 (Tier 3) | NT |
| SALMON CAPS | $0 (Tier 3) | NT |
| SALMON OIL CAPS | $0 (Tier 3) | NT |
| SALMON OIL-1000 CAPS | $0 (Tier 3) | NT |
| SM FISH OIL CAPS | $0 (Tier 3) | NT |
| SUPER TWIN EPA/DHA CAPS | $0 (Tier 3) | NT |
| ULTRA OMEGA-3 FISH OIL BURP-LESS CAPS | $0 (Tier 3) | NT |
| **Proteins** | | |
| *amino acid infusion 15%* | $0 (Tier 1) | B/D; MO |
| *arginine caps 500 mg* | $0 (Tier 3) | MO; NT |
| ARGININE PACK 500 MG | $0 (Tier 3) | MO; NT |
| *arginine powd* | $0 (Tier 3) | MO; NT |
| ARGININE TABS 500 MG | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *arginine tabs 500 mg, 1000 mg* | $0 (Tier 3) | MO; NT |
| ARGININE2000 PACK | $0 (Tier 3) | NT |
| CLINIMIX 4.25%/DEXTROSE 5% SOLN | $0 (Tier 2) | B/D |
| *glutamine powd* | $0 (Tier 3) | NT |
| GLUTATHIONE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| GLUTATHIONE-L POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| GLUTATHIONE-L REDUCED POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| L-ARGININE BASE POWD | $0 (Tier 3) | RX/OTC; NT |
| L-ARGININE POWD OR (*arginine*) | $0 (Tier 3) | MO; NT |
| L-ARGININE POWD XX | $0 (Tier 3) | RX/OTC; NT |
| L-GLUTAMINE POWD | $0 (Tier 3) | RX/OTC; NT |
| L-GLUTATHIONE CRYS | $0 (Tier 3) | NT |
| L-ISOLEUCINE POWD OR | $0 (Tier 3) | NT |
| L-ISOLEUCINE POWD XX | $0 (Tier 3) | RX/OTC; NT |
| PURE L-CITRULLINE CAPS | $0 (Tier 3) | NT |
| **OPHTHALMIC AGENTS - Drugs to Treat the Eye** | | |
| **Artificial Tears and Lubricants** | | |
| *artificial tear solution soln* | $0 (Tier 3) | MO; NT |
| *carboxymethylcellulose sodium (ophth) gel 1 %* | $0 (Tier 3) | MO; NT |
| *carboxymethylcellulose sodium (ophth) soln 0.5 %* | $0 (Tier 3) | MO; NT |
| *carboxymethylcellulose-glycerin soln* | $0 (Tier 3) | MO; NT |
| DAKRINA SOLN | $0 (Tier 3) | NT |
| *dextran 70-hypromellose soln* | $0 (Tier 3) | MO; NT |
| DWELLE SOLN | $0 (Tier 3) | NT |
| FRESHKOTE SOLN | $0 (Tier 3) | NT |
| GENTEAL SEVERE GEL | $0 (Tier 3) | MO; NT |
| GENTEAL SEVERE TEARS GEL | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GENTEAL TEARS SEVERE DAY/NIGHT GEL | $0 (Tier 3) | MO; NT |
| *glycerin-hypromellose-polyethylene glycol 400 soln* | $0 (Tier 3) | MO; NT |
| ISOPTO TEARS SOLN | $0 (Tier 3) | MO; NT |
| *polyethylene glycol-propylene glycol (ophth) soln* | $0 (Tier 3) | MO; NT |
| *polyvinyl alcohol soln* | $0 (Tier 3) | MO; NT |
| *polyvinyl alcohol-povidone (ophth) soln* | $0 (Tier 3) | NT |
| *propylene glycol (ophth) soln* | $0 (Tier 3) | MO; NT |
| REFRESH DIGITAL PF SOLN | $0 (Tier 3) | MO; NT |
| REFRESH DIGITAL SOLN | $0 (Tier 3) | MO; NT |
| REFRESH LIQUIGEL GEL (*carboxymethylcellulose sodium (ophth)*) | $0 (Tier 3) | MO; NT |
| REFRESH OPTIVE ADVANCED SENSITIVE SOLN | $0 (Tier 3) | MO; NT |
| REFRESH OPTIVE ADVANCED SOLN | $0 (Tier 3) | MO; NT |
| REFRESH OPTIVE GEL 0.9 %-1 % | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| REFRESH OPTIVE MEGA-3 SOLN | $0 (Tier 3) | MO; NT |
| REFRESH OPTIVE PRESERVATIVE FREE SOLN | $0 (Tier 3) | MO; NT |
| REFRESH RELIEVA PF SOLN 0.5 %-0.9 % | $0 (Tier 3) | MO; NT |
| REFRESH SOLN | $0 (Tier 3) | MO; NT |
| SYSTANE COMPLETE SOLN (*propylene glycol (ophth)*) | $0 (Tier 3) | MO; NT |
| SYSTANE GEL GEL | $0 (Tier 3) | MO; NT |
| SYSTANE HYDRATION PF SOLN (*polyethylene glycol-propylene glycol (ophth)*) | $0 (Tier 3) | MO; NT |
| SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL | $0 (Tier 3) | MO; NT |
| SYSTANE PRESERVATIVE FREE SOLN (*polyethylene glycol-propylene glycol (ophth)*) | $0 (Tier 3) | MO; NT |
| SYSTANE ULTRA PRESERVATIVE FREE SOLN (*polyethylene glycol-propylene glycol (ophth)*) | $0 (Tier 3) | MO; NT |
| VISTA GEL GEL | $0 (Tier 3) | MO; NT |
| *white petrolatum-mineral oil oint* | $0 (Tier 3) | MO; NT |
| **Beta-blockers - Ophthalmic** | | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *betaxolol hcl (ophth) soln* | $0 (Tier 1) | MO |
| *carteolol hcl (ophth) soln* | $0 (Tier 1) | MO |
| COMBIGAN SOLN | $0 (Tier 2) | MO |
| *dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml* | $0 (Tier 1) | MO |
| *levobunolol hcl soln* | $0 (Tier 1) | MO |
| *timolol maleate (ophth) solg 0.25 %, 0.5 %* | $0 (Tier 1) | MO |
| *timolol maleate (ophth) soln 0.25 %, 0.5 %* | $0 (Tier 1) | MO |
| TIMOPTIC-XE SOLG 0.25 % (*timolol maleate (ophth)*) | $0 (Tier 2) | MO |
| **Cycloplegic Mydriatics** | | |
| *cyclopentolate hcl soln* | $0 (Tier 1) | MO |
| **Miotics** | | |
| PHOSPHOLINE IODIDE SOLR | $0 (Tier 2) | |
| *pilocarpine hcl soln* | $0 (Tier 1) | MO |
| **Ophthalmic - Angiogenesis Inhibitors** | | |
| BEOVU SOLN | $0 (Tier 2^) | PA |
| EYLEA SOSY | $0 (Tier 2^) | PA; LA |
| **Ophthalmic Adrenergic Agents** | | |
| ALPHAGAN P SOLN 0.1 % | $0 (Tier 2) | MO |
| *apraclonidine hcl soln* | $0 (Tier 1) | MO |
| *brimonidine tartrate soln* | $0 (Tier 1) | MO |
| SIMBRINZA SUSP | $0 (Tier 2) | MO |
| **Ophthalmic Anti-infectives** | | |
| AZASITE SOLN | $0 (Tier 2) | MO |
| *bacitracin (ophthalmic) oint* | $0 (Tier 1) | MO |
| *bacitracin-polymyxin b (ophth) oint* | $0 (Tier 1) | MO |
| *ciprofloxacin hcl (ophth) soln* | $0 (Tier 1) | MO |
| *erythromycin (ophth) oint* | $0 (Tier 1) | QL(0.5 gm daily); MO |
| *gatifloxacin (ophth) soln* | $0 (Tier 1) | MO |
| *gentamicin sulfate (ophth) oint* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *gentamicin sulfate (ophth) soln* | $0 (Tier 1) | MO |
| *levofloxacin (ophth) soln* | $0 (Tier 1) | MO |
| *moxifloxacin hcl (ophth) soln* | $0 (Tier 1) | MO |
| NATACYN SUSP | $0 (Tier 2) | MO |
| *neomycin-bacitracin zn-polymyxin oint* | $0 (Tier 1) | MO |
| *neomycin-polymyxin-gramicidin soln* | $0 (Tier 1) | MO |
| *ofloxacin (ophth) soln* | $0 (Tier 1) | MO |
| *polymyxin b-trimethoprim soln* | $0 (Tier 1) | MO |
| *sulfacetamide sodium (ophth) soln* | $0 (Tier 1) | MO |
| *tobramycin (ophth) soln* | $0 (Tier 1) | MO |
| *trifluridine soln* | $0 (Tier 1) | MO |
| ZIRGAN GEL | $0 (Tier 2) | MO |
| **Ophthalmic Immunomodulators** | | |
| RESTASIS EMUL | $0 (Tier 2) | MO |
| RESTASIS MULTIDOSE EMUL | $0 (Tier 2) | MO |
| **Ophthalmic Kinase Inhibitors** | | |
| ROCKLATAN SOLN | $0 (Tier 2) | MO |
| **Ophthalmic Local Anesthetics** | | |
| *proparacaine hcl soln* | $0 (Tier 1) | MO |
| **Ophthalmic Nerve Growth Factors** | | |
| OXERVATE SOLN | $0 (Tier 2^) | PA; MO |
| **Ophthalmic Steroids** | | |
| ALREX SUSP | $0 (Tier 2) | MO |
| *bacitracin-poly-neomycin-hc oint* | $0 (Tier 1) | MO |
| *dexamethasone sodium phosphate (ophth) soln* | $0 (Tier 1) | MO |
| DUREZOL EMUL (*difluprednate*) | $0 (Tier 2) | MO |
| *fluorometholone (ophth) susp* | $0 (Tier 1) | MO |
| LOTEMAX OINT | $0 (Tier 2) | MO |
| LOTEMAX SM GEL | $0 (Tier 2) | MO |
| *loteprednol etabonate gel* | $0 (Tier 1) | MO |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *loteprednol etabonate susp* | $0 (Tier 1) | MO |
| *neomycin-polymy-dexameth oint* | $0 (Tier 1) | MO |
| *neomycin-polymy-dexameth susp* | $0 (Tier 1) | MO |
| *prednisolone acetate (ophth) susp* | $0 (Tier 1) | MO |
| *sulfacetamide sod-prednisolone soln* | $0 (Tier 1) | MO |
| *tobramycin-dexamethasone susp* | $0 (Tier 1) | QL(0.67 ml daily); MO |
| **Ophthalmics - Misc.** | | |
| *azelastine hcl (ophth) soln* | $0 (Tier 1) | MO |
| AZOPT SUSP (*brinzolamide*) | $0 (Tier 2) | MO |
| *bromfenac sodium (ophth) soln* | $0 (Tier 1) | Once daily dosing;MO |
| *cromolyn sodium (ophth) soln* | $0 (Tier 1) | MO |
| CYSTARAN SOLN | $0 (Tier 2) | Limit 60mls per 28 days;QL(2.15 ml daily); LA; MO |
| *diclofenac sodium (ophth) soln* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *dorzolamide hcl soln* | $0 (Tier 1) | MO |
| *epinastine hcl (ophth) soln* | $0 (Tier 1) | MO |
| *flurbiprofen sodium soln* | $0 (Tier 1) | MO |
| ILEVRO SUSP | $0 (Tier 2) | MO |
| *ketorolac tromethamine (ophth) soln* | $0 (Tier 1) | QL(0.34 ml daily); MO |
| *ketotifen fumarate (ophth) soln* | $0 (Tier 3) | MO; NT |
| MURO 128 SOLN 2 % | $0 (Tier 3) | MO; NT |
| NEVANAC SUSP | $0 (Tier 2) | MO |
| *olopatadine hcl soln 0.2 %* | $0 (Tier 1) | RX/OTC; MO |
| *sodium chloride hypertonic oint* | $0 (Tier 3) | MO; NT |
| *sodium chloride hypertonic soln* | $0 (Tier 3) | MO; NT |
| **Prostaglandins - Ophthalmic** | | |
| *bimatoprost soln* | $0 (Tier 1) | MO |
| *latanoprost soln* | $0 (Tier 1) | MO |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LUMIGAN SOLN | $0 (Tier 2) | MO |
| *travoprost soln* | $0 (Tier 1) | MO |
| **OTIC AGENTS - Drugs to Treat the Ear** | | |
| **Otic Agents - Miscellaneous** | | |
| *acetic acid (otic) soln* | $0 (Tier 1) | MO |
| *carbamide peroxide (otic) soln* | $0 (Tier 3) | MO; NT |
| **Otic Anti-infectives** | | |
| CETRAXAL SOLN (*ciprofloxacin hcl (otic)*) | $0 (Tier 2) | MO |
| *ciprofloxacin hcl (otic) soln* | $0 (Tier 1) | MO |
| *ofloxacin (otic) soln* | $0 (Tier 1) | MO |
| **Otic Combinations** | | |
| CIPRODEX SUSP (*ciprofloxacin-dexamethasone*) | $0 (Tier 2) | MO |
| *neomycin-polymyxin-hc (otic) soln* | $0 (Tier 1) | MO |
| *neomycin-polymyxin-hc (otic) susp* | $0 (Tier 1) | MO |
| **Otic Steroids** | | |
| *fluocinolone acetonide (otic) oil* | $0 (Tier 1) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *hydrocortisone w/acetic acid soln* | $0 (Tier 1) | MO |
| **OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding** | | |
| **Oxytocics** | | |
| *methylergonovine maleate tabs* | $0 (Tier 1) | MO |
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System** | | |
| **Immune Serums** | | |
| BIVIGAM SOLN 10 %, 5 GM/50ML | $0 (Tier 2^) | B/D |
| CUVITRU SOLN 1 GM/5ML | $0 (Tier 2) | B/D; LA |
| CUVITRU SOLN 10 GM/50ML | $0 (Tier 2^) | B/D |
| CUVITRU SOLN 2 GM/10ML, 4 GM/20ML, 8 GM/40ML | $0 (Tier 2^) | B/D; LA |
| FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML | $0 (Tier 2^) | B/D |
| FLEBOGAMMA DIF SOLN 5 GM/50ML | $0 (Tier 2^) | B/D; 5 GM/50 ML |
| GAMASTAN INJ | $0 (Tier 2) | B/D |
| GAMMAGARD LIQUID SOLN | $0 (Tier 2^) | B/D |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| GAMMAKED SOLN | $0 (Tier 2^) | B/D |
| GAMMAPLEX SOLN | $0 (Tier 2^) | B/D |
| GAMUNEX-C SOLN | $0 (Tier 2^) | B/D |
| HIZENTRA SOLN 1 GM/5ML | $0 (Tier 2) | B/D; LA |
| HIZENTRA SOLN 10 GM/50ML | $0 (Tier 2^) | B/D |
| HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML | $0 (Tier 2^) | B/D; LA |
| HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | $0 (Tier 2^) | B/D |
| HYPERRAB S/D SOLN | $0 (Tier 2) | |
| IMOGAM RABIES-HT SOLN | $0 (Tier 2) | |
| KEDRAB SOLN | $0 (Tier 2) | |
| OCTAGAM SOLN | $0 (Tier 2^) | B/D |
| PRIVIGEN SOLN | $0 (Tier 2^) | B/D |
| VARIZIG SOLN | $0 (Tier 2^) | |
| **Monoclonal Antibodies** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SYNAGIS SOLN | $0 (Tier 2^) | |
| ZINPLAVA SOLN | $0 (Tier 2^) | PA |
| **Passive Immunizing Agents - Combinations** | | |
| HYQVIA KIT | $0 (Tier 2^) | B/D |
| **PENICILLINS - Drugs to Treat Bacterial Infections** | | |
| **Aminopenicillins** | | |
| *amoxicillin caps 250 mg, 500 mg* | $0 (Tier 1) | MO |
| *amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | $0 (Tier 1) | MO |
| *amoxicillin tabs 500 mg, 875 mg* | $0 (Tier 1) | MO |
| *ampicillin caps* | $0 (Tier 1) | MO |
| *ampicillin sodium solr ij 1 gm, 2 gm, 500 mg* | $0 (Tier 1) | MO |
| *ampicillin sodium solr ij 250 mg* | $0 (Tier 1) | |
| *ampicillin sodium solr iv 10 gm, 2 gm* | $0 (Tier 1) | |
| **Natural Penicillins** | | |
| BICILLIN L-A SUSP | $0 (Tier 2) | MO |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *penicillin g potassium solr 5000000 unit, 20 mu, 20000000 unit* | $0 (Tier 1) | MO |
| *penicillin v potassium solr 250 mg/5ml* | $0 (Tier 1) | MO |
| *penicillin v potassium tabs 250 mg, 500 mg* | $0 (Tier 1) | MO |
| **Penicillin Combinations** | | |
| *amoxicillin & pot clavulanate chew* | $0 (Tier 1) | MO |
| *amoxicillin & pot clavulanate susr* | $0 (Tier 1) | MO |
| *amoxicillin & pot clavulanate tabs* | $0 (Tier 1) | MO |
| *amoxicillin & pot clavulanate tb12* | $0 (Tier 1) | MO |
| *ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-0.5 gm* | $0 (Tier 1) | |
| *ampicillin & sulbactam sodium solr ij 1 gm-2 gm, 2 gm-1 gm* | $0 (Tier 1) | MO |
| *ampicillin & sulbactam sodium solr iv 10 gm-5 gm, 5 gm-10 gm* | $0 (Tier 1) | |
| *piperacillin sodium-tazobactam sodium solr* | $0 (Tier 1) | |
| **Penicillinase-Resistant Penicillins** | | |
| *dicloxacillin sodium caps* | $0 (Tier 1) | MO |
| *nafcillin sodium solr ij 1 gm* | $0 (Tier 1) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *nafcillin sodium solr ij 2 gm* | $0 (Tier 1) | MO |
| *nafcillin sodium solr iv 10 gm* | $0 (Tier 1^) | |
| **PHARMACEUTICAL ADJUVANTS** | | |
| **Antimicrobial Agents** | | |
| BENZYL ALCOHOL LIQD | $0 (Tier 3) | RX/OTC; NT |
| **Liquid Vehicles** | | |
| FLAVOR BLEND SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| FLAVOR PLUS LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| FLAVOR SWEET SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| FLAVOR SWEET-SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| GRAPE SYRUP SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| MX-SOL BLEND SF SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| MX-SOL BLEND SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| MX-SOL SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| MX-SOL SUSPEND SUSP | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| MX-SOL SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORA-BLEND SF SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORA-BLEND SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORA-PLUS LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| ORA-SWEET SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORA-SWEET SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL MIX SF SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL SUSPEND LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL SUSPENDING COMPOUNDPLUS SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL SYRUP FLAVORED VEHICLE SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| ORAL SYRUP SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA SWEET-SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PCCA SYRUP VEHICLE SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA-PLUS SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| SOSWEET SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| SUSPENSION VEHICLE SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| SWEETENING SUSPENDING COMPOUND SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRPALTA SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRSPEND SF ALKA SUSR | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRSPEND SF LIQD | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRSPEND SF PH4 SUSR | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRSPEND SF SUSR | $0 (Tier 3) | RX/OTC; MO; NT |
| SYRUP VEHICLE SF SYRP | $0 (Tier 3) | RX/OTC; MO; NT |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SYRUP VEHICLE SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| UNISPEND ANHYDROUS SWEETENED SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| UNISPEND ANHYDROUS UNSWEETENED SUSP | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSAFREE SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSAPLUS SYRP | $0 (Tier 3) | RX/OTC; MO; NT |
| **Pharmaceutical Excipients** | | |
| LACTOSE ANHYDROUS POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| LACTOSE HYDROUS POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| LACTOSE MONOHYDRATE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| LACTOSE MONOHYDRATE SPRAYDRIED POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| LACTOSE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| LOLLIBASE POWD | $0 (Tier 3) | RX/OTC; NT |
| LOLLIPOP BASE POWD | $0 (Tier 3) | RX/OTC; NT |
| METHYLCELLULOSE POWD | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| SODIUM BENZOATE POWD | $0 (Tier 3) | RX/OTC; NT |
| **Semi Solid Vehicles** | | |
| 1ST BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ALBA-DERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ALPAWASH OINT | $0 (Tier 3) | RX/OTC; NT |
| ALTADERM CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| AQUABASE OINT | $0 (Tier 3) | MO; NT |
| ARBEM H-COSMETIC CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ARBEM LIPOPEN CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ATREVIS HYDROGEL CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| AUXIPRO VANISHING CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| AZ CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| BASE PCCA CLARIFYING CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| BASE W301 CREA | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| BRAVURA ALL-IN-ONE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CELA BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CHRYSADERM DAY CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CHRYSADERM NIGHT CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CLEODERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CREAM CONCENTRATE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| CUTIS PLUS CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| DURABASE ADVANCED CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| DURABASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| EMOLIVAN CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| EMOLLIENT CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| EMOLLIENT CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| FAGRON LS PLUS CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FAGRON NATURAL CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FAGRON SUPREME CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FATTIBASE OINT | $0 (Tier 3) | RX/OTC; NT |
| FITALITE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FREEDOM ADAPTADERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FREEDOM DERMA SERUM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FREEDOM DERMA-D CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| FREEDOM DERMA-N CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| HYDROPHILIC PETROLATUM OINT | $0 (Tier 3) | MO; NT |
| HYDROUS EMULSIFIED BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| LIP BALM BASE OINT | $0 (Tier 3) | RX/OTC; NT |
| LIPO CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |

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| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| LIPOCREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| LIPOPEN ABSORPTION ENHANCING BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| LIPOPEN ULTRA BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| LIPOSOMAL HEAVY CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| LIPOSOMAL REGULAR CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| MEDIDERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| MICRODERM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| MICROSOME BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| MULTIBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| NOURILITE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| NOURIVAN ANTIOX CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| OMNIBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| P-SILOXAN DS CREA | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PCCA ALADERM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA ANHYDROUS LIPODERM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA BASE 7542 CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA BIOPEPTIDE BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA CANNIDEX 2.0 CUSTOMBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA CANNIDEX CUSTOM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA COSMETIC HRT BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA EMOLLIENT CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA LIPODERM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA LIPODERM CUSTOM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA MVC BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA NATACREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA POLYPEG BASE OINT | $0 (Tier 3) | RX/OTC; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PCCA PRACASIL TM-PLUS BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA VANISHING CREAM LIGHT CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA VANISHING CREAM/LOTION BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA VANPEN BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PCCA WAV CUSTOM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PEG OINT | $0 (Tier 3) | RX/OTC; NT |
| PEG OINTMENT BASE OINT | $0 (Tier 3) | RX/OTC; NT |
| PENCREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PENDERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PENSOMAL CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PENTAPHENE BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PERFORMAX SALT SUPPORTIVEBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PFCB CREA | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| PHARMABASE ANTIOXIDANT CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHARMABASE COSMETIC CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHARMABASE COSMETIC NATURAL CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHARMABASE HEAVY CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHARMABASE LIGHT CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHARMABASE VAGINAL MOISTURIZING CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PHYTOBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| PNA-HRT BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| POLYBASE OINT | $0 (Tier 3) | RX/OTC; NT |
| POLYETHYLENE GLYCOL 1000 LIQD | $0 (Tier 3) | NT |
| POLYETHYLENE GLYCOL 3350 POWD XX | $0 (Tier 3) | RX/OTC; NT |
| POLYETHYLENE GLYCOL 8000 POWD | $0 (Tier 3) | RX/OTC; NT |
| POLYETHYLENE GLYCOL BLEND OINT | $0 (Tier 3) | RX/OTC; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| Q-DERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SA3 DERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SALT DURABLE CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SALT STABLE LS ADVANCED CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SALTSTABLE LO CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SANARE ADVANCED SCAR THERAPY CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SANARE SCAR THERAPY CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SCAR CARE CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SILPROTEX PLUS CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| SKYY DERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| STERA BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| TERODERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| TERODERM-PLUS CREA | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| U-BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ULTRADERM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| V-MAX CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VANIBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VANISH-PEN CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VANISHING CREAM BOTANICALBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VANISHING CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSAPRO CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSATILE CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSATILE RICH CREAM BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VERSIGEL CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| VP DERMABASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| WOUND CARE CREAM CREA | $0 (Tier 3) | RX/OTC; MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| XCEL 100 CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| XEMATOP BASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| ZOE SCRIPTS IDEALBASE CREA | $0 (Tier 3) | RX/OTC; MO; NT |
| **PROGESTINS - Hormone Replacement/Modifying Drugs** | | |
| **Progestins** | | |
| *medroxyprogesterone acetate tabs* | $0 (Tier 1) | MO |
| *megestrol acetate (appetite) susp* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *norethindrone acetate tabs* | $0 (Tier 1) | MO |
| *progesterone caps or 100 mg, 200 mg* | $0 (Tier 1) | MO |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions** | | |
| **Agents for Chemical Dependency** | | |
| *acamprosate calcium tbec* | $0 (Tier 1) | MO |
| *disulfiram tabs* | $0 (Tier 1) | MO |
| LUCEMYRA TABS | $0 (Tier 2^) | PA; SL(16 ea daily); MO |
| **Anti-Cataplectic Agents** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| XYREM SOLN | $0 (Tier 2^) | LA; MO |
| **Antidementia Agents** | | |
| *donepezil hydrochloride tabs* | $0 (Tier 1) | MO |
| *donepezil hydrochloride tbdp* | $0 (Tier 1) | MO |
| *galantamine hydrobromide cp24* | $0 (Tier 1) | MO |
| *galantamine hydrobromide soln* | $0 (Tier 1) | MO |
| *galantamine hydrobromide tabs* | $0 (Tier 1) | MO |
| *memantine hcl cp24 14 mg* | $0 (Tier 1) | AL(At least 60 yrs old); SL(2 ea daily); MO |
| *memantine hcl cp24 21 mg* | $0 (Tier 1) | AL(At least 60 yrs old); SL(1.33 ea daily); MO |
| *memantine hcl cp24 28 mg* | $0 (Tier 1) | AL(At least 60 yrs old); SL(1 ea daily); MO |
| *memantine hcl cp24 7 mg* | $0 (Tier 1) | AL(At least 60 yrs old); SL(4 ea daily); MO |
| *memantine hcl soln 10 mg/5ml, 2 mg/ml* | $0 (Tier 1) | AL(At least 60 yrs old); MO |
| *memantine hcl tabs 10 mg, 5 mg* | $0 (Tier 1) | MO |
| *rivastigmine pt24* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *rivastigmine tartrate caps* | $0 (Tier 1) | MO |
| **Combination Psychotherapeutics** | | |
| *chlordiazepoxide-amitriptyline tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *olanzapine-fluoxetine hcl caps* | $0 (Tier 1) | MO |
| *perphenazine-amitriptyline tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| **Movement Disorder Drug Therapy** | | |
| AUSTEDO TABS 12 MG | $0 (Tier 2^) | PA; SL(4 ea daily); LA |
| AUSTEDO TABS 6 MG | $0 (Tier 2^) | PA; SL(8 ea daily); LA |
| AUSTEDO TABS 9 MG | $0 (Tier 2^) | PA; SL(5.33 ea daily); LA |
| INGREZZA CAPS 40 MG | $0 (Tier 2^) | PA; MO |
| INGREZZA CAPS 60 MG, 80 MG | $0 (Tier 2^) | PA; LA; MO |
| INGREZZA CPPK | $0 (Tier 2^) | PA; LA; MO |
| *tetrabenazine tabs 12.5 mg* | $0 (Tier 1^) | PA; SL(8 ea daily) |
| *tetrabenazine tabs 25 mg* | $0 (Tier 1^) | PA; SL(4 ea daily) |
| **Multiple Sclerosis Agents** | | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| AUBAGIO TABS | $0 (Tier 2^) | PA |
| BETASERON KIT | $0 (Tier 2^) | PA |
| COPAXONE SOSY (*glatiramer acetate*) | $0 (Tier 2^) | PA |
| *dalfampridine tb12* | $0 (Tier 1^) | PA |
| GILENYA CAPS 0.5 MG | $0 (Tier 2^) | PA |
| LEMTRADA SOLN | $0 (Tier 2^) | PA; LA |
| MAVENCLAD TBPK | $0 (Tier 2^) | PA; 10 tabs |
| MAVENCLAD TBPK | $0 (Tier 2^) | PA; LA |
| MAYZENT TABS | $0 (Tier 2^) | PA |
| OCREVUS SOLN | $0 (Tier 2^) | PA |
| TECFIDERA CPDR (*dimethyl fumarate*) | $0 (Tier 2^) | PA; QL(2 ea daily) |
| TECFIDERA STARTER PACK MISC (*dimethyl fumarate*) | $0 (Tier 2^) | PA |
| TYSABRI CONC | $0 (Tier 2^) | PA |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| VUMERITY CPDR | $0 (Tier 2^) | PA; QL(4 ea daily) |
| VUMERITY CPDR | $0 (Tier 2^) | PA; Starter Bottle |
| **Pseudobulbar Affect (PBA) Agents** | | |
| NUEDEXTA CAPS | $0 (Tier 2) | PA; MO |
| **Psychotherapeutic and Neurological Agents -** | | |
| *ergoloid mesylates tabs* | $0 (Tier 1) | AL(Up to 64 yrs old); MO |
| *pimozide tabs* | $0 (Tier 1) | MO |
| **Smoking Deterrents** | | |
| APO-VARENICLINE TABS | $0 (Tier 2) | MO |
| *bupropion hcl (smoking deterrent) tb12* | $0 (Tier 1) | SL(2 ea daily); MO |
| CHANTIX CONTINUING MONTHPAK TABS | $0 (Tier 2) | MO |
| CHANTIX STARTING MONTH PAK TABS | $0 (Tier 2) | MO |
| CHANTIX TABS | $0 (Tier 2) | MO |
| *nicotine polacrilex gum* | $0 (Tier 3) | MO; NT |
| *nicotine polacrilex lozg* | $0 (Tier 3) | MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *nicotine pt24* | $0 (Tier 3) | MO; NT |
| NICOTINE TRANSDERMAL SYSTEM KIT | $0 (Tier 3) | NT |
| NICOTROL INHALER INHA | $0 (Tier 2) | Limit 3 boxes per month;SL(16.8 ea daily); MO |
| NICOTROL NS SOLN | $0 (Tier 2) | MO |
| *varenicline tartrate tabs* | $0 (Tier 1) | MO |
| **Transthyretin Amyloidosis Agents** | | |
| TEGSEDI SOSY | $0 (Tier 2^) | PA; LA; MO |
| **Vasomotor Symptom Agents** | | |
| *paroxetine mesylate (vasomotor) caps* | $0 (Tier 1) | MO |
| **RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions** | | |
| **Alpha-Proteinase Inhibitor (Human)** | | |
| ARALAST NP SOLR 1000 MG | $0 (Tier 2^) | PA; LA; MO |
| ARALAST NP SOLR 500 MG | $0 (Tier 2^) | PA; LA |
| PROLASTIN-C SOLN | $0 (Tier 2^) | PA; LA; MO |
| PROLASTIN-C SOLR | $0 (Tier 2^) | PA; LA; MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ZEMAIRA SOLR | $0 (Tier 2^) | PA; LA; MO |
| **Cystic Fibrosis Agents** | | |
| KALYDECO PACK | $0 (Tier 2^) | PA; MO |
| KALYDECO TABS | $0 (Tier 2^) | PA; MO |
| ORKAMBI PACK | $0 (Tier 2^) | PA; LA; MO |
| ORKAMBI TABS | $0 (Tier 2^) | PA; LA; MO |
| PULMOZYME SOLN | $0 (Tier 2^) | B/D |
| SYMDEKO TBPK | $0 (Tier 2^) | PA; LA |
| TRIKAFTA TBPK | $0 (Tier 2^) | PA; LA; MO |
| **Pulmonary Fibrosis Agents** | | |
| ESBRIET CAPS | $0 (Tier 2^) | PA; LA |
| ESBRIET TABS | $0 (Tier 2^) | PA; LA |
| OFEV CAPS | $0 (Tier 2^) | PA; LA |
| **SULFONAMIDES - Drugs to Treat Bacterial Infections** | | |
| **Sulfonamides** | | |
| *sulfadiazine tabs* | $0 (Tier 1) | MO |
| **TETRACYCLINES - Drugs to Treat Bacterial Infections** | | |
| **Aminomethylcyclines** | | |
| NUZYRA TABS OR 150 MG | $0 (Tier 2^) | PA; MO |
| **Glycylcyclines** | | |
| *tigecycline solr* | $0 (Tier 1^) | |
| **Tetracyclines** | | |
| *demeclocycline hcl tabs* | $0 (Tier 1) | MO |
| *doxycycline (monohydrate) caps* | $0 (Tier 1) | MO |
| *doxycycline (monohydrate) susr* | $0 (Tier 1) | MO |
| *doxycycline (monohydrate) tabs* | $0 (Tier 1) | MO |
| *doxycycline hyclate caps or 50 mg, 100 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *doxycycline hyclate solr iv 100 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *doxycycline hyclate tabs or 20 mg, 100 mg* | $0 (Tier 1) | QL(2 ea daily); MO |
| *doxycycline hyclate tbec or 150 mg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *minocycline hcl caps 100 mg, 50 mg, 75 mg* | $0 (Tier 1) | MO |
| *minocycline hcl tabs 100 mg, 50 mg, 75 mg* | $0 (Tier 1) | MO |
| *tetracycline hcl caps* | $0 (Tier 1) | MO |
| **THYROID AGENTS - Drugs to Regulate Thyroid Hormones** | | |
| **Antithyroid Agents** | | |
| *methimazole tabs* | $0 (Tier 1) | MO |
| *propylthiouracil tabs* | $0 (Tier 1) | MO |
| **Thyroid Hormones** | | |
| *levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | $0 (Tier 1) | MO |
| *liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg* | $0 (Tier 1) | MO |
| **TOXOIDS** | | |
| **Toxoid Combinations** | | |
| ADACEL SUSP | $0 (Tier 2) | |
| BOOSTRIX SUSP | $0 (Tier 2) | |
| BOOSTRIX SUSY | $0 (Tier 2) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| DAPTACEL SUSP | $0 (Tier 2) | |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | $0 (Tier 2) | B/D |
| INFANRIX SUSP | $0 (Tier 2) | |
| KINRIX SUSP | $0 (Tier 2) | |
| KINRIX SUSY | $0 (Tier 2) | |
| PEDIARIX SUSP | $0 (Tier 2) | |
| PENTACEL SUSR | $0 (Tier 2) | |
| QUADRACEL SUSP | $0 (Tier 2) | |
| TDVAX SUSP | $0 (Tier 2) | B/D |
| TENIVAC INJ | $0 (Tier 2) | B/D |
| **ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions** | | |
| **Antispasmodics** | | |
| *dicyclomine hcl caps or 10 mg* | $0 (Tier 1) | MO |
| *dicyclomine hcl tabs or 20 mg* | $0 (Tier 1) | MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *glycopyrrolate soln ij 0.4 mg/2ml* | $0 (Tier 1) | |
| *glycopyrrolate soln ij 4 mg/20ml, 0.2 mg/ml, 1 mg/5ml* | $0 (Tier 1) | MO |
| *glycopyrrolate tabs or 1 mg* | $0 (Tier 1) | SL(8 ea daily); MO |
| *glycopyrrolate tabs or 2 mg* | $0 (Tier 1) | SL(4 ea daily); MO |
| *methscopolamine bromide tabs* | $0 (Tier 1) | MO |
| **H-2 Antagonists** | | |
| *cimetidine tabs 200 mg* | $0 (Tier 1) | RX/OTC; MO |
| *cimetidine tabs 200 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *cimetidine tabs 300 mg, 400 mg, 800 mg* | $0 (Tier 1) | MO |
| *famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml* | $0 (Tier 1) | |
| *famotidine susr or 40 mg/5ml* | $0 (Tier 1) | MO |
| *famotidine tabs or 10 mg* | $0 (Tier 3) | MO; NT |
| *famotidine tabs or 20 mg* | $0 (Tier 1) | RX/OTC; MO |
| *famotidine tabs or 20 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *famotidine tabs or 40 mg* | $0 (Tier 1) | MO |
| *nizatidine caps 150 mg, 300 mg* | $0 (Tier 1) | MO |
| **Misc. Anti-Ulcer** | | |
| *sucralfate tabs 1 gm* | $0 (Tier 1) | MO |
| **Proton Pump Inhibitors** | | |
| DEXILANT CPDR | $0 (Tier 2) | ST; MO |
| *esomeprazole magnesium cpdr 20 mg* | $0 (Tier 1) | ST; RX/OTC; MO |
| *esomeprazole magnesium cpdr 20 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *esomeprazole magnesium cpdr 40 mg* | $0 (Tier 1) | ST; MO |
| *esomeprazole sodium solr* | $0 (Tier 1) | |
| *lansoprazole cpdr 15 mg* | $0 (Tier 1) | RX/OTC; MO |
| *lansoprazole cpdr 15 mg* | $0 (Tier 3) | Over-the-counter;RX/OTC; MO; NT |
| *lansoprazole cpdr 30 mg* | $0 (Tier 1) | MO |
| *omeprazole cpdr 10 mg, 40 mg* | $0 (Tier 1) | MO |
| *omeprazole cpdr 20 mg* | $0 (Tier 1) | RX/OTC; MO |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *omeprazole magnesium cpdr 20 mg, 20.6 mg* | $0 (Tier 3) | NT |
| *omeprazole tbec 20 mg* | $0 (Tier 3) | MO; NT |
| *pantoprazole sodium solr iv 40 mg* | $0 (Tier 1) | |
| *pantoprazole sodium tbecor 20 mg, 40 mg* | $0 (Tier 1) | MO |
| **Ulcer Drugs - Prostaglandins** | | |
| *misoprostol tabs* | $0 (Tier 1) | MO |
| **Ulcer Therapy Combinations** | | |
| *amoxicillin-clarithromycin w/ lansoprazole misc* | $0 (Tier 1) | MO |
| *omeprazole-sodium bicarbonate caps 20 mg-1100 mg* | $0 (Tier 1) | RX/OTC; MO |
| **URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms** | | |
| **Urinary Antispasmodic - Antimuscarinics** | | |
| *oxybutynin chloride syrp* | $0 (Tier 1) | MO |
| *oxybutynin chloride tabs* | $0 (Tier 1) | MO |
| *oxybutynin chloride tb24* | $0 (Tier 1) | MO |
| OXYTROL FOR WOMEN PTTW | $0 (Tier 3) | RX/OTC; MO; NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *solifenacin succinate tabs* | $0 (Tier 1) | MO |
| *tolterodine tartrate cp24* | $0 (Tier 1) | MO |
| *tolterodine tartrate tabs* | $0 (Tier 1) | MO |
| *trospium chloride cp24* | $0 (Tier 1) | MO |
| *trospium chloride tabs* | $0 (Tier 1) | MO |
| **Urinary Antispasmodics - Beta-3 Adrenergic** | | |
| MYRBETRIQ TB24 25 MG, 50 MG | $0 (Tier 2) | MO |
| **Urinary Antispasmodics - Cholinergic Agonists** | | |
| *bethanechol chloride tabs* | $0 (Tier 1) | MO |
| **Urinary Antispasmodics - Direct Muscle Relaxants** | | |
| *flavoxate hcl tabs* | $0 (Tier 1) | MO |
| **VACCINES** | | |
| **Bacterial Vaccines** | | |
| ACTHIB SOLR | $0 (Tier 2) | |
| BCG VACCINE INJ | $0 (Tier 2) | |
| BEXSERO SUSY | $0 (Tier 2) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| HIBERIX SOLR | $0 (Tier 2) | |
| MENACTRA SOLN | $0 (Tier 2) | |
| MENQUADFI SOLN | $0 (Tier 2) | |
| MENVEO SOLR | $0 (Tier 2) | |
| PEDVAX HIB SUSP | $0 (Tier 2) | |
| TRUMENBA SUSY | $0 (Tier 2) | |
| TYPHIM VI SOLN | $0 (Tier 2) | |
| **Viral Vaccines** | | |
| ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML | $0 (Tier 2) | B/D |
| GARDASIL 9 SUSP | $0 (Tier 2) | |
| GARDASIL 9 SUSY | $0 (Tier 2) | |
| HAVRIX SUSP | $0 (Tier 2) | |
| IMOVAX RABIES (*H.D.C.V.*) INJ | $0 (Tier 2) | B/D |
| IPOL INACTIVATED IPV INJ | $0 (Tier 2) | |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| IXIARO SUSP | $0 (Tier 2) | |
| M-M-R II SOLR | $0 (Tier 2) | |
| PROQUAD SUSR | $0 (Tier 2) | |
| RABAVERT SUSR | $0 (Tier 2) | B/D |
| RECOMBIVAX HB SUSP | $0 (Tier 2) | B/D |
| ROTARIX SUSR | $0 (Tier 2) | |
| ROTATEQ SOLN | $0 (Tier 2) | |
| SHINGRIX SUSR | $0 (Tier 2) | |
| TICOVAC SUSY | $0 (Tier 2) | |
| TWINRIX SUSY | $0 (Tier 2) | |
| VAQTA SUSP | $0 (Tier 2) | |
| VARIVAX INJ | $0 (Tier 2) | |
| YF-VAX INJ | $0 (Tier 2) | |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| ZOSTAVAX SUSR | $0 (Tier 2) | |
| **VAGINAL AND RELATED PRODUCTS** | | |
| **Vaginal Anti-infectives** | | |
| *clindamycin phosphate vaginal crea* | $0 (Tier 1) | MO |
| *clotrimazole vaginal crea* | $0 (Tier 3) | MO; NT |
| *metronidazole vaginal gel* | $0 (Tier 1) | MO |
| *miconazole nitrate vaginal crea 2 %* | $0 (Tier 3) | MO; NT |
| *miconazole nitrate vaginal crea 4 %* | $0 (Tier 3) | NT |
| *miconazole nitrate vaginal kit* | $0 (Tier 3) | NT |
| *miconazole nitrate vaginal supp 100 mg* | $0 (Tier 3) | MO; NT |
| *terconazole vaginal crea* | $0 (Tier 1) | MO |
| *terconazole vaginal supp* | $0 (Tier 1) | MO |
| **Vaginal Estrogens** | | |
| *estradiol vaginal crea 0.1 mg/gm* | $0 (Tier 1) | MO |
| PREMARIN CREA VA 0.625 MG/GM | $0 (Tier 2) | MO |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| **VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions** | | |
| **Anaphylaxis Therapy Agents** | | |
| *epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | $0 (Tier 1) | MO |
| **Neurogenic Orthostatic Hypotension (NOH) -** | | |
| *droxidopa caps 100 mg* | $0 (Tier 1^) | PA; SL(18 ea daily) |
| *droxidopa caps 200 mg* | $0 (Tier 1^) | PA; SL(9 ea daily) |
| *droxidopa caps 300 mg* | $0 (Tier 1^) | PA; SL(6 ea daily) |
| **Vasopressors** | | |
| *midodrine hcl tabs* | $0 (Tier 1) | MO |
| **VITAMINS** | | |
| **Oil Soluble Vitamins** | | |
| AQUA-E LIQD 75 UNIT/ML | $0 (Tier 3) | NT |
| AQUASOL A PARENTERAL SOLN | $0 (Tier 3) | MO; NT |
| *beta carotene caps 25000 unit* | $0 (Tier 3) | MO; NT |
| BIO-D-MULSION FORTE LIQD | $0 (Tier 3) | NT |
| BIO-D-MULSION LIQD | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *cholecalciferol caps 1.25 mg, 400 unit, 50000 unit, 10000 unit, 250 mcg, 125 mcg, 5000 unit, 1000 unit, 25 mcg, 2000 unit, 50 mcg* | $0 (Tier 3) | MO; NT |
| *cholecalciferol caps 4000 unit* | $0 (Tier 3) | NT |
| *cholecalciferol chew 2000 unit* | $0 (Tier 3) | NT |
| *cholecalciferol chew 400 unit, 1000 unit, 25 mcg* | $0 (Tier 3) | MO; NT |
| *cholecalciferol liqd 10 mcg/ml, 400 unit/ml* | $0 (Tier 3) | MO; NT |
| *cholecalciferol liqd 400 ut/0.028ml, 5000 unit/ml* | $0 (Tier 3) | NT |
| *cholecalciferol tabs 125 mcg, 5000 unit, 400 unit, 2000 unit, 50 mcg, 1000 unit, 25 mcg* | $0 (Tier 3) | MO; NT |
| *cholecalciferol tabs 50000 unit* | $0 (Tier 3) | NT |
| D3 BABY DROPS LIQD | $0 (Tier 3) | NT |
| D3 DOTS TBDP | $0 (Tier 3) | NT |
| DDROPS LIQD 1000 UT/0.028ML, 2000 UT/0.028ML | $0 (Tier 3) | NT |
| DECARA CAPS | $0 (Tier 3) | MO; NT |
| EQ D3 DROPS INFANTS/CHILDRENS LIQD | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *ergocalciferol caps* | $0 (Tier 3) | MO; NT |
| *ergocalciferol soln* | $0 (Tier 3) | MO; NT |
| MAXIMUM D3 CAPS | $0 (Tier 3) | MO; NT |
| NATURAL VITAMIN E TABS | $0 (Tier 3) | NT |
| OPTIMAL D3 M CAPS | $0 (Tier 3) | NT |
| *phytonadione soln ij 1 mg/0.5ml, 10 mg/ml* | $0 (Tier 3) | MO; NT |
| *phytonadione tabs or 5 mg* | $0 (Tier 3) | MO; NT |
| REPLESTA CHILDRENS WAFR | $0 (Tier 3) | NT |
| REPLESTA NX WAFR | $0 (Tier 3) | NT |
| REPLESTA WAFR | $0 (Tier 3) | MO; NT |
| SM VITAMIN D3 MAXIMUM STRENGTH CAPS | $0 (Tier 3) | NT |
| SUPER DAILY D3 LIQD 1000 UT/0.028ML, 2000 UT/0.028ML | $0 (Tier 3) | NT |
| THERA-D 4000 TABS | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| UPSPRING BABY VITAMIN D LIQD | $0 (Tier 3) | NT |
| *vitamin a caps 10000 unit* | $0 (Tier 3) | MO; NT |
| *vitamin a caps 25000 unit, 8000 unit* | $0 (Tier 3) | NT |
| VITAMIN A PALMITATE TABS | $0 (Tier 3) | NT |
| *vitamin a tabs 10000 unit* | $0 (Tier 3) | NT |
| VITAMIN D CAPS | $0 (Tier 3) | NT |
| VITAMIN D2 TABS | $0 (Tier 3) | NT |
| VITAMIN D3 IMMUNE HEALTH LIQD | $0 (Tier 3) | MO; NT |
| VITAMIN D3 LIQD 1000 UNIT/SPRAY, 1200 UNIT/15ML | $0 (Tier 3) | NT |
| VITAMIN D3 TABS 10000 UNIT, 3000 UNIT | $0 (Tier 3) | NT |
| VITAMIN D3 TBDP 5000 UNIT | $0 (Tier 3) | NT |
| *vitamin e caps 100 unit, 200 unit, 90 mg, 1000 unit, 450 mg, 180 mg, 400 unit* | $0 (Tier 3) | MO; NT |
| *vitamin e caps 100 unit, 45 mg, 1000 unit, 200 unit, 268 mg, 400 unit* | $0 (Tier 3) | NT |

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| VITAMIN E CHEW 400 UNIT | $0 (Tier 3) | NT |
| *vitamin e liqd 400 unit/15ml* | $0 (Tier 3) | NT |
| *vitamin e oil 100 unt/0.25ml, 45 mg/0.25ml* | $0 (Tier 3) | NT |
| *vitamin e soln 15 mg/0.67ml, 15 unit/0.3ml, 15.8 mg/0.7ml* | $0 (Tier 3) | MO; NT |
| *vitamin e soln 15 unit/0.3ml* | $0 (Tier 3) | NT |
| VITAMIN E TABS 100 UNIT, 200 UNIT, 400 UNIT | $0 (Tier 3) | NT |
| **Water Soluble Vitamins** | | |
| ASCOR SOLN | $0 (Tier 3) | NT |
| *ascorbic acid tabs or 250 mg, 1000 mg, 37 mg-1000 mg, 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg, 500 mg-10 mg* | $0 (Tier 3) | MO; NT |
| BIOTIN CAPS OR 1 MG | $0 (Tier 3) | NT |
| *biotin caps or 10 mg, 10000 mcg, 5 mg, 5000 mcg* | $0 (Tier 3) | MO; NT |
| *biotin caps or 2500 mcg* | $0 (Tier 3) | NT |
| *niacin cpcr or 500 mg, 250 mg* | $0 (Tier 3) | MO; NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

| Nombre del medicamento | Cuánto le costará el medicamento (nivel) | Medidas necesarias, restricciones o límites de uso |
|---|---|---|
| *niacin tabs or 250 mg, 100 mg, 500 mg* | $0 (Tier 3) | MO; NT |
| *niacin tabs or 50 mg* | $0 (Tier 3) | NT |
| *niacin tbcr or 750 mg, 250 mg, 500 mg* | $0 (Tier 3) | MO; NT |
| NIACIN TR TBCR | $0 (Tier 3) | MO; NT |
| PYRIDOXINE HCL POWD XX | $0 (Tier 3) | RX/OTC; MO; NT |
| *pyridoxine hcl soln ij 100 mg/ml* | $0 (Tier 3) | MO; NT |
| *pyridoxine hcl tabs or 50 mg, 100 mg* | $0 (Tier 3) | MO; NT |
| PYRIDOXINE HYDROCHLORIDE POWD | $0 (Tier 3) | RX/OTC; MO; NT |
| *thiamine hcl soln ij 100 mg/ml* | $0 (Tier 3) | MO; NT |
| VITAMIN C TABS 100 MG | $0 (Tier 3) | NT |

Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla al comienzo de la misma.

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**Para obtener información más actualizada o hacer otras consultas,** comuníquese al 1-866-549-8289 (TTY: 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes. Fuera del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Se le devolverá la llamada dentro del siguiente día hábil. O visite mmp.buckeyehealthplan.com.

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