Lista de medicamentos cubiertos/ Formulario 2025

Aetna Better Health® of Ohio

un plan de MyCare Ohio (plan de Medicare y Medicaid)

Aetna Better Health of Ohio (plan de Medicare y Medicaid) es un plan de salud que tiene contratos con Medicare y Medicaid de Ohio para brindar los beneficios de los dos programas a sus inscritos.

Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana, o bien visite **AetnaBetterHealth.com/Ohio**.

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Aetna Better Health of Ohio | *Lista de medicamentos cubiertos* (Formulario) 2025

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también se conoce como Lista de medicamentos). Le indica qué medicamentos con receta y productos y medicamentos de venta libre están cubiertos por Aetna Better Health of Ohio. La Lista de medicamentos también indica si hay alguna norma o restricción especial respecto de los medicamentos cubiertos por Aetna Better Health of Ohio. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para miembros*.

Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana, o bien visite **AetnaBetterHealth.com/Ohio.**

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A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en Aetna Better Health of Ohio.

- Aetna Better Health of Ohio es un plan de salud que tiene contratos con Medicare y Medicaid de Ohio para brindar los beneficios de ambos programas a sus inscritos.
- El formulario podría cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish and Somali can help you. This is a free service.
- Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- Waxaanu haynaa adeegyada turjumaada oo bilaash ah si looga jawaabo su'aalo kasta oo aad ka qabto wax ku saabsan caafimaadkayaga ama qorshaha dawada. Si loo helo turjubaan soo wac lambarka **1-855-364-0974 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood todobaadkii. Qof ku hadla Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.
- **Puede obtener este documento de forma gratuita en otros formatos, como tamaño de letra grande, braille o audio. Llame al 1-855-364-0974 (TTY: 711), durante las 24 horas, los 7 días de la semana. La llamada es gratuita.**
- Si desea realizar o modificar una solicitud permanente para recibir los materiales en un idioma que no sea inglés o en otro formato, puede llamar al Departamento de Servicios para Miembros de Aetna Better Health of Ohio al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana.

B. Preguntas frecuentes

Aquí encontrará las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Para obtener más información o para buscar una pregunta y su respuesta, puede leer todas las preguntas frecuentes.

B1. ¿Qué medicamentos con receta figuran en la *Lista de medicamentos cubiertos*? (Para abreviarla, denominamos a la *Lista de medicamentos cubiertos* "Lista de medicamentos").

Los medicamentos que figuran en la *Lista de medicamentos cubiertos* que comienza en la Sección D son los medicamentos cubiertos por Aetna Better Health of Ohio. Estos medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia se encuentra dentro de nuestra red si tenemos un contrato para que trabaje con nosotros y le proporcione servicios. Nos referimos a estas farmacias como "farmacias de la red".

- Aetna Better Health of Ohio cubrirá todos los medicamentos que sean médicamente necesarios de la Lista de medicamentos bajo las siguientes condiciones:
  - Si su médico u otra persona autorizada a dar recetas le indica que los necesita para sentirse mejor o mantenerse saludable; **y**
  - Si usted obtiene el medicamento con receta en una farmacia de la red de Aetna Better Health of Ohio.
- Aetna Better Health of Ohio puede tener pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

También puede consultar la lista actualizada de medicamentos que cubrimos en nuestro sitio web en **AetnaBetterHealth.com/Ohio** o puede llamar al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711),** durante las 24 horas, los 7 días de la semana.

B2. ¿Se modifica la Lista de medicamentos en algún momento?

Sí, y Aetna Better Health of Ohio debe seguir las normas de Medicare y Medicaid al hacer cambios. Es posible que incorporemos o eliminemos medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas sobre los medicamentos. Por ejemplo, podríamos realizar lo siguiente:

- Decidir solicitar o no solicitar la autorización previa (PA) o aprobación para un medicamento. (La PA es una autorización por parte de Aetna Better Health of Ohio antes de que pueda obtener un medicamento).
- Incorporar o modificar la cantidad de un medicamento que puede obtener (lo que se denomina "límites de cantidad").

Esta sección continúa en la siguiente página.

- Incorporar o modificar restricciones de tratamiento escalonado respecto de un medicamento. (El tratamiento escalonado significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

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

Si está tomando un medicamento que estaba cubierto al **comienzo** del año, por lo general, no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que suceda lo siguiente:

- Aparezca en el mercado un medicamento nuevo y más económico que es igual de eficaz que el medicamento que actualmente figura en la Lista de medicamentos; **o bien**
- Nos enteremos de que el medicamento no es seguro; **o bien**
- Un medicamento se elimina del mercado.

En las preguntas B3 y B6 a continuación, encontrará más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Siempre puede verificar la Lista de medicamentos actualizada de Aetna Better Health of Ohio por Internet en **AetnaBetterHealth.com/Ohio**. Las actualizaciones de la Lista de medicamentos se publican en el sitio web mensualmente.
- También puede llamar al Departamento de Servicios para Miembros para consultar la Lista de medicamentos actual al **1-855-364-0974 (TTY: 711),** durante las 24 horas, los 7 días de la semana.

B3. ¿Qué sucede cuando la Lista de medicamentos cambia?

Algunos cambios en la Lista de medicamentos se aplicarán **inmediatamente.** Por ejemplo:

- **Sustituciones de ciertas versiones nuevas de medicamentos.** Podemos eliminar los medicamentos inmediatamente de la Lista de medicamentos si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero su costo para el nuevo medicamento será el mismo. Cuando agregamos el nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus normas o límites de cobertura.
  - Es probable que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que hicimos una vez que entre en efecto.
- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
  - Es una nueva versión genérica de un medicamento de marca.
  - Es una nueva versión biosimilar de un producto biológico original en la Lista de medicamentos (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).

Esta sección continúa en la siguiente página.

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la Sección B14.

- Usted o su proveedor pueden solicitar una excepción de estos cambios. Le enviaremos un aviso con los pasos que puede tomar para solicitar una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.

- **Se quita un medicamento del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) indica que el medicamento que usted está tomando no es seguro ni efectivo, o si el fabricante retira el medicamento del mercado, lo eliminaremos de la Lista de medicamentos inmediatamente. Si usted toma el medicamento, se lo informaremos. Si usted está tomando el medicamento, le enviaremos un aviso luego de hacer el cambio. La persona autorizada a dar recetas también estará enterada de este cambio y puede ayudarlo a encontrar otro medicamento para su afección.

Podemos efectuar otros cambios que afecten los medicamentos que toma. Le informaremos por adelantado sobre estos otros cambios en la Lista de medicamentos. Estos cambios pueden suceder si:

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre el medicamento.
- Eliminamos un medicamento de marca de la Lista de medicamentos cuando agregamos un medicamento genérico que no es nuevo en el mercado; **o bien**
  - Eliminamos un producto biológico original al agregar un biosimilar; **o bien**
  - Cambiamos las normas o límites de cobertura para el medicamento de marca.

Cuando estos cambios tengan lugar, haremos lo siguiente:

- Se lo notificaremos al menos 30 días antes de que hagamos el cambio en la Lista de medicamentos; **o bien**
- Se lo informaremos y le daremos un suministro del medicamento para 30 días después de que solicite un resurtido.

Esto le dará tiempo para consultar con su médico o la persona autorizada a dar recetas. Pueden ayudarlo a decidir lo siguiente:

- Si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar; **o bien**
- Si debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte la pregunta B10.

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

Sí, algunos medicamentos tienen normas de cobertura o limitaciones en la cantidad que puede obtener. En algunos casos, usted o su médico u otra persona autorizada a dar recetas deben realizar algo antes para poder obtener un medicamento. Por ejemplo:

- **Autorización previa (PA) o aprobación:** Para algunos medicamentos, usted o su médico u otra persona autorizada a dar recetas deben conseguir la autorización previa de Aetna Better Health of Ohio antes de obtener su medicamento con receta. Es posible que Aetna Better Health of Ohio no cubra el medicamento si no obtiene la aprobación.
- **Límites de cantidad:** En ocasiones, Aetna Better Health of Ohio limita la cantidad que puede obtener de un medicamento.
- **Tratamiento escalonado:** En ocasiones, Aetna Better Health of Ohio solicita que haga un tratamiento escalonado. Esto significa que usted deberá probar medicamentos en un determinado orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, entonces, cubriremos el segundo.
- **Cobertura basada en la indicación:** Si Aetna Better Health of Ohio cubre un medicamento solo para ciertas afecciones médicas, claramente lo identificaremos en la Lista de medicamentos junto con las afecciones médicas específicas que están cubiertas.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando las tablas en la Sección D. También puede obtener más información en nuestro sitio web en **AetnaBetterHealth.com/Ohio**. Hemos publicado documentos en Internet que explican nuestras restricciones de tratamiento escalonado y autorización previa. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción de estas limitaciones. Esto le dará tiempo para consultar con su médico o la persona autorizada a dar recetas. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción. Para obtener más información sobre las excepciones, consulte las preguntas B10-B12.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si debo tomar alguna medida para obtener el medicamento?

La tabla de medicamentos de la Sección D tiene una columna titulada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Aetna Better Health of Ohio modifica sus normas sobre algunos medicamentos (por ejemplo, autorizaciones previas o aprobaciones, límites de cantidad o restricciones de tratamiento escalonado)?

En algunos casos, le informaremos con antelación si incorporamos o modificamos autorizaciones previas, límites de cantidad o restricciones de tratamiento escalonado respecto de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y cuáles son las situaciones en las que es posible que no le podamos avisar con antelación cuando cambien nuestras normas respecto de los medicamentos de la Lista de medicamentos.

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

Hay dos formas para encontrar un medicamento:

- Puede buscar el nombre del medicamento por orden alfabético; **o bien**
- Puede buscar por afección médica.

Para buscar por **orden alfabético,** vaya a la sección del Índice de medicamentos cubiertos. Puede encontrarlo en la Sección D. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran en el Índice. Consulte el Índice y busque su medicamento. Junto al medicamento, verá el número de página en el que puede encontrar la información de cobertura.

Para buscar **por afección médica**, busque la sección titulada “Medicamentos agrupados según la afección médica” en la Sección C. Los medicamentos en esta sección están agrupados en categorías, según el tipo de afecciones médicas que estén acostumbrados a tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría “Cardiovascular”. Allí encontrará los medicamentos que sirven para tratar las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no figura en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711),** durante las 24 horas, los 7 días de la semana, y pregunte al respecto. Si le informan que Aetna Better Health of Ohio no cubrirá el medicamento, usted puede hacer lo siguiente:

Esta sección continúa en la siguiente página.

- Pedirle al Departamento de Servicios para Miembros una lista de los medicamentos que sean similares al que desea tomar. Luego, muéstrele la lista a su médico u otra persona autorizada a dar recetas. Pueden recetarle un medicamento de la Lista de medicamentos que sea similar al que desea tomar. **O bien**
- Puede solicitarle al plan realizar una excepción y cubrir el medicamento. Para obtener más información sobre las excepciones, consulte las preguntas B10-B12.

B9. ¿Qué sucede si soy un miembro nuevo de Aetna Better Health of Ohio y no puedo encontrar mi medicamento en la Lista de medicamentos, o si tengo algún problema para obtener mi medicamento?

Nosotros podemos ayudarle. Podemos cubrir un suministro temporal de su medicamento para 30 días en un entorno para pacientes externos y un suministro de su medicamento para 31 días en un centro de atención a largo plazo durante los primeros 90 días como miembro de Aetna Better Health of Ohio. Esto le dará tiempo para consultar con su médico o la persona autorizada a dar recetas. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción.

Si su medicamento con receta está indicado para menos días, le permitiremos obtener varios resurtidos hasta llegar a un suministro máximo para 30 días del medicamento en un entorno para pacientes externos y un suministro del medicamento para 31 días en un centro de atención a largo plazo.

Cubriremos un suministro del medicamento para 30 días en un entorno para pacientes externos y un suministro del medicamento para 31 días en un centro de atención a largo plazo en las siguientes situaciones:

- Si toma un medicamento que no se encuentra en nuestra Lista de medicamentos; **o bien**
- Si las normas del plan de salud no le permiten obtener la cantidad solicitada por la persona autorizada a dar recetas; **o bien**
- Si el medicamento requiere la autorización previa de Aetna Better Health of Ohio; **o bien**
- Si toma un medicamento que forma parte de una restricción de tratamiento escalonado.

Si se encuentra en un hogar de convalecencia u otro centro de atención a largo plazo, y necesita un medicamento que no figura en la Lista de medicamentos, o si no puede obtener con facilidad el medicamento que necesita, nosotros podemos ayudar. Si usted ha sido miembro del plan por más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato, tenga en cuenta lo siguiente:

- Cubriremos un suministro para 31 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de que sea o no un miembro nuevo de Aetna Better Health of Ohio.

Esta sección continúa en la siguiente página.

- Esto se suma al suministro temporal durante los primeros 90 días de su membresía en Aetna Better Health of Ohio.

Miembros actuales con un cambio en el nivel de atención

- Cubriremos un suministro temporal para 31 días por única vez si se traslada de un hospital o un centro de atención a largo plazo a un entorno de vivienda, y en las siguientes situaciones:
  - Necesita un medicamento que no se encuentra en nuestra Lista de medicamentos. O bien
  - Su capacidad para obtener el medicamento es limitada.
- Cubriremos un suministro temporal de 31 días por única vez (consulte la nota a continuación para conocer las excepciones) si se muda a un entorno de atención a largo plazo o fuera de uno y:
  - Necesita un medicamento que no se encuentra en nuestra Lista de medicamentos. O bien
  - Su capacidad para obtener el medicamento es limitada.

Nota: Las formas de dosificación oral sólida de marca, como en el caso de los comprimidos o las cápsulas, se limitan a surtidos de 14 días con excepciones, según lo exigido por las normas de la Parte D de Medicare. Para solicitar el suministro temporal de un medicamento, llame al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana.

Durante el tiempo en el que esté obteniendo un suministro temporal de un medicamento, debe hablar con su proveedor para decidir qué hacer cuando se agote este suministro temporal. Puede cambiarse a un medicamento diferente cubierto por el plan o solicitarle al plan que haga una excepción para usted y cubra el medicamento actual. Por ejemplo, usted puede pedirle al plan que cubra un medicamento, aunque no esté en la Lista de medicamentos. O puede pedirle al plan que cubra el medicamento sin límites. Si su proveedor dice que usted tiene una buena razón médica para obtener una excepción, puede ayudarlo a solicitar la excepción.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar una excepción de Aetna Better Health of Ohio para cubrir un medicamento que no figure en la Lista de medicamentos.

También puede solicitarnos que cambiemos las normas para su medicamento.

- Por ejemplo, Aetna Better Health of Ohio puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y cubramos más.

Esta sección continúa en la siguiente página.

- Otros ejemplos: Puede solicitarnos que omitamos las restricciones de tratamiento escalonado o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Un representante del Departamento de Servicios para Miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el Capítulo 9 del *Manual para miembros* para obtener información sobre las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de recibir una declaración de la persona autorizada a darle recetas que respalde su solicitud de una excepción, le informaremos nuestra decisión en el plazo de 72 horas. La persona autorizada a dar recetas puede proporcionar la declaración de respaldo llamando al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana o enviárnosla por fax al **1-855-365-8108**.

Si usted o la persona autorizada a dar recetas consideran que su salud puede perjudicarse si debe esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona autorizada a dar recetas respalda su solicitud, le notificaremos nuestra decisión dentro de las 24 horas después de haber recibido la declaración de respaldo de la persona autorizada a dar recetas.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Generalmente, cuestan menos que los medicamentos de marca y funcionan igual de bien. Por lo general, no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Usualmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin una receta nueva, según las leyes estatales.

Aetna Better Health of Ohio cubre tanto los medicamentos de marca como los genéricos.

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

Cuando nos referimos a medicamentos, esto podría referirse a un medicamento o a un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos habituales. Como los productos biológicos son más complejos que los medicamentos habituales, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares son tan eficaces como los productos biológicos originales, y suelen ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, podrían sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir los medicamento de marca.

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

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

La sigla en inglés OTC significa “de venta libre”. Aetna Better Health of Ohio cubre algunos medicamentos OTC cuando su proveedor los indica como medicamentos con receta.

Para saber qué medicamentos OTC están cubiertos, puede leer la Lista de medicamentos de Aetna Better Health of Ohio.

B16. ¿Aetna Better Health of Ohio cubre productos OTC que no sean medicamentos?

Aetna Better Health of Ohio cubre algunos productos OTC que no sean medicamentos cuando su proveedor los receta.

Entre los ejemplos de productos OTC que no son medicamentos se incluyen paños con alcohol o repelente de insectos.

Para saber qué productos OTC que no sean medicamentos están cubiertos, puede leer la Lista de medicamentos de Aetna Better Health of Ohio.

B17. ¿Cuál es mi copago?

Como miembro de Aetna Better Health of Ohio, no tiene copagos por los medicamentos con receta y OTC, siempre y cuando siga las normas de Aetna Better Health of Ohio.

B18. ¿Qué son los niveles de medicamentos?

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

- Los medicamentos del Nivel 1 son medicamentos genéricos y de marca con receta de la Parte D.
- Los medicamentos del Nivel 2 son medicamentos genéricos y de marca con receta de la Parte D.
- Los medicamentos del Nivel 3 son medicamentos con receta que no son de la Parte D y medicamentos de venta libre.

Ningún nivel tiene copago.

C. Medicamentos agrupados según la afección médica

Los medicamentos en esta sección están agrupados en categorías dependiendo del tipo de afecciones médicas que estén acostumbrados a tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría "Cardiovascular". Allí encontrará los medicamentos que sirven para tratar las afecciones cardíacas.

La siguiente Lista de medicamentos cubiertos le proporciona información sobre los medicamentos cubiertos por Aetna Better Health of Ohio. Si tiene alguna dificultad para encontrar en la lista el medicamento que toma, consulte el Índice de medicamentos cubiertos que comienza en la Sección D. El índice enumera en orden alfabético todos los medicamentos que cubre Aetna Better Health of Ohio.

En la primera columna de esta tabla se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (como XARELTO) y los medicamentos genéricos están en letra minúscula y cursiva (como *amoxicilina*).

La información incluida en la columna de acciones necesarias, restricciones o límites de uso indica si Aetna Better Health of Ohio tiene alguna norma especial para la cobertura del medicamento.

Esta sección continúa en la siguiente página.

Aquí están los significados de los códigos utilizados en la columna "Acciones necesarias, restricciones o límites de uso":		
* = Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid		
PA = Autorización previa	QL = Límites de cantidades	ST = Tratamiento escalonado
NM = No disponible para pedido por correo	B/D = cubiertos por la Parte B o la Parte D de Medicare	NDS = Suministro no extendido

Nota: El asterisco (*) al lado del medicamento indica que el medicamento no es un "medicamento de la Parte D". El monto que paga cuando obtiene uno de estos medicamentos con receta no se tiene en cuenta en sus costos totales de medicamentos (es decir, el monto que usted paga no lo ayuda a calificar para la cobertura en situaciones catastróficas).

- Además, si recibe Ayuda adicional para pagar sus medicamentos con receta, no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para obtener más información sobre la Ayuda adicional, consulte el siguiente recuadro.

Ayuda adicional es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de los medicamentos con receta de la Parte D de Medicare, como las primas, los deducibles y los copagos. La Ayuda adicional también se llama "subsidio por bajos ingresos" o "LIS".

- Estos medicamentos también tienen diferentes normas en cuanto a las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos una decisión de cobertura y que la modifiquemos, si considera que hubo un error. Por ejemplo, podríamos decidir que un medicamento que usted desea no esté cubierto o que ya no tiene cobertura de Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Para solicitar indicaciones sobre cómo presentar una apelación, llame al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. También puede leer el Capítulo 9 del Manual para miembros para obtener información sobre cómo apelar una decisión.

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0(1)	
allopurinol tab 300 mg	$0(1)	
colchicine cap 0.6 mg	$0(1)	QL (60 caps / 30 days)
colchicine tab 0.6 mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAP 0.6MG	$0(2)	QL (60 caps / 30 days)
probenecid tab 500 mg	$0(1)	
MISCELLANEOUS		
acetaminophen chew tab 160 mg	$0(3)	NM; *
acetaminophen liquid 160 mg/5ml	$0(3)	NM; *
acetaminophen soln 160 mg/5ml	$0(3)	NM; *
acetaminophen suppos 120 mg	$0(3)	NM; *
acetaminophen suppos 650 mg	$0(3)	NM; *
acetaminophen susp 160 mg/5ml	$0(3)	NM; *
acetaminophen tab 325 mg	$0(3)	NM; *
acetaminophen tab 500 mg	$0(3)	NM; *
acetaminophen tab er 650 mg	$0(3)	NM; *
arthritis pain relief	$0(3)	NM; *
aspirin adult low dose	$0(3)	NM; *
aspirin chew tab 81 mg	$0(3)	NM; *
aspirin low dose	$0(3)	NM; *
aspirin low strength	$0(3)	NM; *
aspirin regimen	$0(3)	NM; *
ASPIRIN SUP 300MG	$0(3)	NM; *
aspirin tab 325 mg	$0(3)	NM; *
aspirin tab delayed release 81 mg	$0(3)	NM; *
aspirin tab delayed release 325 mg	$0(3)	NM; *
childrens acetaminophen	$0(3)	NM; *
ed-apap	$0(3)	NM; *
feverall adults	$0(3)	NM; *
feverall childrens	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FEVERALL INF SUP 80MG	$0(3)	NM; *
FEVERALL SUP 325MG	$0(3)	NM; *
ft 8 hour pain relief	$0(3)	NM; *
ft aspirin	$0(3)	NM; *
ft aspirin low dose	$0(3)	NM; *
ft children's chewables p	$0(3)	NM; *
ft enteric coated aspirin	$0(3)	NM; *
ft pain relief	$0(3)	NM; *
ft pain relief adult extr	$0(3)	NM; *
gnp 8 hour arthritis reli	$0(3)	NM; *
gnp 8 hour pain relief	$0(3)	NM; *
gnp 8 hour pain reliever	$0(3)	NM; *
gnp acetaminophen	$0(3)	NM; *
gnp adult aspirin low str	$0(3)	NM; *
gnp aspirin	$0(3)	NM; *
gnp aspirin low dose	$0(3)	NM; *
gnp infants pain/fever	$0(3)	NM; *
gnp pain & fever children	$0(3)	NM; *
gnp pain & fever infants	$0(3)	NM; *
gnp pain relief	$0(3)	NM; *
gnp pain relief extra str	$0(3)	NM; *
goodsense arthritis pain	$0(3)	NM; *
goodsense aspirin	$0(3)	NM; *
goodsense aspirin adults	$0(3)	NM; *
goodsense pain & fever ch	$0(3)	NM; *
goodsense pain & fever in	$0(3)	NM; *
goodsense pain relief	$0(3)	NM; *
goodsense pain relief ext	$0(3)	NM; *
hm adult aspirin	$0(3)	NM; *
hm arthritis pain relief	$0(3)	NM; *
hm pain relief	$0(3)	NM; *
lidocaine hcl local inj 0.5%	$0(1)	B/D
lidocaine hcl local inj 1%	$0(1)	B/D
lidocaine hcl local inj 2%	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lidocaine hcl local preservative free (pf) inj 0.5%	$0(1)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0(1)	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	$0(1)	B/D
liquid acetaminophen	$0(3)	NM; *
m-pap	$0(3)	NM; *
mapap	$0(3)	NM; *
mapap childrens	$0(3)	NM; *
pain & fever childrens	$0(3)	NM; *
pain & fever infants	$0(3)	NM; *
pain relief extra strengt	$0(3)	NM; *
pharbetol	$0(3)	NM; *
pharbetol extra strength	$0(3)	NM; *
qc acetaminophen 8 hours	$0(3)	NM; *
qc acetaminophen infants	$0(3)	NM; *
qc arthritis pain relief	$0(3)	NM; *
qc aspirin	$0(3)	NM; *
qc aspirin low dose	$0(3)	NM; *
qc enteric aspirin	$0(3)	NM; *
qc non-aspirin extra stre	$0(3)	NM; *
qc pain relief	$0(3)	NM; *
qc pain relief childrens	$0(3)	NM; *
qc pain relief extra stre	$0(3)	NM; *
sm 8 hour pain relief	$0(3)	NM; *
sm arthritis pain relief	$0(3)	NM; *
sm arthritis pain relieve	$0(3)	NM; *
sm aspirin adult low stre	$0(3)	NM; *
sm aspirin low dose	$0(3)	NM; *
sm childrens aspirin	$0(3)	NM; *
sm pain & fever childrens	$0(3)	NM; *
sm pain & fever infants	$0(3)	NM; *
sm pain reliever	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sm pain reliever children	$0(3)	NM; *
sm pain reliever extra st	$0(3)	NM; *
st joseph low dose aspiri	$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
acetaminophen/ibuprofen	$0(3)	NM; *
all day pain relief	$0(3)	NM; *
all day relief	$0(3)	NM; *
celecoxib cap 50 mg	$0(1)	QL (60 caps / 30 days)
celecoxib cap 100 mg	$0(1)	QL (60 caps / 30 days)
celecoxib cap 200 mg	$0(1)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0(1)	QL (30 caps / 30 days)
childrens ibuprofen	$0(3)	NM; *
diclofenac potassium tab 50 mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	$0(1)	
diclofenac sodium tab delayed release 50 mg	$0(1)	
diclofenac sodium tab delayed release 75 mg	$0(1)	
diclofenac sodium tab er 24hr 100 mg	$0(1)	
diflunisal tab 500 mg	$0(1)	
ec-naproxen	$0(1)	QL (90 tabs / 30 days)
etodolac cap 200 mg	$0(1)	
etodolac cap 300 mg	$0(1)	
etodolac tab 400 mg	$0(1)	
etodolac tab 500 mg	$0(1)	
etodolac tab er 24hr 400 mg	$0(1)	
etodolac tab er 24hr 500 mg	$0(1)	
etodolac tab er 24hr 600 mg	$0(1)	
flurbiprofen tab 100 mg	$0(1)	
ft ibuprofen	$0(3)	NM; *
ft ibuprofen childrens	$0(3)	NM; *
ft ibuprofen ib childrens	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ft ibuprofen minis	$0(3)	NM; *
ft naproxen sodium	$0(3)	NM; *
gnp childrens ibuprofen	$0(3)	NM; *
gnp ibuprofen	$0(3)	NM; *
gnp ibuprofen childrens	$0(3)	NM; *
gnp ibuprofen infants	$0(3)	NM; *
gnp naproxen	$0(3)	NM; *
gnp naproxen sodium	$0(3)	NM; *
goodsense ibuprofen	$0(3)	NM; *
goodsense ibuprofen child	$0(3)	NM; *
goodsense ibuprofen infan	$0(3)	NM; *
goodsense naproxen sodium	$0(3)	NM; *
hm ibuprofen childrens	$0(3)	NM; *
ibu	$0(1)	
ibuprofen cap 200 mg	$0(3)	NM; *
ibuprofen childrens	$0(3)	NM; *
ibuprofen infants	$0(3)	NM; *
ibuprofen junior strength	$0(3)	NM; *
ibuprofen susp 100 mg/5ml	$0(1)	
ibuprofen tab 200 mg	$0(3)	NM; *
ibuprofen tab 400 mg	$0(1)	
ibuprofen tab 600 mg	$0(1)	
ibuprofen tab 800 mg	$0(1)	
infants ibuprofen	$0(3)	NM; *
meloxicam tab 7.5 mg	$0(1)	
meloxicam tab 15 mg	$0(1)	
nabumetone tab 500 mg	$0(1)	
nabumetone tab 750 mg	$0(1)	
naproxen sodium tab 220 mg	$0(3)	NM; *
naproxen sodium tab 275 mg	$0(1)	
naproxen sodium tab 550 mg	$0(1)	
naproxen tab 250 mg	$0(1)	
naproxen tab 375 mg	$0(1)	
naproxen tab 500 mg	$0(1)	

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
naproxen tab ec 375 mg	$0(1)	QL (120 tabs / 30 days)
piroxicam cap 10 mg	$0(1)	
piroxicam cap 20 mg	$0(1)	
qc childrens ibuprofen	$0(3)	NM; *
qc ibuprofen	$0(3)	NM; *
qc naproxen sodium	$0(3)	NM; *
sb naproxen sodium	$0(3)	NM; *
sm childrens ibuprofen	$0(3)	NM; *
sm ibuprofen	$0(3)	NM; *
sm ibuprofen ib	$0(3)	NM; *
sm ibuprofen ib childrens	$0(3)	NM; *
sm infants ibuprofen	$0(3)	NM; *
sm naproxen sodium	$0(3)	NM; *
sulindac tab 150 mg	$0(1)	
sulindac tab 200 mg	$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine td patch weekly 5 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 37.5 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 62.5 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 87.5 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	$0(1)	QL (10 patches / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
hydrocodone bitartrate tab er 24hr deter 20 mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 80 mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
methadone hcl soln 5 mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate tab er 15 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	$0(2)	
butorphanol tartrate inj 2 mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0(1)	QL (180 tabs / 30 days)
morphine sulfate iv soln 2 mg/ml	$0(2)	B/D
morphine sulfate iv soln 4 mg/ml	$0(2)	B/D
morphine sulfate iv soln 8 mg/ml	$0(2)	B/D
morphine sulfate iv soln 10 mg/ml	$0(2)	B/D
morphine sulfate oral soln 10 mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	$0(1)	QL (180 mL / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
morphine sulfate tab 15 mg	$0(1)	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	$0(1)	QL (180 tabs / 30 days)
nalbuphine hcl inj 10 mg/ml	$0(2)	
nalbuphine hcl inj 20 mg/ml	$0(2)	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0(1)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	$0(2)	NDS, QL (672 tabs / year), PA
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0(1)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0(1)	
ARIKAYCE SUS	$0(2)	NDS, NM, PA
atovaquone susp 750 mg/5ml	$0(1)	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	$0(1)	
aztreonam for inj 2 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CAYSTON INH 75MG	$0(2)	NDS, NM, PA
clindamycin hcl cap 75 mg	$0(1)	
clindamycin hcl cap 150 mg	$0(1)	
clindamycin hcl cap 300 mg	$0(1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	
clindamycin phosphate inj 300 mg/2ml	$0(1)	
clindamycin phosphate inj 600 mg/4ml	$0(1)	
clindamycin phosphate inj 900 mg/6ml	$0(1)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sod for inj 150 mg (colistin base activity)	$0(1)	
cvs pinworm treatment	$0(3)	NM; *
dapsone tab 25 mg	$0(1)	
dapsone tab 100 mg	$0(1)	
daptomycin for iv soln 350 mg	$0(2)	NDS
daptomycin for iv soln 500 mg	$0(2)	NDS
DAPTOMYCIN INJ 350MG	$0(2)	NDS
EMVERM CHW 100MG	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium for inj 1 gm (base equivalent)	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate inj 10 mg/ml	$0(1)	
gentamicin sulfate inj 40 mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
IMPAVIDO CAP 50MG	$0(2)	NDS, PA
ivermectin tab 3 mg	$0(1)	QL (12 tabs / 90 days), PA
ivermectin tab 6 mg	$0(1)	QL (10 tabs / 90 days), PA
linezolid for susp 100 mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	$0(2)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0(1)	
linezolid tab 600 mg	$0(1)	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	$0(1)	
meropenem iv for soln 2 gm	$0(1)	
meropenem iv for soln 500 mg	$0(1)	
methenamine hippurate tab 1 gm	$0(1)	
metronidazole iv soln 500 mg/100ml	$0(1)	
metronidazole tab 250 mg	$0(1)	
metronidazole tab 500 mg	$0(1)	
neomycin sulfate tab 500 mg	$0(1)	
nitazoxanide tab 500 mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystalline cap 50 mg	$0(2)	
nitrofurantoin macrocrystalline cap 100 mg	$0(2)	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0(2)	
pentamidine isethionate inh	$0(1)	B/D
pentamidine isethionate inj	$0(1)	
pin-away	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
pinworm medicine	$0(3)	NM; *
polymyxin b sulfate for inj 500000 unit	$0(1)	
praziquantel tab 600 mg	$0(1)	
pyrimethamine tab 25 mg	$0(2)	NDS, QL (90 tabs / 30 days), PA
reeses pinworm medicine	$0(3)	NM; *
streptomycin sulfate for inj 1 gm	$0(2)	NDS
sulfadiazine tab 500 mg	$0(2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
tinidazole tab 250 mg	$0(1)	
tinidazole tab 500 mg	$0(1)	
TOBI PODHALR CAP 28MG	$0(2)	NDS, NM, PA
tobramycin nebu soln 300 mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0(1)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0(1)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0(1)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0(1)	
trimethoprim tab 100 mg	$0(1)	
vancomycin hcl cap 125 mg (base equivalent)	$0(1)	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	$0(1)	QL (160 caps / 180 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
vancomycin hcl for iv soln 1 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 5 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 10 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 500 mg (base equivalent)	$0(1)	
vancomycin hcl for iv soln 750 mg (base equivalent)	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b for iv soln 50 mg	$0(1)	B/D
amphotericin b liposome iv for susp 50 mg	$0(2)	NDS, B/D
caspofungin acetate for iv soln 50 mg	$0(1)	
caspofungin acetate for iv soln 70 mg	$0(1)	
fluconazole for susp 10 mg/ml	$0(1)	
fluconazole for susp 40 mg/ml	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
fluconazole tab 50 mg	$0(1)	
fluconazole tab 100 mg	$0(1)	
fluconazole tab 150 mg	$0(1)	
fluconazole tab 200 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
flucytosine cap 250 mg	$0(2)	NDS, PA
flucytosine cap 500 mg	$0(2)	NDS, PA
griseofulvin microsize susp 125 mg/5ml	$0(1)	
griseofulvin microsize tab 500 mg	$0(1)	
griseofulvin ultramicrosize tab 125 mg	$0(1)	
griseofulvin ultramicrosize tab 250 mg	$0(1)	
itraconazole cap 100 mg	$0(1)	PA
ketoconazole tab 200 mg	$0(1)	PA
micafungin sodium for iv soln 50 mg	$0(1)	
micafungin sodium for iv soln 100 mg	$0(1)	
nystatin tab 500000 unit	$0(1)	
posaconazole susp 40 mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole tab delayed release 100 mg	$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl tab 250 mg	$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole for inj 200 mg	$0(1)	PA
voriconazole for susp 40 mg/ml	$0(2)	NDS, QL (600 mL / 28 days), PA
voriconazole tab 50 mg	$0(1)	QL (480 tabs / 30 days)
voriconazole tab 200 mg	$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate tab 250 mg	$0(1)	
chloroquine phosphate tab 500 mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl tab 250 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
primaquine phosphate tab 26.3 mg (15 mg base)	$0(1)	
PRIMAQUINE TAB 26.3MG	$0(2)	
quinine sulfate cap 324 mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	$0(1)	NM
abacavir sulfate tab 300 mg (base equiv)	$0(1)	NM
APTIVUS CAP 250MG	$0(2)	NDS, NM
atazanavir sulfate cap 150 mg (base equiv)	$0(1)	NM
atazanavir sulfate cap 200 mg (base equiv)	$0(1)	NM
atazanavir sulfate cap 300 mg (base equiv)	$0(1)	NM
darunavir tab 600 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir tab 800 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT PED TAB 2.5MG	$0(2)	NDS, NM
EDURANT TAB 25MG	$0(2)	NDS, NM
efavirenz tab 600 mg	$0(1)	NM
emtricitabine caps 200 mg	$0(1)	NM
EMTRIVA SOL 10MG/ML	$0(2)	NM
etravirine tab 100 mg	$0(2)	NDS, NM
etravirine tab 200 mg	$0(2)	NDS, NM
fosamprenavir calcium tab 700 mg (base equiv)	$0(2)	NDS, NM
FUZEON INJ 90MG	$0(2)	NDS, NM
INTELENCE TAB 25MG	$0(2)	NM
ISENTRESS CHW 25MG	$0(2)	NM
ISENTRESS CHW 100MG	$0(2)	NDS, NM
ISENTRESS HD TAB 600MG	$0(2)	NDS, NM
ISENTRESS POW 100MG	$0(2)	NDS, NM

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ISENTRESS TAB 400MG	$0(2)	NDS, NM
lamivudine oral soln 10 mg/ml	$0(1)	NM
lamivudine tab 150 mg	$0(1)	NM
lamivudine tab 300 mg	$0(1)	NM
maraviroc tab 150 mg	$0(2)	NDS, NM
maraviroc tab 300 mg	$0(2)	NDS, NM
nevirapine susp 50 mg/5ml	$0(1)	NM
nevirapine tab 200 mg	$0(1)	NM
nevirapine tab er 24hr 400 mg	$0(1)	NM
NORVIR POW 100MG	$0(2)	NM
PIFELTRO TAB 100MG	$0(2)	NDS, NM
PREZISTA SUS 100MG/ML	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TAB 150MG	$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ POW 50MG	$0(2)	NDS, NM
ritonavir tab 100 mg	$0(1)	NM
RUKOBIA TAB 600MG ER	$0(2)	NDS, NM
SELZENTRY SOL 20MG/ML	$0(2)	NDS, NM
SUNLENCA TAB 300MG	$0(2)	NDS, NM
tenofovir disoproxil fumarate tab 300 mg	$0(1)	NM
TIVICAY PD TAB 5MG	$0(2)	NDS, NM
TIVICAY TAB 10MG	$0(2)	NM
TIVICAY TAB 25MG	$0(2)	NDS, NM
TIVICAY TAB 50MG	$0(2)	NDS, NM
TROGARZO INJ 150MG/ML	$0(2)	NDS, NM
TYBOST TAB 150MG	$0(2)	NM
VIRACEPT TAB 250MG	$0(2)	NDS, NM
VIRACEPT TAB 625MG	$0(2)	NDS, NM
VIREAD POW 40MG/GM	$0(2)	NDS, NM
VIREAD TAB 150MG	$0(2)	NDS, NM
VIREAD TAB 200MG	$0(2)	NDS, NM

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
VIREAD TAB 250MG	$0(2)	NDS, NM
zidovudine cap 100 mg	$0(1)	NM
zidovudine syrup 10 mg/ml	$0(1)	NM
zidovudine tab 300 mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
BIKTARVY TAB 30-120-15 MG	$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	$0(2)	NDS, NM
CIMDUO TAB 300-300	$0(2)	NDS, NM
COMPLERA TAB	$0(2)	NDS, NM
DELSTRIGO TAB	$0(2)	NDS, NM
DESCOVY TAB 120-15MG	$0(2)	NDS, NM
DESCOVY TAB 200/25MG	$0(2)	NDS, NM
DOVATO TAB 50-300MG	$0(2)	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(1)	NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
KALETRA SOL	$0(2)	NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$0(1)	NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 675/150	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM
TRIUMEQ PD TAB	$0(2)	NM
TRIUMEQ TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	$0(2)	NDS
ethambutol hcl tab 100 mg	$0(1)	
ethambutol hcl tab 400 mg	$0(1)	
isoniazid syrup 50 mg/5ml	$0(1)	
isoniazid tab 100 mg	$0(1)	
isoniazid tab 300 mg	$0(1)	
PRIFTIN TAB 150MG	$0(2)	
pyrazinamide tab 500 mg	$0(1)	
rifabutin cap 150 mg	$0(1)	
rifampin cap 150 mg	$0(1)	
rifampin cap 300 mg	$0(1)	
rifampin for inj 600 mg	$0(1)	
SIRTURO TAB 20MG	$0(2)	NDS, NM, PA
SIRTURO TAB 100MG	$0(2)	NDS, NM, PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0(1)	
acyclovir sodium iv soln 50 mg/ml	$0(1)	B/D
acyclovir susp 200 mg/5ml	$0(1)	
acyclovir tab 400 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
acyclovir tab 800 mg	$0(1)	
adefovir dipivoxil tab 10 mg	$0(1)	NM
BARACLUDE SOL	$0(2)	NDS, NM, ST
entecavir tab 0.5 mg	$0(1)	NM
entecavir tab 1 mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
famciclovir tab 125 mg	$0(1)	
famciclovir tab 250 mg	$0(1)	
famciclovir tab 500 mg	$0(1)	
ganciclovir sodium for inj 500 mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine tab 100 mg (hbv)	$0(1)	NM
LIVTENCITY TAB 200MG	$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	$0(1)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	$0(1)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	$0(1)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	$0(1)	QL (1080 mL / year)
PAXLOVID PAK	$0(1)	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	$0(1)	QL (60 tabs / 90 days)
PEGASYS INJ	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PEGASYS INJ 180MCG/M	$0(2)	NDS, NM, PA
PREVYMIS TAB 240MG	$0(2)	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	$0(2)	QL (6 inhalers / year)
ribavirin cap 200 mg	$0(1)	NM
ribavirin tab 200 mg	$0(1)	NM
rimantadine hydrochloride tab 100 mg	$0(1)	
valacyclovir hcl tab 1 gm	$0(1)	
valacyclovir hcl tab 500 mg	$0(1)	
valganciclovir hcl for soln 50 mg/ml (base equiv)	$0(2)	NDS
valganciclovir hcl tab 450 mg (base equivalent)	$0(1)	
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TAB 40MG	$0(2)	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0(1)	
cefaclor cap 500 mg	$0(1)	
cefadroxil cap 500 mg	$0(1)	
cefadroxil for susp 250 mg/5ml	$0(1)	
cefadroxil for susp 500 mg/5ml	$0(1)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
CEFAZOLIN INJ 2GM	$0(2)	
CEFAZOLIN INJ 3GM	$0(2)	
cefazolin sodium for inj 1 gm	$0(1)	
cefazolin sodium for inj 2 gm	$0(1)	
cefazolin sodium for inj 3 gm	$0(1)	
cefazolin sodium for inj 10 gm	$0(1)	
cefazolin sodium for inj 500 mg	$0(1)	
cefazolin sodium for iv soln 1 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	$0(2)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	$0(2)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	$0(2)	
cefdinir cap 300 mg	$0(1)	
cefdinir for susp 125 mg/5ml	$0(1)	
cefdinir for susp 250 mg/5ml	$0(1)	
cefepime hcl for inj 1 gm	$0(1)	
cefepime hcl for iv soln 2 gm	$0(1)	
cefixime cap 400 mg	$0(1)	
cefixime for susp 100 mg/5ml	$0(1)	
cefixime for susp 200 mg/5ml	$0(1)	
cefotetan disodium for inj 1 gm	$0(1)	
cefotetan disodium for inj 2 gm	$0(1)	
cefoxitin sodium for iv soln 1 gm	$0(1)	
cefoxitin sodium for iv soln 2 gm	$0(1)	
cefoxitin sodium for iv soln 10 gm	$0(1)	
cefpodoxime proxetil for susp 50 mg/5ml	$0(1)	
cefpodoxime proxetil for susp 100 mg/5ml	$0(1)	
cefpodoxime proxetil tab 100 mg	$0(1)	
cefpodoxime proxetil tab 200 mg	$0(1)	
cefprozil for susp 125 mg/5ml	$0(1)	
cefprozil for susp 250 mg/5ml	$0(1)	
cefprozil tab 250 mg	$0(1)	
cefprozil tab 500 mg	$0(1)	
ceftazidime for inj 1 gm	$0(1)	
ceftazidime for inj 6 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ceftazidime for iv soln 2 gm	$0(1)	
ceftriaxone sodium for inj 1 gm	$0(1)	
ceftriaxone sodium for inj 2 gm	$0(1)	
ceftriaxone sodium for inj 10 gm	$0(1)	
ceftriaxone sodium for inj 250 mg	$0(1)	
ceftriaxone sodium for inj 500 mg	$0(1)	
ceftriaxone sodium for iv soln 1 gm	$0(1)	
ceftriaxone sodium for iv soln 2 gm	$0(1)	
cefuroxime axetil tab 250 mg	$0(1)	
cefuroxime axetil tab 500 mg	$0(1)	
cefuroxime sodium for inj 750 mg	$0(1)	
cefuroxime sodium for iv soln 1.5 gm	$0(1)	
cephalexin cap 250 mg	$0(1)	
cephalexin cap 500 mg	$0(1)	
cephalexin for susp 125 mg/5ml	$0(1)	
cephalexin for susp 250 mg/5ml	$0(1)	
tazicef	$0(1)	
TEFLARO INJ 400MG	$0(2)	NDS
TEFLARO INJ 600MG	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	$0(1)	
azithromycin for susp 200 mg/5ml	$0(1)	
azithromycin iv for soln 500 mg	$0(1)	
azithromycin powd pack for susp 1 gm	$0(1)	
azithromycin tab 250 mg	$0(1)	
azithromycin tab 500 mg	$0(1)	
azithromycin tab 600 mg	$0(1)	
clarithromycin for susp 125 mg/5ml	$0(1)	
clarithromycin for susp 250 mg/5ml	$0(1)	
clarithromycin tab 250 mg	$0(1)	
clarithromycin tab 500 mg	$0(1)	
clarithromycin tab er 24hr 500 mg	$0(1)	
DIFICID SUS	$0(2)	NDS

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
DIFICID TAB 200MG	$0(2)	NDS
e.e.s. 400	$0(1)	
ery-tab tab 250mg ec	$0(1)	
ery-tab tab 333mg ec	$0(1)	
ery-tab tab 500mg ec	$0(1)	
ERYTHROCIN INJ 500MG	$0(2)	
erythromycin ethylsuccinate tab 400 mg	$0(1)	
erythromycin lactobionate for inj 500 mg	$0(1)	
erythromycin tab 250 mg	$0(1)	
erythromycin tab 500 mg	$0(1)	
erythromycin tab delayed release 250 mg	$0(1)	
erythromycin tab delayed release 333 mg	$0(1)	
erythromycin tab delayed release 500 mg	$0(1)	
erythromycin w/ delayed release particles cap 250 mg	$0(1)	
fidaxomicin tab 200 mg	$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl tab 250 mg (base equiv)	$0(1)	
ciprofloxacin hcl tab 500 mg (base equiv)	$0(1)	
ciprofloxacin hcl tab 750 mg (base equiv)	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
levofloxacin iv soln 25 mg/ml	$0(1)	
levofloxacin oral soln 25 mg/ml	$0(1)	
levofloxacin tab 250 mg	$0(1)	
levofloxacin tab 500 mg	$0(1)	
levofloxacin tab 750 mg	$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	$0(1)	
moxifloxacin hcl tab 400 mg (base equiv)	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	
amoxicillin (trihydrate) cap 250 mg	$0(1)	
amoxicillin (trihydrate) cap 500 mg	$0(1)	
amoxicillin (trihydrate) chew tab 125 mg	$0(1)	
amoxicillin (trihydrate) chew tab 250 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
amoxicillin (trihydrate) for susp 125 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 200 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 250 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 400 mg/5ml	$0(1)	
amoxicillin (trihydrate) tab 500 mg	$0(1)	
amoxicillin (trihydrate) tab 875 mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin cap 500 mg	$0(1)	
ampicillin sodium for inj 1 gm	$0(1)	
ampicillin sodium for inj 2 gm	$0(1)	
ampicillin sodium for inj 125 mg	$0(1)	
ampicillin sodium for inj 250 mg	$0(1)	
ampicillin sodium for inj 500 mg	$0(1)	
ampicillin sodium for iv soln 1 gm	$0(1)	
ampicillin sodium for iv soln 2 gm	$0(1)	
ampicillin sodium for iv soln 10 gm	$0(1)	
BICILLIN L-A INJ 600000	$0(2)	
BICILLIN L-A INJ 1200000	$0(2)	
BICILLIN L-A INJ 2400000	$0(2)	
dicloxacillin sodium cap 250 mg	$0(1)	
dicloxacillin sodium cap 500 mg	$0(1)	
nafcillin sodium for inj 1 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
nafcillin sodium for inj 2 gm	$0(1)	
nafcillin sodium for iv soln 10 gm	$0(2)	NDS
oxacillin sodium for inj 1 gm (base equivalent)	$0(1)	
oxacillin sodium for inj 2 gm (base equivalent)	$0(1)	
oxacillin sodium for iv soln 10 gm (base equivalent)	$0(1)	
penicillin g potassium for inj 5000000 unit	$0(1)	
penicillin g potassium for inj 20000000 unit	$0(1)	
penicillin g sodium for inj 5000000 unit	$0(1)	
penicillin v potassium for soln 125 mg/5ml	$0(1)	
penicillin v potassium for soln 250 mg/5ml	$0(1)	
penicillin v potassium tab 250 mg	$0(1)	
penicillin v potassium tab 500 mg	$0(1)	
pfizerpen	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100	$0(1)	
doxycycline hyclate cap 50 mg	$0(1)	
doxycycline hyclate cap 100 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
doxycycline hyclate for inj 100 mg	$0(1)	
doxycycline hyclate tab 20 mg	$0(1)	
doxycycline hyclate tab 100 mg	$0(1)	
doxycycline monohydrate cap 50 mg	$0(1)	
doxycycline monohydrate cap 100 mg	$0(1)	
doxycycline monohydrate for susp 25 mg/5ml	$0(1)	
doxycycline monohydrate tab 50 mg	$0(1)	
doxycycline monohydrate tab 75 mg	$0(1)	
doxycycline monohydrate tab 100 mg	$0(1)	
minocycline hcl cap 50 mg	$0(1)	
minocycline hcl cap 75 mg	$0(1)	
minocycline hcl cap 100 mg	$0(1)	
NUZYRA INJ 100MG	$0(2)	NDS, NM
NUZYRA TAB 150MG	$0(2)	NDS, QL (30 tabs / 14 days), NM
tetracycline hcl cap 250 mg	$0(1)	
tetracycline hcl cap 500 mg	$0(1)	
tigecycline for iv soln 50 mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	$0(2)	NDS, B/D, NM
BENDEKA INJ 100/4ML	$0(2)	NDS, B/D, NM
carboplatin iv soln 50 mg/5ml	$0(1)	B/D
carboplatin iv soln 150 mg/15ml	$0(1)	B/D
carboplatin iv soln 450 mg/45ml	$0(1)	B/D
carboplatin iv soln 600 mg/60ml	$0(1)	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	$0(1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0(1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0(1)	B/D
CYCLOPHOSPH INJ 1GM/2ML	$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1GM/5ML	$0(2)	NDS, B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CYCLOPHOSPH INJ 2GM/4ML	$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 500/5ML	$0(2)	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1000MG	$0(2)	NDS, B/D
CYCLOPHOSPH INJ 2000MG	$0(2)	NDS, B/D
CYCLOPHOSPH TAB 25MG	$0(2)	B/D
CYCLOPHOSPH TAB 50MG	$0(2)	B/D
CYCLOPHOSPHA INJ 2GM/10ML	$0(2)	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	$0(2)	NDS, B/D
cyclophosphamide cap 25 mg	$0(1)	B/D
cyclophosphamide cap 50 mg	$0(1)	B/D
cyclophosphamide for inj 1 gm	$0(1)	B/D
cyclophosphamide for inj 2 gm	$0(2)	NDS, B/D
cyclophosphamide for inj 500 mg	$0(1)	B/D
FRINDOVYX INJ 1GM/2ML	$0(2)	NDS, B/D, NM
FRINDOVYX INJ 2GM/4ML	$0(2)	NDS, B/D, NM
FRINDOVYX INJ 500MG/ML	$0(2)	NDS, B/D, NM
GLEOSTINE CAP 10MG	$0(2)	NM
GLEOSTINE CAP 40MG	$0(2)	NM
GLEOSTINE CAP 100MG	$0(2)	NDS, NM
LEUKERAN TAB 2MG	$0(2)	NDS
oxaliplatin for iv inj 50 mg	$0(1)	B/D
oxaliplatin for iv inj 100 mg	$0(2)	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	$0(1)	B/D
oxaliplatin iv soln 100 mg/20ml	$0(1)	B/D
oxaliplatin iv soln 200 mg/40ml	$0(1)	B/D
VIVIMUSTA INJ 100/4ML	$0(2)	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine for inj 100 mg	$0(2)	NDS, B/D, NM
cytarabine inj 20 mg/ml	$0(1)	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	$0(1)	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	$0(1)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	$0(1)	B/D
gemcitabine hcl for inj 1 gm	$0(1)	B/D
gemcitabine hcl for inj 2 gm	$0(1)	B/D
gemcitabine hcl for inj 200 mg	$0(1)	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	$0(1)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	$0(1)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	$0(1)	B/D
INQOVI TAB 35-100MG	$0(2)	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	$0(2)	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	$0(2)	NDS, QL (80 tabs / 28 days), NM, PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	$0(2)	NDS, NM
mercaptopurine tab 50 mg	$0(1)	
methotrexate sodium for inj 1 gm	$0(1)	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	$0(1)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0(1)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0(1)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0(1)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0(1)	B/D
ONUREG TAB 200MG	$0(2)	NDS, QL (14 tabs / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ONUREG TAB 300MG	$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
pemetrexed disodium for iv soln 100 mg (base equiv)	$0(2)	NDS, B/D
pemetrexed disodium for iv soln 500 mg (base equiv)	$0(2)	NDS, B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	$0(2)	NDS, B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	$0(2)	NDS, B/D
PURIXAN SUS 20MG/ML	$0(2)	NDS, NM
TABLOID TAB 40MG	$0(2)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate tab 500 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
abirtega tab 250mg	$0(1)	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
anastrozole tab 1 mg	$0(1)	
bicalutamide tab 50 mg	$0(1)	
ELIGARD INJ 7.5MG	$0(2)	NM, PA
ELIGARD INJ 22.5MG	$0(2)	NM, PA
ELIGARD INJ 30MG	$0(2)	NM, PA
ELIGARD INJ 45MG	$0(2)	NM, PA
ERLEADA TAB 60MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TAB 240MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAP 125MG	$0(2)	NDS
exemestane tab 25 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FIRMAGON INJ 80MG	$0(2)	NM, PA
FIRMAGON INJ 120MG	$0(2)	NDS, NM, PA
fulvestrant inj soln pref syr 250 mg/5ml	$0(2)	NDS, B/D
letrozole tab 2.5 mg	$0(1)	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	$0(2)	NDS, NM
megestrol acetate tab 20 mg	$0(2)	
megestrol acetate tab 40 mg	$0(2)	
nilutamide tab 150 mg	$0(2)	NDS
NUBEQA TAB 300MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TAB 120MG	$0(2)	NDS, NM, PA
ORSERDU TAB 86MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TAB 345MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOL 10MG/5ML	$0(2)	NDS
tamoxifen citrate tab 10 mg (base equivalent)	$0(1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0(1)	
toremifene citrate tab 60 mg (base equivalent)	$0(1)	PA
XTANDI CAP 40MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TAB 40MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TAB 80MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TAB 125MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
IMMUNOMODULATORS		
lenalidomide cap 5 mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide cap 10 mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide cap 15 mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide cap 20 mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
lenalidomide cap 25 mg	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
lenalidomide caps 2.5 mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
POMALYST CAP 1MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 2MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 3MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 4MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAP 50MG	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAP 100MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAP 150MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOL 500MCG	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene cap 75 mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl inj 2 mg/ml	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	$0(2)	NDS, B/D
hydroxyurea cap 500 mg	$0(1)	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0(1)	B/D
IWILFIN TAB 192MG	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAP 50MG	$0(2)	NDS, NM
MODEYSO CAP 125MG	$0(2)	NDS, QL (20 caps / 28 days), NM, PA
tretinoin cap 10 mg	$0(2)	NDS
WELIREG TAB 40MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	$0(1)	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	$0(2)	NDS, B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	$0(2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	$0(2)	NDS, B/D
DOCETAXEL INJ 160/8ML	$0(2)	NDS, B/D
DOCETAXEL INJ 160/16ML	$0(2)	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	$0(2)	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	$0(2)	NDS, B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
docetaxel soln for iv infusion 160 mg/16ml	$0(2)	NDS, B/D
DOCIVYX INJ 20MG/2ML	$0(2)	NDS, B/D, NM
DOCIVYX INJ 80MG/8ML	$0(2)	NDS, B/D, NM
DOCIVYX INJ 160/16ML	$0(2)	NDS, B/D, NM
etoposide inj 1 gm/50ml (20 mg/ml)	$0(1)	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	$0(1)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	$0(1)	B/D
paclitaxel inj 100mg	$0(2)	NDS, B/D, NM
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	$0(1)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	$0(1)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	$0(1)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	$0(1)	B/D
vincristine sulfate iv soln 1 mg/ml	$0(1)	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	$0(1)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG PAK	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 30MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TAB 90MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 180MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
AUGTYRO CAP 40MG	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAP 160MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	$0(2)	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TAB 25MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 50MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 300MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TAB 3MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TAB 4MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TAB 5MG	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
bortezomib for inj 3.5 mg	$0(2)	NDS, NM, PA
BORTEZOMIB INJ 1MG	$0(2)	NM, PA
BORTEZOMIB INJ 2.5MG	$0(2)	NM, PA
BOSULIF CAP 50MG	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAP 100MG	$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TAB 100MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TAB 400MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BOSULIF TAB 500MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
BRAFTOVI CAP 75MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAP 80MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TAB 160MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TAB 20MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 60MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 300MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE)	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAP 15MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COPIKTRA CAP 25MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TAB 20MG	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TAB 71MG	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
DANZITEN TAB 95MG	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
dasatinib tab 20 mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
dasatinib tab 50 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
dasatinib tab 70 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
dasatinib tab 80 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
dasatinib tab 100 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
dasatinib tab 140 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TAB 25MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAP 150MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
erlotinib hcl tab 25 mg (base equivalent)	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl tab 100 mg (base equivalent)	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
erlotinib hcl tab 150 mg (base equivalent)	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 2.5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 7.5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 10 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab for oral susp 2 mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus tab for oral susp 3 mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus tab for oral susp 5 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FOTIVDA CAP 0.89MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FOTIVDA CAP 1.34MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAP 1MG	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAP 5MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAP 100MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
gefitinib tab 250 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 30MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAP 1MG	$0(2)	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAP 2MG	$0(2)	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TAB 1MG	$0(2)	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	$0(2)	NDS, NM, PA
HERNEXEOS TAB 60MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA INJ 150MG	$0(2)	NDS, NM, PA
HERZUMA INJ 420MG	$0(2)	NDS, NM, PA
IBRANCE CAP 75MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE CAP 100MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
IBRANCE CAP 125MG	$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TAB 75MG	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 100MG	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 125MG	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAP 200MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 15MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 30MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 45MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 50MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
imatinib mesylate tab 100 mg (base equivalent)	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate tab 400 mg (base equivalent)	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAP 140MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUS 70MG/ML	$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TAB 140MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMBRUVICA TAB 280MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
IMBRUVICA TAB 420MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOL 80MG/ML	$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TAB 1MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TAB 5MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAP 100MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TAB 3MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TAB 9MG	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TAB 5MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 15MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 20MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 25MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TAB 50MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA INJ 100MG	$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	$0(2)	NDS, NM, PA
KANJINTI SOL 150MG	$0(2)	NDS, NM, PA
KEYTRUDA INJ 100MG/4M	$0(2)	NDS, NM, PA
KISQALI 200 DOSE	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAP 10MG	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAP 25MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TAB 200MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate tab 250 mg (base equiv)	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TAB 80MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TAB 240MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA CAP 4MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA CAP 8 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 10 MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA CAP 12MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 20 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TAB 25MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TAB 120MG	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TAB 240MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TAB 320MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TAB 100MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYNPARZA TAB 150MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE)	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE)	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE)	$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOL 0.05/ML	$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TAB 0.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKINIST TAB 2MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
MEKTOVI TAB 15MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI INJ 200MG	$0(2)	NDS, NM, PA
NERLYNX TAB 40MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
nilotinib hcl cap 50 mg (base equivalent)	$0(2)	NDS, QL (120 caps / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
nilotinib hcl cap 150 mg (base equivalent)	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
nilotinib hcl cap 200 mg (base equivalent)	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAP 2.3MG	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 3MG	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 4MG	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAP 200MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI INJ 150MG	$0(2)	NDS, NM, PA
OGIVRI INJ 420MG	$0(2)	NDS, NM, PA
OGSIVEO TAB 50MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TAB 100MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OGSIVEO TAB 150MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUS 25MG/ML	$0(2)	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TAB 100MG	$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 150MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT INJ 150MG	$0(2)	NDS, NM, PA
ONTRUZANT INJ 420MG	$0(2)	NDS, NM, PA
pazopanib hcl tab 200 mg (base equiv)	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PEMAZYRE TAB 4.5MG	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 9MG	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 13.5MG	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	$0(2)	NDS, NM, PA
PIQRAY 200MG TAB DOSE	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG TAB DOSE	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TAB 50MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAP 40MG	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAP 80MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TAB 40MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TAB 80MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
RETEVMO TAB 120MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
RETEVMO TAB 160MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TAB 25MG	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TAB 110MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TAB 160MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAP 150MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ROMVIMZA CAP 14MG	$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 20MG	$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 30MG	$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAP 100MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAP 200MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PAK 50MG	$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TAB 200MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 250MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 300MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAP 25MG	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TAB 20MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TAB 40MG	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TAB 100MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate tab 200 mg (base equivalent)	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TAB 40MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
sunitinib malate cap 12.5 mg (base equivalent)	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
sunitinib malate cap 25 mg (base equivalent)	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
sunitinib malate cap 37.5 mg (base equivalent)	$0(2)	NDS, QL (30 caps / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sunitinib malate cap 50 mg (base equivalent)	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TABRECTA TAB 200MG	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAP 50MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR CAP 75MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TAB 10MG	$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TAGRISSO TAB 80MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAP 0.1MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.5MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.25MG	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TALZENNA CAP 0.35MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.75MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 1MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TASIGNA CAP 50MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAP 150MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TASIGNA CAP 200MG	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TAB 200MG	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
TECENTRIQ INJ 840/14	$0(2)	NDS, NM, PA
TECENTRIQ INJ 1200/20	$0(2)	NDS, NM, PA
TECENTRIQ INJ HYBREZA	$0(2)	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TAB 225MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TAB 250MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
torpenz tab 2.5mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
torpenz tab 5mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
torpenz tab 7.5mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
torpenz tab 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA INJ 150MG	$0(2)	NDS, NM, PA
TRAZIMERA INJ 420MG	$0(2)	NDS, NM, PA
TRUQAP PAK 160MG	$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP PAK 200MG	$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP TAB 160MG	$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TAB 200MG	$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUXIMA INJ 100/10ML	$0(2)	NDS, NM, PA
TRUXIMA INJ 500/50ML	$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TUKYSA TAB 150MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAP 125MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
VANFLYTA TAB 17.7MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VANFLYTA TAB 26.5MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TAB 10MG	$0(2)	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 50MG	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 100MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TAB 50MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 100MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 150MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 200MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAP 25MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAP 100MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOL 20MG/ML	$0(2)	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TAB 15MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 30MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 45MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAP 100MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
VORANIGO TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAP 20MG	$0(2)	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CAP 50MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 150MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
XALKORI CAP 200MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 250MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XOSPATA TAB 40MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY)	$0(2)	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY)	$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY)	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY)	$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY)	$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY)	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY)	$0(2)	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY)	$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 300MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ZELBORAF TAB 240MG	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV INJ 100/4ML	$0(2)	NDS, NM, PA
ZIRABEV INJ 400/16ML	$0(2)	NDS, NM, PA
ZOLINZA CAP 100MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYDELIG TAB 150MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TAB 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
leucovorin calcium for inj 50 mg	$0(1)	B/D
leucovorin calcium for inj 100 mg	$0(1)	B/D
leucovorin calcium for inj 200 mg	$0(1)	B/D
leucovorin calcium for inj 350 mg	$0(1)	B/D
leucovorin calcium for inj 500 mg	$0(1)	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	$0(1)	B/D
leucovorin calcium tab 5 mg	$0(1)	
leucovorin calcium tab 10 mg	$0(1)	
leucovorin calcium tab 15 mg	$0(1)	
leucovorin calcium tab 25 mg	$0(1)	
mesna tab 400 mg	$0(2)	NDS
MESNEX TAB 400MG	$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	QL (30 caps / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	$0(1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	$0(1)	
benazepril hcl tab 10 mg	$0(1)	
benazepril hcl tab 20 mg	$0(1)	
benazepril hcl tab 40 mg	$0(1)	
captopril tab 12.5 mg	$0(1)	
captopril tab 25 mg	$0(1)	
captopril tab 50 mg	$0(1)	
captopril tab 100 mg	$0(1)	
enalapril maleate tab 2.5 mg	$0(1)	
enalapril maleate tab 5 mg	$0(1)	
enalapril maleate tab 10 mg	$0(1)	
enalapril maleate tab 20 mg	$0(1)	
fosinopril sodium tab 10 mg	$0(1)	
fosinopril sodium tab 20 mg	$0(1)	
fosinopril sodium tab 40 mg	$0(1)	
lisinopril tab 2.5 mg	$0(1)	
lisinopril tab 5 mg	$0(1)	
lisinopril tab 10 mg	$0(1)	
lisinopril tab 20 mg	$0(1)	
lisinopril tab 30 mg	$0(1)	
lisinopril tab 40 mg	$0(1)	
moexipril hcl tab 7.5 mg	$0(1)	
moexipril hcl tab 15 mg	$0(1)	
perindopril erbumine tab 2 mg	$0(1)	
perindopril erbumine tab 4 mg	$0(1)	
perindopril erbumine tab 8 mg	$0(1)	
quinapril hcl tab 5 mg	$0(1)	
quinapril hcl tab 10 mg	$0(1)	
quinapril hcl tab 20 mg	$0(1)	
quinapril hcl tab 40 mg	$0(1)	
ramipril cap 1.25 mg	$0(1)	
ramipril cap 2.5 mg	$0(1)	
ramipril cap 5 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ramipril cap 10 mg	$0(1)	
trandolapril tab 1 mg	$0(1)	
trandolapril tab 2 mg	$0(1)	
trandolapril tab 4 mg	$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	$0(1)	
eplerenone tab 50 mg	$0(1)	
KERENDIA TAB 10MG	$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	$0(2)	QL (30 tabs / 30 days)
spironolactone tab 25 mg	$0(1)	
spironolactone tab 50 mg	$0(1)	
spironolactone tab 100 mg	$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	$0(1)	
doxazosin mesylate tab 2 mg	$0(1)	
doxazosin mesylate tab 4 mg	$0(1)	
doxazosin mesylate tab 8 mg	$0(1)	
prazosin hcl cap 1 mg	$0(1)	
prazosin hcl cap 2 mg	$0(1)	
prazosin hcl cap 5 mg	$0(1)	
terazosin hcl cap 1 mg (base equivalent)	$0(1)	
terazosin hcl cap 2 mg (base equivalent)	$0(1)	
terazosin hcl cap 5 mg (base equivalent)	$0(1)	
terazosin hcl cap 10 mg (base equivalent)	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	$0(2)	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	$0(1)	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	$0(1)	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	$0(1)	QL (30 tabs / 30 days)
irbesartan tab 75 mg	$0(1)	QL (30 tabs / 30 days)
irbesartan tab 150 mg	$0(1)	QL (30 tabs / 30 days)
irbesartan tab 300 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	$0(1)	
losartan potassium tab 50 mg	$0(1)	
losartan potassium tab 100 mg	$0(1)	
olmesartan medoxomil tab 5 mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan tab 20 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan tab 40 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan tab 80 mg	$0(1)	QL (30 tabs / 30 days)
valsartan tab 40 mg	$0(1)	QL (60 tabs / 30 days)
valsartan tab 80 mg	$0(1)	QL (60 tabs / 30 days)
valsartan tab 160 mg	$0(1)	QL (60 tabs / 30 days)
valsartan tab 320 mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	$0(1)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	$0(1)	
amiodarone hcl tab 100 mg	$0(1)	
amiodarone hcl tab 200 mg	$0(1)	
amiodarone hcl tab 400 mg	$0(1)	
disopyramide phosphate cap 100 mg	$0(2)	
disopyramide phosphate cap 150 mg	$0(2)	
dofetilide cap 125 mcg (0.125 mg)	$0(1)	NM
dofetilide cap 250 mcg (0.25 mg)	$0(1)	NM
dofetilide cap 500 mcg (0.5 mg)	$0(1)	NM
flecainide acetate tab 50 mg	$0(1)	
flecainide acetate tab 100 mg	$0(1)	
flecainide acetate tab 150 mg	$0(1)	
MULTAQ TAB 400MG	$0(2)	QL (60 tabs / 30 days)
pacerone	$0(1)	
propafenone hcl cap er 12hr 225 mg	$0(1)	
propafenone hcl cap er 12hr 325 mg	$0(1)	
propafenone hcl cap er 12hr 425 mg	$0(1)	
propafenone hcl tab 150 mg	$0(1)	
propafenone hcl tab 225 mg	$0(1)	
propafenone hcl tab 300 mg	$0(1)	
quinidine sulfate tab 200 mg	$0(1)	
quinidine sulfate tab 300 mg	$0(1)	
sotalol hcl (afib/afl) tab 80 mg	$0(1)	
sotalol hcl (afib/afl) tab 120 mg	$0(1)	
sotalol hcl (afib/afl) tab 160 mg	$0(1)	
sotalol hcl tab 80 mg	$0(1)	
sotalol hcl tab 120 mg	$0(1)	
sotalol hcl tab 160 mg	$0(1)	
sotalol hcl tab 240 mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate micronized cap 67 mg	$0(1)	
fenofibrate micronized cap 134 mg	$0(1)	
fenofibrate micronized cap 200 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fenofibrate tab 48 mg	$0(1)	
fenofibrate tab 54 mg	$0(1)	
fenofibrate tab 145 mg	$0(1)	
fenofibrate tab 160 mg	$0(1)	
gemfibrozil tab 600 mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
lovastatin tab 10 mg	$0(1)	QL (60 tabs / 30 days)
lovastatin tab 20 mg	$0(1)	QL (60 tabs / 30 days)
lovastatin tab 40 mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	$0(1)	QL (30 tabs / 30 days)
pravastatin sodium tab 20 mg	$0(1)	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	$0(1)	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 5 mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	$0(1)	QL (30 tabs / 30 days)
simvastatin tab 5 mg	$0(1)	QL (30 tabs / 30 days)
simvastatin tab 10 mg	$0(1)	QL (30 tabs / 30 days)
simvastatin tab 20 mg	$0(1)	QL (30 tabs / 30 days)
simvastatin tab 40 mg	$0(1)	QL (30 tabs / 30 days)
simvastatin tab 80 mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder 4 gm/ dose	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
cholestyramine light powder packets 4 gm	$0(1)	
cholestyramine powder 4 gm/dose	$0(1)	
cholestyramine powder packets 4 gm	$0(1)	
colesevelam hcl packet for susp 3.75 gm	$0(1)	
colesevelam hcl tab 625 mg	$0(1)	
colestipol hcl granule packets 5 gm	$0(1)	
colestipol hcl granules 5 gm	$0(1)	
colestipol hcl tab 1 gm	$0(1)	
ezetimibe tab 10 mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	$0(2)	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	$0(1)	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0(1)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	$0(1)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	$0(1)	PA
prevalite	$0(1)	
REPATHA INJ 140MG/ML	$0(2)	NM, PA
REPATHA SURE INJ 140MG/ML	$0(2)	NM, PA
VASCEPA CAP 0.5GM	$0(2)	
VASCEPA CAP 1GM	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0(1)	
acebutolol hcl cap 400 mg	$0(1)	
atenolol tab 25 mg	$0(1)	
atenolol tab 50 mg	$0(1)	
atenolol tab 100 mg	$0(1)	
betaxolol hcl tab 10 mg	$0(1)	
betaxolol hcl tab 20 mg	$0(1)	
bisoprolol fumarate tab 5 mg	$0(1)	
bisoprolol fumarate tab 10 mg	$0(1)	
carvedilol tab 3.125 mg	$0(1)	
carvedilol tab 6.25 mg	$0(1)	
carvedilol tab 12.5 mg	$0(1)	
carvedilol tab 25 mg	$0(1)	
labetalol hcl tab 100 mg	$0(1)	
labetalol hcl tab 200 mg	$0(1)	
labetalol hcl tab 300 mg	$0(1)	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	$0(1)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	$0(1)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	$0(1)	
metoprolol tartrate iv soln 5 mg/5ml	$0(1)	
metoprolol tartrate tab 25 mg	$0(1)	
metoprolol tartrate tab 50 mg	$0(1)	
metoprolol tartrate tab 100 mg	$0(1)	
nadolol tab 20 mg	$0(1)	
nadolol tab 40 mg	$0(1)	
nadolol tab 80 mg	$0(1)	
nebivolol hcl tab 2.5 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	$0(1)	QL (60 tabs / 30 days)
pindolol tab 5 mg	$0(1)	
pindolol tab 10 mg	$0(1)	
propranolol hcl cap er 24hr 60 mg	$0(1)	
propranolol hcl cap er 24hr 80 mg	$0(1)	
propranolol hcl cap er 24hr 120 mg	$0(1)	
propranolol hcl cap er 24hr 160 mg	$0(1)	
propranolol hcl oral soln 20 mg/5ml	$0(1)	
propranolol hcl oral soln 40 mg/5ml	$0(1)	
propranolol hcl tab 10 mg	$0(1)	
propranolol hcl tab 20 mg	$0(1)	
propranolol hcl tab 40 mg	$0(1)	
propranolol hcl tab 60 mg	$0(1)	
propranolol hcl tab 80 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
timolol maleate tab 5 mg	$0(1)	
timolol maleate tab 10 mg	$0(1)	
timolol maleate tab 20 mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	$0(1)	
amlodipine besylate tab 5 mg (base equivalent)	$0(1)	
amlodipine besylate tab 10 mg (base equivalent)	$0(1)	
cartia xt	$0(1)	
dilt-xr	$0(1)	
diltiazem hcl cap er 12hr 60 mg	$0(1)	
diltiazem hcl cap er 12hr 90 mg	$0(1)	
diltiazem hcl cap er 12hr 120 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 240 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 120 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 180 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 240 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 300 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
diltiazem hcl extended release beads cap er 24hr 360 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 420 mg	$0(1)	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	$0(1)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	$0(1)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	$0(1)	
diltiazem hcl tab 30 mg	$0(1)	
diltiazem hcl tab 60 mg	$0(1)	
diltiazem hcl tab 90 mg	$0(1)	
diltiazem hcl tab 120 mg	$0(1)	
felodipine tab er 24hr 2.5 mg	$0(1)	
felodipine tab er 24hr 5 mg	$0(1)	
felodipine tab er 24hr 10 mg	$0(1)	
isradipine cap 2.5 mg	$0(1)	
isradipine cap 5 mg	$0(1)	
nicardipine hcl cap 20 mg	$0(1)	
nicardipine hcl cap 30 mg	$0(1)	
nifedipine tab er 24hr 30 mg	$0(1)	
nifedipine tab er 24hr 60 mg	$0(1)	
nifedipine tab er 24hr 90 mg	$0(1)	
nifedipine tab er 24hr osmotic release 30 mg	$0(1)	
nifedipine tab er 24hr osmotic release 60 mg	$0(1)	
nifedipine tab er 24hr osmotic release 90 mg	$0(1)	
nimodipine cap 30 mg	$0(1)	
tiadylt er	$0(1)	
verapamil hcl cap er 24hr 100 mg	$0(1)	
verapamil hcl cap er 24hr 120 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
verapamil hcl cap er 24hr 180 mg	$0(1)	
verapamil hcl cap er 24hr 200 mg	$0(1)	
verapamil hcl cap er 24hr 240 mg	$0(1)	
verapamil hcl cap er 24hr 300 mg	$0(1)	
verapamil hcl cap er 24hr 360 mg	$0(1)	
verapamil hcl iv soln 2.5 mg/ml	$0(1)	
verapamil hcl tab 40 mg	$0(1)	
verapamil hcl tab 80 mg	$0(1)	
verapamil hcl tab 120 mg	$0(1)	
verapamil hcl tab er 120 mg	$0(1)	
verapamil hcl tab er 180 mg	$0(1)	
verapamil hcl tab er 240 mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0(1)	
acetazolamide tab 125 mg	$0(1)	
acetazolamide tab 250 mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl tab 5 mg	$0(1)	
bumetanide inj 0.25 mg/ml	$0(1)	
bumetanide tab 0.5 mg	$0(1)	
bumetanide tab 1 mg	$0(1)	
bumetanide tab 2 mg	$0(1)	
chlorthalidone tab 25 mg	$0(1)	
chlorthalidone tab 50 mg	$0(1)	
furosemide inj	$0(1)	
furosemide oral soln 8 mg/ml	$0(1)	
furosemide oral soln 10 mg/ml	$0(1)	
furosemide tab 20 mg	$0(1)	
furosemide tab 40 mg	$0(1)	
furosemide tab 80 mg	$0(1)	
hydrochlorothiazide cap 12.5 mg	$0(1)	
hydrochlorothiazide tab 12.5 mg	$0(1)	
hydrochlorothiazide tab 25 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
hydrochlorothiazide tab 50 mg	$0(1)	
indapamide tab 1.25 mg	$0(1)	
indapamide tab 2.5 mg	$0(1)	
methazolamide tab 25 mg	$0(1)	
methazolamide tab 50 mg	$0(1)	
metolazone tab 2.5 mg	$0(1)	
metolazone tab 5 mg	$0(1)	
metolazone tab 10 mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide tab 5 mg	$0(1)	
torsemide tab 10 mg	$0(1)	
torsemide tab 20 mg	$0(1)	
torsemide tab 100 mg	$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	$0(1)	
aliskiren fumarate tab 300 mg (base equivalent)	$0(1)	
clonidine hcl tab 0.1 mg	$0(1)	
clonidine hcl tab 0.2 mg	$0(1)	
clonidine hcl tab 0.3 mg	$0(1)	
clonidine td patch weekly 0.1 mg/24hr	$0(1)	
clonidine td patch weekly 0.2 mg/24hr	$0(1)	
clonidine td patch weekly 0.3 mg/24hr	$0(1)	
CORLANOR SOL 5MG/5ML	$0(2)	QL (450 mL / 30 days)

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
digoxin inj 0.25 mg/ml	$0(1)	
digoxin oral soln 0.05 mg/ml	$0(1)	
digoxin tab 125 mcg (0.125 mg)	$0(1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0(1)	QL (30 tabs / 30 days)
droxidopa cap 100 mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa cap 200 mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
droxidopa cap 300 mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
epinephrine inj 1 mg/ml (1:1000)	$0(1)	
guanfacine hcl tab 1 mg	$0(2)	PA; PA applies if 70 years and older
guanfacine hcl tab 2 mg	$0(2)	PA; PA applies if 70 years and older
hydralazine hcl inj 20 mg/ml	$0(1)	
hydralazine hcl tab 10 mg	$0(1)	
hydralazine hcl tab 25 mg	$0(1)	
hydralazine hcl tab 50 mg	$0(1)	
hydralazine hcl tab 100 mg	$0(1)	
ivabradine hcl tab 5 mg (base equiv)	$0(1)	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	$0(1)	QL (60 tabs / 30 days)
metyrosine cap 250 mg	$0(2)	NDS, NM, PA
midodrine hcl tab 2.5 mg	$0(1)	
midodrine hcl tab 5 mg	$0(1)	
midodrine hcl tab 10 mg	$0(1)	
minoxidil tab 2.5 mg	$0(1)	
minoxidil tab 10 mg	$0(1)	
ranolazine tab er 12hr 500 mg	$0(1)	
ranolazine tab er 12hr 1000 mg	$0(1)	
VERQUVO TAB 2.5MG	$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	$0(2)	QL (30 tabs / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0(1)	
isosorbide dinitrate tab 10 mg	$0(1)	
isosorbide dinitrate tab 20 mg	$0(1)	
isosorbide dinitrate tab 30 mg	$0(1)	
isosorbide mononitrate tab er 24hr 30 mg	$0(1)	
isosorbide mononitrate tab er 24hr 60 mg	$0(1)	
isosorbide mononitrate tab er 24hr 120 mg	$0(1)	
NITRO-BID OIN 2%	$0(2)	
nitroglycerin sl tab 0.3 mg	$0(1)	
nitroglycerin sl tab 0.4 mg	$0(1)	
nitroglycerin sl tab 0.6 mg	$0(1)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0(1)	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
alyq	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ambrisentan tab 5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ambrisentan tab 10 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
bosentan tab 62.5 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
bosentan tab 125 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
bosentan tab for oral susp 32 mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate tab 20 mg	$0(1)	QL (360 tabs / 30 days), NM, PA
tadalafil tab 20 mg (pah)	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	$0(2)	NDS, NM, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	$0(2)	NDS, NM, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	$0(2)	NDS, NM, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	$0(2)	NDS, NM, PA
UPTRAVI PACK TAB 200/800	$0(2)	NDS, QL (1 pack / 28 days), NM, PA
UPTRAVI TAB 200MCG	$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TAB 400MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 600MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 800MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1000MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
UPTRAVI TAB 1200MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1400MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1600MCG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YUTREPIA CAP 26.5MCG	$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 53MCG	$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 79.5MCG	$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 106MCG	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 1 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 2 mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	$0(1)	
buspirone hcl tab 7.5 mg	$0(1)	
buspirone hcl tab 10 mg	$0(1)	
buspirone hcl tab 15 mg	$0(1)	
buspirone hcl tab 30 mg	$0(1)	
fluvoxamine maleate tab 25 mg	$0(1)	
fluvoxamine maleate tab 50 mg	$0(1)	
fluvoxamine maleate tab 100 mg	$0(1)	
lorazepam conc 2 mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0(1)	
lorazepam inj 4 mg/ml	$0(1)	
lorazepam intensol	$0(1)	QL (150 mL / 30 days)
lorazepam tab 0.5 mg	$0(1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0(1)	QL (150 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lorazepam tab 2 mg	$0(1)	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0(1)	
donepezil hydrochloride tab 5 mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0(1)	
galantamine hydrobromide cap er 24hr 8 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	$0(1)	QL (200 mL / 30 days)
galantamine hydrobromide tab 4 mg	$0(1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0(1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(1)	PA; PA applies if 29 years and younger

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	$0(1)	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	$0(1)	
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine tartrate cap 1.5 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0(1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0(2)	
amitriptyline hcl tab 25 mg	$0(2)	
amitriptyline hcl tab 50 mg	$0(2)	
amitriptyline hcl tab 75 mg	$0(2)	
amitriptyline hcl tab 100 mg	$0(2)	
amitriptyline hcl tab 150 mg	$0(2)	
amoxapine tab 25 mg	$0(2)	
amoxapine tab 50 mg	$0(2)	
amoxapine tab 100 mg	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
amoxapine tab 150 mg	$0(2)	
AUVELITY TAB 45-105MG	$0(2)	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	$0(1)	
bupropion hcl tab 100 mg	$0(1)	
bupropion hcl tab er 12hr 100 mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 150 mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	$0(1)	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	$0(1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0(1)	
citalopram hydrobromide tab 20 mg (base equiv)	$0(1)	
citalopram hydrobromide tab 40 mg (base equiv)	$0(1)	
clomipramine hcl cap 25 mg	$0(2)	PA
clomipramine hcl cap 50 mg	$0(2)	PA
clomipramine hcl cap 75 mg	$0(2)	PA
desipramine hcl tab 10 mg	$0(2)	
desipramine hcl tab 25 mg	$0(2)	
desipramine hcl tab 50 mg	$0(2)	
desipramine hcl tab 75 mg	$0(2)	
desipramine hcl tab 100 mg	$0(2)	
desipramine hcl tab 150 mg	$0(2)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	$0(2)	
doxepin hcl cap 25 mg	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
doxepin hcl cap 50 mg	$0(2)	
doxepin hcl cap 75 mg	$0(2)	
doxepin hcl cap 100 mg	$0(2)	
doxepin hcl cap 150 mg	$0(2)	
doxepin hcl conc 10 mg/ml	$0(2)	
DRIZALMA CAP 20MG DR	$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0(1)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0(1)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0(1)	
escitalopram oxalate tab 5 mg (base equiv)	$0(1)	
escitalopram oxalate tab 10 mg (base equiv)	$0(1)	
escitalopram oxalate tab 20 mg (base equiv)	$0(1)	
FETZIMA CAP 20MG	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fluoxetine hcl cap 20 mg	$0(1)	
fluoxetine hcl cap 40 mg	$0(1)	
fluoxetine hcl solution 20 mg/5ml	$0(1)	
imipramine hcl tab 10 mg	$0(2)	
imipramine hcl tab 25 mg	$0(2)	
imipramine hcl tab 50 mg	$0(2)	
MARPLAN TAB 10MG	$0(2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0(1)	
mirtazapine orally disintegrating tab 30 mg	$0(1)	
mirtazapine orally disintegrating tab 45 mg	$0(1)	
mirtazapine tab 7.5 mg	$0(1)	
mirtazapine tab 15 mg	$0(1)	
mirtazapine tab 30 mg	$0(1)	
mirtazapine tab 45 mg	$0(1)	
nefazodone hcl tab 50 mg	$0(1)	
nefazodone hcl tab 100 mg	$0(1)	
nefazodone hcl tab 150 mg	$0(1)	
nefazodone hcl tab 200 mg	$0(1)	
nefazodone hcl tab 250 mg	$0(1)	
nortriptyline hcl cap 10 mg	$0(2)	
nortriptyline hcl cap 25 mg	$0(2)	
nortriptyline hcl cap 50 mg	$0(2)	
nortriptyline hcl cap 75 mg	$0(2)	
nortriptyline hcl soln 10 mg/5ml	$0(2)	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	$0(2)	QL (900 mL / 30 days), PA
paroxetine hcl tab 10 mg	$0(2)	
paroxetine hcl tab 20 mg	$0(2)	
paroxetine hcl tab 30 mg	$0(2)	
paroxetine hcl tab 40 mg	$0(2)	
phenelzine sulfate tab 15 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
protriptyline hcl tab 5 mg	$0(2)	
protriptyline hcl tab 10 mg	$0(2)	
RALDESY SOL 10MG/ML	$0(2)	QL (1800 mL / 30 days), PA
sertraline hcl oral concentrate for solution 20 mg/ml	$0(1)	
sertraline hcl tab 25 mg	$0(1)	
sertraline hcl tab 50 mg	$0(1)	
sertraline hcl tab 100 mg	$0(1)	
tranylcypromine sulfate tab 10 mg	$0(1)	
trazodone hcl tab 50 mg	$0(1)	
trazodone hcl tab 100 mg	$0(1)	
trazodone hcl tab 150 mg	$0(1)	
trimipramine maleate cap 25 mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate cap 50 mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	$0(2)	QL (30 tabs / 30 days), PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	$0(1)	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	$0(1)	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	$0(1)	
venlafaxine hcl tab 25 mg (base equivalent)	$0(1)	
venlafaxine hcl tab 37.5 mg (base equivalent)	$0(1)	
venlafaxine hcl tab 50 mg (base equivalent)	$0(1)	
venlafaxine hcl tab 75 mg (base equivalent)	$0(1)	
venlafaxine hcl tab 100 mg (base equivalent)	$0(1)	
vilazodone hcl tab 10 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
vilazodone hcl tab 20 mg	$0(1)	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 25MG	$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 30MG	$0(2)	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	$0(1)	
amantadine hcl tab 100 mg	$0(1)	
benztropine mesylate inj 1 mg/ml	$0(1)	
benztropine mesylate tab 0.5 mg	$0(2)	PA; PA applies if 70 years and older
benztropine mesylate tab 1 mg	$0(2)	PA; PA applies if 70 years and older
benztropine mesylate tab 2 mg	$0(2)	PA; PA applies if 70 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0(1)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone tab 200 mg	$0(1)	
INBRIJA CAP 42MG	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride tab 0.5 mg	$0(1)	
pramipexole dihydrochloride tab 0.25 mg	$0(1)	
pramipexole dihydrochloride tab 0.75 mg	$0(1)	
pramipexole dihydrochloride tab 0.125 mg	$0(1)	
pramipexole dihydrochloride tab 1 mg	$0(1)	
pramipexole dihydrochloride tab 1.5 mg	$0(1)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride tab 0.5 mg	$0(1)	
ropinirole hydrochloride tab 0.25 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ropinirole hydrochloride tab 1 mg	$0(1)	
ropinirole hydrochloride tab 2 mg	$0(1)	
ropinirole hydrochloride tab 3 mg	$0(1)	
ropinirole hydrochloride tab 4 mg	$0(1)	
ropinirole hydrochloride tab 5 mg	$0(1)	
selegiline hcl cap 5 mg	$0(1)	
selegiline hcl tab 5 mg	$0(1)	
trihexyphenidyl hcl oral soln 0.4 mg/ml	$0(2)	PA; PA applies if 70 years and older
trihexyphenidyl hcl tab 2 mg	$0(2)	PA; PA applies if 70 years and older
trihexyphenidyl hcl tab 5 mg	$0(2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	$0(2)	NDS, QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	$0(1)	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	$0(1)	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	$0(2)	NDS, QL (1 syringe / 28 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ARISTADA INJ 662MG/2	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	$0(2)	NDS
asenapine maleate sl tab 2.5 mg (base equiv)	$0(1)	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	$0(1)	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	$0(2)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl conc 30 mg/ml	$0(1)	
chlorpromazine hcl conc 100 mg/ml	$0(1)	
chlorpromazine hcl inj 25 mg/ml	$0(1)	
chlorpromazine hcl inj 50 mg/2ml	$0(1)	
chlorpromazine hcl tab 10 mg	$0(1)	
chlorpromazine hcl tab 25 mg	$0(1)	
chlorpromazine hcl tab 50 mg	$0(1)	
chlorpromazine hcl tab 100 mg	$0(1)	
chlorpromazine hcl tab 200 mg	$0(1)	
clozapine orally disintegrating tab 12.5 mg	$0(1)	PA
clozapine orally disintegrating tab 25 mg	$0(1)	PA
clozapine orally disintegrating tab 100 mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	$0(1)	QL (120 tabs / 30 days), PA
clozapine tab 25 mg	$0(1)	
clozapine tab 50 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
clozapine tab 100 mg	$0(1)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0(1)	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	$0(2)	NDS, QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	$0(2)	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	$0(2)	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK B	$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK C	$0(2)	QL (2 packs / year), PA
FANAPT TAB 1MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	$0(1)	
fluphenazine hcl elixir 2.5 mg/5ml	$0(1)	
fluphenazine hcl inj 2.5 mg/ml	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fluphenazine hcl oral conc 5 mg/ml	$0(1)	
fluphenazine hcl tab 1 mg	$0(1)	
fluphenazine hcl tab 2.5 mg	$0(1)	
fluphenazine hcl tab 5 mg	$0(1)	
fluphenazine hcl tab 10 mg	$0(1)	
haloperidol decanoate im soln 50 mg/ml	$0(1)	
haloperidol decanoate im soln 100 mg/ml	$0(1)	
haloperidol lactate inj 5 mg/ml	$0(1)	
haloperidol lactate oral conc 2 mg/ml	$0(1)	
haloperidol tab 0.5 mg	$0(1)	
haloperidol tab 1 mg	$0(1)	
haloperidol tab 2 mg	$0(1)	
haloperidol tab 5 mg	$0(1)	
haloperidol tab 10 mg	$0(1)	
haloperidol tab 20 mg	$0(1)	
INVEGA HAFYE INJ 1092MG	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	$0(2)	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	$0(2)	NDS, QL (1 syringe / 90 days)
loxapine succinate cap 5 mg	$0(1)	
loxapine succinate cap 10 mg	$0(1)	
loxapine succinate cap 25 mg	$0(1)	
loxapine succinate cap 50 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lurasidone hcl tab 20 mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl tab 80 mg	$0(1)	QL (60 tabs / 30 days)
lurasidone hcl tab 120 mg	$0(1)	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	$0(2)	NDS, QL (30 tabs / 30 days)
molindone hcl tab 5 mg	$0(1)	
molindone hcl tab 10 mg	$0(1)	
molindone hcl tab 25 mg	$0(1)	
NUPLAZID CAP 34MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
olanzapine for im inj 10 mg	$0(1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0(1)	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	$0(1)	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	$0(1)	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 20 mg	$0(1)	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 5 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine tab 20 mg	$0(1)	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	$0(2)	NDS, QL (30 films / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
OPIPZA MIS 5MG	$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	$0(2)	NDS, QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	$0(1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0(1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	$0(1)	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0(1)	QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0(1)	
perphenazine tab 4 mg	$0(1)	
perphenazine tab 8 mg	$0(1)	
perphenazine tab 16 mg	$0(1)	
pimozide tab 1 mg	$0(1)	
pimozide tab 2 mg	$0(1)	
quetiapine fumarate tab 25 mg	$0(1)	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	$0(1)	QL (60 tabs / 30 days)
quetiapine fumarate tab 400 mg	$0(1)	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	$0(1)	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	$0(1)	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 300 mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	$0(2)	NDS, QL (60 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
REXULTI TAB 2MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	$0(2)	NDS, QL (30 tabs / 30 days)
risperidone microspheres for im extended rel susp 12.5 mg	$0(1)	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 25 mg	$0(1)	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 37.5 mg	$0(2)	NDS, QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 50 mg	$0(2)	NDS, QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	$0(1)	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 0.25 mg	$0(1)	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 1 mg	$0(1)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 2 mg	$0(1)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 3 mg	$0(1)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 4 mg	$0(1)	QL (120 tabs / 30 days), ST
risperidone soln 1 mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0(1)	
risperidone tab 0.25 mg	$0(1)	
risperidone tab 1 mg	$0(1)	
risperidone tab 2 mg	$0(1)	
risperidone tab 3 mg	$0(1)	
risperidone tab 4 mg	$0(1)	
SECUADO DIS 3.8MG	$0(2)	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	$0(2)	NDS, QL (30 patches / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
SECUADO DIS 7.6MG	$0(2)	NDS, QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	$0(1)	
thioridazine hcl tab 25 mg	$0(1)	
thioridazine hcl tab 50 mg	$0(1)	
thioridazine hcl tab 100 mg	$0(1)	
thiothixene cap 1 mg	$0(1)	
thiothixene cap 2 mg	$0(1)	
thiothixene cap 5 mg	$0(1)	
thiothixene cap 10 mg	$0(1)	
trifluoperazine hcl tab 1 mg (base equivalent)	$0(1)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0(1)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0(1)	
trifluoperazine hcl tab 10 mg (base equivalent)	$0(1)	
VERSACLOZ SUS 50MG/ML	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	$0(2)	NDS, QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 300MG	$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	$0(2)	NDS, QL (1 vial / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 400MG	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
carbamazepine cap er 12hr 100 mg	$0(1)	
carbamazepine cap er 12hr 200 mg	$0(1)	
carbamazepine cap er 12hr 300 mg	$0(1)	
carbamazepine chew tab 100 mg	$0(1)	
carbamazepine chew tab 200 mg	$0(1)	
carbamazepine susp 100 mg/5ml	$0(1)	
carbamazepine tab 200 mg	$0(1)	
carbamazepine tab er 12hr 100 mg	$0(1)	
carbamazepine tab er 12hr 200 mg	$0(1)	
carbamazepine tab er 12hr 400 mg	$0(1)	
clobazam suspension 2.5 mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
clobazam tab 20 mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam orally disintegrating tab 0.5 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0(1)	QL (90 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
clonazepam orally disintegrating tab 0.125 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0(1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam tab 1 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam tab 2 mg	$0(1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAP 500MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PAK 250MG	$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PAK 500MG	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
diazepam inj	$0(1)	
diazepam intensol	$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
diazepam rectal gel delivery system 2.5 mg	$0(1)	
diazepam rectal gel delivery system 10 mg	$0(1)	
diazepam rectal gel delivery system 20 mg	$0(1)	
diazepam tab 2 mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 5 mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 10 mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	$0(2)	
divalproex sodium cap delayed release sprinkle 125 mg	$0(1)	
divalproex sodium tab delayed release 125 mg	$0(1)	
divalproex sodium tab delayed release 250 mg	$0(1)	
divalproex sodium tab delayed release 500 mg	$0(1)	
divalproex sodium tab er 24 hr 250 mg	$0(1)	
divalproex sodium tab er 24 hr 500 mg	$0(1)	
EPIDIOLEX SOL 100MG/ML	$0(2)	NDS, QL (600 mL / 30 days), NM, PA
epitol tab 200mg	$0(1)	
EPRONTIA SOL 25MG/ML	$0(2)	QL (480 mL / 30 days), PA
eslicarbazepine acetate tab 200 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
eslicarbazepine acetate tab 400 mg	$0(1)	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 600 mg	$0(1)	QL (60 tabs / 30 days)
eslicarbazepine acetate tab 800 mg	$0(1)	QL (60 tabs / 30 days)
ethosuximide cap 250 mg	$0(1)	
ethosuximide soln 250 mg/5ml	$0(1)	
felbamate susp 600 mg/5ml	$0(1)	
felbamate tab 400 mg	$0(1)	
felbamate tab 600 mg	$0(1)	
FINTEPLA SOL 2.2MG/ML	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUS 0.5MG/ML	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0(1)	QL (360 caps / 30 days)
gabapentin cap 300 mg	$0(1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0(1)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0(1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0(1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0(1)	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	$0(1)	
lacosamide oral	$0(1)	QL (1200 mL / 30 days)
lacosamide tab 50 mg	$0(1)	QL (120 tabs / 30 days)
lacosamide tab 100 mg	$0(1)	QL (60 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lacosamide tab 150 mg	$0(1)	QL (60 tabs / 30 days)
lacosamide tab 200 mg	$0(1)	QL (60 tabs / 30 days)
lamotrigine tab 25 mg	$0(1)	
lamotrigine tab 100 mg	$0(1)	
lamotrigine tab 150 mg	$0(1)	
lamotrigine tab 200 mg	$0(1)	
lamotrigine tab chewable dispersible 5 mg	$0(1)	
lamotrigine tab chewable dispersible 25 mg	$0(1)	
lamotrigine tab er 24hr 25 mg	$0(1)	ST
lamotrigine tab er 24hr 50 mg	$0(1)	ST
lamotrigine tab er 24hr 100 mg	$0(1)	ST
lamotrigine tab er 24hr 200 mg	$0(1)	ST
lamotrigine tab er 24hr 250 mg	$0(1)	ST
lamotrigine tab er 24hr 300 mg	$0(1)	ST
LEVETIRACETA TAB 250MG	$0(2)	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0(1)	
levetiracetam oral soln 100 mg/ml	$0(1)	
levetiracetam tab 250 mg	$0(1)	
levetiracetam tab 500 mg	$0(1)	
levetiracetam tab 750 mg	$0(1)	
levetiracetam tab 1000 mg	$0(1)	
levetiracetam tab er 24hr 500 mg	$0(1)	
levetiracetam tab er 24hr 750 mg	$0(1)	
methsuximide cap 300 mg	$0(1)	
NAYZILAM SPR 5MG	$0(2)	QL (10 nasal units / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0(1)	
oxcarbazepine tab 150 mg	$0(1)	
oxcarbazepine tab 300 mg	$0(1)	
oxcarbazepine tab 600 mg	$0(1)	
perampanel tab 2 mg	$0(1)	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
perampanel tab 6 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
perampanel tab 8 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
perampanel tab 10 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
perampanel tab 12 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
phenobarbital elixir 20 mg/5ml	$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
phenobarbital sodium inj 65 mg/ml	$0(2)	PA; PA applies if 70 years and older
phenobarbital sodium inj 130 mg/ml	$0(2)	PA; PA applies if 70 years and older
phenobarbital tab 15 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 16.2 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 30 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 32.4 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
phenobarbital tab 60 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 64.8 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 97.2 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 100 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenytek	$0(1)	
phenytoin chew tab 50 mg	$0(1)	
phenytoin sodium extended cap 100 mg	$0(1)	
phenytoin sodium extended cap 200 mg	$0(1)	
phenytoin sodium extended cap 300 mg	$0(1)	
phenytoin sodium inj 50 mg/ml	$0(1)	
phenytoin susp 125 mg/5ml	$0(1)	
pregabalin cap 25 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 50 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 75 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 100 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 150 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 200 mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin cap 225 mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin cap 300 mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin soln 20 mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone tab 50 mg	$0(1)	
primidone tab 125 mg	$0(1)	
primidone tab 250 mg	$0(1)	
roweepra	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
rufinamide susp 40 mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	$0(2)	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	$0(2)	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	$0(2)	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	$0(2)	QL (90 tabs / 30 days)
subvenite	$0(1)	
SYMPAZAN MIS 5MG	$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	$0(1)	
tiagabine hcl tab 4 mg	$0(1)	
tiagabine hcl tab 12 mg	$0(1)	
tiagabine hcl tab 16 mg	$0(1)	
topiramate oral soln 25 mg/ml	$0(1)	QL (480 mL / 30 days), PA
topiramate sprinkle cap 15 mg	$0(1)	
topiramate sprinkle cap 25 mg	$0(1)	
topiramate sprinkle cap 50 mg	$0(1)	
topiramate tab 25 mg	$0(1)	
topiramate tab 50 mg	$0(1)	
topiramate tab 100 mg	$0(1)	
topiramate tab 200 mg	$0(1)	
valproate sodium inj 100 mg/ml	$0(1)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0(1)	
valproic acid cap 250 mg	$0(1)	
VALTOCO SPR 5MG	$0(2)	QL (10 blister packs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
VALTOCO SPR 10MG	$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	$0(2)	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin tab 500 mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
vigadrone	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOL 100MG/ML	$0(2)	NDS, QL (900 mL / 30 days), NM, PA
vigpoder	$0(2)	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	$0(2)	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide cap 25 mg	$0(1)	
zonisamide cap 50 mg	$0(1)	
zonisamide cap 100 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ZTALMY SUS 50MG/ML	$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl cap 10 mg (base equiv)	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0(1)	QL (120 caps / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
atomoxetine hcl cap 40 mg (base equiv)	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
methylphenidate hcl soln 5 mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	$0(1)	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	$0(2)	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
eszopiclone tab 1 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
tasimelteon capsule 20 mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
temazepam cap 7.5 mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 15 mg	$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 30 mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
zaleplon cap 5 mg	$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
zolpidem tartrate tab 10 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	$0(2)	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	$0(2)	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate inj 1 mg/ml	$0(2)	NDS
dihydroergotamine mesylate nasal spray 4 mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	$0(2)	QL (3 syringes / 30 days), NM, PA
EMGALITY INJ 120MG/ML	$0(2)	QL (2 pens / 30 days), NM, PA
EMGALITY INJ 120MG/ML	$0(2)	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	QL (40 tabs / 28 days), PA
naratriptan hcl tab 1 mg (base equiv)	$0(1)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	$0(1)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	$0(2)	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0(1)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0(1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0(1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0(1)	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	$0(1)	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	$0(1)	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0(1)	QL (12 injections / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sumatriptan succinate solution auto-injector 4 mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0(1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0(1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0(1)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	$0(2)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 6MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TAB 12MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 18MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 24MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 30MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 36MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 42MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
AUSTEDO XR TAB 48MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	$0(2)	NDS, QL (2 packs / year), NM, PA
lithium carbonate cap 150 mg	$0(1)	
lithium carbonate cap 300 mg	$0(1)	
lithium carbonate cap 600 mg	$0(1)	
lithium carbonate tab 300 mg	$0(1)	
lithium carbonate tab er 300 mg	$0(1)	
lithium carbonate tab er 450 mg	$0(1)	
lithium oral solution 8 meq/5ml	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	$0(1)	
riluzole tab 50 mg	$0(1)	
tetrabenazine tab 12.5 mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BETASERON INJ 0.3MG	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine tab er 12hr 10 mg	$0(1)	QL (60 tabs / 30 days), NM, PA
fingolimod hcl cap 0.5 mg (base equiv)	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
glatiramer acetate soln prefilled syringe 40 mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
KESIMPTA INJ 20/.4ML	$0(2)	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 5 mg	$0(1)	QL (90 tabs / 30 days)
baclofen tab 10 mg	$0(1)	
baclofen tab 20 mg	$0(1)	
carisoprodol tab 350 mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl tab 5 mg	$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl tab 10 mg	$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium cap 25 mg	$0(1)	
dantrolene sodium cap 50 mg	$0(1)	
dantrolene sodium cap 100 mg	$0(1)	
methocarbamol tab 500 mg	$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
methocarbamol tab 750 mg	$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
tizanidine hcl tab 2 mg (base equivalent)	$0(1)	
tizanidine hcl tab 4 mg (base equivalent)	$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0(1)	QL (60 tabs / 30 days), PA
armodafinil tab 150 mg	$0(1)	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	$0(1)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil tab 100 mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	$0(1)	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	$0(2)	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0(1)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	$0(1)	QL (60 tabs / 30 days)
disulfiram tab 250 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
disulfiram tab 500 mg	$0(1)	
gnp nicotine gum	$0(3)	NM; *
gnp nicotine mini lozenge	$0(3)	NM; *
gnp nicotine polacrilex	$0(3)	NM; *
gnp nicotine polacrilex m	$0(3)	NM; *
gnp nicotine transdermal	$0(3)	NM; *
goodsense nicotine	$0(3)	NM; *
goodsense nicotine gum	$0(3)	NM; *
goodsense nicotine polacr	$0(3)	NM; *
hm nicotine polacrilex	$0(3)	NM; *
KLOXXADO SPR 8MG	$0(2)	
naloxone hcl inj 0.4 mg/ml	$0(1)	
naloxone hcl inj 4 mg/10ml	$0(1)	
naloxone hcl nasal spray 4 mg/0.1ml	$0(1)	
naloxone hcl soln cartridge 0.4 mg/ml	$0(1)	
naloxone hcl soln prefilled syringe 0.4 mg/ml	$0(1)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0(1)	
naltrexone hcl tab 50 mg	$0(1)	
nicotine mini lozenge	$0(3)	NM; *
nicotine polacrilex gum 2 mg	$0(3)	NM; *
nicotine polacrilex gum 4 mg	$0(3)	NM; *
nicotine polacrilex lozenge 2 mg	$0(3)	NM; *
nicotine polacrilex lozenge 4 mg	$0(3)	NM; *
nicotine polacrilex mini	$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	$0(3)	NM; *
nicotine td patch 24hr 7 mg/24hr	$0(3)	NM; *
nicotine td patch 24hr 14 mg/24hr	$0(3)	NM; *
nicotine td patch 24hr 21 mg/24hr	$0(3)	NM; *
nicotine transdermal syst	$0(3)	NM; *
NICOTROL INH	$0(2)	
NICOTROL NS SPR 10MG/ML	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sm nicotine	$0(3)	NM; *
sm nicotine polacrilex	$0(3)	NM; *
sm nicotine transdermal s	$0(3)	NM; *
varenicline tartrate tab 0.5 mg (base equiv)	$0(1)	QL (56 tabs / 28 days)
varenicline tartrate tab 1 mg (base equiv)	$0(1)	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	QL (2 packs / year)
VIVITROL INJ 380MG	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol cap 50 mg	$0(1)	
danazol cap 100 mg	$0(1)	
danazol cap 200 mg	$0(1)	
depo-testosterone	$0(1)	PA
methyltestosterone cap 10 mg	$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone cypionate im inj in oil 100 mg/ml	$0(1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0(1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0(1)	PA
testosterone pump	$0(1)	QL (150 gm / 30 days), PA
testosterone td gel 12.5 mg/act (1%)	$0(1)	QL (300 gm / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	$0(1)	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	$0(1)	QL (300 gm / 30 days), PA
ANTIDIABETICS		
acarbose tab 25 mg	$0(1)	
acarbose tab 50 mg	$0(1)	
acarbose tab 100 mg	$0(1)	
FARXIGA TAB 5MG	$0(2)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FARXIGA TAB 10MG	$0(2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0(1)	QL (90 tabs / 30 days)
glimepiride tab 2 mg	$0(1)	QL (90 tabs / 30 days)
glimepiride tab 4 mg	$0(1)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0(1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0(1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl	$0(1)	QL (60 tabs / 30 days)
glipizide xl	$0(1)	QL (90 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
metformin hcl tab 500 mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	$0(2)	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	$0(1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	$0(2)	QL (1 pen / 28 days), PA
pioglitazone hcl tab 15 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	$0(1)	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	$0(1)	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	$0(1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0(1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0(1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	$0(2)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	$0(2)	QL (30 tabs / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
RYBELSUS TAB 14MG	$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	$0(2)	
ADMELOG SOLO INJ 100U/ML	$0(2)	
ALCOHOL SWABS: BD-EMBECTA/ MHC/RUGBY	$0(2)	PA
BASAGLAR INJ 100UNIT	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CEQUR SIMPL KIT PATCH 2U (3-DAY)	$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	$0(2)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	$0(2)	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	$0(2)	
FIASP INJ 100/ML	$0(2)	
FIASP PENFIL INJ U-100	$0(2)	
FIASP PMPCRT INJ U-100	$0(2)	B/D
GAUZE PADS 2” X 2”	$0(2)	PA
HUMULIN R INJ U-500	$0(2)	NDS
HUMULIN R INJ U-500	$0(2)	NDS, B/D
INSULIN PEN NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	$0(2)	PA
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	$0(2)	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	$0(2)	(brand RELION not covered)
NOVOLOG INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG INJ PENFILL	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	$0(2)	QL (15 pods / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	$0(2)	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	$0(2)	
TOUJEO SOLO INJ 300/ML	$0(2)	
TRESIBA FLEX INJ 100UNIT	$0(2)	
TRESIBA FLEX INJ 200UNIT	$0(2)	
TRESIBA INJ 100UNIT	$0(2)	
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium oral soln 70 mg/75ml	$0(1)	ST
alendronate sodium tab 10 mg	$0(1)	
alendronate sodium tab 35 mg	$0(1)	
alendronate sodium tab 70 mg	$0(1)	
BONSITY INJ 560/2.24	$0(2)	NDS, NM, PA
calcitonin (salmon) spray	$0(1)	B/D
ibandronate sodium tab 150 mg (base equivalent)	$0(1)	B/D
pamidronate disodium iv soln 3 mg/ml	$0(1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	$0(2)	B/D
PROLIA INJ 60MG/ML	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium tab 5 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
risedronate sodium tab 35 mg	$0(1)	
risedronate sodium tab 150 mg	$0(1)	
risedronate sodium tab delayed release 35 mg	$0(1)	ST
TERIPARATIDE INJ 560/2.24	$0(2)	NDS, NM, PA; (ALVOGEN product)
WYOST INJ 120/1.7	$0(2)	NDS, NM, PA
XGEVA INJ	$0(2)	NDS, NM, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0(1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	$0(2)	NDS
deferasirox tab 90 mg	$0(1)	NM, PA
deferasirox tab 180 mg	$0(2)	NM, PA
deferasirox tab 360 mg	$0(2)	NM, PA
deferasirox tab for oral susp 125 mg	$0(1)	NM, PA
deferasirox tab for oral susp 250 mg	$0(2)	NDS, NM, PA
deferasirox tab for oral susp 500 mg	$0(2)	NDS, NM, PA
kionex	$0(1)	
LOKELMA PAK 5GM	$0(2)	
LOKELMA PAK 10GM	$0(2)	
penicillamine tab 250 mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps	$0(1)	
sps rectal	$0(1)	
trientine hcl cap 250 mg	$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
aftera	$0(3)	NM; *
AIMSCO MIS LUBRICAT	$0(3)	NM; *
altavera	$0(1)	
alyacen 1/35	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
alyacen 7/7/7	$0(1)	
amethia tab	$0(1)	
amethyst	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
chateal eq	$0(1)	
cryselle-28	$0(1)	
curae	$0(3)	NM; *
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane	$0(1)	
DEPO-SQ PROV INJ 104	$0(2)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
dolishale	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	
DUREX MIS REALFEEL	$0(3)	NM; *
econtra one-step	$0(3)	NM; *
elinest	$0(1)	
eluryng	$0(1)	
emzahh	$0(1)	
enilloring	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0(1)	
falmina	$0(1)	
FANTASY LUBR MIS COLORS	$0(3)	NM; *
FANTASY LUBR MIS SPERMICI	$0(3)	NM; *
FANTASY MIS LUBRICAT	$0(3)	NM; *
FC2 FEMALE MIS CONDOM	$0(3)	NM; *
feirza tab 1.5/30	$0(1)	
feirza tab 1/20	$0(1)	
finzala	$0(1)	
galbriela chw	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
haloette	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
heather	$0(1)	
her style	$0(3)	NM; *
iclevia	$0(1)	
incassia	$0(1)	
introvale	$0(1)	
isibloom	$0(1)	
jaimiess tab	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50 tab	$0(1)	
KIMONO COLOR MIS	$0(3)	NM; *
KIMONO MAXX MIS LG FLARE	$0(3)	NM; *
KIMONO MICRO MIS THIN	$0(3)	NM; *
KIMONO MICRO MIS THIN +	$0(3)	NM; *
KIMONO MIS LUBRICAT	$0(3)	NM; *
KIMONO MIS SENSATIO	$0(3)	NM; *
KIMONO PLUS MIS SPERMICI	$0(3)	NM; *
KIMONO SENSA MIS PLUS	$0(3)	NM; *
KIMONO SPEC MIS	$0(3)	NM; *
kurvelo	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
layolis fe chw	$0(1)	
lessina	$0(1)	
levonest	$0(1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel tab 1.5 mg	$0(3)	NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0(1)	
levora 0.15/30-28	$0(1)	
LILETTA IUD 52MG	$0(2)	NM
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	
lojaimiess tab	$0(1)	
loryna	$0(1)	
low-ogestrel	$0(1)	
luizza 1/20 tab	$0(1)	
luizza tab 1.5/30	$0(1)	
lutera	$0(1)	
lyleq	$0(1)	
lyza	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
marlissa	$0(1)	
MAXX MIS LUBRICAT	$0(3)	NM; *
MAXX PLUS MIS SPERMICI	$0(3)	NM; *
medroxyprogesterone acetate im susp 150 mg/ml	$0(1)	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	$0(1)	
meleya tab 0.35mg	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice	$0(3)	NM; *
my way	$0(3)	NM; *
necon 0.5/35-28	$0(1)	
new day	$0(3)	NM; *
NEXPLANON IMP 68MG	$0(2)	NM
nikki	$0(1)	
nora-be	$0(1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norethindrone tab 0.35 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	
norlyroc	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	
nortrel 7/7/7	$0(1)	
nylia 1/35	$0(1)	
nylia 7/7/7	$0(1)	
ocella	$0(1)	
opcicon one-step	$0(3)	NM; *
option 2	$0(3)	NM; *
orquidea tab 0.35mg	$0(1)	
philith	$0(1)	
pimtrea	$0(1)	
portia-28	$0(1)	
react	$0(3)	NM; *
REALITY MIS LUBRICAT	$0(3)	NM; *
reclipsen	$0(1)	
rivelsa	$0(1)	
rosyrah tab	$0(1)	
setlakin	$0(1)	
sharobel	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
take action	$0(3)	NM; *
tarina 24 fe	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	
tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo tab	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
TRUSTEX LUBR MIS ASSORTED	$0(3)	NM; *
TRUSTEX LUBR MIS BANANA	$0(3)	NM; *
TRUSTEX LUBR MIS CHOC	$0(3)	NM; *
TRUSTEX LUBR MIS COLA	$0(3)	NM; *
TRUSTEX LUBR MIS COLORS	$0(3)	NM; *
TRUSTEX LUBR MIS EX LARGE	$0(3)	NM; *
TRUSTEX LUBR MIS EX STR	$0(3)	NM; *
TRUSTEX LUBR MIS GRAPE	$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	$0(3)	NM; *
TRUSTEX MIS BANANA	$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	$0(3)	NM; *
TRUSTEX MIS FLAVORS	$0(3)	NM; *
TRUSTEX MIS MINT	$0(3)	NM; *
TRUSTEX MIS STRWBRY	$0(3)	NM; *
TRUSTEX MIS VANILLA	$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	$0(3)	NM; *

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
TRUSTEX/RIA MIS SPERMICI	$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	$0(3)	NM; *
turqoz	$0(1)	
tydemy tab	$0(1)	
valtya 1/35 tab	$0(1)	
valtya 1/50 tab	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xarah fe tab	$0(1)	
xelria fe chw 0.4mg-35	$0(1)	
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale lo tab 0.5-0.1	$0(2)	
abigale tab 1-0.5mg	$0(2)	
dotti	$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol tab 0.5 mg	$0(2)	
estradiol tab 1 mg	$0(2)	
estradiol tab 2 mg	$0(2)	
estradiol td patch twice weekly 0.1 mg/24hr	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
estradiol td patch twice weekly 0.05 mg/24hr	$0(2)	
estradiol td patch twice weekly 0.025 mg/24hr	$0(2)	
estradiol td patch twice weekly 0.075 mg/24hr	$0(2)	
estradiol td patch twice weekly 0.0375 mg/24hr	$0(2)	
estradiol td patch weekly 0.1 mg/24hr	$0(2)	
estradiol td patch weekly 0.05 mg/24hr	$0(2)	
estradiol td patch weekly 0.06 mg/24hr	$0(2)	
estradiol td patch weekly 0.025 mg/24hr	$0(2)	
estradiol td patch weekly 0.075 mg/24hr	$0(2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0(2)	
estradiol vaginal cream 0.01%	$0(1)	
estradiol vaginal tab 10 mcg	$0(1)	
estradiol valerate im in oil 10 mg/ml	$0(1)	
estradiol valerate im in oil 20 mg/ml	$0(1)	
estradiol valerate im in oil 40 mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana	$0(2)	
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	$0(2)	
dexamethasone elixir 0.5 mg/5ml	$0(1)	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	$0(1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0(1)	
dexamethasone sodium phosphate inj 4 mg/ml	$0(1)	
dexamethasone sodium phosphate inj 10 mg/ml	$0(1)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0(1)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0(1)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0(1)	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	$0(1)	
dexamethasone soln 0.5 mg/5ml	$0(1)	
dexamethasone tab 0.5 mg	$0(1)	
dexamethasone tab 0.75 mg	$0(1)	
dexamethasone tab 1 mg	$0(1)	
dexamethasone tab 1.5 mg	$0(1)	
dexamethasone tab 2 mg	$0(1)	
dexamethasone tab 4 mg	$0(1)	
dexamethasone tab 6 mg	$0(1)	
fludrocortisone acetate tab 0.1 mg	$0(1)	
hydrocortisone sodium succinate pf for inj 100 mg	$0(1)	
hydrocortisone tab 5 mg	$0(1)	
hydrocortisone tab 10 mg	$0(1)	
hydrocortisone tab 20 mg	$0(1)	
methylprednisolone acetate inj susp 40 mg/ml	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
methylprednisolone acetate inj susp 80 mg/ml	$0(1)	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	$0(1)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	$0(1)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	$0(1)	B/D
methylprednisolone tab 4 mg	$0(1)	B/D
methylprednisolone tab 8 mg	$0(1)	B/D
methylprednisolone tab 16 mg	$0(1)	B/D
methylprednisolone tab 32 mg	$0(1)	B/D
methylprednisolone tab therapy pack 4 mg (21)	$0(1)	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	$0(1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0(1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0(1)	B/D
prednisolone soln 15 mg/5ml	$0(1)	B/D
PREDNISONE CON 5MG/ML	$0(2)	B/D
prednisone oral soln 5 mg/5ml	$0(1)	B/D
prednisone tab 1 mg	$0(1)	B/D
prednisone tab 2.5 mg	$0(1)	B/D
prednisone tab 5 mg	$0(1)	B/D
prednisone tab 10 mg	$0(1)	B/D
prednisone tab 20 mg	$0(1)	B/D
prednisone tab 50 mg	$0(1)	B/D
prednisone tab therapy pack 5 mg (21)	$0(1)	
prednisone tab therapy pack 5 mg (48)	$0(1)	
prednisone tab therapy pack 10 mg (21)	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
prednisone tab therapy pack 10 mg (48)	$0(1)	
SOLU-CORTEF INJ 100MG	$0(2)	
SOLU-CORTEF INJ 250MG	$0(2)	
SOLU-CORTEF INJ 500MG	$0(2)	
SOLU-CORTEF INJ 1000MG	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHW 5GM	$0(3)	NM; *
cvs glucose	$0(3)	NM; *
CVS GLUCOSE CHW FRUIT	$0(3)	NM; *
DEX4 CHW FRUIT	$0(3)	NM; *
DEX4 CHW GRAPE	$0(3)	NM; *
DEX4 CHW ORANGE	$0(3)	NM; *
DEX4 CHW RASPBERY	$0(3)	NM; *
DEX4 CHW SOUR APL	$0(3)	NM; *
DEX4 CHW WATERMLN	$0(3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	$0(3)	NM; *
DEX4 POUCH CHW PACK	$0(3)	NM; *
diazoxide susp 50 mg/ml	$0(2)	NDS
GLUCOSE CHW 4GM	$0(3)	NM; *
GLUCOSE CHW FRUIT	$0(3)	NM; *
GLUCOSE CHW GRAPE	$0(3)	NM; *
GLUCOSE CHW ORANGE	$0(3)	NM; *
GLUCOSE CHW RASPBERY	$0(3)	NM; *
GLUCOSE CHW WATERMLN	$0(3)	NM; *
GNP GLUCOSE CHW GRAPE	$0(3)	NM; *
GNP GLUCOSE CHW ORANGE	$0(3)	NM; *
GNP GLUCOSE CHW RASPBERY	$0(3)	NM; *
GNP GLUCOSE CHW WATERMLN	$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	$0(3)	NM; *
KROG GLUCOSE CHW RASPBERY	$0(3)	NM; *
KROG GLUCOSE CHW WATERMLN	$0(3)	NM; *
PX GLUCOSE CHW FRUIT	$0(3)	NM; *
PX GLUCOSE CHW ORANGE	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PX GLUCOSE CHW RASPBERY	$0(3)	NM; *
PX GLUCOSE CHW SOUR APL	$0(3)	NM; *
QUICK DISSOL CHW GLUCOSE	$0(3)	NM; *
SM GLUCOSE CHW ORANGE	$0(3)	NM; *
SM GLUCOSE CHW RASPBERY	$0(3)	NM; *
SM GLUCOSE CHW SOUR APP	$0(3)	NM; *
TRUEPLS GLUC GEL 15/32ML	$0(3)	NM; *
TRUEPLUS CHW GLU RASP	$0(3)	NM; *
TRUEPLUS CHW GLUC ORG	$0(3)	NM; *
TRUEPLUS CHW GLUCOSE	$0(3)	NM; *
value plus glucose	$0(3)	NM; *
VP GLUCOSE CHW FRUIT	$0(3)	NM; *
VP GLUCOSE CHW GRAPE	$0(3)	NM; *
ZEGALOGUE INJ 0.6/0.6	$0(2)	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	$0(2)	NDS, NM, PA
betaine powder for oral solution	$0(2)	NDS, NM
cabergoline tab 0.5 mg	$0(1)	
carglumic acid soluble tab 200 mg	$0(2)	NDS, NM, PA
CERDELGA CAP 84MG	$0(2)	NDS, NM, PA
CEREZYME INJ 400UNIT	$0(2)	NDS, NM, PA
CHEMSTRIP 5 TES OB	$0(3)	NM; *
CHEMSTRIP 7 TES	$0(3)	NM; *
CHEMSTRIP 10 TES MD	$0(3)	NM; *
cinacalcet hcl tab 30 mg (base equiv)	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CVS KETONE TES CARE	$0(3)	NM; *
CYSTAGON CAP 50MG	$0(2)	NM, PA
CYSTAGON CAP 150MG	$0(2)	NM, PA
desmopressin acetate inj 4 mcg/ml	$0(2)	NDS

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
desmopressin acetate nasal spray soln 0.01%	$0(1)	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0(1)	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	$0(2)	NDS
desmopressin acetate tab 0.1 mg	$0(1)	
desmopressin acetate tab 0.2 mg	$0(1)	
FABRAZYME INJ 5MG	$0(2)	NDS, NM, PA
FABRAZYME INJ 35MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	$0(2)	NDS, NM, PA
javygtor	$0(2)	NDS, NM, PA
KETO-DIASTIX TES	$0(3)	NM; *
lanreotide acetate extended release inj 120 mg/0.5ml	$0(2)	NDS, NM, PA
levocarnitine oral soln 1 gm/10ml (10%)	$0(1)	B/D
levocarnitine tab 330 mg	$0(1)	B/D
LUMIZYME INJ 50MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 3M 30MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
LUPR DEP-PED INJ 15MG	$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 45MG	$0(2)	NDS, NM, PA
mifepristone tab 300 mg	$0(2)	NDS, NM, PA
MULTISTIX 10 TES SG	$0(3)	NM; *
NAGLAZYME INJ 1MG/ML	$0(2)	NDS, NM, PA
nitisinone cap 2 mg	$0(2)	NDS, NM, PA
nitisinone cap 5 mg	$0(2)	NDS, NM, PA
nitisinone cap 10 mg	$0(2)	NDS, NM, PA
nitisinone cap 20 mg	$0(2)	NDS, NM, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0(2)	NDS, NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0(2)	NDS, NM, PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	$0(1)	NM, PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	$0(1)	NM, PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	$0(2)	NDS, NM, PA
OVIDREL INJ	$0(3)	NM; *
PRECISN XTRA TES KETONE	$0(3)	NM; *
raloxifene hcl tab 60 mg	$0(1)	
sapropterin dihydrochloride powder packet 100 mg	$0(2)	NDS, NM, PA
sapropterin dihydrochloride powder packet 500 mg	$0(2)	NDS, NM, PA
sapropterin dihydrochloride tab 100 mg	$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
SIGNIFOR INJ 0.6MG/ML	$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.9MG/ML	$0(2)	NDS, NM, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0(2)	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	$0(2)	NDS, NM, PA
SOMATULINE INJ 60/0.2ML	$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	$0(2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	$0(2)	NDS, NM, PA
SOMAVERT INJ 15MG	$0(2)	NDS, NM, PA
SOMAVERT INJ 20MG	$0(2)	NDS, NM, PA
SOMAVERT INJ 25MG	$0(2)	NDS, NM, PA
SOMAVERT INJ 30MG	$0(2)	NDS, NM, PA
SYNAREL SOL 2MG/ML	$0(2)	NDS, PA
VEOZAH TAB 45MG	$0(2)	PA
zelvysia pow 100mg	$0(2)	NDS, NM, PA
zelvysia pow 500mg	$0(2)	NDS, NM, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey tab 5mg	$0(1)	
medroxyprogesterone acetate tab 2.5 mg	$0(1)	
medroxyprogesterone acetate tab 5 mg	$0(1)	
medroxyprogesterone acetate tab 10 mg	$0(1)	
megestrol acetate susp 40 mg/ml	$0(2)	
megestrol acetate susp 625 mg/5ml	$0(2)	PA
norethindrone acetate tab 5 mg	$0(1)	
progesterone cap 100 mg	$0(1)	
progesterone cap 200 mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t	$0(1)	
levothyroxine sodium tab 25 mcg	$0(1)	
levothyroxine sodium tab 50 mcg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
levothyroxine sodium tab 75 mcg	$0(1)	
levothyroxine sodium tab 88 mcg	$0(1)	
levothyroxine sodium tab 100 mcg	$0(1)	
levothyroxine sodium tab 112 mcg	$0(1)	
levothyroxine sodium tab 125 mcg	$0(1)	
levothyroxine sodium tab 137 mcg	$0(1)	
levothyroxine sodium tab 150 mcg	$0(1)	
levothyroxine sodium tab 175 mcg	$0(1)	
levothyroxine sodium tab 200 mcg	$0(1)	
levothyroxine sodium tab 300 mcg	$0(1)	
levoxyl	$0(1)	
liothyronine sodium tab 5 mcg	$0(1)	
liothyronine sodium tab 25 mcg	$0(1)	
liothyronine sodium tab 50 mcg	$0(1)	
methimazole tab 5 mg	$0(1)	
methimazole tab 10 mg	$0(1)	
propylthiouracil tab 50 mg	$0(1)	
SYNTHROID TAB 25MCG	$0(2)	
SYNTHROID TAB 50MCG	$0(2)	
SYNTHROID TAB 75MCG	$0(2)	
SYNTHROID TAB 88MCG	$0(2)	
SYNTHROID TAB 100MCG	$0(2)	
SYNTHROID TAB 112MCG	$0(2)	
SYNTHROID TAB 125MCG	$0(2)	
SYNTHROID TAB 137MCG	$0(2)	
SYNTHROID TAB 150MCG	$0(2)	
SYNTHROID TAB 175MCG	$0(2)	
SYNTHROID TAB 200MCG	$0(2)	
SYNTHROID TAB 300MCG	$0(2)	
unithroid	$0(1)	
VITAMIN D ANALOGS		
calcitriol (oral)	$0(1)	B/D
calcitriol cap 0.5 mcg	$0(1)	B/D
calcitriol cap 0.25 mcg	$0(1)	B/D

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
paricalcitol cap 1 mcg	$0(1)	B/D
paricalcitol cap 2 mcg	$0(1)	B/D
paricalcitol cap 4 mcg	$0(1)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	$0(3)	NM; *
ACID GONE	$0(3)	NM; *
almacone double strength	$0(3)	NM; *
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	$0(3)	NM; *
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	$0(3)	NM; *
antacid	$0(3)	NM; *
antacid calcium regular s	$0(3)	NM; *
antacid extra strength	$0(3)	NM; *
antacid maximum strength	$0(3)	NM; *
antacid regular strength	$0(3)	NM; *
antacid ultra strength	$0(3)	NM; *
antacid/antigas liquid	$0(3)	NM; *
cal-gest antacid	$0(3)	NM; *
calcium antacid	$0(3)	NM; *
calcium antacid extra str	$0(3)	NM; *
CALCIUM CARB SUS 1250/5ML	$0(3)	NM; *
CALCIUM CARB TAB 648MG	$0(3)	NM; *
calcium carbonate (antacid) chew tab 500 mg	$0(3)	NM; *
ft antacid & antigas	$0(3)	NM; *
ft antacid extra strength	$0(3)	NM; *
ft antacid regular streng	$0(3)	NM; *
gnp antacid	$0(3)	NM; *
gnp antacid & anti-gas ma	$0(3)	NM; *
gnp antacid & anti-gas/re	$0(3)	NM; *
gnp antacid and anti-gas/	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
gnp antacid anti-gas/maxi	$0(3)	NM; *
gnp antacid extra strengt	$0(3)	NM; *
gnp antacid ultra strengt	$0(3)	NM; *
gnp antacid/regular stren	$0(3)	NM; *
heartburn relief extra st	$0(3)	NM; *
hm antacid extra strength	$0(3)	NM; *
MAG-AL LIQ	$0(3)	NM; *
mag-al plus	$0(3)	NM; *
mag-al plus xs	$0(3)	NM; *
magnesium oxide tab 400 mg	$0(3)	NM; *
magnesium oxide tab 420 mg	$0(3)	NM; *
mintox maximum strength	$0(3)	NM; *
mintox plus	$0(3)	NM; *
qc antacid	$0(3)	NM; *
qc antacid/anti-gas	$0(3)	NM; *
qc antacid/anti-gas maxim	$0(3)	NM; *
sb antacid	$0(3)	NM; *
sb antacid extra strength	$0(3)	NM; *
sm antacid	$0(3)	NM; *
sm antacid extra strength	$0(3)	NM; *
sm calcium antacid	$0(3)	NM; *
sm calcium antacid extra	$0(3)	NM; *
smooth antacid extra stre	$0(3)	NM; *
sodium bicarbonate tab 325 mg	$0(3)	NM; *
sodium bicarbonate tab 650 mg	$0(3)	NM; *
SODIUM POW BICARBON	$0(3)	NM; *
TUMS CHW DEL CHW 1177MG	$0(3)	NM; *
tums smoothies	$0(3)	NM; *
ANTI-DIARRHEAL		
ABATINEX	$0(3)	NM; *
ACIDOPHILUS CAP	$0(3)	NM; *
ACIDOPHILUS CAP 100MG	$0(3)	NM; *
ACIDOPHILUS CAP LACTOBA	$0(3)	NM; *
ACIDOPHILUS EXTRA STRENGT	$0(3)	NM; *

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***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
acidophilus probiotic	$0(3)	NM; *
ACIDOPHILUS PROBIOTIC	$0(3)	NM; *
acidophilus probiotic for	$0(3)	NM; *
ACIDOPHILUS WAF	$0(3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	$0(3)	NM; *
anti-diarrheal	$0(3)	NM; *
AZO COMPLETE FEMININE BAL	$0(3)	NM; *
AZO DUAL CAP PROTECT	$0(3)	NM; *
BIO-K PLUS CAP STRONG	$0(3)	NM; *
BIOMEPRO CAP	$0(3)	NM; *
BIOMEPRO LIQ	$0(3)	NM; *
bismuth subsalicylate chew tab 262 mg	$0(3)	NM; *
CULTURELLE CAP ADV REG	$0(3)	NM; *
CULTURELLE CAP WOMENS	$0(3)	NM; *
culturelle prenatal welln	$0(3)	NM; *
culturelle total balance	$0(3)	NM; *
culturelle womens wellnes	$0(3)	NM; *
cvs acidophilus probiotic	$0(3)	NM; *
EQL DIGESTIVE PROBIOTIC	$0(3)	NM; *
eql probiotic acidophilus	$0(3)	NM; *
FLORAJEN CAP ACIDOPHI	$0(3)	NM; *
FLORAJEN CAP WOMEN	$0(3)	NM; *
floranex	$0(3)	NM; *
FREEZE DRIED ACIDOPHILUS	$0(3)	NM; *
ft anti-diarrheal	$0(3)	NM; *
ft stomach relief	$0(3)	NM; *
gnp anti-diarrheal	$0(3)	NM; *
gnp loperamide hydrochlor	$0(3)	NM; *
gnp pink bismuth	$0(3)	NM; *
gnp pink bismuth ultra st	$0(3)	NM; *
GNP PROBIOTI CAP XTRA STR	$0(3)	NM; *
gnp stomach relief	$0(3)	NM; *
goodsense anti-diarrheal	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
hm stomach relief	$0(3)	NM; *
hm stomach relief ultra	$0(3)	NM; *
IDEAL BOWEL CAP PROBIOTI	$0(3)	NM; *
INTESTINEX	$0(3)	NM; *
KALA TAB	$0(3)	NM; *
lactobacillus - packet	$0(3)	NM; *
lactobacillus acidophilus-pectin cap	$0(3)	NM; *
LACTOBACILLUS EXTRA STREN	$0(3)	NM; *
lactobacillus tab	$0(3)	NM; *
loperamide hcl soln 1 mg/7.5ml	$0(3)	NM; *
loperamide hcl tab 2 mg	$0(3)	NM; *
MORE-DOPHILU POW ACIDOPHI	$0(3)	NM; *
PRIMADOPHILUS	$0(3)	NM; *
probiata	$0(3)	NM; *
PROBIOTIC ACIDOPHILUS	$0(3)	NM; *
PROBIOTIC CAP	$0(3)	NM; *
PROBIOTIC GOLD EXTRA STRE	$0(3)	NM; *
qc anti-diarrheal	$0(3)	NM; *
RA DIGESTIVE HEALTH	$0(3)	NM; *
sb anti-diarrhea	$0(3)	NM; *
SM ACIDOPHILUS	$0(3)	NM; *
sm anti-diarrheal	$0(3)	NM; *
sm stomach relief	$0(3)	NM; *
stomach relief	$0(3)	NM; *
stomach relief extra stre	$0(3)	NM; *
stomach relief ultra	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	$0(1)	B/D
aprepitant capsule 80 mg	$0(1)	B/D
aprepitant capsule 125 mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro	$0(1)	
driminate	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
dronabinol cap 2.5 mg	$0(1)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0(1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0(1)	B/D, QL (60 caps / 30 days)
ft motion sickness	$0(3)	NM; *
gnp motion sickness relie	$0(3)	NM; *
granisetron hcl inj 1 mg/ml	$0(1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0(1)	
granisetron hcl tab 1 mg	$0(1)	B/D
meclizine hcl chew tab 25 mg	$0(3)	NM; *
meclizine hcl tab 12.5 mg	$0(2)	
meclizine hcl tab 12.5 mg	$0(3)	NM; *
meclizine hcl tab 25 mg	$0(2)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	$0(1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	$0(1)	
metoclopramide hcl tab 5 mg (base equivalent)	$0(1)	
metoclopramide hcl tab 10 mg (base equivalent)	$0(1)	
motion sickness relief	$0(3)	NM; *
motion sickness relief/le	$0(3)	NM; *
motion-time	$0(3)	NM; *
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0(1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0(1)	
ondansetron hcl inj soln pref syr 4 mg/2ml	$0(1)	
ondansetron hcl oral soln 4 mg/5ml	$0(1)	B/D
ondansetron hcl tab 4 mg	$0(1)	B/D
ondansetron hcl tab 8 mg	$0(1)	B/D
ondansetron orally disintegrating tab 4 mg	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ondansetron orally disintegrating tab 8 mg	$0(1)	B/D
prochlorperazine edisylate inj 10 mg/2ml	$0(1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0(1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0(1)	
prochlorperazine suppos 25 mg	$0(1)	
promethazine hcl inj 25 mg/ml	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl inj 50 mg/ml	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl oral soln 6.25 mg/5ml	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 12.5 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
sm motion sickness	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0(2)	
dicyclomine hcl oral soln 10 mg/5ml	$0(2)	
dicyclomine hcl tab 20 mg	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
glycopyrrolate tab 1 mg	$0(1)	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer	$0(3)	NM; *
acid reducer maximum stre	$0(3)	NM; *
acid reducer original str	$0(3)	NM; *
famotidine for susp 40 mg/5ml	$0(1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine inj 40 mg/4ml	$0(1)	
famotidine inj 200 mg/20ml	$0(1)	
famotidine maximum streng	$0(3)	NM; *
famotidine original stren	$0(3)	NM; *
famotidine preservative free inj 20 mg/2ml	$0(1)	
famotidine tab 10 mg	$0(3)	NM; *
famotidine tab 20 mg	$0(1)	
famotidine tab 20 mg	$0(3)	NM; *
famotidine tab 40 mg	$0(1)	
ft acid reducer	$0(3)	NM; *
ft acid reducer maximum s	$0(3)	NM; *
gnp acid reducer	$0(3)	NM; *
gnp acid reducer maximum	$0(3)	NM; *
heartburn relief	$0(3)	NM; *
heartburn relief maximum	$0(3)	NM; *
nizatidine cap 150 mg	$0(1)	
nizatidine cap 300 mg	$0(1)	
qc acid controller	$0(3)	NM; *
qc acid controller maximu	$0(3)	NM; *
sb acid reducer	$0(3)	NM; *
sm acid reducer	$0(3)	NM; *
sm acid reducer maximum s	$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
budesonide delayed release particles cap 3 mg	$0(1)	QL (90 caps / 30 days), PA
budesonide tab er 24hr 9 mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	$0(1)	
mesalamine cap dr 400 mg	$0(1)	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	$0(1)	QL (120 caps / 30 days)
mesalamine enema 4 gm	$0(1)	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	$0(1)	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	$0(1)	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	$0(1)	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	$0(1)	
sulfasalazine tab delayed release 500 mg	$0(1)	
LAXATIVES		
bisacodyl ec	$0(3)	NM; *
bisacodyl suppos 10 mg	$0(3)	NM; *
calcium polycarbophil tab 625 mg	$0(3)	NM; *
castor oil 100%	$0(3)	NM; *
castor oil stimulant laxa	$0(3)	NM; *
chocolated laxative	$0(3)	NM; *
chocolated laxative regul	$0(3)	NM; *
clearlax	$0(3)	NM; *
colace 2-in-1	$0(3)	NM; *
COLACE CLEAR CAP 50MG	$0(3)	NM; *
constulose	$0(1)	
cvs castor oil	$0(3)	NM; *
cvs chocolate laxative pi	$0(3)	NM; *
docusate calcium cap 240 mg	$0(3)	NM; *
docusate mini	$0(3)	NM; *
docusate sodium cap 100 mg	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
docusate sodium cap 250 mg	$0(3)	NM; *
docusate sodium liquid 150 mg/15ml	$0(3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	$0(3)	NM; *
dok	$0(3)	NM; *
enema ready-to-use	$0(3)	NM; *
enemeez mini	$0(3)	NM; *
enemeez plus	$0(3)	NM; *
enulose	$0(1)	
epsom salt	$0(3)	NM; *
eql castor oil	$0(3)	NM; *
eql laxative eql laxative	$0(3)	NM; *
fiber-lax	$0(3)	NM; *
FLEET BISACO ENE 10/30ML	$0(3)	NM; *
FLEET ENE PED	$0(3)	NM; *
ft castor oil	$0(3)	NM; *
ft clearlax	$0(3)	NM; *
ft fiber laxative	$0(3)	NM; *
ft gentle laxative	$0(3)	NM; *
ft laxative	$0(3)	NM; *
ft magnesium citrate	$0(3)	NM; *
ft mineral oil	$0(3)	NM; *
ft senna laxative	$0(3)	NM; *
ft senna-s	$0(3)	NM; *
ft stool softener	$0(3)	NM; *
gavilax	$0(3)	NM; *
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
gavilyte-n sol flav pk	$0(1)	
generlac	$0(1)	
gentle laxative	$0(3)	NM; *
glycolax	$0(3)	NM; *
gnp castor oil	$0(3)	NM; *
gnp clearlax	$0(3)	NM; *
gnp epsom salt	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
gnp fiber powder	$0(3)	NM; *
gnp fiber therapy	$0(3)	NM; *
gnp fiber-caps	$0(3)	NM; *
gnp gentle laxative	$0(3)	NM; *
gnp magnesium citrate	$0(3)	NM; *
gnp milk of magnesia	$0(3)	NM; *
gnp mineral oil	$0(3)	NM; *
gnp senna lax	$0(3)	NM; *
gnp senna plus	$0(3)	NM; *
gnp stool softener	$0(3)	NM; *
gnp stool softener/stimul	$0(3)	NM; *
gnp womens gentle laxativ	$0(3)	NM; *
goodsense clearlax	$0(3)	NM; *
healthylax	$0(3)	NM; *
hm enema mineral oil	$0(3)	NM; *
hm enema saline laxative	$0(3)	NM; *
hm stool softener/stimula	$0(3)	NM; *
KONSYL DAILY POW 100%	$0(3)	NM; *
lactulose (encephalopathy) solution 10 gm/15ml	$0(1)	
lactulose solution 10 gm/15ml	$0(1)	
laxative maximum strength	$0(3)	NM; *
laxative regular strength	$0(3)	NM; *
MILK OF MAGN SUS 2400/10	$0(3)	NM; *
milk of magnesia	$0(3)	NM; *
mineral oil	$0(3)	NM; *
mineral oil enema	$0(3)	NM; *
onelax senna	$0(3)	NM; *
PEDIA-LAX LIQ 50MG	$0(3)	NM; *
PEDIA-LAX SUP 2.8GM	$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PLENVU SOL	$0(2)	
polyethylene glycol 3350 oral packet 17 gm	$0(3)	NM; *
polyethylene glycol 3350 oral powder 17 gm/scoop	$0(3)	NM; *
qc chocolated laxative	$0(3)	NM; *
qc enema	$0(3)	NM; *
qc gentle laxative	$0(3)	NM; *
qc milk of magnesia	$0(3)	NM; *
qc mineral oil heavy	$0(3)	NM; *
qc natura-lax	$0(3)	NM; *
qc stool softener	$0(3)	NM; *
qc stool softener plus la	$0(3)	NM; *
qc vegetable laxative	$0(3)	NM; *
sb milk of magnesia	$0(3)	NM; *
senexon-s	$0(3)	NM; *
senna laxative	$0(3)	NM; *
senna plus	$0(3)	NM; *
SENNA PLUS CAP 8.6-50MG	$0(3)	NM; *
senna-lax	$0(3)	NM; *
senna-tabs	$0(3)	NM; *
senna-time	$0(3)	NM; *
senna-time s	$0(3)	NM; *
sennosides cap 8.6 mg	$0(3)	NM; *
sennosides syrup 8.8 mg/5ml	$0(3)	NM; *
sennosides tab 8.6 mg	$0(3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0(3)	NM; *
senokot extra strength	$0(3)	NM; *
sm clearlax	$0(3)	NM; *
sm enema	$0(3)	NM; *
sm epsom salt	$0(3)	NM; *
sm fiber	$0(3)	NM; *
sm fiber laxative	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sm gentle laxative	$0(3)	NM; *
sm magnesium citrate	$0(3)	NM; *
sm milk of magnesia	$0(3)	NM; *
sm senna laxative	$0(3)	NM; *
sm senna-s	$0(3)	NM; *
sm stool softener	$0(3)	NM; *
sm stool softener plus la	$0(3)	NM; *
sm stool softener/stimula	$0(3)	NM; *
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0(1)	
sodium phosphates - enema	$0(3)	NM; *
soluble fiber	$0(3)	NM; *
SORBITOL SOL 70%	$0(3)	NM; *
stimulant laxative	$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	$0(3)	NM; *
stool softener	$0(3)	NM; *
stool softener + stimulan	$0(3)	NM; *
stool softener laxative	$0(3)	NM; *
stool softener plus laxat	$0(3)	NM; *
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0(1)	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	$0(2)	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
cromolyn sodium oral conc 100 mg/5ml	$0(1)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ft gas relief drops infan	$0(3)	NM; *
ft gas relief extra stren	$0(3)	NM; *
ft gas relief ultra stren	$0(3)	NM; *
gas relief	$0(3)	NM; *
gas relief extra strength	$0(3)	NM; *
gas relief infants	$0(3)	NM; *
gas relief ultra strength	$0(3)	NM; *
gas-x extra strength	$0(3)	NM; *
gas-x ultra strength	$0(3)	NM; *
GATTEX KIT 5MG	$0(2)	NDS, NM, PA
gnp anti-gas ultra streng	$0(3)	NM; *
gnp gas relief	$0(3)	NM; *
gnp gas relief extra stre	$0(3)	NM; *
gnp infant gas relief	$0(3)	NM; *
LINZESS CAP 72MCG	$0(2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	$0(2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	$0(2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0(1)	
misoprostol tab 100 mcg	$0(1)	
misoprostol tab 200 mcg	$0(1)	
MOVANTIK TAB 12.5MG	$0(2)	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	$0(2)	QL (30 tabs / 30 days)
PHAZYME CAP 250MG	$0(3)	NM; *
RELISTOR INJ 8/0.4ML	$0(2)	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	$0(2)	NDS, QL (28 syringes / 28 days), PA
simethicone chew tab 80 mg	$0(3)	NM; *
simethicone chew tab 125 mg	$0(3)	NM; *
simethicone drops infants	$0(3)	NM; *
simethicone ultra strengt	$0(3)	NM; *
sm gas relief	$0(3)	NM; *
sm gas relief drops infan	$0(3)	NM; *
sucralfate tab 1 gm	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ursodiol cap 300 mg	$0(1)	
ursodiol tab 250 mg	$0(1)	
ursodiol tab 500 mg	$0(1)	
VOWST CAP	$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TAB 250MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TAB 550MG	$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000UNT	$0(2)	
ZENPEP CAP 40000UNT	$0(2)	
ZENPEP CAP 60000UNT	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer	$0(3)	NM; *
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0(1)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0(3)	NM; *
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0(1)	QL (30 caps / 30 days), ST
esomeprazole magnesium tab delayed release 20 mg	$0(3)	NM; *
ft acid reducer	$0(3)	NM; *
gnp esomeprazole magnesiu	$0(3)	NM; *
gnp lansoprazole	$0(3)	NM; *
gnp omeprazole	$0(3)	NM; *
gnp omeprazole odt	$0(3)	NM; *
goodsense esomeprazole ma	$0(3)	NM; *
goodsense lansoprazole	$0(3)	NM; *
hm esomeprazole magnesium	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lansoprazole cap delayed release 15 mg	$0(1)	QL (60 caps / 30 days)
lansoprazole cap delayed release 15 mg	$0(3)	NM; *
lansoprazole cap delayed release 30 mg	$0(1)	QL (60 caps / 30 days)
omeprazole cap delayed release 10 mg	$0(1)	
omeprazole cap delayed release 20 mg	$0(1)	
omeprazole cap delayed release 40 mg	$0(1)	
omeprazole delayed release tab 20 mg	$0(3)	NM; *
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	$0(3)	NM; *
omeprazole magnesium delayed release tab 20 mg (base equiv)	$0(3)	NM; *
omeprazole tablet delayed release disintegrating 20 mg	$0(3)	NM; *
pantoprazole sodium ec tab 20 mg (base equiv)	$0(1)	
pantoprazole sodium ec tab 40 mg (base equiv)	$0(1)	
pantoprazole sodium for iv soln 40 mg (base equiv)	$0(1)	
qc esomeprazole magnesium	$0(3)	NM; *
qc lansoprazole	$0(3)	NM; *
qc omeprazole magnesium	$0(3)	NM; *
rabeprazole sodium ec tab 20 mg	$0(1)	QL (30 tabs / 30 days)
sm esomeprazole magnesium	$0(3)	NM; *
sm lansoprazole	$0(3)	NM; *
sm omeprazole	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	$0(1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0(1)	QL (30 tabs / 30 days)
tadalafil tab 5 mg	$0(1)	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid irrigation soln 0.25%	$0(1)	
bethanechol chloride tab 5 mg	$0(1)	
bethanechol chloride tab 10 mg	$0(1)	
bethanechol chloride tab 25 mg	$0(1)	
bethanechol chloride tab 50 mg	$0(1)	
gnp urinary pain relief	$0(3)	NM; *
gnp urinary pain relief m	$0(3)	NM; *
hm urinary pain relief	$0(3)	NM; *
potassium citrate tab er 5 meq (540 mg)	$0(1)	
potassium citrate tab er 10 meq (1080 mg)	$0(1)	
potassium citrate tab er 15 meq (1620 mg)	$0(1)	
qc urinary pain relief	$0(3)	NM; *
sm urinary pain relief	$0(3)	NM; *
sm urinary pain relief ma	$0(3)	NM; *
urinary pain relief	$0(3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TAB 75MG	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0(2)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
oxybutynin chloride solution 5 mg/5ml	$0(1)	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	$0(1)	QL (120 tabs / 30 days)
oxybutynin chloride tab er 24hr 5 mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0(1)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0(1)	QL (60 tabs / 30 days)
OXYTROL/WOMN DIS 3.9MG/24	$0(3)	NM; *
solifenacin succinate tab 5 mg	$0(1)	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate cap er 24hr 4 mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	$0(1)	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	$0(1)	QL (60 tabs / 30 days)
trospium chloride tab 20 mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0(1)	
clotrimazole 3	$0(3)	NM; *
clotrimazole vaginal cream 1%	$0(3)	NM; *
7 day vagina cre 2%	$0(3)	NM; *
3 day vaginal	$0(3)	NM; *
gnp clotrimazole 3	$0(3)	NM; *
gnp miconazole 1 combinat	$0(3)	NM; *
gnp miconazole 3	$0(3)	NM; *
gnp miconazole 7	$0(3)	NM; *
metronidazole vaginal gel 0.75%	$0(1)	
miconazole 3 combo pack	$0(3)	NM; *
miconazole 7	$0(3)	NM; *
qc 3 day vaginal cream	$0(3)	NM; *
qc clotrimazole	$0(3)	NM; *
qc miconazole 7	$0(3)	NM; *
sm 3-day vaginal	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sm clotrimazole vaginal	$0(3)	NM; *
sm miconazole 3	$0(3)	NM; *
sm miconazole 7	$0(3)	NM; *
terconazole vaginal cream 0.4%	$0(1)	
terconazole vaginal cream 0.8%	$0(1)	
terconazole vaginal suppos 80 mg	$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	$0(1)	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	$0(1)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	$0(1)	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	$0(2)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	$0(1)	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	$0(1)	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	$0(1)	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	$0(1)	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	$0(1)	
enoxaparin sodium inj soln pref syr 100 mg/ml	$0(1)	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	$0(1)	
enoxaparin sodium inj soln pref syr 150 mg/ml	$0(1)	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0(2)	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0(2)	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) inj 1000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0(1)	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	$0(1)	B/D
jantoven	$0(1)	
rivaroxaban for susp 1 mg/ml	$0(2)	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	$0(2)	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	$0(1)	
warfarin sodium tab 2 mg	$0(1)	
warfarin sodium tab 2.5 mg	$0(1)	
warfarin sodium tab 3 mg	$0(1)	
warfarin sodium tab 4 mg	$0(1)	
warfarin sodium tab 5 mg	$0(1)	
warfarin sodium tab 6 mg	$0(1)	
warfarin sodium tab 7.5 mg	$0(1)	
warfarin sodium tab 10 mg	$0(1)	
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	$0(2)	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	$0(2)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	$0(2)	QL (30 tabs / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
XARELTO TAB 20MG	$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT INJ 2000/ML	$0(2)	NM, PA
PROCRIT INJ 3000/ML	$0(2)	NM, PA
PROCRIT INJ 4000/ML	$0(2)	NM, PA
PROCRIT INJ 10000/ML	$0(2)	NM, PA
PROCRIT INJ 20000/ML	$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	$0(2)	NDS, NM, PA
IRON		
ACCRUFER CAP 30MG	$0(3)	NM; *
ACTIVE FE TAB 75-1.25	$0(3)	NM; *
BENTIVITE TAB 35-1MG	$0(3)	NM; *
bprotected pedia iron	$0(3)	NM; *
CENTRATEX CAP	$0(3)	NM; *
chromagen	$0(3)	NM; *
corvita 150	$0(3)	NM; *
CORVITE 150 TAB	$0(3)	NM; *
CORVITE FE TAB	$0(3)	NM; *
cvs iron	$0(3)	NM; *
cvs slow release iron	$0(3)	NM; *
eq slow-release iron	$0(3)	NM; *
eql carbonyl iron	$0(3)	NM; *
eql iron supplement thera	$0(3)	NM; *
eql slow release iron	$0(3)	NM; *
EZFE 200 CAP 200MG	$0(3)	NM; *
FE SULFATE POW	$0(3)	NM; *
fe-vite iron	$0(3)	NM; *
FERAHEME INJ 510/17ML	$0(3)	NM; *
ferate	$0(3)	NM; *
fergon	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FERIVA TAB 21/7	$0(3)	NM; *
ferosul	$0(3)	NM; *
FERRALET 90 TAB	$0(3)	NM; *
ferrex 150	$0(3)	NM; *
ferric x-150	$0(3)	NM; *
FERROUS GLUC TAB 324MG	$0(3)	NM; *
ferrous gluconate tab 240 mg (27 mg elemental fe)	$0(3)	NM; *
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	$0(3)	NM; *
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	$0(3)	NM; *
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	$0(3)	NM; *
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	$0(3)	NM; *
ferrous sulfate tab 325 mg (65 mg elemental fe)	$0(3)	NM; *
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	$0(3)	NM; *
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	$0(3)	NM; *
ferrous sulfate tab er 45 mg (elemental fe)	$0(3)	NM; *
FOLIVANE-F CAP	$0(3)	NM; *
FUSION PLUS CAP	$0(3)	NM; *
gnp iron	$0(3)	NM; *
HEMATEX IRON TAB 150MG	$0(3)	NM; *
HEMATEX LIQ 100/5ML	$0(3)	NM; *
HEMATOGEN FA CAP	$0(3)	NM; *
HEMOCYTE PLS CAP	$0(3)	NM; *
iferex 150	$0(3)	NM; *
iferex 150 forte	$0(3)	NM; *
INFED INJ 50MG/ML	$0(3)	NM; *
INJECTAFER INJ 750/15ML	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
INTEGRA F CAP	$0(3)	NM; *
INTEGRA PLUS CAP	$0(3)	NM; *
iron 27	$0(3)	NM; *
IRON CHW PEDIATRI	$0(3)	NM; *
IRON FOLATE CAP -F	$0(3)	NM; *
IRON FOLATE CAP PLUS	$0(3)	NM; *
iron infant & toddler	$0(3)	NM; *
iron infant/toddler	$0(3)	NM; *
iron slow release	$0(3)	NM; *
iron supplement	$0(3)	NM; *
iron supplement childrens	$0(3)	NM; *
IRON TAB 18MG	$0(3)	NM; *
IRON UP LIQ	$0(3)	NM; *
IROSPAN 24/6 MIS	$0(3)	NM; *
kp ferrous gluconate	$0(3)	NM; *
kp ferrous sulfate	$0(3)	NM; *
MONOFERRIC INJ 1000/10	$0(3)	NM; *
NEPHRON FA TAB	$0(3)	NM; *
NIFEREX TAB	$0(3)	NM; *
NOVAFERRUM CAP 50MG	$0(3)	NM; *
NOVAFERRUM DRO 15MG/ML	$0(3)	NM; *
NOVAFERRUM LIQ 125	$0(3)	NM; *
nu-iron 150	$0(3)	NM; *
one vite ferrous sulfate	$0(3)	NM; *
pc pediatric iron drops	$0(3)	NM; *
poly-iron 150	$0(3)	NM; *
polysaccharide iron complex cap 150 mg (iron equivalent)	$0(3)	NM; *
PROFE CAP 180MG	$0(3)	NM; *
qc ferrous sulfate	$0(3)	NM; *
ra high potency iron	$0(3)	NM; *
ra iron	$0(3)	NM; *
ra slow release iron	$0(3)	NM; *
se-tan plus	$0(3)	NM; *

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
slow iron	$0(3)	NM; *
SLOW REL FE TAB 143MG CR	$0(3)	NM; *
slow release iron	$0(3)	NM; *
SLOW RELEASE TAB 47.5MG	$0(3)	NM; *
slow-release iron	$0(3)	NM; *
sm iron	$0(3)	NM; *
sm iron slow release	$0(3)	NM; *
sm slow release iron	$0(3)	NM; *
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	$0(3)	NM; *
sv iron	$0(3)	NM; *
tandem plus	$0(3)	NM; *
TARON FORTE CAP	$0(3)	NM; *
tricon	$0(3)	NM; *
trigels-f forte	$0(3)	NM; *
venofer inj 20mg/ml	$0(3)	NM; *
VENOFER INJ 20MG/ML	$0(3)	NM; *
wee care	$0(3)	NM; *
MISCELLANEOUS		
ALVAIZ TAB 9MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TAB 18MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ALVAIZ TAB 36MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ALVAIZ TAB 54MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
anagrelide hcl cap 0.5 mg	$0(1)	
anagrelide hcl cap 1 mg	$0(1)	
BERINERT INJ 500UNIT	$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
cilostazol tab 50 mg	$0(1)	
cilostazol tab 100 mg	$0(1)	
DOPTELET TAB 20MG	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
DROXIA CAP 200MG	$0(2)	
DROXIA CAP 300MG	$0(2)	
DROXIA CAP 400MG	$0(2)	
HAEGARDA INJ 2000UNIT	$0(2)	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA INJ 3000UNIT	$0(2)	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell)	$0(2)	NDS, NM, PA
pentoxifylline tab er 400 mg	$0(1)	
sajazir	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TAB 100MG	$0(2)	
SIKLOS TAB 1000MG	$0(2)	NDS
TAVNEOS CAP 10MG	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0(1)	
tranexamic acid tab 650 mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TAB 60MG	$0(2)	
BRILINTA TAB 90MG	$0(2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0(1)	
dipyridamole tab 25 mg	$0(2)	PA; PA applies if 70 years and older
dipyridamole tab 50 mg	$0(2)	PA; PA applies if 70 years and older
dipyridamole tab 75 mg	$0(2)	PA; PA applies if 70 years and older
prasugrel hcl tab 5 mg (base equiv)	$0(1)	
prasugrel hcl tab 10 mg (base equiv)	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ticagrelor tab 60 mg	$0(1)	
ticagrelor tab 90 mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMU-AACF INJ 40/0.8ML	$0(2)	NDS, QL (2 packs / year), NM, PA
ADALIMU-AACF INJ 40/0.8ML	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMU-AACF KIT 40/0.8ML	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
COSENTYX INJ 75MG/0.5	$0(2)	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX INJ 125/5ML	$0(2)	NDS, NM, PA
COSENTYX INJ 150MG/ML	$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX INJ 300DOSE	$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX PEN INJ 150MG/ML	$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX PEN INJ 300DOSE	$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNO INJ 300/2ML	$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT INJ 200/1.14	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
DUPIXENT INJ 200MG	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL INJ 25/0.5ML	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	$0(2)	NDS, QL (16 vials / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ENBREL INJ 50MG/ML	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN INJ 40/0.4ML	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT CD/UC/HS	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN KIT PED UC	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
IDACIO 2-PEN INJ 40/0.8ML	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE	$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS	$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB INJ 100MG	$0(2)	NDS, NM, PA
PYZCHIVA INJ 45/0.5ML	$0(2)	QL (1 pen / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PYZCHIVA INJ 45/0.5ML	$0(2)	QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 45/0.5ML	$0(2)	QL (1 vial / 28 days), NM, PA
PYZCHIVA INJ 90MG/ML	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA INJ 90MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 130/26ML	$0(2)	NDS, NM, PA
REMICADE INJ 100MG	$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	$0(2)	NDS, NM, PA
RINVOQ LQ SOL 1MG/ML	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
RINVOQ TAB 15MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 30MG ER	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 45MG ER	$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI INJ 150MG/ML	$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI INJ 180/1.2	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI INJ 360/2.4	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI PEN INJ 150MG/ML	$0(2)	NDS, QL (6 pens / 365 days), NM, PA
SKYRIZI SOL 60MG/ML	$0(2)	NDS, NM, PA
SOTYKTU TAB 6MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA INJ 5MG/ML	$0(2)	NDS, NM, PA
STELARA INJ 45/0.5ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 45/0.5ML	$0(2)	NDS, QL (1 vial / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
STELARA INJ 90MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA INJ 100MG/ML	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA INJ 100MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA INJ 200/2ML	$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA INJ 200/2ML	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INJ 200/20ML	$0(2)	NDS, NM, PA
TYENNE INJ 80MG/4ML	$0(2)	NDS, NM, PA
TYENNE INJ 162/0.9	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE INJ 162MG	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
TYENNE INJ 200/10ML	$0(2)	NDS, NM, PA
TYENNE INJ 400/20ML	$0(2)	NDS, NM, PA
VELSIPITY TAB 2MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOL 1MG/ML	$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TAB 5MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK INJ 45/0.5ML	$0(2)	QL (1 syringe / 28 days), NM, PA
YESINTEK INJ 45/0.5ML	$0(2)	QL (1 vial / 28 days), NM, PA
YESINTEK INJ 90MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
YESINTEK INJ 130/26ML	$0(2)	NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate tab 200 mg	$0(1)	
JYLAMVO SOL 2MG/ML	$0(2)	B/D
leflunomide tab 10 mg	$0(1)	QL (30 tabs / 30 days)
leflunomide tab 20 mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	$0(1)	
XATMEP SOL 2.5MG/ML	$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	$0(2)	NDS, NM, PA
ALYGLO INJ 10/100ML	$0(2)	NDS, NM, PA
ALYGLO INJ 20/200ML	$0(2)	NDS, NM, PA
BIVIGAM INJ 10%	$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	$0(2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	$0(2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
GAMUNEX-C INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	$0(2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	$0(2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0(2)	NDS, NM, PA
ARCALYST INJ 220MG	$0(2)	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	$0(2)	B/D, NM
ASTAGRAF XL CAP 1MG	$0(2)	B/D, NM
ASTAGRAF XL CAP 5MG	$0(2)	NDS, B/D, NM
azathioprine tab 50 mg	$0(1)	B/D
BENLYSTA INJ 120MG	$0(2)	NDS, NM, PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
BENLYSTA INJ 200MG/ML	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA INJ 400MG	$0(2)	NDS, NM, PA
cyclosporine cap 25 mg	$0(1)	B/D, NM
cyclosporine cap 100 mg	$0(1)	B/D, NM
cyclosporine modified cap 25 mg	$0(1)	B/D, NM
cyclosporine modified cap 50 mg	$0(1)	B/D, NM
cyclosporine modified cap 100 mg	$0(1)	B/D, NM
cyclosporine modified oral soln 100 mg/ml	$0(1)	B/D, NM
everolimus tab 0.5 mg	$0(2)	NDS, B/D, NM
everolimus tab 0.25 mg	$0(2)	NDS, B/D, NM
everolimus tab 0.75 mg	$0(2)	NDS, B/D, NM
everolimus tab 1 mg	$0(2)	NDS, B/D, NM
gengraf	$0(1)	B/D, NM
gengraf sol 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil cap 250 mg	$0(1)	B/D, NM
mycophenolate mofetil for oral susp 200 mg/ml	$0(2)	NDS, B/D, NM
mycophenolate mofetil tab 500 mg	$0(1)	B/D, NM
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0(1)	B/D, NM
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0(1)	B/D, NM
NULOJIX INJ 250MG	$0(2)	NDS, B/D, NM
PROGRAF GRA 0.2MG	$0(2)	B/D, NM
PROGRAF GRA 1MG	$0(2)	B/D, NM
REZUROCK TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus oral soln 1 mg/ml	$0(2)	NDS, B/D, NM
sirolimus tab 0.5 mg	$0(1)	B/D, NM
sirolimus tab 1 mg	$0(1)	B/D, NM
sirolimus tab 2 mg	$0(1)	B/D, NM
tacrolimus cap 0.5 mg	$0(1)	B/D, NM

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
tacrolimus cap 1 mg	$0(1)	B/D, NM
tacrolimus cap 5 mg	$0(1)	B/D, NM
VACCINES		
ABRYSVO INJ	$0(1)	
ACTHIB INJ	$0(1)	
ADACEL INJ	$0(1)	
AREXVY INJ 120MCG	$0(1)	
BCG VACCINE INJ 50MG	$0(1)	
BEXSERO INJ	$0(1)	
BOOSTRIX INJ	$0(1)	
DAPTACEL INJ	$0(1)	
DENGVAXIA SUS	$0(1)	
DIP/TET PED INJ 25-5LFU	$0(1)	B/D
ENGERIX-B INJ 10/0.5ML	$0(1)	B/D
ENGERIX-B INJ 20MCG/ML	$0(1)	B/D
GARDASIL 9 INJ	$0(1)	
HAVRIX INJ 720UNIT	$0(1)	
HAVRIX INJ 1440UNIT	$0(1)	
HEPLISAV-B INJ 20/0.5ML	$0(1)	B/D
HIBERIX SOL 10MCG	$0(1)	
IMOVAX RABIE INJ 2.5/ML	$0(1)	B/D
INFANRIX INJ	$0(1)	
IPOL INJ INACTIVE	$0(1)	
IXIARO INJ	$0(1)	
JYNNEOS INJ	$0(1)	B/D
KINRIX INJ	$0(1)	
M-M-R II INJ	$0(1)	
MENACTRA INJ	$0(1)	
MENQUADFI INJ	$0(1)	
MENVEO INJ	$0(1)	
MENVEO SOL	$0(1)	
MRESVIA INJ 50MCG	$0(1)	
PEDIARIX INJ 0.5ML	$0(1)	
PEDVAX HIB INJ	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PENBRAYA INJ	$0(1)	
PENMENVY INJ	$0(1)	
PENTACEL INJ	$0(1)	
PRIORIX INJ	$0(1)	
PROQUAD INJ	$0(1)	
QUADRACEL INJ 0.5ML	$0(1)	
RABAVERT INJ	$0(1)	B/D
RECOMBIVA HB INJ 5MCG/0.5	$0(1)	B/D
RECOMBIVA HB INJ 10MCG/ML	$0(1)	B/D
RECOMBIVA-HB INJ 40MCG/ML	$0(1)	B/D
ROTARIX SUS	$0(1)	
ROTATEQ SOL	$0(1)	
SHINGRIX INJ 50/0.5ML	$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	$0(1)	B/D
TICOVAC INJ	$0(1)	
TRUMENBA INJ	$0(1)	
TWINRIX INJ	$0(1)	
TYPHIM VI INJ	$0(1)	
VAQTA INJ 25/0.5ML	$0(1)	
VAQTA INJ 50UNT/ML	$0(1)	
VARIVAX INJ	$0(1)	
VAXCHORA SUS	$0(1)	
VIMKUNYA INJ 40/0.8ML	$0(1)	
VIVOTIF CAP EC	$0(1)	
YF-VAX INJ	$0(1)	
MISCELLANEOUS		
MISCELLANEOUS		
ACETAMIN POW	$0(3)	NM; *
AVICEL PH105 POW MICROCRY	$0(3)	NM; *
AZ CREAM CRE	$0(3)	NM; *
*1*ST BASE CRE	$0(3)	NM; *
BENZYL ALC LIQ	$0(3)	NM; *
BENZYL BENZO LIQ	$0(3)	NM; *
BIOTIN POW	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
BIOTIN-D POW	$0(3)	NM; *
BORIC ACID GRA	$0(3)	NM; *
BORIC ACID POW	$0(3)	NM; *
CAFFEINE POW ANHYDROU	$0(3)	NM; *
CAPSULE SZ 1 CAP LACTOSE	$0(3)	NM; *
CASTOR OIL	$0(3)	NM; *
CELLULOSE CRY MICROCRY	$0(3)	NM; *
CHOLESTEROL POW	$0(3)	NM; *
CHOLESTEROL POW ACETATE	$0(3)	NM; *
CITRULLINE POW (L)	$0(3)	NM; *
CLEODERM CRE	$0(3)	NM; *
COENZYME Q10 POW	$0(3)	NM; *
CREAM BASE CRE	$0(3)	NM; *
CYANOCOBAL POW	$0(3)	NM; *
CYANOCOBALAM CRY	$0(3)	NM; *
DISTILLED LIQ WATER	$0(3)	NM; *
EMOLLIENT CRE BASE	$0(3)	NM; *
EMPTY CAPSUL CAP #0	$0(3)	NM; *
EMPTY CAPSUL CAP #00	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 0	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 1	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 2	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 3	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 4	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 5	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 7	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 00	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 10	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 11	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 13	$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 000	$0(3)	NM; *
FLAVOR SWEET SYP S/F	$0(3)	NM; *
GLYCERIN LIQ	$0(3)	NM; *
GRAPE SYP	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
H-COSMETIC CRE ARBEM	$0(3)	NM; *
HYDROPHILIC OIN PETROLAT	$0(3)	NM; *
HYDROUS CRE EMULSIFI	$0(3)	NM; *
HYDROXOCOBAL POW	$0(3)	NM; *
HYPROMELLOSE POW 4000MPA	$0(3)	NM; *
L-CARNITINE POW	$0(3)	NM; *
L-CITRULLINE POW	$0(3)	NM; *
L-LYSINE HCL POW	$0(3)	NM; *
LACTOSE POW	$0(3)	NM; *
LACTOSE POW ANHYDROU	$0(3)	NM; *
LACTOSE POW HYDROUS	$0(3)	NM; *
LACTOSE POW MONOHYDR	$0(3)	NM; *
LIP BALM OIN BASE	$0(3)	NM; *
LIPOPEN CRE ARBEM	$0(3)	NM; *
LOLLIBASE POW	$0(3)	NM; *
METHOCEL E4M POW PREMIUM	$0(3)	NM; *
METHYLCELLUL POW	$0(3)	NM; *
METHYLCELLUL POW 400CPS	$0(3)	NM; *
METHYLCELLUL POW 1500CPS	$0(3)	NM; *
METHYLCELLUL POW 4000CPS	$0(3)	NM; *
MICRODERM CRE BASE	$0(3)	NM; *
MICROSOME CRE BASE	$0(3)	NM; *
MX-SOL BLEND SUS	$0(3)	NM; *
MX-SOL BLEND SUS SF	$0(3)	NM; *
MX-SOL SF SYP	$0(3)	NM; *
MX-SOL SUS SUSPEND	$0(3)	NM; *
MX-SOL SYP	$0(3)	NM; *
NICE DISTILL LIQ WATER	$0(3)	NM; *
ORA-BLEND SF SUS	$0(3)	NM; *
ORA-BLEND SUS	$0(3)	NM; *
ORA-PLUS LIQ	$0(3)	NM; *
ORA-SWEET SF SYP	$0(3)	NM; *
ORA-SWEET SYP	$0(3)	NM; *
ORAL MIX SF SUS	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ORAL MIX SUS SUSPENDI	$0(3)	NM; *
ORAL SUSPEND LIQ	$0(3)	NM; *
ORAL SYP FLAVORED	$0(3)	NM; *
ORAL SYP SF	$0(3)	NM; *
ORAPENN SD LIQ SWEET	$0(3)	NM; *
ORAPENN SD LIQ UNSWEET	$0(3)	NM; *
PCCA BASE CRE 7542	$0(3)	NM; *
PCCA EMOLLIE CRE BASE	$0(3)	NM; *
PEG 1000 LIQ	$0(3)	NM; *
PEG 3350 POW	$0(3)	NM; *
PEG BLEND OIN	$0(3)	NM; *
PEG OIN	$0(3)	NM; *
PFCB CRE	$0(3)	NM; *
PHARMABASE CRE ANTIOXID	$0(3)	NM; *
PHARMABASE CRE COSMETIC	$0(3)	NM; *
PHARMABASE CRE LIGHT	$0(3)	NM; *
PHARMABASE CRE VAGINAL	$0(3)	NM; *
PHYTOBASE CRE	$0(3)	NM; *
POLY GLYCOL POW 8000	$0(3)	NM; *
POTASSIUM CRY BROMIDE	$0(3)	NM; *
PROPYLENE GL LIQ	$0(3)	NM; *
QC CASTOR OIL	$0(3)	NM; *
SALICYLIC POW ACID	$0(3)	NM; *
SCAR CARE CRE	$0(3)	NM; *
SESAME OIL	$0(3)	NM; *
SOD BENZOATE POW	$0(3)	NM; *
SOD BROMIDE GRA	$0(3)	NM; *
SOSWEET SYP	$0(3)	NM; *
SUSPENDIT SUS ANHYDRS	$0(3)	NM; *
SYRPALTA SYP	$0(3)	NM; *
SYRSPEND SF LIQ	$0(3)	NM; *
SYRSPEND SF SUS	$0(3)	NM; *
SYRSPEND SF SUS ALKA	$0(3)	NM; *
THEOPHYLLINE POW ANHYDROU	$0(3)	NM; *

PA - Autorización previa **QL** - Límites de cantidad **ST** - Tratamiento escalonado **NM** - No disponible para pedido por correo **B/D** - Cubiertos por la Parte B o la Parte D de Medicare **NDS** - Suministro no extendido
***** - Productos de venta libre (OTC) o medicamentos que no son de la Parte D y están cubiertos por Medicaid
N.º de identificación del formulario: 00025126 v19

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
U-BASE CRE	$0(3)	NM; *
UNISPEND ANH SUS SWEETENE	$0(3)	NM; *
VANIBASE CRE	$0(3)	NM; *
VANISHING CRE BOTANCAL	$0(3)	NM; *
VERSATILE CRE BASE	$0(3)	NM; *
VERSIGEL CRE	$0(3)	NM; *
WOUND CARE CRE	$0(3)	NM; *
XCEL 100 CRE	$0(3)	NM; *
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
advantage care oral elect	$0(3)	NM; *
BIOLYTE SOL BERRY	$0(3)	NM; *
BIOLYTE SOL CITRUS	$0(3)	NM; *
BIOLYTE SOL MELON	$0(3)	NM; *
BIOLYTE SOL TROPICAL	$0(3)	NM; *
ceralyte 70	$0(3)	NM; *
CERASPORT SOL	$0(3)	NM; *
CERASPORT SOL EX1	$0(3)	NM; *
cvs electrolyte solution	$0(3)	NM; *
cvs pediatric electrolyte	$0(3)	NM; *
ENFAMIL SOL ENFALYTE	$0(3)	NM; *
GNP ELECTROLYTE SOLUTION	$0(3)	NM; *
GNP PEDIATRIC ELECTROLYTE	$0(3)	NM; *
goodsense electrolyte	$0(3)	NM; *
h-e-b oral electrolyte so	$0(3)	NM; *
HYDRALYTE SOL BERRY	$0(3)	NM; *
HYDRALYTE SOL LEMONADE	$0(3)	NM; *
HYDRALYTE SOL ORANGE	$0(3)	NM; *
KINDERLYTE SOL	$0(3)	NM; *
KINDERLYTE SOL CHERRY	$0(3)	NM; *
KINDERLYTE SOL FRUIT	$0(3)	NM; *
KINDERLYTE SOL GRAPE	$0(3)	NM; *
KINDERLYTE SOL LEM/LIME	$0(3)	NM; *
KINDERLYTE SOL LEMON	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
KINDERLYTE SOL LEMONADE	$0(3)	NM; *
KINDERLYTE SOL ORANGE	$0(3)	NM; *
KINDERLYTE SOL PREMAX	$0(3)	NM; *
KINDERLYTE SOL STRWBRY	$0(3)	NM; *
MEDI-LYTE TAB	$0(3)	NM; *
oral electrolyte solution	$0(3)	NM; *
oralyte	$0(3)	NM; *
pedia vance	$0(3)	NM; *
pediatric electrolyte fre	$0(3)	NM; *
ra pediatric electrolyte	$0(3)	NM; *
rehydralyte	$0(3)	NM; *
sb pediatric electrolyte	$0(3)	NM; *
sm pediatric electrolyte	$0(3)	NM; *
THERMOTABS TAB	$0(3)	NM; *
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
MAGNESIUM SU INJ 2GM/50ML	$0(2)	
MAGNESIUM SU INJ 4G/100ML	$0(2)	
MAGNESIUM SU INJ 20/500ML	$0(2)	
MAGNESIUM SU INJ 40G/1000	$0(2)	
MAGNESIUM SU INJ 50%	$0(2)	
MAGNESIUM SU INJ 80MG/ML	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
magnesium sulfate inj 50%	$0(2)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	$0(2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	$0(2)	
multiple electrolytes ph 5.5	$0(1)	
multiple electrolytes ph 7.4	$0(1)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0(2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
potassium chloride inj 2 meq/ml	$0(1)	
potassium chloride inj 10 meq/50ml	$0(1)	
potassium chloride inj 10 meq/100ml	$0(1)	
potassium chloride inj 20 meq/50ml	$0(1)	
potassium chloride inj 20 meq/100ml	$0(1)	
potassium chloride inj 40 meq/100ml	$0(1)	
sodium chloride inj 2.5 meq/ml (14.6%)	$0(1)	
sodium chloride iv soln 0.9%	$0(1)	
sodium chloride iv soln 0.45%	$0(1)	
sodium chloride iv soln 3%	$0(1)	
sodium chloride iv soln 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con	$0(1)	
klor-con 8	$0(1)	
klor-con 10	$0(1)	
klor-con m10	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
klor-con m15	$0(1)	
klor-con m20	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride cap er 8 meq	$0(1)	
potassium chloride cap er 10 meq	$0(1)	
potassium chloride microencapsulated crys er tab 10 meq	$0(1)	
potassium chloride microencapsulated crys er tab 15 meq	$0(1)	
potassium chloride microencapsulated crys er tab 20 meq	$0(1)	
potassium chloride oral soln 10% (20 meq/15ml)	$0(1)	
potassium chloride oral soln 20% (40 meq/15ml)	$0(1)	
potassium chloride powder packet 20 meq	$0(1)	
potassium chloride tab er 8 meq (600 mg)	$0(1)	
potassium chloride tab er 10 meq	$0(1)	
potassium chloride tab er 20 meq (1500 mg)	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
WESTAB PLUS TAB 27-1MG	$0(2)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose inj 5%	$0(1)	
dextrose inj 10%	$0(1)	
dextrose inj 50%	$0(1)	B/D
dextrose inj 70%	$0(1)	B/D
INTRALIPID INJ 20%	$0(2)	B/D
INTRALIPID INJ 30%	$0(2)	B/D
NUTRILIPID EMU 20%	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	NDS, B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
MINERALS		
CA CITRATE TAB 250MG	$0(3)	NM; *
CA LACTATE TAB 100MG	$0(3)	NM; *
CAL-CITRATE CAP 150MG	$0(3)	NM; *
CAL-CITRATE TAB PLUS D	$0(3)	NM; *
CAL-MINT CHW 260MG	$0(3)	NM; *
CAL-QUICK LIQ 500-400	$0(3)	NM; *
CALC CITRATE LIQ VIT D3	$0(3)	NM; *
CALC CITRATE TAB +D	$0(3)	NM; *
calcitrate	$0(3)	NM; *
calcium 500 + d	$0(3)	NM; *
calcium 500 +d	$0(3)	NM; *
calcium 500 +d3	$0(3)	NM; *
CALCIUM 500 CHW +D3	$0(3)	NM; *
calcium 500+d	$0(3)	NM; *
calcium 500+d3	$0(3)	NM; *
calcium 500+d high potenc	$0(3)	NM; *

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calcium 500/d	$0(3)	NM; *
calcium 500/vitamin d	$0(3)	NM; *
calcium 600	$0(3)	NM; *
calcium 600 + d	$0(3)	NM; *
calcium 600 high potency	$0(3)	NM; *
calcium 600 tab + d	$0(3)	NM; *
CALCIUM 600 TAB +D	$0(3)	NM; *
calcium 600 with vitamin	$0(3)	NM; *
calcium 600+d	$0(3)	NM; *
calcium 600+d3	$0(3)	NM; *
calcium 600+d3 plus miner	$0(3)	NM; *
calcium 600+d high potenc	$0(3)	NM; *
calcium 600+d plus minera	$0(3)	NM; *
calcium 600/vitamin d	$0(3)	NM; *
calcium 600/vitamin d3	$0(3)	NM; *
CALCIUM 1000 TAB + D	$0(3)	NM; *
CALCIUM 1200 CHW	$0(3)	NM; *
CALCIUM + D3 TAB	$0(3)	NM; *
CALCIUM CARB CAP VIT D3	$0(3)	NM; *
CALCIUM CARB CHW 260MG	$0(3)	NM; *
CALCIUM CARB CHW 500MG	$0(3)	NM; *
CALCIUM CARB POW 800/2GM	$0(3)	NM; *
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	$0(3)	NM; *
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	$0(3)	NM; *
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	$0(3)	NM; *
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	$0(3)	NM; *
calcium carbonate tab 600 mg	$0(3)	NM; *
calcium carbonate tab 1250 mg (500 mg elemental ca)	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
calcium carbonate tab 1500 mg (600 mg elemental ca)	$0(3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	$0(3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	$0(3)	NM; *
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	$0(3)	NM; *
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	$0(3)	NM; *
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	$0(3)	NM; *
CALCIUM CHW 500-10	$0(3)	NM; *
CALCIUM CHW 500MG	$0(3)	NM; *
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)	$0(3)	NM; *
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	$0(3)	NM; *
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	$0(3)	NM; *
calcium citrate + d	$0(3)	NM; *
calcium citrate + d3	$0(3)	NM; *
calcium citrate + d3 max	$0(3)	NM; *
calcium citrate + d3 maxi	$0(3)	NM; *
calcium citrate tab 950 mg (200 mg elemental ca)	$0(3)	NM; *
calcium citrate+d3	$0(3)	NM; *
calcium citrate+d3 petite	$0(3)	NM; *
calcium citrate/d3	$0(3)	NM; *
calcium creamies	$0(3)	NM; *
CALCIUM GRA CITRATE	$0(3)	NM; *
calcium gummies	$0(3)	NM; *
calcium high potency	$0(3)	NM; *
calcium high potency + vi	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CALCIUM LACT TAB 750MG	$0(3)	NM; *
calcium plus vitamin d	$0(3)	NM; *
calcium plus vitamin d3	$0(3)	NM; *
calcium+d3	$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	$0(3)	NM; *
calcium/vitamin d3	$0(3)	NM; *
CALCIUM/VITD CAP 600-400	$0(3)	NM; *
CALTRATE 600 CHW 600-800	$0(3)	NM; *
CALTRATE + D TAB 300-800	$0(3)	NM; *
CHEWABLE CHW CALCIUM	$0(3)	NM; *
CITRACAL CAL CHW GUMMIES	$0(3)	NM; *
CITRACAL TAB MAX PLUS	$0(3)	NM; *
CITRACAL+D3 CHW 250-500	$0(3)	NM; *
cvs calcium 600 & vitamin	$0(3)	NM; *
cvs calcium 600 + d plus	$0(3)	NM; *
cvs calcium 600+d	$0(3)	NM; *
cvs calcium & vitamin d3	$0(3)	NM; *
cvs calcium carbonate	$0(3)	NM; *
cvs calcium citrate+d3 pe	$0(3)	NM; *
cvs magnesium	$0(3)	NM; *
cvs magnesium oxide	$0(3)	NM; *
cvs oyster shell calcium/	$0(3)	NM; *
600+d3	$0(3)	NM; *
eq calcium 500+d	$0(3)	NM; *
eq calcium 600+d	$0(3)	NM; *
eq calcium 600+d+minerals	$0(3)	NM; *
eq calcium citrate+d	$0(3)	NM; *
eql calcium 600mg/vitamin	$0(3)	NM; *
EQL CALCIUM CAP VIT D	$0(3)	NM; *
eql calcium citrate w/vit	$0(3)	NM; *
eql calcium citrate/ vita	$0(3)	NM; *
eql calcium/vitamin d	$0(3)	NM; *
GALZIN CAP 25MG	$0(3)	NM; *
GALZIN CAP 50MG	$0(3)	NM; *

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gnp calcium	$0(3)	NM; *
gnp calcium 500 +d3	$0(3)	NM; *
gnp calcium 600 +d3	$0(3)	NM; *
gnp calcium 600 +d3/miner	$0(3)	NM; *
gnp calcium 600 +d/minera	$0(3)	NM; *
gnp calcium citrate +d3	$0(3)	NM; *
gnp calcium citrate+d3 ma	$0(3)	NM; *
hm calcium citrate+d3 pet	$0(3)	NM; *
hm calcium/vitamin d/mine	$0(3)	NM; *
kp calcium 600+d	$0(3)	NM; *
kp calcium 600+d3	$0(3)	NM; *
kp calcium citrate+d	$0(3)	NM; *
kp mag-oxide magnesium	$0(3)	NM; *
LIQUID CALCI CAP WITH D3	$0(3)	NM; *
liquid calcium/d3	$0(3)	NM; *
liquid calcium/vitamin d	$0(3)	NM; *
MAG CITRATE TAB 100MG	$0(3)	NM; *
MAG OXIDE CAP 400MG	$0(3)	NM; *
MAG OXIDE TAB 420MG	$0(3)	NM; *
MAG-G TAB 500MG	$0(3)	NM; *
mag-oxide	$0(3)	NM; *
magdelay	$0(3)	NM; *
MAGN CHLORID POW	$0(3)	NM; *
MAGNESIUM CAP 400MG	$0(3)	NM; *
MAGNESIUM CHW 200MG	$0(3)	NM; *
MAGNESIUM ES CAP 400MG	$0(3)	NM; *
magnesium gluconate tab 27.5 mg (elemental mg)	$0(3)	NM; *
magnesium lactate tab er 84 mg (elemental mg) (7 meq)	$0(3)	NM; *
magnesium oxide cap 500 mg (elemental mg)	$0(3)	NM; *
magnesium oxide tab 250 mg (mg supplement)	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
magnesium oxide tab 400 mg (240 mg elemental mg)	$0(3)	NM; *
magnesium oxide tab 500 mg (mg supplement)	$0(3)	NM; *
MAGNESIUM TAB 64MG	$0(3)	NM; *
magnesium-oxide	$0(3)	NM; *
MAGONATE LIQ 1000/5ML	$0(3)	NM; *
MG GLUCONATE TAB 250MG	$0(3)	NM; *
mgo	$0(3)	NM; *
orazinc	$0(3)	NM; *
os-cal	$0(3)	NM; *
os-cal calcium + d3	$0(3)	NM; *
os-cal extra d3	$0(3)	NM; *
oysco 500+d	$0(3)	NM; *
OYST SHELL/D TAB 500MG	$0(3)	NM; *
oyster shell calcium + d	$0(3)	NM; *
oyster shell calcium + d3	$0(3)	NM; *
oyster shell calcium plus	$0(3)	NM; *
oyster shell calcium tab 500 mg	$0(3)	NM; *
oyster shell calcium+d	$0(3)	NM; *
oyster shell calcium/d3	$0(3)	NM; *
oyster shell calcium/vita	$0(3)	NM; *
OYSTER SHELL CALCIUM/VITA	$0(3)	NM; *
potassium & sodium phosphates powder pack 280-160-250 mg	$0(3)	NM; *
pronutrients calcium+d3	$0(3)	NM; *
pure calcium carbonate	$0(3)	NM; *
qc calcium fast dissoluti	$0(3)	NM; *
qc calcium/minerals/vitam	$0(3)	NM; *
ra calcium 600	$0(3)	NM; *
ra calcium 600 plus vitam	$0(3)	NM; *
ra calcium 600/vit d/mine	$0(3)	NM; *
ra calcium citrate plus v	$0(3)	NM; *
ra calcium citrate/vitami	$0(3)	NM; *

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ra calcium plus vitamin d	$0(3)	NM; *
ra calcium/minerals/vitam	$0(3)	NM; *
ra hi cal	$0(3)	NM; *
ra magnesium	$0(3)	NM; *
RISACAL-D TAB	$0(3)	NM; *
sb calcium + d	$0(3)	NM; *
sb oyster shell calcium	$0(3)	NM; *
SLOW MAG/CA TAB 64-106MG	$0(3)	NM; *
SLOW-MAG TAB	$0(3)	NM; *
SLOW-MAG TAB 71.5-119	$0(3)	NM; *
sm calcium 500/vitamin d3	$0(3)	NM; *
sm calcium 600+d3	$0(3)	NM; *
sm calcium 600/vitamin d	$0(3)	NM; *
sm calcium /vitamin d	$0(3)	NM; *
sm calcium citrate+ w/vit	$0(3)	NM; *
sm calcium citrate+vitami	$0(3)	NM; *
sm calcium citrate/vitami	$0(3)	NM; *
sm calcium/vitamin d	$0(3)	NM; *
sm calcium/vitamin d3	$0(3)	NM; *
sm magnesium	$0(3)	NM; *
sm oyster shell calcium/v	$0(3)	NM; *
SOD CHLORIDE GRA	$0(3)	NM; *
sodium chloride oral soln 4 meq/ml (23.4%)	$0(3)	NM; *
super calcium	$0(3)	NM; *
super calcium 600 + d3	$0(3)	NM; *
super calcium 600+d3 400	$0(3)	NM; *
TR MAG COMPL CAP 400MG	$0(3)	NM; *
UPCAL D POW	$0(3)	NM; *
zinc sulfate cap 220 mg (50 mg elemental zn)	$0(3)	NM; *
ZINC SULFATE POW GRANULAR	$0(3)	NM; *
ZINC SULFATE POW HEPTAHYD	$0(3)	NM; *
ZINC SULFATE POW MONOHYD	$0(3)	NM; *

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MISCELLANEOUS		
ALPHA LIPOIC CAP 300MG	$0(3)	NM; *
alpha-lipoic acid (thioctic acid) cap 100 mg	$0(3)	NM; *
alpha-lipoic acid (thioctic acid) cap 200 mg	$0(3)	NM; *
alpha-lipoic acid (thioctic acid) cap 600 mg	$0(3)	NM; *
ARGININE2000 PAK 2000MG	$0(3)	NM; *
arginine cap 500 mg	$0(3)	NM; *
ARGININE PAK 500MG	$0(3)	NM; *
ARGININE TAB 500MG	$0(3)	NM; *
arginine tab 1000 mg	$0(3)	NM; *
BOOST LIQ BREEZE	$0(3)	NM; *
CO Q-10 CAP 75MG	$0(3)	NM; *
coenzyme q10 cap 10 mg	$0(3)	NM; *
coenzyme q10 cap 30 mg	$0(3)	NM; *
coenzyme q10 cap 50 mg	$0(3)	NM; *
coenzyme q10 cap 60 mg	$0(3)	NM; *
coenzyme q10 cap 100 mg	$0(3)	NM; *
coenzyme q10 cap 200 mg	$0(3)	NM; *
coenzyme q10 cap 300 mg	$0(3)	NM; *
coenzyme q10 cap 400 mg	$0(3)	NM; *
coq10 maximum strength	$0(3)	NM; *
COROMEGA EMU OMEGA 3	$0(3)	NM; *
cvs coenzyme q-10	$0(3)	NM; *
cvs coq-10	$0(3)	NM; *
cvs fish oil	$0(3)	NM; *
cvs fish oil half-the-siz	$0(3)	NM; *
cvs gummy fish childrens	$0(3)	NM; *
cvs natural fish oil	$0(3)	NM; *
cyto arg	$0(3)	NM; *
CYTO-Q LIQ 80MG/10	$0(3)	NM; *
CYTO-Q MAX LIQ 100MG/ML	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CYTO-Q T/F LIQ 80MG/10	$0(3)	NM; *
ENSURE CLEAR LIQ APPLE	$0(3)	NM; *
ENSURE CLEAR LIQ BBRY/POM	$0(3)	NM; *
ENSURE CLEAR LIQ MIX BERY	$0(3)	NM; *
ENSURE CLEAR LIQ MIX FRUT	$0(3)	NM; *
ENSURE CLEAR LIQ PEACH	$0(3)	NM; *
eql coq10	$0(3)	NM; *
eql fish oil	$0(3)	NM; *
eql omega 3 fish oil	$0(3)	NM; *
eql omega-3 fish oil	$0(3)	NM; *
fish oil adult gummies	$0(3)	NM; *
fish oil burp-less	$0(3)	NM; *
FISH OIL CAP 150MG	$0(3)	NM; *
FISH OIL CAP 180MG	$0(3)	NM; *
FISH OIL CAP 183.33MG	$0(3)	NM; *
FISH OIL CAP 360MG	$0(3)	NM; *
FISH OIL CAP 850MG	$0(3)	NM; *
FISH OIL CAP 1000MG	$0(3)	NM; *
FISH OIL CAP 1400MG	$0(3)	NM; *
fish oil concentrate	$0(3)	NM; *
fish oil double strength	$0(3)	NM; *
fish oil extra strength	$0(3)	NM; *
fish oil high potency	$0(3)	NM; *
fish oil maximum strength	$0(3)	NM; *
fish oil omega-3	$0(3)	NM; *
fish oil pearls	$0(3)	NM; *
fish oil/super potent/no	$0(3)	NM; *
FRUCTOSE GRA	$0(3)	NM; *
glutamine powder	$0(3)	NM; *
GLUTATHIONE POW	$0(3)	NM; *
gnp co q10	$0(3)	NM; *
gnp co q-10	$0(3)	NM; *
gnp fish oil	$0(3)	NM; *
GNP FISH OIL CAP 840MG	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
gnp fish oil maximum stre	$0(3)	NM; *
kp fish oil	$0(3)	NM; *
kp omega-3 fish oil	$0(3)	NM; *
l-arginine maximum streng	$0(3)	NM; *
L-ARGININE POW	$0(3)	NM; *
L-CITRULLINE CAP 600MG	$0(3)	NM; *
L-GLUTAMINE POW	$0(3)	NM; *
L-GLUTATHION CRY	$0(3)	NM; *
L-ISOLEUCINE POW	$0(3)	NM; *
L-VALINE POW	$0(3)	NM; *
LIPOIC ACID CAP 150MG	$0(3)	NM; *
LIQ-10 SYP 50-15/5	$0(3)	NM; *
maximum epa	$0(3)	NM; *
NEOQ10 CAP 125MG	$0(3)	NM; *
norwegian salmon oil	$0(3)	NM; *
OMEGA BABY EMU PRENATAL	$0(3)	NM; *
omega monopu cap 650 ec	$0(3)	NM; *
OMEGA MONOPU CAP 1300MG	$0(3)	NM; *
OMEGA-3 CAP 350MG	$0(3)	NM; *
OMEGA-3 CAP 1400MG	$0(3)	NM; *
OMEGA-3 CAP FISH OIL	$0(3)	NM; *
omega-3 fatty acids cap 300 mg	$0(3)	NM; *
omega-3 fatty acids cap 435 mg	$0(3)	NM; *
omega-3 fatty acids cap 500 mg	$0(3)	NM; *
omega-3 fatty acids cap 1000 mg	$0(3)	NM; *
omega-3 fatty acids cap 1200 mg	$0(3)	NM; *
omega-3 fatty acids cap delayed release 1000 mg	$0(3)	NM; *
omega-3 microgel improved	$0(3)	NM; *
omegapure 600 ec	$0(3)	NM; *
OMEGAPURE CAP 780 EC	$0(3)	NM; *
OMEGAPURE CAP 820	$0(3)	NM; *
OMEGAPURE CAP 900 EC	$0(3)	NM; *
OMEGAPURE CAP 900-TG	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
OMERA CAP 750MG	$0(3)	NM; *
ovega-3	$0(3)	NM; *
pure l-arginine hcl	$0(3)	NM; *
q-sorb co q-10	$0(3)	NM; *
ra coenzyme q-10	$0(3)	NM; *
ra fish oil	$0(3)	NM; *
ra l-arginine	$0(3)	NM; *
sam-e.p.a.	$0(3)	NM; *
sb omega-3 fish oil	$0(3)	NM; *
sea-omega	$0(3)	NM; *
sm co q-10	$0(3)	NM; *
sm coenzyme q-10	$0(3)	NM; *
sm coq-10	$0(3)	NM; *
sm fish oil	$0(3)	NM; *
SM FISH OIL CAP 554MG	$0(3)	NM; *
sm omega-3 fish oil	$0(3)	NM; *
super dha gems	$0(3)	NM; *
super omega-3	$0(3)	NM; *
SUSTAINABLE CAP VEGAN O3	$0(3)	NM; *
the very finest fish oil	$0(3)	NM; *
theragran-m fish oil conc	$0(3)	NM; *
theromega	$0(3)	NM; *
ULTRA OMEGA3 CAP 1400MG	$0(3)	NM; *
ultra omega-3	$0(3)	NM; *
yl coenzyme q10	$0(3)	NM; *
VITAMINS		
a thru z advanced	$0(3)	NM; *
a thru z high potency	$0(3)	NM; *
a thru z select	$0(3)	NM; *
a thru z select 50+ advan	$0(3)	NM; *
a thru z select 50+ mens	$0(3)	NM; *
a thru z select advanced	$0(3)	NM; *
a thru z select ultimate	$0(3)	NM; *
a thru z ultimate mens	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
a-25	$0(3)	NM; *
a-10000	$0(3)	NM; *
ABC COMPLETE TAB MENS 50+	$0(3)	NM; *
ABC COMPLETE TAB SENIOR	$0(3)	NM; *
ABC COMPLETE TAB WOMEN	$0(3)	NM; *
actical	$0(3)	NM; *
ACTIVESSENT PAK	$0(3)	NM; *
ACTIVESSENTI PAK ONCOPLEX	$0(3)	NM; *
ACTIVESSENTI PAK WOMEN	$0(3)	NM; *
activite	$0(3)	NM; *
ACTIVNUT W/O POW COP/IRON	$0(3)	NM; *
ACTIVNUTRIEN CAP	$0(3)	NM; *
ACTIVNUTRIEN CAP W/O IRON	$0(3)	NM; *
ACTIVNUTRIEN CHW	$0(3)	NM; *
ADEK CHW PLUS ZN	$0(3)	NM; *
ADLT ONE DLY CHW GUMMIES	$0(3)	NM; *
ADULT 50+ CAP EYE HLTH	$0(3)	NM; *
ADULT 50+ CAP OCUVITE	$0(3)	NM; *
50+ adult eye health	$0(3)	NM; *
advanced multi ea	$0(3)	NM; *
airborne	$0(3)	NM; *
AIRBORNE CHW	$0(3)	NM; *
AIRBORNE CHW KIDS	$0(3)	NM; *
airborne gummies	$0(3)	NM; *
airborne immune system	$0(3)	NM; *
airborne kids	$0(3)	NM; *
AIRSHIELD CHW IMMUNITY	$0(3)	NM; *
ALIVE 50+ TAB ENERGY	$0(3)	NM; *
ALIVE DAILY TAB WOMENS	$0(3)	NM; *
ALIVE DIABET TAB MULTIVIT	$0(3)	NM; *
ALIVE ENERGY TAB WOMENS	$0(3)	NM; *
ALIVE HAIR CHW SKN/NAIL	$0(3)	NM; *
ALIVE IMMUNE CAP HEALTH	$0(3)	NM; *
ALIVE LIQ MULT-VIT	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ALIVE MENS TAB	$0(3)	NM; *
ALIVE MULTI CHW CHILDRNS	$0(3)	NM; *
ALIVE WOMENS CHW 50+	$0(3)	NM; *
ALIVE WOMENS CHW GUMMY	$0(3)	NM; *
allbee plus vitamin c	$0(3)	NM; *
AMLADEX TAB	$0(3)	NM; *
anti-oxidant	$0(3)	NM; *
antioxidant	$0(3)	NM; *
ANTIOXIDANT TAB FORMULA	$0(3)	NM; *
antioxidant vitamins	$0(3)	NM; *
APETIBEX CAP	$0(3)	NM; *
APETIGEN TAB PLUS	$0(3)	NM; *
APPE-CURB CAP	$0(3)	NM; *
AQUA-E LIQ 75/ML	$0(3)	NM; *
aqueous vitamin d infants	$0(3)	NM; *
aqueous vitamin e	$0(3)	NM; *
ASCOR SOL 25000MG	$0(3)	NM; *
ascorbic acid tab 250 mg	$0(3)	NM; *
ascorbic acid tab 500 mg	$0(3)	NM; *
ascorbic acid tab 1000 mg	$0(3)	NM; *
ATP IGNITE PAK	$0(3)	NM; *
AZO HORMONAL TAB HEALTH	$0(3)	NM; *
b6 natural	$0(3)	NM; *
b-complex balanced	$0(3)	NM; *
b-complex w/ c & folic acid tab	$0(3)	NM; *
b-complex w/ c cap	$0(3)	NM; *
b-complex w/ c tab	$0(3)	NM; *
B-COMPLEX/FA TAB /VIT C	$0(3)	NM; *
baby super daily d3	$0(3)	NM; *
baby vitamin d3 drops	$0(3)	NM; *
BACMIN TAB	$0(3)	NM; *
BARIATRIC CAP MULTIVIT	$0(3)	NM; *
bec/zinc	$0(3)	NM; *
berocca	$0(3)	NM; *

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
beta carotene cap 25000 unit	$0(3)	NM; *
beta carotene provitamin	$0(3)	NM; *
better b complex	$0(3)	NM; *
BIO-35 GLUTE CAP FREE	$0(3)	NM; *
BIO-D-MULSIO LIQ 400/0.4	$0(3)	NM; *
BIO-D-MULSIO LIQ FORTE	$0(3)	NM; *
BIOCAL CAP	$0(3)	NM; *
BIOTIN CAP 1MG	$0(3)	NM; *
biotin cap 5 mg	$0(3)	NM; *
biotin cap 10 mg	$0(3)	NM; *
biotin/maximum strength	$0(3)	NM; *
body/hair/skin/nails	$0(3)	NM; *
BONEUP 3 PER CAP DAY	$0(3)	NM; *
BONEUP CAP	$0(3)	NM; *
BONEUP VEG TAB	$0(3)	NM; *
BP VIT 3 CAP	$0(3)	NM; *
BPROTECT PED DRO TRI-VITE	$0(3)	NM; *
bprotected multi-vite	$0(3)	NM; *
bprotected pedia d-vite	$0(3)	NM; *
c 500	$0(3)	NM; *
c 1000	$0(3)	NM; *
c-250	$0(3)	NM; *
c-500	$0(3)	NM; *
c-500/rose hips	$0(3)	NM; *
c-1000	$0(3)	NM; *
c-1000/rose hips	$0(3)	NM; *
C-BUFF POW	$0(3)	NM; *
calcidol	$0(3)	NM; *
CENT MATURE TAB ADLT 50+	$0(3)	NM; *
centavite a-z complete mu	$0(3)	NM; *
CENTRAL-VITE TAB	$0(3)	NM; *
centravites	$0(3)	NM; *
centravites 50 plus	$0(3)	NM; *
CENTRAVITES TAB 50 PLUS	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CENTRAVITES TAB ADULTS	$0(3)	NM; *
CENTRUM 50+ CHW FRSH/FRU	$0(3)	NM; *
CENTRUM CHW ADULTS	$0(3)	NM; *
CENTRUM CHW FLAV BST	$0(3)	NM; *
CENTRUM CHW SILVER	$0(3)	NM; *
CENTRUM KIDS CHW	$0(3)	NM; *
CENTRUM KIDS CHW FLAV BST	$0(3)	NM; *
CENTRUM MINI TAB ADULT 50	$0(3)	NM; *
CENTRUM MINI TAB WOMEN 50	$0(3)	NM; *
CENTRUM SPEC TAB HEART	$0(3)	NM; *
CENTRUM SPEC TAB VISION	$0(3)	NM; *
CENTRUM TAB CARDIO	$0(3)	NM; *
CENTRUM TAB MEN	$0(3)	NM; *
CENTRUM TAB SILVER	$0(3)	NM; *
CENTRUM TAB ULTRA	$0(3)	NM; *
century	$0(3)	NM; *
century mature	$0(3)	NM; *
cerovite jr	$0(3)	NM; *
cerovite senior	$0(3)	NM; *
certa-vite	$0(3)	NM; *
CERTAVITE TAB SENIOR	$0(3)	NM; *
CERTAVITE/ TAB ANTIOXID	$0(3)	NM; *
certavite/antioxidants	$0(3)	NM; *
childrens animal shapes c	$0(3)	NM; *
childrens chewable multiv	$0(3)	NM; *
childrens chewable vitami	$0(3)	NM; *
CHILDRENS CHW GUMMIES	$0(3)	NM; *
CHLORELLA CAP	$0(3)	NM; *
chlorocaps	$0(3)	NM; *
cholecalciferol cap 1.25 mg (50000 unit)	$0(3)	NM; *
cholecalciferol cap 10 mcg (400 unit)	$0(3)	NM; *
cholecalciferol cap 25 mcg (1000 unit)	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
cholecalciferol cap 50 mcg (2000 unit)	$0(3)	NM; *
cholecalciferol cap 125 mcg (5000 unit)	$0(3)	NM; *
cholecalciferol cap 250 mcg (10000 unit)	$0(3)	NM; *
cholecalciferol chew tab 10 mcg (400 unit)	$0(3)	NM; *
cholecalciferol chew tab 25 mcg (1000 unit)	$0(3)	NM; *
cholecalciferol chew tab 50 mcg (2000 unit)	$0(3)	NM; *
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	$0(3)	NM; *
cholecalciferol tab 10 mcg (400 unit)	$0(3)	NM; *
cholecalciferol tab 25 mcg (1000 unit)	$0(3)	NM; *
cholecalciferol tab 50 mcg (2000 unit)	$0(3)	NM; *
cholecalciferol tab 125 mcg (5000 unit)	$0(3)	NM; *
cholecalciferol tab 250 mcg (10000 unit)	$0(3)	NM; *
companion	$0(3)	NM; *
compete	$0(3)	NM; *
complete multivitamin/mul	$0(3)	NM; *
CONCEPTIONXR MIS MOTILITY	$0(3)	NM; *
corvita	$0(3)	NM; *
CULTURELLE CHW MULTIVIT	$0(3)	NM; *
culturelle kids complete	$0(3)	NM; *
culturelle kids multivita	$0(3)	NM; *
culturelle kids probiotic	$0(3)	NM; *
cvs airshield	$0(3)	NM; *
cvs airshield effervescen	$0(3)	NM; *
cvs b6	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
cvs b complex plus c	$0(3)	NM; *
cvs biotin	$0(3)	NM; *
cvs chewable childrens vi	$0(3)	NM; *
cvs childrens chewable co	$0(3)	NM; *
cvs d3	$0(3)	NM; *
cvs daily gummies	$0(3)	NM; *
cvs daily gummies adult	$0(3)	NM; *
cvs daily multiple for me	$0(3)	NM; *
cvs daily multiple for wo	$0(3)	NM; *
cvs e	$0(3)	NM; *
cvs e oil	$0(3)	NM; *
cvs eye health & lutein	$0(3)	NM; *
cvs folic acid	$0(3)	NM; *
cvs mens daily gummies	$0(3)	NM; *
cvs one daily essential	$0(3)	NM; *
cvs one daily mens health	$0(3)	NM; *
cvs one daily womens form	$0(3)	NM; *
cvs spectravite advanced	$0(3)	NM; *
cvs spectravite men	$0(3)	NM; *
cvs spectravite men 50+	$0(3)	NM; *
cvs spectravite senior	$0(3)	NM; *
cvs spectravite ultra hea	$0(3)	NM; *
cvs spectravite ultra wom	$0(3)	NM; *
cvs spectravite women	$0(3)	NM; *
cvs spectravite women 50+	$0(3)	NM; *
cvs stress formula/zinc	$0(3)	NM; *
cvs super b complex/c	$0(3)	NM; *
CVS VISION CAP HEALTH	$0(3)	NM; *
cvs vitamin a	$0(3)	NM; *
cvs vitamin c	$0(3)	NM; *
cvs vitamin c/rose hips	$0(3)	NM; *
cvs vitamin d3	$0(3)	NM; *
cvs vitamin e	$0(3)	NM; *
cvs womens active daily	$0(3)	NM; *

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cvs womens daily gummies	$0(3)	NM; *
cyanocobalamin inj 1000 mcg/ml	$0(3)	NM; *
cyanocobalamin nasal spray 500 mcg/0.1ml	$0(3)	NM; *
d3	$0(3)	NM; *
d3 2000	$0(3)	NM; *
d3 5000	$0(3)	NM; *
d3 adult	$0(3)	NM; *
d3 adult gummy	$0(3)	NM; *
D3 BABY DROP LIQ 10MCG	$0(3)	NM; *
D3 CHW 62.5MCG	$0(3)	NM; *
d3 high potency	$0(3)	NM; *
d3 kids	$0(3)	NM; *
D3 LIQUID LIQ	$0(3)	NM; *
d3 maximum strength	$0(3)	NM; *
d3 super strength	$0(3)	NM; *
d3-50	$0(3)	NM; *
d3-1000	$0(3)	NM; *
d2000 ultra strength	$0(3)	NM; *
d 400	$0(3)	NM; *
d 1000	$0(3)	NM; *
d 5000	$0(3)	NM; *
d 10000	$0(3)	NM; *
d-3-5	$0(3)	NM; *
d-400	$0(3)	NM; *
d-1000 extra strength	$0(3)	NM; *
d-5000	$0(3)	NM; *
d-vite pediatric	$0(3)	NM; *
daily combo multi vitamin	$0(3)	NM; *
DAILY D3 DRO 1000UNIT	$0(3)	NM; *
daily multiple vitamins	$0(3)	NM; *
daily multivitamin	$0(3)	NM; *
daily value multivitamin	$0(3)	NM; *
daily vitamins	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
daily vite	$0(3)	NM; *
daily vite multivitamin/i	$0(3)	NM; *
daily-vite	$0(3)	NM; *
daily-vite multivitamin	$0(3)	NM; *
DDROPS LIQ	$0(3)	NM; *
decara	$0(3)	NM; *
DECARA CAP 25000UNT	$0(3)	NM; *
DECARA K CAP	$0(3)	NM; *
DECUBI-VITE CAP	$0(3)	NM; *
DEKAS CAP ESSENTIA	$0(3)	NM; *
DEKAS CHW BARIATRI	$0(3)	NM; *
DEKAS LIQ ESSENTIA	$0(3)	NM; *
DEKAS PLUS CAP	$0(3)	NM; *
DEKAS PLUS CAP OCEAN	$0(3)	NM; *
DEKAS PLUS CHW	$0(3)	NM; *
DEKAS PLUS LIQ	$0(3)	NM; *
delta d3	$0(3)	NM; *
DIABET HLTH PAK SUPPORT	$0(3)	NM; *
diabetes health formula	$0(3)	NM; *
DIABETES PAK HEALTH	$0(3)	NM; *
dialyvite	$0(3)	NM; *
dialyvite 800	$0(3)	NM; *
dialyvite 800/ultra d	$0(3)	NM; *
DIALYVITE TAB 3000	$0(3)	NM; *
DIALYVITE TAB 5000	$0(3)	NM; *
DIALYVITE TAB SUPREM D	$0(3)	NM; *
dialyvite vitamin d3 max	$0(3)	NM; *
dialyvite vitamin d 5000	$0(3)	NM; *
DIALYVITE WAF 800	$0(3)	NM; *
DIALYVITE/ TAB ZINC	$0(3)	NM; *
dodex	$0(3)	NM; *
dry eye formula	$0(3)	NM; *
e200	$0(3)	NM; *
e400	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
e1000	$0(3)	NM; *
e 1000	$0(3)	NM; *
e-200	$0(3)	NM; *
e-400	$0(3)	NM; *
e-400-clear	$0(3)	NM; *
e-oil	$0(3)	NM; *
eldertonic	$0(3)	NM; *
EMERGEN-C CHW VITA C	$0(3)	NM; *
EMERGEN-C PAK BLUE	$0(3)	NM; *
EMERGEN-C PAK HEART	$0(3)	NM; *
EMERGEN-C PAK IMMUNE	$0(3)	NM; *
EMERGEN-C PAK KIDZ	$0(3)	NM; *
EMERGEN-C PAK MSM LITE	$0(3)	NM; *
EMERGEN-C PAK PINK	$0(3)	NM; *
EMERGEN-C PAK VIT D/CA	$0(3)	NM; *
EMERGEN-C PAK VITA C	$0(3)	NM; *
endur-acin	$0(3)	NM; *
ENDUR-VM TAB	$0(3)	NM; *
ENDUR-VM TAB IRON	$0(3)	NM; *
eq complete chewable mult	$0(3)	NM; *
eq complete multivitamin	$0(3)	NM; *
EQ COMPLETE TAB ADULT	$0(3)	NM; *
EQ MULTIVITA CHW GUMMIES	$0(3)	NM; *
EQ ONE DAILY TAB MENS	$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	$0(3)	NM; *
eq one daily womens healt	$0(3)	NM; *
eql b-6	$0(3)	NM; *
eql biotin	$0(3)	NM; *
eql century	$0(3)	NM; *
eql century mature	$0(3)	NM; *
EQL CENTURY TAB MENS	$0(3)	NM; *
eql childrens multivitami	$0(3)	NM; *
eql one daily mens 50+ ad	$0(3)	NM; *
eql one daily mens health	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
eql one daily womens 50+	$0(3)	NM; *
eql stress b-complex/vita	$0(3)	NM; *
eql super b complex/vitam	$0(3)	NM; *
eql vision formula	$0(3)	NM; *
eql vitamin c	$0(3)	NM; *
eql vitamin c/rose hips	$0(3)	NM; *
eql vitamin d3	$0(3)	NM; *
eql vitamin e	$0(3)	NM; *
ergocalciferol cap 1.25 mg (50000 unit)	$0(3)	NM; *
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	$0(3)	NM; *
essentia	$0(3)	NM; *
essential balance	$0(3)	NM; *
ESTROVEN MEN TAB SUPPLEM	$0(3)	NM; *
EYE HEALTH CAP ADLT 50+	$0(3)	NM; *
EYE HEALTH TAB LUTEIN	$0(3)	NM; *
EYE MULTIVIT TAB SODIUM	$0(3)	NM; *
fa-8	$0(3)	NM; *
FLINTSTONES CHW BONE BLD	$0(3)	NM; *
FLINTSTONES CHW COMPLETE	$0(3)	NM; *
FLINTSTONES CHW GUMMIES	$0(3)	NM; *
FLINTSTONES CHW IMMUNITY	$0(3)	NM; *
FLINTSTONES CHW SOUR GUM	$0(3)	NM; *
flintstones complete	$0(3)	NM; *
flintstones gummies plus	$0(3)	NM; *
flintstones multivitamin	$0(3)	NM; *
flintstones plus calcium	$0(3)	NM; *
flintstones w/iron	$0(3)	NM; *
flintstones/my first	$0(3)	NM; *
FLORIVA DRO PLUS	$0(3)	NM; *
folate	$0(3)	NM; *
folic acid cap 0.8 mg	$0(3)	NM; *
folic acid cap 5 mg	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
FOLIC ACID CAP 20MG	$0(3)	NM; *
folic acid inj 5 mg/ml	$0(3)	NM; *
FOLIC ACID POW	$0(3)	NM; *
folic acid tab 1 mg	$0(3)	NM; *
folic acid tab 400 mcg	$0(3)	NM; *
folic acid tab 800 mcg	$0(3)	NM; *
FREEDAVITE TAB	$0(3)	NM; *
fruity chews	$0(3)	NM; *
fruity chews/iron	$0(3)	NM; *
full spectrum b/vitamin c	$0(3)	NM; *
GENADEK CAP STEP 1	$0(3)	NM; *
GENADEK CAP STEP 2	$0(3)	NM; *
gerber grow mighty	$0(3)	NM; *
gerber lil' brainies	$0(3)	NM; *
gerivite complete	$0(3)	NM; *
glucoten	$0(3)	NM; *
gnp b-complex plus vitami	$0(3)	NM; *
gnp biotin	$0(3)	NM; *
gnp childrens chewables/e	$0(3)	NM; *
gnp childrens chewables/i	$0(3)	NM; *
gnp d 1000	$0(3)	NM; *
gnp d 2000	$0(3)	NM; *
gnp essential one daily	$0(3)	NM; *
gnp folic acid	$0(3)	NM; *
gnp hair/skin/nails	$0(3)	NM; *
gnp healthy eyes	$0(3)	NM; *
gnp little ones childrens	$0(3)	NM; *
gnp mega multi for men	$0(3)	NM; *
gnp mega multi for women	$0(3)	NM; *
gnp one daily mens health	$0(3)	NM; *
gnp one daily womens heal	$0(3)	NM; *
gnp one daily womens meta	$0(3)	NM; *
gnp therapeutic-m	$0(3)	NM; *
gnp vitamin a	$0(3)	NM; *

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
gnp vitamin b-6	$0(3)	NM; *
gnp vitamin c	$0(3)	NM; *
gnp vitamin c w/rose hips	$0(3)	NM; *
gnp vitamin c/rose hips	$0(3)	NM; *
gnp vitamin d	$0(3)	NM; *
gnp vitamin d3	$0(3)	NM; *
gnp vitamin d3 extra stre	$0(3)	NM; *
gnp vitamin d maximum str	$0(3)	NM; *
gnp vitamin d super stren	$0(3)	NM; *
gnp vitamin e	$0(3)	NM; *
gnp vitamin e water dispe	$0(3)	NM; *
GUMMI BEAR CHW MULTIVIT	$0(3)	NM; *
GUMMY DINOS CHW	$0(3)	NM; *
GUMMY DINOS CHW CHLDRN	$0(3)	NM; *
GUMMY MULTIV CHW KIDS	$0(3)	NM; *
HAIR SKIN & TAB NAILS AD	$0(3)	NM; *
HAIR SKIN TAB NAILS	$0(3)	NM; *
HAIR/SKIN/ CAP NAILS	$0(3)	NM; *
hair/skin/nails	$0(3)	NM; *
healthy eyes	$0(3)	NM; *
HEALTHY EYES CAP SUPERVIS	$0(3)	NM; *
healthy eyes/lutein/zeaxa	$0(3)	NM; *
healthy hair skin & nails	$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	$0(3)	NM; *
healthy kids vitamin d3	$0(3)	NM; *
HIGH POTENCY TAB MULTIVIT	$0(3)	NM; *
HIGH POTENCY TAB MV/FA	$0(3)	NM; *
HM COMPLETE TAB MEN	$0(3)	NM; *
hm complete women	$0(3)	NM; *
hm womens 50+ advanced on	$0(3)	NM; *
HONEY BEARS CHW	$0(3)	NM; *
HONEY BEARS CHW IRON-ZIN	$0(3)	NM; *
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	$0(3)	NM; *

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i-vite	$0(3)	NM; *
icaps	$0(3)	NM; *
ICAPS AREDS TAB FORMULA	$0(3)	NM; *
icaps lutein & omega-3	$0(3)	NM; *
icaps mv	$0(3)	NM; *
IMMUNE CHW SUPPORT	$0(3)	NM; *
IMMUNE SUPP POW VIT C	$0(3)	NM; *
INFUVITE INJ PEDIATRI	$0(3)	NM; *
is-d 10,000	$0(3)	NM; *
K-PAX TAB PROF ST	$0(3)	NM; *
kids first vitamin d3 gum	$0(3)	NM; *
KIDZ MULTVIT CHW PROBIOTI	$0(3)	NM; *
kp adults 50+ daily formu	$0(3)	NM; *
kp adults daily formula	$0(3)	NM; *
kp b complex/c	$0(3)	NM; *
kp folic acid	$0(3)	NM; *
kp mens 50+ daily formula	$0(3)	NM; *
kp mens daily formula	$0(3)	NM; *
KP MENS MIS DAILY PK	$0(3)	NM; *
kp niacin	$0(3)	NM; *
kp vision formula	$0(3)	NM; *
kp vision formula w/lutei	$0(3)	NM; *
kp vitamin b-6	$0(3)	NM; *
kp vitamin d	$0(3)	NM; *
kp vitamin d3	$0(3)	NM; *
kp vitamin e	$0(3)	NM; *
kp womens 50+ daily formu	$0(3)	NM; *
kp womens daily formula	$0(3)	NM; *
KP WOMENS PAK DAILY	$0(3)	NM; *
land before time multivit	$0(3)	NM; *
LIFE PACK MIS MENS	$0(3)	NM; *
LIFE PACK MIS WOMENS	$0(3)	NM; *
LYSIPLEX LIQ PLUS	$0(3)	NM; *
macular health formula	$0(3)	NM; *

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macuvite	$0(3)	NM; *
macuvite eye care	$0(3)	NM; *
macuvite/lutein	$0(3)	NM; *
MAXIMIN PAK	$0(3)	NM; *
MAXIMUM D3 CAP 325MCG	$0(3)	NM; *
maximum daily green	$0(3)	NM; *
MEGA MULTI TAB MEN	$0(3)	NM; *
mega-marathon 100 tr	$0(3)	NM; *
MEGAVITE TAB FRT/VEG	$0(3)	NM; *
MEGAVITE TAB GOLD 55+	$0(3)	NM; *
meijer advanced formula	$0(3)	NM; *
meijer advanced formula f	$0(3)	NM; *
meijer c	$0(3)	NM; *
MENS 50+ CAP ADVANCED	$0(3)	NM; *
MENS 50+ TAB MULTIVIT	$0(3)	NM; *
mens daily formula/lycope	$0(3)	NM; *
MENS DAILY PAK PACK	$0(3)	NM; *
MENS MULTI CHW	$0(3)	NM; *
MENS PAK	$0(3)	NM; *
meribin	$0(3)	NM; *
MOOD FOOD CAP	$0(3)	NM; *
MOOD FOOD ES CAP	$0(3)	NM; *
multi + omega-3 adult gum	$0(3)	NM; *
multi adult gummies	$0(3)	NM; *
multi complete/iron	$0(3)	NM; *
multi for her	$0(3)	NM; *
multi for her 50+	$0(3)	NM; *
multi for him	$0(3)	NM; *
multi for him 50+	$0(3)	NM; *
MULTI FOR POW HIM	$0(3)	NM; *
MULTI VITAMI TAB	$0(3)	NM; *
MULTI VITAMI TAB D-3	$0(3)	NM; *
MULTI VITAMN TAB MINERALS	$0(3)	NM; *
MULTI ZERO CHW YUMVSKID	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
MULTI-VITAMI TAB MONOCAPS	$0(3)	NM; *
multi-vitamin	$0(3)	NM; *
multi-vitamin gummies	$0(3)	NM; *
multi-vitamin/minerals	$0(3)	NM; *
multi-vitamins/iron	$0(3)	NM; *
MULTI-VITE LIQ	$0(3)	NM; *
MULTI/IRON/ DRO 11MG/ML	$0(3)	NM; *
MULTI/IRON/ DRO INF/TODD	$0(3)	NM; *
multiple vitamin tab	$0(3)	NM; *
multiple vitamin/minerals	$0(3)	NM; *
multiple vitamins essenti	$0(3)	NM; *
multiple vitamins w/ iron tab	$0(3)	NM; *
multiple vitamins w/ minerals liquid	$0(3)	NM; *
multiple vitamins w/ minerals tab	$0(3)	NM; *
multiple vitamins/womens	$0(3)	NM; *
MULTIV INFAN DRO /TODDLER	$0(3)	NM; *
multivitamin	$0(3)	NM; *
multivitamin & mineral	$0(3)	NM; *
multivitamin adult one da	$0(3)	NM; *
multivitamin adults	$0(3)	NM; *
multivitamin adults 50+	$0(3)	NM; *
multivitamin childrens	$0(3)	NM; *
MULTIVITAMIN CHW CHILD	$0(3)	NM; *
MULTIVITAMIN CHW CHILDREN	$0(3)	NM; *
MULTIVITAMIN CHW GUMMIES	$0(3)	NM; *
MULTIVITAMIN CHW IRON	$0(3)	NM; *
MULTIVITAMIN DRO INFANT	$0(3)	NM; *
multivitamin gummies adul	$0(3)	NM; *
multivitamin gummies mens	$0(3)	NM; *
multivitamin gummies wome	$0(3)	NM; *
MULTIVITAMIN LIQ	$0(3)	NM; *
multivitamin men 50+	$0(3)	NM; *
multivitamin men 50+ one	$0(3)	NM; *
MULTIVITAMIN TAB	$0(3)	NM; *

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MULTIVITAMIN TAB ADULT	$0(3)	NM; *
MULTIVITAMIN TAB ADULTS	$0(3)	NM; *
MULTIVITAMIN TAB ZINC STR	$0(3)	NM; *
multivitamin women	$0(3)	NM; *
multivitamin women 50+	$0(3)	NM; *
multivitamin womens 50+ a	$0(3)	NM; *
multivitamin/multimineral	$0(3)	NM; *
MVW COMPLETE CAP D3000	$0(3)	NM; *
MVW COMPLETE CAP D5000	$0(3)	NM; *
MVW COMPLETE CAP FORMULAT	$0(3)	NM; *
MVW COMPLETE CAP MINIS	$0(3)	NM; *
MVW COMPLETE CHW BUBBLGUM	$0(3)	NM; *
MVW COMPLETE CHW D3000	$0(3)	NM; *
MVW COMPLETE CHW D5000	$0(3)	NM; *
MVW COMPLETE CHW GRAPE	$0(3)	NM; *
MVW COMPLETE CHW ORANGE	$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	$0(3)	NM; *
MVW HI-D CHW ADEK	$0(3)	NM; *
MVW HI-D DR LIQ EX VIT D	$0(3)	NM; *
MVW MODULAT CAP FORM MIN	$0(3)	NM; *
MVW MODULAT CAP FORMULAT	$0(3)	NM; *
myamulti	$0(3)	NM; *
NANOVM POW 1-3 YRS	$0(3)	NM; *
NANOVM POW 4-8YEARS	$0(3)	NM; *
NANOVM POW 9-18 YRS	$0(3)	NM; *
NANOVM T/F POW	$0(3)	NM; *
natural c/rose hips	$0(3)	NM; *
natural vitamin d-3	$0(3)	NM; *
natural vitamin e	$0(3)	NM; *
NEPHPLEX RX TAB	$0(3)	NM; *
nephro vitamins	$0(3)	NM; *
nephro-vite	$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	$0(3)	NM; *
niacin cap er 250 mg	$0(3)	NM; *

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niacin tab 50 mg	$0(3)	NM; *
niacin tab 100 mg	$0(3)	NM; *
niacin tab 250 mg	$0(3)	NM; *
niacin tab 500 mg	$0(3)	NM; *
niacin tab er 250 mg	$0(3)	NM; *
niacin tab er 500 mg	$0(3)	NM; *
NIACIN TR TAB 1000MG	$0(3)	NM; *
niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg	$0(3)	NM; *
niavasc	$0(3)	NM; *
niavasc 750	$0(3)	NM; *
NOVAMV PED DRO 10MG/ML	$0(3)	NM; *
OCULAR TAB VITAMINS	$0(3)	NM; *
ocutabs	$0(3)	NM; *
ocutabs vision formula	$0(3)	NM; *
ocutabs/lutein	$0(3)	NM; *
OCUVITE CAP ADULT	$0(3)	NM; *
ocuvite extra	$0(3)	NM; *
ocuvite eye + multi	$0(3)	NM; *
ocuvite eye health gummie	$0(3)	NM; *
OCUVITE LUTE CAP	$0(3)	NM; *
ocuvite/lutein	$0(3)	NM; *
OMNICAP TAB	$0(3)	NM; *
ONCOVITE TAB	$0(3)	NM; *
one daily complete	$0(3)	NM; *
one daily for men 50+ adv	$0(3)	NM; *
one daily for men/lycopen	$0(3)	NM; *
one daily for women	$0(3)	NM; *
one daily for women 50+a	$0(3)	NM; *
one daily healthy weight	$0(3)	NM; *
one daily maximum	$0(3)	NM; *
one daily mens 50+ multiv	$0(3)	NM; *
one daily mens health/lyc	$0(3)	NM; *
one daily mens multivitam	$0(3)	NM; *

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one daily multivitamin ad	$0(3)	NM; *
one daily multivitamin/ir	$0(3)	NM; *
ONE DAILY TAB ESSENTL	$0(3)	NM; *
ONE DAILY TAB MENS 50+	$0(3)	NM; *
ONE DAILY TAB WMNS 50+	$0(3)	NM; *
ONE DAILY TAB WOMENS	$0(3)	NM; *
one daily womens 50 plus	$0(3)	NM; *
one daily womens 50+	$0(3)	NM; *
one daily/iron/calcium	$0(3)	NM; *
one daily/minerals	$0(3)	NM; *
ONE VITE TAB DAILY MV	$0(3)	NM; *
ONE-A-DAY CHW IMMUNITY	$0(3)	NM; *
ONE-A-DAY CHW JLY RANC	$0(3)	NM; *
ONE-A-DAY CHW VITACRAV	$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	$0(3)	NM; *
ONE-A-DAY TAB 50+ MENS	$0(3)	NM; *
ONE-A-DAY TAB 50+ WMN	$0(3)	NM; *
ONE-A-DAY TAB 65+	$0(3)	NM; *
ONE-A-DAY TAB ENERGY	$0(3)	NM; *
ONE-A-DAY TAB MENOPAUS	$0(3)	NM; *
ONE-A-DAY TAB MENS	$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	$0(3)	NM; *
ONE-A-DAY TAB WOMENS	$0(3)	NM; *
one-a-day teen advantage	$0(3)	NM; *
ONE-DAILY CAP MULTI	$0(3)	NM; *
one-daily multi vitamins	$0(3)	NM; *
one-daily multi-vitamin	$0(3)	NM; *
one-daily multi-vitamin/i	$0(3)	NM; *
one-daily multi-vitamin/m	$0(3)	NM; *
one-daily/iron	$0(3)	NM; *
optic-vites	$0(3)	NM; *
OPTIFAST POS CHW BARIATRI	$0(3)	NM; *
optimal d3	$0(3)	NM; *
OPTIMAL D3 M CAP	$0(3)	NM; *

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optimal d3 pack	$0(3)	NM; *
optimum pms	$0(3)	NM; *
OPTISOURCE CHW BARIATRC	$0(3)	NM; *
OPURITY CHW BYPASS	$0(3)	NM; *
OSTEO-VIT3 DRO 417MCG	$0(3)	NM; *
OSTEOPRIME TAB PLUS	$0(3)	NM; *
PARVLEX TAB	$0(3)	NM; *
pc pediatric tri-vitamin	$0(3)	NM; *
PED POLY-VIT DRO	$0(3)	NM; *
PED POLY-VIT DRO /IRON	$0(3)	NM; *
pediatric multiple vitamins w/ iron chew tab 15 mg	$0(3)	NM; *
pharmacist choice d-vitam	$0(3)	NM; *
PHLEXY-VITS POW	$0(3)	NM; *
PHYTOMULTI TAB	$0(3)	NM; *
phytonadione inj 10 mg/ml	$0(3)	NM; *
phytonadione tab 5 mg	$0(3)	NM, PA; *
POLY-VI-SOL DRO 50MG/ML	$0(3)	NM; *
POLY-VI-SOL SOL 50MG/ML	$0(3)	NM; *
POLY-VI-SOL SOL IRON	$0(3)	NM; *
POLY-VITA DRO	$0(3)	NM; *
POLY-VITA/FE DRO	$0(3)	NM; *
POLY-VITE DRO	$0(3)	NM; *
POLY-VITE SOL 50MG/ML	$0(3)	NM; *
POLY-VITE SOL /IRON	$0(3)	NM; *
POLY-VITE SOL IRON	$0(3)	NM; *
PRESERVISION CAP AREDS	$0(3)	NM; *
PRESERVISION CAP AREDS 2	$0(3)	NM; *
PRESERVISION CAP LUTEIN	$0(3)	NM; *
PRESERVISION CHW AREDS 2	$0(3)	NM; *
PRESERVISION TAB AREDS	$0(3)	NM; *
prevent	$0(3)	NM; *
PRO-CAL TAB	$0(3)	NM; *
PROCERV HP TAB	$0(3)	NM; *

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PRORENAL +D TAB	$0(3)	NM; *
PRORENAL+D CAP OMEGA 3	$0(3)	NM; *
PRORENAL+D CAP OMEGA-3	$0(3)	NM; *
PRORENAL+D TAB	$0(3)	NM; *
prosight	$0(3)	NM; *
PROTECT CAP CARDIO	$0(3)	NM; *
PROTECT CAP PLUS SO	$0(3)	NM; *
PROTECT IRON LIQ	$0(3)	NM; *
PROTEGRA CAP	$0(3)	NM; *
PROXEED PLUS PAK	$0(3)	NM; *
pureway-c	$0(3)	NM; *
pyridoxine hcl inj 100 mg/ml	$0(3)	NM; *
pyridoxine hcl tab 50 mg	$0(3)	NM; *
pyridoxine hcl tab 100 mg	$0(3)	NM; *
PYRIDOXINE POW HCL	$0(3)	NM; *
qc childrens chewable com	$0(3)	NM; *
qc childrens chewable vit	$0(3)	NM; *
qc daily multivitamins/ir	$0(3)	NM; *
qc maximum daily multivit	$0(3)	NM; *
qc mens daily multivitami	$0(3)	NM; *
qc multi-vite	$0(3)	NM; *
qc multi-vite 50 & over	$0(3)	NM; *
qc therin-m	$0(3)	NM; *
qc vitamin d3	$0(3)	NM; *
qc womens daily multivita	$0(3)	NM; *
QUIN B TAB STRONG	$0(3)	NM; *
QUINTABS TAB	$0(3)	NM; *
quintabs-m	$0(3)	NM; *
QUINTABS-M TAB	$0(3)	NM; *
RA B-COMPLEX TAB VIT C TR	$0(3)	NM; *
ra biotin	$0(3)	NM; *
ra central-vite womens ma	$0(3)	NM; *
ra chewable vitamins comp	$0(3)	NM; *
RA ESSENCE-C POW ORANGE	$0(3)	NM; *

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RA ESSENCE-C POW RASPBRY	$0(3)	NM; *
RA ESSENCE-C POW TNGERINE	$0(3)	NM; *
ra folic acid	$0(3)	NM; *
ra niacin	$0(3)	NM; *
ra no flush niacin 500	$0(3)	NM; *
ra one daily maximum	$0(3)	NM; *
ra one daily mens 50+ wit	$0(3)	NM; *
ra one daily mens/vitamin	$0(3)	NM; *
ra vitamin a	$0(3)	NM; *
ra vitamin b-6	$0(3)	NM; *
ra vitamin c	$0(3)	NM; *
ra vitamin c/rose hips	$0(3)	NM; *
ra vitamin d-3	$0(3)	NM; *
ra vitamin e	$0(3)	NM; *
radiance platinum vitamin	$0(3)	NM; *
rena-vite	$0(3)	NM; *
rena-vite rx	$0(3)	NM; *
renal caps	$0(3)	NM; *
renal vitamin	$0(3)	NM; *
renaplex	$0(3)	NM; *
RENAPLEX-D TAB	$0(3)	NM; *
reno caps	$0(3)	NM; *
REPLESTA NX WAF 14000UNT	$0(3)	NM; *
REPLESTA WAF 50000UNT	$0(3)	NM; *
sb vitamin c	$0(3)	NM; *
senior tabs	$0(3)	NM; *
sentry	$0(3)	NM; *
sentry senior	$0(3)	NM; *
SENTRY TAB	$0(3)	NM; *
SENTRY TAB SENIOR	$0(3)	NM; *
sm animal shapes complete	$0(3)	NM; *
sm animal shapes kids fir	$0(3)	NM; *
sm antioxidant vitamins	$0(3)	NM; *
sm b super vitamin comple	$0(3)	NM; *

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SM B-COMPLEX TAB /VIT C	$0(3)	NM; *
sm biotin	$0(3)	NM; *
sm complete	$0(3)	NM; *
sm complete 50+	$0(3)	NM; *
sm complete 50+ ultimate	$0(3)	NM; *
sm complete advanced form	$0(3)	NM; *
sm complete senior formul	$0(3)	NM; *
sm folic acid	$0(3)	NM; *
sm hair/skin/nails	$0(3)	NM; *
sm multiple vitamins esse	$0(3)	NM; *
sm multiple vitamins/iron	$0(3)	NM; *
sm niacin cr	$0(3)	NM; *
SM ONE DAILY TAB MENS	$0(3)	NM; *
SM ONE DAILY TAB WOMENS	$0(3)	NM; *
sm opti-vitamins	$0(3)	NM; *
sm super b complex-vitami	$0(3)	NM; *
sm vit c/rose hips	$0(3)	NM; *
sm vitamin b6	$0(3)	NM; *
sm vitamin b complex with	$0(3)	NM; *
sm vitamin b-6	$0(3)	NM; *
sm vitamin c	$0(3)	NM; *
sm vitamin c/rose hips	$0(3)	NM; *
sm vitamin d	$0(3)	NM; *
sm vitamin d3	$0(3)	NM; *
sm vitamin e	$0(3)	NM; *
SOLO TAB	$0(3)	NM; *
soluvita e	$0(3)	NM; *
SPECTRAVITE CHW ADLT 50+	$0(3)	NM; *
SPECTRAVITE TAB	$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	$0(3)	NM; *
SPECTRAVITE TAB ADULTS	$0(3)	NM; *
SPECTRAVITE TAB MEN 50+	$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	$0(3)	NM; *

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stress b-complex/vitamin	$0(3)	NM; *
stress b/zinc	$0(3)	NM; *
stress formula	$0(3)	NM; *
stress formula/iron	$0(3)	NM; *
stress formula/zinc	$0(3)	NM; *
stresstabs advanced	$0(3)	NM; *
stresstabs energy	$0(3)	NM; *
STROVITE ONE TAB	$0(3)	NM; *
SUPER ANTIOX CAP	$0(3)	NM; *
super antioxidant/a/c/e/s	$0(3)	NM; *
super aytinal 50 plus	$0(3)	NM; *
super aytinal for active	$0(3)	NM; *
super b with c	$0(3)	NM; *
super b-complex/folic aci	$0(3)	NM; *
super b-complex/vitamin c	$0(3)	NM; *
super biotin	$0(3)	NM; *
SUPER DAILY DRO D3	$0(3)	NM; *
super multiple	$0(3)	NM; *
super thera vite m	$0(3)	NM; *
super vita-mins	$0(3)	NM; *
SUPPORT-500 CAP	$0(3)	NM; *
SYSTANE ICAP CHW AREDS2	$0(3)	NM; *
SYSTANE ICAP TAB AREDS2	$0(3)	NM; *
systane icaps areds2	$0(3)	NM; *
tab-a-vite	$0(3)	NM; *
tab-a-vite multivitamin/i	$0(3)	NM; *
TAB-A-VITE TAB IRON/BET	$0(3)	NM; *
tab-a-vite w/beta caroten	$0(3)	NM; *
THERA TAB	$0(3)	NM; *
thera vital m	$0(3)	NM; *
thera-d 2000	$0(3)	NM; *
thera-d rapid repletion	$0(3)	NM; *
THERA-D TAB 4000UNIT	$0(3)	NM; *
thera-tabs	$0(3)	NM; *

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THERA-TABS M TAB	$0(3)	NM; *
therabasic-m	$0(3)	NM; *
THERAGRAN-M TAB	$0(3)	NM; *
THERAGRAN-M TAB 50 PLUS	$0(3)	NM; *
THERAGRAN-M TAB ADVANCED	$0(3)	NM; *
THERAGRAN-M TAB PREMIER	$0(3)	NM; *
THERAMILL CAP FORTE	$0(3)	NM; *
therapeutic formula/hemat	$0(3)	NM; *
therapeutic-m	$0(3)	NM; *
theratrum complete	$0(3)	NM; *
theratrum complete 50 plu	$0(3)	NM; *
THEREMS TAB MULTIVIT	$0(3)	NM; *
thiamine hcl inj 100 mg/ml	$0(3)	NM; *
totalday multiple	$0(3)	NM; *
TRI-VI-SOL SOL A/C/D	$0(3)	NM; *
tri-vite pediatric	$0(3)	NM; *
triphrocaps	$0(3)	NM; *
tropical liquid nutrition	$0(3)	NM; *
ULTRA BONEUP TAB	$0(3)	NM; *
ultra choice multivitamin	$0(3)	NM; *
ultra freeda	$0(3)	NM; *
ultra freeda/iron	$0(3)	NM; *
ULTRA MEGA G TAB 75MG CR	$0(3)	NM; *
ULTRA MEGA G TAB 100MG	$0(3)	NM; *
ULTRA MEGA TAB 75MG CR	$0(3)	NM; *
ULTRA MEGA TAB TWO	$0(3)	NM; *
ULTRA POTENC TAB WOMEN 50	$0(3)	NM; *
ultrachoice advanced form	$0(3)	NM; *
UPSPRING BAB LIQ VIT D	$0(3)	NM; *
UPSPRINGBABY DRO MV/IRON	$0(3)	NM; *
virt-caps	$0(3)	NM; *
vision formula/lutein	$0(3)	NM; *
VISION HEALT CAP	$0(3)	NM; *
vision vitamins	$0(3)	NM; *

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VISTA ADVAN CAP AREDS2	$0(3)	NM; *
VISTA ADVAN CAP DRY EYE	$0(3)	NM; *
vita hair	$0(3)	NM; *
VITABASIC COMPLETE	$0(3)	NM; *
VITABASIC SENIOR	$0(3)	NM; *
VITABEX PLUS CAP	$0(3)	NM; *
VITACHEW CHW	$0(3)	NM; *
VITACHEW CHW ADULT	$0(3)	NM; *
VITACRAVES CHW IMMUNITY	$0(3)	NM; *
VITACRAVES CHW MENS	$0(3)	NM; *
VITACRAVES CHW SOUR GUM	$0(3)	NM; *
VITACRAVES CHW WOMENS	$0(3)	NM; *
vitajoy daily d gummies	$0(3)	NM; *
VITAL-D RX TAB	$0(3)	NM; *
vitalee	$0(3)	NM; *
VITALETS CHW CHILD	$0(3)	NM; *
VITAMI A-C-D DRO INF/TODD	$0(3)	NM; *
VITAMI A-C-D DRO INFANT	$0(3)	NM; *
vitamin a cap 3 mg (10000 unit)	$0(3)	NM; *
vitamin a cap 2400 mcg (8000 unit)	$0(3)	NM; *
vitamin a tab 3 mg (10000 unit)	$0(3)	NM; *
VITAMIN A TAB 15000UNT	$0(3)	NM; *
vitamin b complex-c	$0(3)	NM; *
vitamin b complex/vitamin	$0(3)	NM; *
VITAMIN C TAB 100MG	$0(3)	NM; *
VITAMIN D2 CAP 2000UNIT	$0(3)	NM; *
VITAMIN D2 TAB 400UNIT	$0(3)	NM; *
VITAMIN D2 TAB 2000UNIT	$0(3)	NM; *
vitamin d3 adult gummies	$0(3)	NM; *
VITAMIN D3 CAP 4000UNIT	$0(3)	NM; *
VITAMIN D3 DRO 5000 IU	$0(3)	NM; *
VITAMIN D3 DRO 5000UNIT	$0(3)	NM; *
vitamin d3 extra strength	$0(3)	NM; *
vitamin d3 gummies	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
vitamin d3 gummies adult	$0(3)	NM; *
vitamin d3 high potency	$0(3)	NM; *
VITAMIN D3 LIQ 1000UNIT	$0(3)	NM; *
VITAMIN D3 LIQ 1200UNIT	$0(3)	NM; *
vitamin d3 maximum streng	$0(3)	NM; *
VITAMIN D3 SPR 1000UNIT	$0(3)	NM; *
vitamin d3 super strength	$0(3)	NM; *
VITAMIN D3 TAB 3000UNIT	$0(3)	NM; *
VITAMIN D3 TAB 5000UNIT	$0(3)	NM; *
VITAMIN D3 TAB COMPLETE	$0(3)	NM; *
vitamin d3 ultra potency	$0(3)	NM; *
vitamin d3 ultra strength	$0(3)	NM; *
vitamin d high potency	$0(3)	NM; *
vitamin d infant	$0(3)	NM; *
vitamin d-1000 maximum st	$0(3)	NM; *
vitamin e blend	$0(3)	NM; *
vitamin e cap 45 mg (100 unit)	$0(3)	NM; *
vitamin e cap 90 mg (200 unit)	$0(3)	NM; *
vitamin e cap 134 mg (200 unit)	$0(3)	NM; *
vitamin e cap 180 mg (400 unit)	$0(3)	NM; *
vitamin e cap 400 unit	$0(3)	NM; *
vitamin e cap 450 mg (1000 unit)	$0(3)	NM; *
vitamin e cap 670 mg (1000 unit)	$0(3)	NM; *
vitamin e cap 1000 unit	$0(3)	NM; *
VITAMIN E CHW 400UNIT	$0(3)	NM; *
VITAMIN E DRO 6.75/0.3	$0(3)	NM; *
vitamin e high potency	$0(3)	NM; *
vitamin e oral oil 45 mg/0.25ml (100 unit/0.25ml)	$0(3)	NM; *
vitamin e oral oil 67 mg/0.25ml (100 unit/0.25ml)	$0(3)	NM; *
VITAMIN E TAB 100UNIT	$0(3)	NM; *
VITAMIN E TAB 200UNIT	$0(3)	NM; *
VITAMIN E TAB 400UNIT	$0(3)	NM; *

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vitamin e/d-alpha natural	$0(3)	NM; *
vitamin supplement e-400	$0(3)	NM; *
VITASANA TAB	$0(3)	NM; *
vitatrum	$0(3)	NM; *
vitatrum complete	$0(3)	NM; *
VITATRUM TAB	$0(3)	NM; *
vitrum senior	$0(3)	NM; *
VITRUM TAB SENIOR	$0(3)	NM; *
weekly-d	$0(3)	NM; *
wescaps	$0(3)	NM; *
westab one	$0(3)	NM; *
WMNS MULTIVI CHW +COLLAGE	$0(3)	NM; *
womens 50+ advanced	$0(3)	NM; *
WOMENS 50+ TAB MULTIVIT	$0(3)	NM; *
womens daily formula	$0(3)	NM; *
womens daily formula/foli	$0(3)	NM; *
WOMENS DAILY PAK PACK	$0(3)	NM; *
WOMENS MULT CHW GUMMIES	$0(3)	NM; *
womens multi	$0(3)	NM; *
womens multivitamin	$0(3)	NM; *
WOMENS PAK	$0(3)	NM; *
xcellent a 3000	$0(3)	NM; *
xcellent a 7500	$0(3)	NM; *
XCELLENT E CAP 33.5MG	$0(3)	NM; *
YELETS TEEN TAB FORMULA	$0(3)	NM; *
yl beta carotene	$0(3)	NM; *
yl folic acid	$0(3)	NM; *
yl vitamin b-6	$0(3)	NM; *
yl vitamin c	$0(3)	NM; *
yl vitamin c/rose hips	$0(3)	NM; *
YOUR LIFE CHW GUMMIES	$0(3)	NM; *
YUMVS D3 ZER CHW 62.5MCG	$0(3)	NM; *
YUMVS DIABET CHW MULTIVIT	$0(3)	NM; *
YUMVS MULTI CHW ZERO	$0(3)	NM; *

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yumvs vitamin d3	$0(3)	NM; *
yumvs vitamin d3 zero	$0(3)	NM; *
yumvskids vitamin d3 zero	$0(3)	NM; *
ZELDANA CAP	$0(3)	NM; *
ZINC LOZ	$0(3)	NM; *
zoo friends/extra c	$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
neo-polycin hc ophth oint 1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUS 0.6%	$0(2)	
CILOXAN OIN 0.3% OP	$0(2)	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	$0(1)	
erythromycin ophth oint 5 mg/gm	$0(1)	
gatifloxacin ophth soln 0.5%	$0(1)	
gentamicin sulfate ophth soln 0.3%	$0(1)	

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moxifloxacin hcl ophth soln 0.5% (base equiv)	$0(1)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	$0(2)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5) mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin ophth soln 0.3%	$0(1)	
polycin ophth oint	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	
sulfacetamide sodium ophth oint 10%	$0(1)	
sulfacetamide sodium ophth soln 10%	$0(1)	
tobramycin ophth soln 0.3%	$0(1)	
trifluridine ophth soln 1%	$0(1)	
XDEMVY DRO 0.25%	$0(2)	NDS, NM, PA
ZIRGAN GEL 0.15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium ophth soln 0.07% (base equivalent)	$0(1)	
bromfenac sodium ophth soln 0.075% (base equivalent)	$0(1)	
dexamethasone sodium phosphate ophth soln 0.1%	$0(1)	
diclofenac sodium ophth soln 0.1%	$0(1)	
FLAREX SUS 0.1% OP	$0(2)	
fluorometholone ophth susp 0.1%	$0(1)	
flurbiprofen sodium ophth soln 0.03%	$0(1)	
ketorolac tromethamine ophth soln 0.4%	$0(1)	

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ketorolac tromethamine ophth soln 0.5%	$0(1)	
LOTEMAX OIN 0.5%	$0(2)	
loteprednol etabonate ophth susp 0.2%	$0(1)	
PRED SOD PHO SOL 1% OP	$0(2)	
prednisolone acetate ophth susp 1%	$0(1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway	$0(3)	NM; *
alaway childrens allergy	$0(3)	NM; *
azelastine hcl ophth soln 0.05%	$0(1)	
cromolyn sodium ophth soln 4%	$0(1)	
eye itch relief	$0(3)	NM; *
ketotifen fumarate ophth soln 0.035%	$0(3)	NM; *
sm eye itch relief	$0(3)	NM; *
ZERVIATE DRO 0.24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophth soln 0.5%	$0(1)	
BETOPTIC-S SUS 0.25% OP	$0(2)	
brimonidine tartrate ophth soln 0.2%	$0(1)	
brimonidine tartrate ophth soln 0.15%	$0(1)	
brinzolamide ophth susp 1%	$0(1)	
carteolol hcl ophth soln 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl ophth soln 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0(1)	
latanoprost ophth soln 0.005%	$0(1)	
levobunolol hcl ophth soln 0.5%	$0(1)	
LUMIGAN SOL 0.01% OP	$0(2)	
pilocarpine hcl ophth soln 1%	$0(1)	
pilocarpine hcl ophth soln 2%	$0(1)	

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pilocarpine hcl ophth soln 4%	$0(1)	
RHOPRESSA SOL 0.02%	$0(2)	
ROCKLATAN DRO	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate ophth gel forming soln 0.5%	$0(1)	
timolol maleate ophth gel forming soln 0.25%	$0(1)	
timolol maleate ophth soln 0.5%	$0(1)	
timolol maleate ophth soln 0.25%	$0(1)	
VYZULTA SOL 0.024%	$0(2)	
MISCELLANEOUS		
ALCON TEARS DRO 0.5%	$0(3)	NM; *
artificial tears	$0(3)	NM; *
ATROPINE SUL SOL 1% OP	$0(2)	
atropine sulfate ophth soln 1%	$0(1)	
BION TEARS SOL 0.1-0.3%	$0(3)	NM; *
carboxymethylcellulose sodium (pf) ophth soln 0.5%	$0(3)	NM; *
carboxymethylcellulose sodium ophth gel 1%	$0(3)	NM; *
carboxymethylcellulose sodium ophth soln 0.5%	$0(3)	NM; *
CYSTADROPS SOL 0.37%	$0(2)	NDS, NM, PA
CYSTARAN SOL 0.44%	$0(2)	NDS, NM, PA
dry eye relief drops	$0(3)	NM; *
EYSUVIS DRO 0.25%	$0(2)	
FRESHKOTE PF SOL 2.7-2%	$0(3)	NM; *
FRESHKOTE SOL 2.7-2%	$0(3)	NM; *
GENTEAL GEL 0.3%	$0(3)	NM; *
GENTEAL TEAR GEL SEV D/N	$0(3)	NM; *
GENTEAL TEAR SOL MOD PF	$0(3)	NM; *
GENTEAL TEAR SOL PF	$0(3)	NM; *
genteal tears liquid drop	$0(3)	NM; *

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genteal tears night-time	$0(3)	NM; *
gnp artificial tears	$0(3)	NM; *
gnp lubricating plus eye	$0(3)	NM; *
goodsense lubricating plu	$0(3)	NM; *
lubricant eye drops	$0(3)	NM; *
lubricant eye nighttime	$0(3)	NM; *
lubricating eye drops	$0(3)	NM; *
lubrifresh p.m.	$0(3)	NM; *
MIEBO DRO 1.3GM/ML	$0(2)	
MURO 128 SOL 2% OP	$0(3)	NM; *
proparacaine hcl ophth soln 0.5%	$0(1)	
refresh celluvisc	$0(3)	NM; *
REFRESH DRO OP	$0(3)	NM; *
REFRESH DRO RELIEVA	$0(3)	NM; *
REFRESH GEL OPTIVE	$0(3)	NM; *
refresh lacri-lube	$0(3)	NM; *
REFRESH OPT SOL MEGA-3	$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	$0(3)	NM; *
REFRESH RELI DRO 0.5-0.9%	$0(3)	NM; *
REFRESH SOL DIGITAL	$0(3)	NM; *
REFRESH SOL OPTIVE	$0(3)	NM; *
RESTASIS EMU 0.05% OP	$0(2)	
RESTASIS MUL EMU 0.05% OP	$0(2)	
sm dry eye relief	$0(3)	NM; *
sm lubricant eye drops	$0(3)	NM; *
sm lubricating plus	$0(3)	NM; *
sm lubricating tears	$0(3)	NM; *
sodium chloride hypertonic ophth oint 5%	$0(3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0(3)	NM; *
SYSTANE COMP SOL PF 0.6%	$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	$0(3)	NM; *
systane nighttime	$0(3)	NM; *

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Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ultra lubricating eye dro	$0(3)	NM; *
XIIDRA DRO 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid otic soln 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac	$0(1)	
fluocinolone acetonide (otic) oil 0.01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin otic soln 0.3%	$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	$0(1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0(1)	

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ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allergy	$0(3)	NM; *
all day allergy childrens	$0(3)	NM; *
all-day allergy childrens	$0(3)	NM; *
aller-chlor	$0(3)	NM; *
allergy	$0(3)	NM; *
allergy 24-hr	$0(3)	NM; *
allergy childrens	$0(3)	NM; *
allergy relief	$0(3)	NM; *
allergy relief 24hr	$0(3)	NM; *
allergy relief childrens	$0(3)	NM; *
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0(1)	
banophen	$0(3)	NM; *
cetirizine hcl allergy ch	$0(3)	NM; *
cetirizine hcl chew tab 5 mg	$0(3)	NM; *
cetirizine hcl chew tab 10 mg	$0(3)	NM; *
cetirizine hcl childrens	$0(3)	NM; *
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0(1)	QL (300 mL / 30 days)
cetirizine hcl tab 5 mg	$0(3)	NM; *
cetirizine hcl tab 10 mg	$0(3)	NM; *
cetirizine hydrochloride	$0(3)	NM; *
childrens loratadine	$0(3)	NM; *
chlorpheniramine maleate tab er 12 mg	$0(3)	NM; *
complete allergy medicine	$0(3)	NM; *
cyproheptadine hcl syrup 2 mg/5ml	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
cyproheptadine hcl tab 4 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
diphenhydramine hcl cap 25 mg	$0(3)	NM; *
diphenhydramine hcl cap 50 mg	$0(3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0(1)	
diphenhydramine hcl liquid 12.5 mg/5ml	$0(3)	NM; *
diphenhydramine hcl tab 25 mg	$0(3)	NM; *
ed chlorped jr	$0(3)	NM; *
fexofenadine hcl tab 60 mg	$0(3)	NM; *
fexofenadine hcl tab 180 mg	$0(3)	NM; *
ft all day allergy	$0(3)	NM; *
ft all day allergy 24 hou	$0(3)	NM; *
ft all day allergy relief	$0(3)	NM; *
ft allergy relief	$0(3)	NM; *
ft allergy relief 12 hour	$0(3)	NM; *
ft allergy relief 24 hour	$0(3)	NM; *
ft allergy relief childre	$0(3)	NM; *
gnp all day allergy	$0(3)	NM; *
gnp all day allergy child	$0(3)	NM; *
gnp all day allergy relie	$0(3)	NM; *
gnp allergy	$0(3)	NM; *
gnp allergy relief	$0(3)	NM; *
gnp allergy relief 24 hou	$0(3)	NM; *
gnp allergy relief maximu	$0(3)	NM; *
gnp childrens allergy	$0(3)	NM; *
gnp loratadine	$0(3)	NM; *
gnp loratadine childrens	$0(3)	NM; *
goodsense all day allergy	$0(3)	NM; *
goodsense aller-ease	$0(3)	NM; *
goodsense allergy relief	$0(3)	NM; *
HISTEX PDX DRO 1.25MG	$0(3)	NM; *
HISTEX SYP 2.5MG/5	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
hm all day allergy childr	$0(3)	NM; *
hm fexofenadine hydrochlo	$0(3)	NM; *
hm loratadine	$0(3)	NM; *
hm loratadine childrens	$0(3)	NM; *
24hr allergy relief	$0(3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0(2)	PA; PA applies if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	$0(2)	PA; PA applies if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 10 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 50 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 25 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0(1)	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	$0(1)	QL (30 tabs / 30 days)
levocetirizine dihydrochloride tab 5 mg	$0(3)	NM; *
liquid allergy relief	$0(3)	NM; *
loratadine childrens	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
loratadine oral soln 5 mg/5ml	$0(3)	NM; *
loratadine rapidly-disintegrating tab 10 mg	$0(3)	NM; *
loratadine tab 10 mg	$0(3)	NM; *
m-dryl	$0(3)	NM; *
MICLARA LQ LIQ 1.25/5	$0(3)	NM; *
pharbedryl	$0(3)	NM; *
qc all day allergy	$0(3)	NM; *
qc allergy childrens	$0(3)	NM; *
qc allergy relief	$0(3)	NM; *
qc loratadine allergy rel	$0(3)	NM; *
sb allergy	$0(3)	NM; *
sb loratadine	$0(3)	NM; *
sm all day allergy	$0(3)	NM; *
sm all day allergy childr	$0(3)	NM; *
sm all day allergy relief	$0(3)	NM; *
sm allergy childrens	$0(3)	NM; *
sm allergy relief	$0(3)	NM; *
sm allergy relief childre	$0(3)	NM; *
sm childrens loratadine	$0(3)	NM; *
sm fexofenadine hydrochlo	$0(3)	NM; *
sm loratadine	$0(3)	NM; *
sm loratadine allergy rel	$0(3)	NM; *
triprolidine hcl drops 0.938 mg/ml	$0(3)	NM; *
triprolidine hcl liquid 0.625 mg/ml	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0(1)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0(1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0(1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0(1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0(1)	
albuterol sulfate tab 2 mg	$0(1)	
albuterol sulfate tab 4 mg	$0(1)	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	$0(1)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	$0(1)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0(1)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0(1)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	$0(1)	
terbutaline sulfate tab 5 mg	$0(1)	
VENTOLIN HFA (INSTITUTIONAL PACK)	$0(2)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	$0(2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
all day sinus & cold-d	$0(3)	NM; *
all-nite cold & flu night	$0(3)	NM; *
allergy & congestion reli	$0(3)	NM; *
allergy multi-symptom	$0(3)	NM; *
allergy relief d	$0(3)	NM; *
allergy relief d-12	$0(3)	NM; *
allergy relief d-24	$0(3)	NM; *
allergy relief/nasal deco	$0(3)	NM; *
aprodine	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
AQUANAZ TAB	$0(3)	NM; *
benzonatate cap 100 mg	$0(3)	NM; *
benzonatate cap 150 mg	$0(3)	NM; *
benzonatate cap 200 mg	$0(3)	NM; *
brantussin dm	$0(3)	NM; *
CAPCOF SYP 5-2-10MG	$0(3)	NM; *
CAPMIST DM TAB	$0(3)	NM; *
CAPRON DM LIQ	$0(3)	NM; *
CAPRON DMT TAB 30-30MG	$0(3)	NM; *
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	$0(3)	NM; *
CGH/CHEST SYP CONG DM	$0(3)	NM; *
chest congestion relief	$0(3)	NM; *
chest congestion relief d	$0(3)	NM; *
chest congestion relief p	$0(3)	NM; *
childrens mucus relief co	$0(3)	NM; *
childrens pain relief plu	$0(3)	NM; *
CHLO HIST SOL	$0(3)	NM; *
CHLO TUSS LIQ	$0(3)	NM; *
COLD & ALLER LIQ CHILDREN	$0(3)	NM; *
cold & cough childrens	$0(3)	NM; *
cold & flu nighttime reli	$0(3)	NM; *
cold & flu relief daytime	$0(3)	NM; *
cold & flu relief nightti	$0(3)	NM; *
cold & sinus	$0(3)	NM; *
cold & sinus relief	$0(3)	NM; *
cold relief plus	$0(3)	NM; *
cold/cough childrens	$0(3)	NM; *
cold/flu daytime relief	$0(3)	NM; *
CONEX SOL CLD/ALRG	$0(3)	NM; *
CONEX TAB 2-60MG	$0(3)	NM; *
cough & cold	$0(3)	NM; *
cough & cold hbp	$0(3)	NM; *
cough dm	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
cough dm childrens	$0(3)	NM; *
daytime cold & flu relief	$0(3)	NM; *
DELSYM CGH LIQ SR THRT	$0(3)	NM; *
DELSYM CHILD MIS DAY/NGHT	$0(3)	NM; *
delsym cough + chest cong	$0(3)	NM; *
delsym cough + cold night	$0(3)	NM; *
DELSYM NIGHT SOL CGH/MAX	$0(3)	NM; *
DELSYM TAB 15MG	$0(3)	NM; *
dextromethorphan hbr cap 15 mg	$0(3)	NM; *
dextromethorphan polistirex extended release susp 30 mg/5ml	$0(3)	NM; *
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	$0(3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0(3)	NM; *
dimaphen dm cold & cough	$0(3)	NM; *
DOLOGESIC TAB 1-500MG	$0(3)	NM; *
DOLOGESIC-DF TAB 1-500MG	$0(3)	NM; *
ed a-hist	$0(3)	NM; *
ed a-hist dm	$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	$0(3)	NM; *
ED BRON GP LIQ	$0(3)	NM; *
endacof-dm	$0(3)	NM; *
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	$0(3)	NM; *
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	$0(3)	NM; *
flu hbp	$0(3)	NM; *
flu/severe cold & cough d	$0(3)	NM; *
ft allergy multi-symptom	$0(3)	NM; *
ft chest congestion relie	$0(3)	NM; *
ft cold & flu relief dayt	$0(3)	NM; *
ft cold & flu relief nigh	$0(3)	NM; *
ft mucus relief 12hr	$0(3)	NM; *

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ft mucus relief d 12 hour	$0(3)	NM; *
ft mucus relief dm	$0(3)	NM; *
ft nasal	$0(3)	NM; *
ft nasal decongestant max	$0(3)	NM; *
ft nasal decongestant pe	$0(3)	NM; *
ft tussin adult	$0(3)	NM; *
ft tussin cf adult	$0(3)	NM; *
gnp all day allergy-d	$0(3)	NM; *
gnp allergy & congestion	$0(3)	NM; *
gnp allergy multi-symptom	$0(3)	NM; *
gnp cold & cough children	$0(3)	NM; *
gnp cold + flu severe	$0(3)	NM; *
gnp cold + head congestio	$0(3)	NM; *
gnp cold max day/night ad	$0(3)	NM; *
gnp cold max daytime for	$0(3)	NM; *
gnp cough dm er	$0(3)	NM; *
gnp day time cold/flu	$0(3)	NM; *
gnp fexofenadine/pseudoep	$0(3)	NM; *
gnp mucus dm maximum stre	$0(3)	NM; *
gnp mucus er	$0(3)	NM; *
gnp mucus relief	$0(3)	NM; *
gnp mucus relief dm	$0(3)	NM; *
gnp mucus relief pe	$0(3)	NM; *
gnp nasal decongestant	$0(3)	NM; *
gnp nasal decongestant pe	$0(3)	NM; *
gnp nasal decongestant/ma	$0(3)	NM; *
gnp nasal four spray	$0(3)	NM; *
gnp nasal spray	$0(3)	NM; *
gnp nasal spray extra moi	$0(3)	NM; *
gnp nasal spray fast acti	$0(3)	NM; *
gnp night time cold & flu	$0(3)	NM; *
gnp night time cough	$0(3)	NM; *
gnp no drip nasal spray	$0(3)	NM; *
gnp pseudoephedrine hcl 1	$0(3)	NM; *

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gnp pseudoephedrine hcl e	$0(3)	NM; *
gnp sinus + headache for	$0(3)	NM; *
gnp sinus pressure/pain	$0(3)	NM; *
gnp sinus severe daytime	$0(3)	NM; *
gnp tab tussin	$0(3)	NM; *
gnp tab tussin dm	$0(3)	NM; *
gnp tussin cf cough & col	$0(3)	NM; *
gnp tussin cough long act	$0(3)	NM; *
gnp tussin dm cough	$0(3)	NM; *
gnp tussin dm cough/chest	$0(3)	NM; *
gnp tussin dm max	$0(3)	NM; *
gnp tussin mucus & chest	$0(3)	NM; *
goodsense all day allergy	$0(3)	NM; *
goodsense cough dm	$0(3)	NM; *
goodsense cough dm childr	$0(3)	NM; *
goodsense day time cold &	$0(3)	NM; *
goodsense daytime cold &	$0(3)	NM; *
goodsense mucus er	$0(3)	NM; *
goodsense mucus relief ch	$0(3)	NM; *
goodsense nighttime cold	$0(3)	NM; *
goodsense nighttime cough	$0(3)	NM; *
goodsense tussin cf	$0(3)	NM; *
goodsense tussin dm coug	$0(3)	NM; *
goodsense tussin dm max	$0(3)	NM; *
guaifenesin er	$0(3)	NM; *
guaifenesin liquid 100 mg/5ml	$0(3)	NM; *
guaifenesin tab 200 mg	$0(3)	NM; *
guaifenesin tab er 12hr 600 mg	$0(3)	NM; *
guaifenesin-codeine soln 100-10 mg/5ml	$0(3)	NM; *
head congestion/mucus	$0(3)	NM; *
HISTEX-DM SYP	$0(3)	NM; *
hm cold & cough childrens	$0(3)	NM; *
hm cold & sinus relief	$0(3)	NM; *

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hm cough dm	$0(3)	NM; *
12 hour decongestant	$0(3)	NM; *
12 hour nasal decongestan	$0(3)	NM; *
12 hour nasal spray	$0(3)	NM; *
24hr allergy & congestion	$0(3)	NM; *
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0(3)	NM; *
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	$0(3)	NM; *
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	$0(3)	NM; *
hydromet	$0(3)	NM; *
LOHIST-D LIQ	$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	$0(3)	NM; *
loratadine-d 12hr	$0(3)	NM; *
loratadine-d 24hr	$0(3)	NM; *
LORTUSS LQ LIQ	$0(3)	NM; *
M-END DMX LIQ	$0(3)	NM; *
mapap cold formula multi-	$0(3)	NM; *
MAR-COF CG LIQ 225-7.5	$0(3)	NM; *
maxi-tuss ac	$0(3)	NM; *
maxi-tuss g	$0(3)	NM; *
maxi-tuss gmx	$0(3)	NM; *
MAXI-TUSS JR LIQ	$0(3)	NM; *
MAXI-TUSS LIQ CD	$0(3)	NM; *
MAXI-TUSS PE LIQ	$0(3)	NM; *
MAXI-TUSS PE LIQ JR	$0(3)	NM; *
MAXI-TUSS PE LIQ MAX	$0(3)	NM; *
MAXI-TUSS TR LIQ 1.25-30	$0(3)	NM; *
MAXICHLOR TAB PEH DM	$0(3)	NM; *
MAXIFED TAB 60-360MG	$0(3)	NM; *
MAXIFED TR TAB 1.25-30	$0(3)	NM; *
MICLARA DM LIQ	$0(3)	NM; *
MUCINEX CHIL LIQ	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
MUCINEX CHLD MIS DAY/NITE	$0(3)	NM; *
MUCINEX CNG/ LIQ CG/CL/FL	$0(3)	NM; *
MUCINEX CNG/ TAB CG/CD/FL	$0(3)	NM; *
MUCINEX COLD CAP /FLU	$0(3)	NM; *
MUCINEX COLD CAP FLU/THRT	$0(3)	NM; *
MUCINEX COLD LIQ FLU&SORE	$0(3)	NM; *
mucinex cough & chest con	$0(3)	NM; *
mucinex cough childrens	$0(3)	NM; *
MUCINEX D/N CAP CLD/FLU	$0(3)	NM; *
MUCINEX D/N PAK FAST/MAX	$0(3)	NM; *
MUCINEX FAST CAP COLD/FLU	$0(3)	NM; *
MUCINEX FAST LIQ COLD/FLU	$0(3)	NM; *
MUCINEX FAST LIQ DAY/NITE	$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	$0(3)	NM; *
MUCINEX FAST TAB DAY/NITE	$0(3)	NM; *
mucinex fast-max chest co	$0(3)	NM; *
mucinex fast-max cold flu	$0(3)	NM; *
mucinex fast-max cold/flu	$0(3)	NM; *
mucinex fast-max congesti	$0(3)	NM; *
mucinex fast-max dm max	$0(3)	NM; *
mucinex fast-max dm max m	$0(3)	NM; *
MUCINEX FREE LIQ CLD/FLU	$0(3)	NM; *
MUCINEX FREE LIQ DAY/NIGH	$0(3)	NM; *
MUCINEX FREE LIQ MULTISYM	$0(3)	NM; *
MUCINEX LIQ DAY/NITE	$0(3)	NM; *
MUCINEX LIQ FAST-MAX	$0(3)	NM; *
MUCINEX LIQ SINUS	$0(3)	NM; *
mucinex multi-symptom col	$0(3)	NM; *
MUCINEX NIGH SOL CLEAR	$0(3)	NM; *
MUCINEX NIGH SOL COLD/FLU	$0(3)	NM; *
MUCINEX NIGH SOL SV CD/FL	$0(3)	NM; *
MUCINEX NIGH TAB COLD/FLU	$0(3)	NM; *
MUCINEX NIGH TAB SIN MAX	$0(3)	NM; *
MUCINEX NIGH TAB SV CD/FL	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
MUCINEX SIN CAP DAY/NGHT	$0(3)	NM; *
MUCINEX SINS CAP PR/PN/CG	$0(3)	NM; *
MUCINEX SINU TAB DAY/NITE	$0(3)	NM; *
mucinex sinus-max	$0(3)	NM; *
mucinex sinus-max clear &	$0(3)	NM; *
mucinex sinus-max severe	$0(3)	NM; *
mucinex sinus-max sinus/a	$0(3)	NM; *
MUCINEX SOL NIGHT	$0(3)	NM; *
mucus relief	$0(3)	NM; *
mucus relief cough childr	$0(3)	NM; *
mucus relief d	$0(3)	NM; *
mucus relief dm	$0(3)	NM; *
mucus relief dm cough	$0(3)	NM; *
mucus relief dm maximum s	$0(3)	NM; *
mucus relief er	$0(3)	NM; *
mucus relief maximum stre	$0(3)	NM; *
mucus relief pe sinus con	$0(3)	NM; *
mucus-dm maximum strength	$0(3)	NM; *
multi symptom flu & sever	$0(3)	NM; *
nasal decongestant	$0(3)	NM; *
nasal decongestant pe	$0(3)	NM; *
nasal decongestant pe max	$0(3)	NM; *
nasal decongestant spray	$0(3)	NM; *
nasal four	$0(3)	NM; *
nasal relief	$0(3)	NM; *
nasal spray 12 hour	$0(3)	NM; *
nasal spray extra moistur	$0(3)	NM; *
nasal spray no drip	$0(3)	NM; *
NEO-SYNEPHRI SOL 0.5%	$0(3)	NM; *
nighttime cold/flu relief	$0(3)	NM; *
NINJACOF-A LIQ	$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	$0(3)	NM; *
NIVANEX DMX TAB	$0(3)	NM; *
no drip nasal spray	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
nohist-dm	$0(3)	NM; *
nohist-lq	$0(3)	NM; *
NOREL AD TAB 4-10-325	$0(3)	NM; *
phenylephrine hcl tab 10 mg	$0(3)	NM; *
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	$0(3)	NM; *
PRO-RED AC SYP 5-1-9/5	$0(3)	NM; *
promethazine vc/codeine	$0(3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	NM; *
promethazine-dm syrup 6.25-15 mg/5ml	$0(3)	NM; *
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0(3)	NM; *
pseudoephedrine hcl tab 30 mg	$0(3)	NM; *
pseudoephedrine hcl tab 60 mg	$0(3)	NM; *
pseudoephedrine hcl tab er 12hr 120 mg	$0(3)	NM; *
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	$0(3)	NM; *
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	$0(3)	NM; *
qc ibuprofen cold/sinus	$0(3)	NM; *
qc loratadine-d	$0(3)	NM; *
qc medifin 400	$0(3)	NM; *
qc medifin dm	$0(3)	NM; *
qc mucus relief	$0(3)	NM; *
qc mucus relief er 12 hou	$0(3)	NM; *
qc nasal decongestant max	$0(3)	NM; *
qc suphedrine maximum str	$0(3)	NM; *
qc tussin dm cough & ches	$0(3)	NM; *
qc tussin expectorant adu	$0(3)	NM; *
robafen cf multi-symptom	$0(3)	NM; *
robafen dm	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
RU-HIST D TAB 4-10MG	$0(3)	NM; *
RYDEX LIQ	$0(3)	NM; *
rymed tab 2-10mg	$0(3)	NM; *
rynex dm	$0(3)	NM; *
rynex pe	$0(3)	NM; *
rynex pse	$0(3)	NM; *
sb 12hr nasal spray	$0(3)	NM; *
sb cough control	$0(3)	NM; *
sb coughtab	$0(3)	NM; *
sb mucus relief dm	$0(3)	NM; *
sb mucus relief pe	$0(3)	NM; *
sb tab tussin dm	$0(3)	NM; *
severe cold & flu	$0(3)	NM; *
severe cold/cough	$0(3)	NM; *
sinus + headache	$0(3)	NM; *
sinus congestion/pain	$0(3)	NM; *
sinus nasal spray	$0(3)	NM; *
sinus pressure/pain/adult	$0(3)	NM; *
sinus relief extra streng	$0(3)	NM; *
sinus relief severe conge	$0(3)	NM; *
sm 12 hour sinus deconges	$0(3)	NM; *
sm all day allergy-d	$0(3)	NM; *
sm chest congestion relie	$0(3)	NM; *
SM CLD/ALLER LIQ CHILDREN	$0(3)	NM; *
sm cold & cough dm childr	$0(3)	NM; *
sm cold & flu severe	$0(3)	NM; *
sm cold & sinus relief	$0(3)	NM; *
sm day time cold & flu re	$0(3)	NM; *
sm lorata-dine d	$0(3)	NM; *
sm loratadine d 12hr	$0(3)	NM; *
sm mucus relief/12 hour	$0(3)	NM; *
sm nasal decongestant pe	$0(3)	NM; *
sm nasal spray	$0(3)	NM; *
sm nasal spray 12 hour	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
sm nasal spray sinus	$0(3)	NM; *
sm nite time cold & flu	$0(3)	NM; *
sm sinus severe for adult	$0(3)	NM; *
sm tussin cf	$0(3)	NM; *
sm tussin dm	$0(3)	NM; *
sm tussin dm cough/chest	$0(3)	NM; *
sm tussin dm max/cough +	$0(3)	NM; *
sm tussin mucus + chest c	$0(3)	NM; *
sodium chloride aero soln 0.9%	$0(3)	NM; *
soothing - 12 hour nasal	$0(3)	NM; *
STAHIST AD TAB 25-60MG	$0(3)	NM; *
STAHIST TP TAB 2.5-10MG	$0(3)	NM; *
sudogest	$0(3)	NM; *
sudogest 12 hour	$0(3)	NM; *
sudogest maximum strength	$0(3)	NM; *
sudogest sinus & allergy	$0(3)	NM; *
suphedrine 12hour maximum	$0(3)	NM; *
theraflu expressmax sever	$0(3)	NM; *
TUSNEL C SYP	$0(3)	NM; *
tusnel diabetic	$0(3)	NM; *
TUSNEL DM LIQ	$0(3)	NM; *
tusnel dm pediatric	$0(3)	NM; *
TUSNEL LIQ	$0(3)	NM; *
TUSNEL PED DRO 7.5-50	$0(3)	NM; *
TUSNEL PEDI LIQ 15-5-50	$0(3)	NM; *
TUSNEL PEDIA LIQ	$0(3)	NM; *
TUSNEL TAB	$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	$0(3)	NM; *
TUSNEL-DM LIQ	$0(3)	NM; *
tusnel-ex	$0(3)	NM; *
tussin cf	$0(3)	NM; *
tussin cough	$0(3)	NM; *
tussin dm	$0(3)	NM; *
tussin dm cough & chest c	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
tussin dm cough + chest c	$0(3)	NM; *
tussin mucus & chest cong	$0(3)	NM; *
tussin mucus + chest cong	$0(3)	NM; *
TUXARIN ER TAB 54.3-8MG	$0(3)	NM; *
VANACOF LIQ	$0(3)	NM; *
VANATAB DM TAB 5-9-198	$0(3)	NM; *
4-way fast acting	$0(3)	NM; *
westussin dm nf	$0(3)	NM; *
WESTUSSIN DM SYP	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0(1)	
montelukast sodium chew tab 5 mg (base equiv)	$0(1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0(1)	
montelukast sodium tab 10 mg (base equiv)	$0(1)	
zafirlukast tab 10 mg	$0(1)	
zafirlukast tab 20 mg	$0(1)	
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0(1)	B/D
acetylcysteine inhal soln 20%	$0(1)	B/D
AERCHMBR PLS MIS INTERMED	$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	$0(3)	NM; *
AEROCHAMBER MIS MTHPIECE	$0(3)	NM; *
AEROCHAMBER MIS MV	$0(3)	NM; *
AEROCHAMBER MIS PLUS	$0(3)	NM; *
AEROVENT MIS PLUS	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
afrin saline nasal mist	$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	$0(3)	NM; *
altamist	$0(3)	NM; *
ALYFTREK TAB 4-20-50	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP INJ 500MG	$0(2)	NDS, NM, PA
ARALAST NP INJ 1000MG	$0(2)	NDS, NM, PA
ASSESS METER MIS FULL	$0(3)	NM; *
ASSESS METER MIS LOW	$0(3)	NM; *
ayr	$0(3)	NM; *
AYR ALLERGY SPR & SINUS	$0(3)	NM; *
AYR NASAL DRO 0.65%	$0(3)	NM; *
ayr saline nasal	$0(3)	NM; *
ayr saline nasal no-drip	$0(3)	NM; *
baby ayr saline	$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	$0(3)	NM; *
COMPACT SPAC MIS LG MASK	$0(3)	NM; *
COMPACT SPAC MIS MD MASK	$0(3)	NM; *
COMPACT SPAC MIS SM MASK	$0(3)	NM; *
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	$0(3)	NM; *
cromolyn sodium soln nebu 20 mg/2ml	$0(1)	B/D
CVS NASAL AER 0.9%	$0(3)	NM; *
cvs saline nasal spray	$0(3)	NM; *
deep sea nasal spray	$0(3)	NM; *
EASIVENT MIS	$0(3)	NM; *
EASIVENT MIS MASK LG	$0(3)	NM; *
EASIVENT MIS MASK MED	$0(3)	NM; *
EASIVENT MIS MASK SM	$0(3)	NM; *
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0(1)	(generic of Adrenaclick)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0(1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0(1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0(1)	(generic of Adrenaclick)
eq saline nasal spray	$0(3)	NM; *
eql saline nasal spray	$0(3)	NM; *
FASENRA INJ 10MG/0.5	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA INJ 30MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN INJ 30MG/ML	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
FLEXICHAMBER MIS	$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	$0(3)	NM; *
FLEXICHAMBER MIS MASK SM	$0(3)	NM; *
gnp nasal moisturizing	$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	$0(3)	NM; *
HOLD CHAMBER MIS SMALL	$0(3)	NM; *
INSPIREASE MIS DD SYST	$0(3)	NM; *
KALYDECO GRA 5.8MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO GRA 13.4MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 25MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 50MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 75MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TAB 150MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LITTLE REMED AER MIST	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
LITTLE REMED SOL SALINE	$0(3)	NM; *
meijer saline nasal spray	$0(3)	NM; *
MICROCHAMBER MIS	$0(3)	NM; *
MICROLIFE MIS PEAK FLO	$0(3)	NM; *
MICROSPACER MIS	$0(3)	NM; *
MINI WRIGHT MIS PFM	$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	$0(3)	NM; *
NASADROPS DRO 0.9%	$0(3)	NM; *
nasal moist	$0(3)	NM; *
nasal moisturizing spray	$0(3)	NM; *
nasogel	$0(3)	NM; *
ocean for kids	$0(3)	NM; *
OFEV CAP 100MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAP 150MG	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA LG	$0(3)	NM; *
OPTICHAMBER MIS DIA MD	$0(3)	NM; *
OPTICHAMBER MIS DIA SM	$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	$0(3)	NM; *
ORKAMBI GRA 75-94MG	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
PANDA MASK MIS LARGE	$0(3)	NM; *
PANDA MASK MIS MEDIUM	$0(3)	NM; *
PANDA MASK MIS PEDIATRI	$0(3)	NM; *
PANDA MASK MIS SMALL	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PEAK AIR FLO MIS ADLT/PED	$0(3)	NM; *
PEAK FLOW MIS METER	$0(3)	NM; *
PEAK FLW MTR MIS ADULT	$0(3)	NM; *
PEAK FLW MTR MIS CHILD	$0(3)	NM; *
PERSONAL BES MIS FULL RNG	$0(3)	NM; *
PIKO 1 MIS ELECTRON	$0(3)	NM; *
pirfenidone cap 267 mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone tab 267 mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone tab 534 mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
pirfenidone tab 801 mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	$0(3)	NM; *
POCKET PEAK MIS METER	$0(3)	NM; *
POCKET SPACE MIS	$0(3)	NM; *
POCKETPEAK MIS MTR LOW	$0(3)	NM; *
potassium iodide oral soln 1 gm/ml	$0(3)	NM; *
PROCARE MIS ADULT	$0(3)	NM; *
PROCARE MIS CHILD	$0(3)	NM; *
PROLASTIN-C INJ 1000MG	$0(2)	NDS, NM, PA
PULMOZYME SOL 1MG/ML	$0(2)	NDS, NM, PA
PURE COMFORT MIS SPACER	$0(3)	NM; *
ra saline nasal spray	$0(3)	NM; *
RA STERILE SOL NASAL	$0(3)	NM; *
RITEFLO MIS	$0(3)	NM; *
roflumilast tab 250 mcg	$0(1)	QL (56 tabs / year)
roflumilast tab 500 mcg	$0(1)	QL (30 tabs / 30 days)
saline mist	$0(3)	NM; *
saline nasal gel	$0(3)	NM; *
saline nasal spray 0.65%	$0(3)	NM; *
sb saline nose	$0(3)	NM; *
SIMPLY SALIN AER 0.9%	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
SINUS WASH CRY SALT	$0(3)	NM; *
sm nasal spray saline	$0(3)	NM; *
SOOTH SALINE AER NASAL	$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	$0(3)	NM; *
SPACE CHAMBR MIS LARGE	$0(3)	NM; *
SPACE CHAMBR MIS MEDIUM	$0(3)	NM; *
SPACE CHAMBR MIS SMALL	$0(3)	NM; *
SPACER CHAMB MIS ADULT	$0(3)	NM; *
SPACER CHAMB MIS CHILD	$0(3)	NM; *
SPACER CHAMB MIS INFANT	$0(3)	NM; *
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
theophylline elixir 80 mg/15ml	$0(1)	
theophylline soln 80 mg/15ml	$0(1)	
theophylline tab er 12hr 100 mg	$0(1)	
theophylline tab er 12hr 200 mg	$0(1)	
theophylline tab er 12hr 300 mg	$0(1)	
theophylline tab er 12hr 450 mg	$0(1)	
theophylline tab er 24hr 400 mg	$0(1)	
theophylline tab er 24hr 600 mg	$0(1)	
TRIKAFTA PAK 59.5MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRUZONE PEAK MIS FLOW MTR	$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	$0(3)	NM; *
VORTEX/MASK MIS CHILDS	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
XOLAIR INJ 75/0.5	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 75/0.5	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR INJ 150MG/ML	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR INJ 150MG/ML	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
XOLAIR INJ 300/2ML	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 300/2ML	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOL 150MG	$0(2)	NDS, QL (8 vials / 28 days), NM, PA
ZEMAIRA INJ 1000MG	$0(2)	NDS, NM, PA
ZEMAIRA INJ 4000MG	$0(2)	NDS, NM, PA
ZEMAIRA INJ 5000MG	$0(2)	NDS, NM, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief	$0(3)	NM; *
flunisolide nasal soln 25 mcg/act (0.025%)	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0(1)	QL (1 bottle / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0(3)	NM; *
gnp fluticasone propionat	$0(3)	NM; *
goodsense 24-hour allergy	$0(3)	NM; *
hm allergy relief nasal s	$0(3)	NM; *
sm allergy relief nasal s	$0(3)	NM; *
XHANCE MIS 93MCG	$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	$0(2)	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	$0(2)	QL (30 inhalations / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
ARNUITY ELPT INH 200MCG	$0(2)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0(1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
breyna	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	$0(1)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	$0(2)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane	$0(1)	PA
acne medicat lot 5%	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
acne medicat lot 10%	$0(3)	NM; *
acne medication 2.5	$0(3)	NM; *
acne medication 5	$0(3)	NM; *
acne medication 10	$0(3)	NM; *
adapalene gel 0.1%	$0(3)	NM; *
amnesteem	$0(1)	PA
amnesteem cap 30mg	$0(1)	PA
benzefoam	$0(3)	NM; *
BENZOYL PER GEL 2.5%	$0(3)	NM; *
benzoyl peroxide gel 5%	$0(3)	NM; *
benzoyl peroxide gel 10%	$0(3)	NM; *
benzoyl peroxide liq 10%	$0(3)	NM; *
benzoyl peroxide topical	$0(3)	NM; *
benzoyl peroxide wash	$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
bpo foaming cloths	$0(3)	NM; *
claravis	$0(1)	PA
clindamycin phosphate gel 1% (once-daily)	$0(1)	QL (75 mL / 30 days)
clindamycin phosphate lotion 1%	$0(1)	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	$0(1)	QL (60 mL / 30 days)
ery	$0(1)	QL (60 pledgets / 30 days)
erythromycin gel 2%	$0(1)	QL (60 gm / 30 days)
erythromycin soln 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin cap 10 mg	$0(1)	PA
isotretinoin cap 20 mg	$0(1)	PA
isotretinoin cap 30 mg	$0(1)	PA
isotretinoin cap 40 mg	$0(1)	PA
sulfacetamide sodium lotion 10% (acne)	$0(1)	QL (118 mL / 30 days)
tretinoin cream 0.1%	$0(1)	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	$0(1)	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	$0(1)	QL (45 gm / 30 days), PA

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
tretinoin gel 0.01%	$0(1)	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	$0(1)	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	$0(1)	QL (75 gm / 30 days)
zenatane	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitracin oint 500 unit/gm	$0(3)	NM; *
bacitracin zinc oint 500 unit/gm	$0(3)	NM; *
double antibiotic	$0(3)	NM; *
gentamicin sulfate cream 0.1%	$0(1)	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	$0(1)	QL (30 gm / 30 days)
gnp antibiotic + pain rel	$0(3)	NM; *
gnp bacitracin zinc	$0(3)	NM; *
gnp triple antibiotic	$0(3)	NM; *
gnp triple antibiotic plu	$0(3)	NM; *
goodsense first aid antib	$0(3)	NM; *
mupirocin oint 2%	$0(1)	QL (220 gm / 30 days)
poly bacitracin	$0(3)	NM; *
qc triple antibiotic maxi	$0(3)	NM; *
silver sulfadiazine cream 1%	$0(1)	
sm antibiotic	$0(3)	NM; *
sm antibiotic plus pain r	$0(3)	NM; *
sm double antibiotic	$0(3)	NM; *
sm triple antibiotic	$0(3)	NM; *
sm triple antibiotic orig	$0(3)	NM; *
sm triple antibiotic plus	$0(3)	NM; *
ssd	$0(1)	
SULFAMYLON CRE 85MG/GM	$0(2)	QL (453.6 gm / 30 days)
triple antibiotic	$0(3)	NM; *
triple antibiotic + pain	$0(3)	NM; *
triple antibiotic plus	$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	$0(3)	NM; *
antifungal	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
antifungal powder	$0(3)	NM; *
athletes foot	$0(3)	NM; *
athletes foot antifungal	$0(3)	NM; *
athletes foot powder spra	$0(3)	NM; *
baza antifungal	$0(3)	NM; *
butenafine hcl cream 1%	$0(3)	NM; *
ciclopirox olamine cream 0.77% (base equiv)	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	$0(1)	QL (60 mL / 30 days)
ciclopirox shampoo 1%	$0(1)	QL (120 mL / 30 days)
clotrimazole antifungal	$0(3)	NM; *
clotrimazole athletes foo	$0(3)	NM; *
clotrimazole cream 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole cream 1%	$0(3)	NM; *
clotrimazole soln 1%	$0(1)	QL (60 mL / 30 days)
clotrimazole soln 1%	$0(3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
critic-aid clear af	$0(3)	NM; *
cvs jock itch	$0(3)	NM; *
econazole nitrate cream 1%	$0(1)	QL (85 gm / 30 days)
ft antifungal cream	$0(3)	NM; *
ft athletes foot cream	$0(3)	NM; *
FUNGOID TINC SOL 2%	$0(3)	NM; *
GENTIAN VIOL SOL 1%	$0(3)	NM; *
gnp athletes foot	$0(3)	NM; *
gnp miconazorb af	$0(3)	NM; *
gnp terbinafine hydrochlo	$0(3)	NM; *
gnp tolnaftate	$0(3)	NM; *
ketoconazole cream 2%	$0(1)	QL (60 gm / 30 days)
ketoconazole shampoo 2%	$0(1)	QL (120 mL / 30 days)
klayesta	$0(1)	QL (60 gm / 30 days)
miconazole nitrate cream 2%	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
MICONAZOLE SOL 2%	$0(3)	NM; *
nyamyc	$0(1)	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	$0(1)	QL (60 gm / 30 days)
nystop	$0(1)	QL (60 gm / 30 days)
qc antifungal cream	$0(3)	NM; *
qc tolnaftate	$0(3)	NM; *
selenium sulfide lotion 2.5%	$0(1)	
sm antifungal clotrimazol	$0(3)	NM; *
sm antifungal miconazole	$0(3)	NM; *
sm antifungal tolnaftate	$0(3)	NM; *
terbinafine hcl cream 1%	$0(3)	NM; *
tolnafi-al	$0(3)	NM; *
tolnaftate antifungal	$0(3)	NM; *
tolnaftate cream 1%	$0(3)	NM; *
tolnaftate powder 1%	$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0(1)	PA
acitretin cap 17.5 mg	$0(1)	PA
acitretin cap 25 mg	$0(1)	PA
calcipotriene cream 0.005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	$0(1)	QL (120 mL / 30 days), PA
calcitrene	$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	$0(2)	NDS, QL (120 gm / 30 days), PA
tazarotene cream 0.1%	$0(1)	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
alclometasone dipropionate cream 0.05%	$0(1)	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	$0(1)	QL (60 gm / 30 days)
anti-itch maximum strengt	$0(3)	NM; *
betamethasone dipropionate augmented cream 0.05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	$0(1)	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	$0(1)	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	$0(1)	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate e	$0(1)	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	$0(1)	QL (50 mL / 30 days)
fluocinolone acetonide cream 0.01%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	$0(1)	QL (118.28 mL / 30 days)

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
fluocinolone acetonide oil 0.01% (scalp oil)	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	$0(1)	QL (60 mL / 30 days)
fluocinonide cream 0.05%	$0(1)	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	$0(1)	QL (120 gm / 30 days)
fluocinonide gel 0.05%	$0(1)	QL (60 gm / 30 days)
fluocinonide oint 0.05%	$0(1)	QL (60 gm / 30 days)
fluocinonide soln 0.05%	$0(1)	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	$0(1)	
fluticasone propionate oint 0.005%	$0(1)	
gnp hydrocortisone	$0(3)	NM; *
gnp hydrocortisone maximu	$0(3)	NM; *
gnp hydrocortisone plus	$0(3)	NM; *
gnp hydrocortisone/aloe	$0(3)	NM; *
halobetasol propionate cream 0.05%	$0(1)	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	$0(1)	QL (50 gm / 30 days)
HYDROCORT CRE 1%	$0(3)	NM; *
hydrocortisone acetate oint 1%	$0(3)	NM; *
hydrocortisone cream 0.5%	$0(3)	NM; *
hydrocortisone cream 1%	$0(1)	
hydrocortisone cream 1%	$0(3)	NM; *
hydrocortisone cream 2.5%	$0(1)	
hydrocortisone lotion 2.5%	$0(1)	
hydrocortisone maximum st	$0(3)	NM; *
hydrocortisone oint 1%	$0(1)	QL (30 gm / 30 days)
hydrocortisone oint 1%	$0(3)	NM; *
hydrocortisone oint 2.5%	$0(1)	
hydrocortisone valerate cream 0.2%	$0(1)	QL (60 gm / 30 days)
hydrocortisone/aloe maxim	$0(3)	NM; *
mometasone furoate cream 0.1%	$0(1)	
mometasone furoate oint 0.1%	$0(1)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
mometasone furoate solution 0.1% (lotion)	$0(1)	
qc anti-itch/aloe	$0(3)	NM; *
sm hydrocortisone	$0(3)	NM; *
sm hydrocortisone maximum	$0(3)	NM; *
sm hydrocortisone plus	$0(3)	NM; *
triamcinolone acetonide cream 0.1%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	$0(1)	
triamcinolone acetonide lotion 0.025%	$0(1)	
triamcinolone acetonide oint 0.1%	$0(1)	
triamcinolone acetonide oint 0.5%	$0(1)	
triamcinolone acetonide oint 0.025%	$0(1)	
triderm	$0(1)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	$0(1)	QL (60 mL / 30 days), PA
lidocaine hcl soln 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine oint 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine patch 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	B/D, QL (30 gm / 30 days)
lidocan	$0(1)	QL (3 patches / 1 day), PA
tridacaine dis 5% patch	$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA OIN PROTECT	$0(3)	NM; *
americerin	$0(3)	NM; *
anti-dandruff shampoo	$0(3)	NM; *
anti-itch	$0(3)	NM; *
AQUA GLYCOL CRE FACE	$0(3)	NM; *
AQUAPHILIC OIN	$0(3)	NM; *
AQUAPHOR ADV OIN HEALING	$0(3)	NM; *
AQUAPHOR ADV OIN THER BAB	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
AQUAPHOR OIN	$0(3)	NM; *
AQUAPHOR OIN ADVANCED	$0(3)	NM; *
arthritis pain relieving	$0(3)	NM; *
banophen	$0(3)	NM; *
benzoin compound tincture	$0(3)	NM; *
BENZOIN TIN	$0(3)	NM; *
BENZOIN TIN PLAIN	$0(3)	NM; *
BETA CARE CRE	$0(3)	NM; *
BETA XMA CRE	$0(3)	NM; *
BETADINE MIS SWABSTCK	$0(3)	NM; *
BETADINE SPR 5%	$0(3)	NM; *
BETADINE SRG SOL 7.5%	$0(3)	NM; *
bexarotene gel 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
BULL FROG SPR MOSQUITO	$0(3)	NM; *
capsaicin cream 0.1%	$0(3)	NM; *
capsaicin cream 0.025%	$0(3)	NM; *
capsaicin cream 0.075%	$0(3)	NM; *
capsaicin heat patch	$0(3)	NM; *
capsimide	$0(3)	NM; *
CERAVE CRE MOISTURI	$0(3)	NM; *
CERAVE OIN HEALING	$0(3)	NM; *
CERAVE SA CRE RGH/BMP	$0(3)	NM; *
CETAPHIL CRE HAND	$0(3)	NM; *
COCONUT OIL CRE BEAUTY	$0(3)	NM; *
COLE INS REP SPR DRY 25%	$0(3)	NM; *
COLE INS REP SPR SPRT 40%	$0(3)	NM; *
COLEMAN 100 LIQ 98.11%	$0(3)	NM; *
COLEMAN 100 SPR 98.11%	$0(3)	NM; *
COLEMN BOTAN LIQ INSECT	$0(3)	NM; *
COLEMN INSEC LIQ SKINSMAR	$0(3)	NM; *
COLEMN INSEC SPR SKINSMAR	$0(3)	NM; *
corn and callus remover	$0(3)	NM; *
CUTTER AER 10%	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
CUTTER AER NATURAL	$0(3)	NM; *
CUTTER BACKW AER 25%	$0(3)	NM; *
CUTTER BACKW LIQ 25%	$0(3)	NM; *
CUTTER DRY AER 10%	$0(3)	NM; *
CUTTER FAMLY AER 7%	$0(3)	NM; *
CUTTER FAMLY LIQ 7%	$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	$0(3)	NM; *
CUTTER LIQ NATURAL	$0(3)	NM; *
CUTTER SKINS AER 7%	$0(3)	NM; *
CUTTER SKINS LIQ 7%	$0(3)	NM; *
CUTTER SPORT AER 15%	$0(3)	NM; *
CUTTER WIPES MIS 7.15%	$0(3)	NM; *
cvs advanced healing	$0(3)	NM; *
cvs advanced healing oint	$0(3)	NM; *
CVS DRY SKIN CRE THERAPY	$0(3)	NM; *
CVS INSECT AER REPELLNT	$0(3)	NM; *
CVS MOISTURE CRE	$0(3)	NM; *
D-CERIN CRE MOISTURI	$0(3)	NM; *
dandruff shampoo	$0(3)	NM; *
DERMABASE CRE	$0(3)	NM; *
DHS SAL SHA 3%	$0(3)	NM; *
DIABETIDERM CRE	$0(3)	NM; *
DIABETIDERM CRE FOOT	$0(3)	NM; *
diclofenac sodium soln 1.5%	$0(1)	QL (300 mL / 28 days)
diphenhydramine-zinc acetate cream 2-0.1%	$0(3)	NM; *
DML FORTE CRE	$0(3)	NM; *
dry skin treatment	$0(3)	NM; *
e-ointment	$0(3)	NM; *
EAGLE WATCH LIQ MOS ELIM	$0(3)	NM; *
EMOLLIA-CREM CRE	$0(3)	NM; *
EQ THERAPEUT CRE MOISTURI	$0(3)	NM; *
EUCERIN ADV CRE REPAIR	$0(3)	NM; *
EUCERIN HAND CRE ADV REPA	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
EUCERIN PLUS CRE	$0(3)	NM; *
FIRST AID OIN 10%	$0(3)	NM; *
flanders buttocks	$0(3)	NM; *
fluorouracil cream 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil soln 2%	$0(1)	QL (10 mL / 30 days)
fluorouracil soln 5%	$0(1)	QL (10 mL / 30 days)
gnp anti-itch	$0(3)	NM; *
gnp callus removers	$0(3)	NM; *
gnp capsaicin heat patch	$0(3)	NM; *
gnp itch relief spray ext	$0(3)	NM; *
gnp povidone-iodine	$0(3)	NM; *
gnp wart remover	$0(3)	NM; *
GOLD BOND CRE HEALING	$0(3)	NM; *
GOLD BOND OIN HEALING	$0(3)	NM; *
goodsense hemorrhoidal oi	$0(3)	NM; *
HYDRASYN25 CRE	$0(3)	NM; *
hydrocortisone perianal cream 1%	$0(1)	
hydrocortisone perianal cream 2.5%	$0(1)	
hydrolatum	$0(3)	NM; *
hydrophor	$0(3)	NM; *
imiquimod cream 5%	$0(1)	QL (24 packets / 30 days)
itch relief extra strengt	$0(3)	NM; *
KERADAN CRE	$0(3)	NM; *
lactic acid (ammonium lactate) cream 12%	$0(1)	
lactic acid (ammonium lactate) cream 12%	$0(3)	NM; *
lactic acid (ammonium lactate) lotion 12%	$0(1)	
lactic acid (ammonium lactate) lotion 12%	$0(3)	NM; *
LANAPHILIC OIN	$0(3)	NM; *
LANOLOR CRE	$0(3)	NM; *
lansinoh lanolin	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
lansinoh lanolin minis ni	$0(3)	NM; *
lansinoh lanolin nipple	$0(3)	NM; *
LEADER FINGE CRE	$0(3)	NM; *
lidocaine cream 4%	$0(3)	QL (120 gm / 30 days), NM; *
MAXI DEET SPR 98.11%	$0(3)	NM; *
medela tender care lanoli	$0(3)	NM; *
medicated callus removers	$0(3)	NM; *
medicated corn removers	$0(3)	NM; *
metronidazole cream 0.75%	$0(1)	QL (45 gm / 30 days)
metronidazole gel 0.75%	$0(1)	QL (45 gm / 30 days)
metronidazole lotion 0.75%	$0(1)	QL (59 mL / 30 days)
minerin creme	$0(3)	NM; *
MOISTURIZING CRE	$0(3)	NM; *
moisturizing cream	$0(3)	NM; *
NATRAPEL 12H SPR 20%	$0(3)	NM; *
NATRAPEL LIQ 20%	$0(3)	NM; *
NEUTROGENA CRE HAND	$0(3)	NM; *
nitroglycerin oint 0.4%	$0(1)	QL (30 gm / 30 days)
numbcream	$0(3)	QL (113 gm / 30 days), NM; *
NUTRADERM CRE	$0(3)	NM; *
OFF ACTIVE AER 15%	$0(3)	NM; *
OFF DEEP WDS AER 25%	$0(3)	NM; *
OFF DEEP WDS AER 30%	$0(3)	NM; *
OFF DEEP WDS MIS 25%	$0(3)	NM; *
OFF DEEP WDS SPR 25%	$0(3)	NM; *
OFF DEEP WDS SPR 98.25%	$0(3)	NM; *
OFF FAMILYCR SPR 5%	$0(3)	NM; *
OFF FAMILYCR SPR 7%	$0(3)	NM; *
OFF SMTH/DRY AER 15%	$0(3)	NM; *
OINTMENT OIN BASE	$0(3)	NM; *
PANRETIN GEL 0.1%	$0(2)	NDS, QL (60 gm / 30 days), PA
PEN-KERA CRE	$0(3)	NM; *
PENTRAVAN CRE	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
PENTRAVAN CRE PLUS	$0(3)	NM; *
PETROLATUM OIN	$0(3)	NM; *
pimecrolimus cream 1%	$0(1)	QL (100 gm / 30 days), PA
podofilox soln 0.5%	$0(1)	QL (7 mL / 28 days)
povidone-iodine soln 10%	$0(3)	NM; *
PRETTY FEET CRE & HANDS	$0(3)	NM; *
procto-med hc	$0(1)	
proctocort	$0(1)	
proctosol hc	$0(1)	
proctozone-hc	$0(1)	
qc anti-itch extra streng	$0(3)	NM; *
qc povidone iodine	$0(3)	NM; *
RA HYDRATING OIN HEALING	$0(3)	NM; *
RANGER READY SPR 20% AMBR	$0(3)	NM; *
RANGER READY SPR 20% NT S	$0(3)	NM; *
RANGER READY SPR 20% NTSK	$0(3)	NM; *
RANGER READY SPR 20% ORNG	$0(3)	NM; *
REPEL 100 LIQ 98.11%	$0(3)	NM; *
REPEL FAMILY AER 10%	$0(3)	NM; *
REPEL FAMILY AER 15%	$0(3)	NM; *
REPEL HUNTER AER 25%	$0(3)	NM; *
REPEL LEMON SPR INSECT	$0(3)	NM; *
REPEL SPORTS AER 25%	$0(3)	NM; *
REPEL SPORTS AER 40%	$0(3)	NM; *
REPEL SPORTS LIQ 40%	$0(3)	NM; *
REPEL SPORTS LOT 40%	$0(3)	NM; *
REPEL TICK AER 15%	$0(3)	NM; *
REPEL WIPES MIS 30%	$0(3)	NM; *
RISABAL-PH CRE	$0(3)	NM; *
SAWYER REPEL AER 30%	$0(3)	NM; *
SAWYER REPEL LOT 20%	$0(3)	NM; *
SAWYER REPEL SPR 20%	$0(3)	NM; *
sb povidone-iodine	$0(3)	NM; *
SEBEX SHA	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
SENSI-CARE CRE MOISTURI	$0(3)	NM; *
sm anti-itch extra streng	$0(3)	NM; *
SM BENZOIN TIN	$0(3)	NM; *
SM BENZOIN TIN NFXI	$0(3)	NM; *
sm povidone-iodine	$0(3)	NM; *
SORBIDON CRE HYDRATE	$0(3)	NM; *
STUDIO 35 CRE MOIST	$0(3)	NM; *
tacrolimus oint 0.1%	$0(1)	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	$0(1)	QL (100 gm / 30 days), PA
THERAPEUTIC CRE MOISTUR	$0(3)	NM; *
THERAPEUTIC SHA 3%	$0(3)	NM; *
TOTAL HOME SPR INSECT	$0(3)	NM; *
ULTRATHON AER INSECT	$0(3)	NM; *
ULTRATHON LOT REPELLNT	$0(3)	NM; *
VALCHLOR GEL 0.016%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VANICREAM CRE	$0(3)	NM; *
VELVACHOL CRE	$0(3)	NM; *
wart remover maximum stre	$0(3)	NM; *
XERAC-AC SOL 6.25%	$0(3)	NM; *
ZIKS ARTHRIT CRE RELIEF	$0(3)	NM; *
zinc oxide oint 20%	$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice treatment	$0(3)	NM; *
goodsense lice killing cr	$0(3)	NM; *
ivermectin lotion 0.5%	$0(3)	NM; *
lice killing maximum stre	$0(3)	NM; *
lice killing shampoo	$0(3)	NM; *
malathion lotion 0.5%	$0(1)	QL (59 mL / 30 days)
permethrin cream 5%	$0(1)	QL (60 gm / 30 days)
sm lice killing maximum s	$0(3)	NM; *
sm lice treatment	$0(3)	NM; *
VANALICE GEL 0.3-3.5%	$0(3)	NM; *

Nombre del medicamento	Cuánto le costará el medicamento (nivel)	Acciones necesarias, restricciones o límites de uso
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	$0(2)	QL (180 gm / 30 days)
sodium chloride irrigation soln 0.9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0(1)	
chlorhexidine gluconate soln 0.12%	$0(1)	
clotrimazole troche 10 mg	$0(1)	QL (150 lozenges / 30 days)
kourzeq	$0(1)	
lidocaine hcl viscous soln 2%	$0(1)	
nystatin susp 100000 unit/ml	$0(1)	
periogard	$0(1)	
pilocarpine hcl tab 5 mg	$0(1)	
pilocarpine hcl tab 7.5 mg	$0(1)	
triamcinolone acetonide dental paste 0.1%	$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
ear drops	$0(3)	NM; *
earwax removal	$0(3)	NM; *
earwax removal kit	$0(3)	NM; *
ft earwax removal	$0(3)	NM; *
ft earwax removal kit	$0(3)	NM; *
gnp earwax removal drops	$0(3)	NM; *
gnp earwax removal kit	$0(3)	NM; *
sm ear drops	$0(3)	NM; *

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OMB# 0938-1421

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-364-0974 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-364-0974 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 **1-855-364-0974 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 **1-855-364-0974 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-364-0974 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-364-0974 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-855-364-0974 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-364-0974 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-364-0974 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-364-0974 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-364-0974 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-364-0974 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-364-0974 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-364-0974 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-364-0974 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-364-0974 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-364-0974 (TTY: 711)** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-855-364-0974 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

Amharic: የጤና ወይም የመድኃኒት ዕቅዳችንን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ **1-855-364-0974 (TTY: 711)**። እንግሊዘኛ/ቋንቋ የሚናገር አንድ ሰው ሊረዳዎት ይችላሉ። ይህ ነፃ አገልግሎት ነው።

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નો ના જવાબ આપવા અમારી પાસે મફત દુભાષિયાની સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત **1-855-364-0974 (TTY: 711)** પર કોલ કરો. કોઈ વ્યક્તિ જે અંગ્રેજી/ભાષા બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Kenyarwanda: Dufite serivisi z’abasemuzi ku buntu kugira ngo dusubize ibibazo byose waba ufite ku byerekeye gahunda yacu y’ubuzima cyangwa y’ibiyobyabwenge. Kugira ngo ubone umusemuzi, duhamgare kuri **1-855-364-0974 (TTY: 711)**. Umuntu uvuga ururimi rw’Icyongereza ashobora kugufasha. Iyi ni serivisi y’ubuntu.

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग निःशुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नु होस् **1-855-364-0974 (TTY: 711)**। अंग्रेजी भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्छ। यो निःशुल्क सेवा हो।

Afghani: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است در مورد طرح صحت ی داروی خود داشته باشید پاسخ دهیم. برای دریافت ترجمان، صرف با شماره **1-855-364-0974 (TTY: 711)** با ما تماس بگیرید. کسی که به زبان/انگلیسی صحبت می کند می تواند به شما کمک کند. این یک خدمت رایگان است.

Somali: Waxaanu haynaa adeegyadaa bilaashka ah turjubaanka si looga jawaabo wax su’aalo ah oo aad qabto oo ku saabsan caafimaadka ama qorshaha dagaalka. Si loo helo turjubaan, naga soo wac **1-855-364-0974 (TTY: 711)**. Qof ku hadla Ingiriiska/Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.

Swahili: Tuna huduma za mkalimani bila malipo kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu afya au mpango wetu wa dawa. Ili kupata mkalimani, tupigie simu kwa **1-855-364-0974 (TTY: 711)**. Mtu anayezungumza Kiingereza/Lugha anaweza kukusaidia. Huduma hii ni ya bila malipo.

Ukrainian: У нас є безкоштовні послуги перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або забезпечення ліками. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером **1-855-364-0974 (TTY: 711)**. Вам може допомогти людина, яка володіє англійською/мовою. Ця послуга є безкоштовною.

Form CMS-10802
(Expires 12/31/25)

Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana, o bien visite **AetnaBetterHealth.com/Ohio**.

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