Lista de medicamentos cubiertos/ Formulario 2022

AETNA BETTER HEALTH® OF OHIO

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

Aetna Better Health of Ohio, un plan de MyCare 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 reciente o realizar otras consultas, comuníquese con nosotros llamando al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana o visite **AetnaBetterHealth.com/Ohio**

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92.05.305.2-OH L Actualizado el 12/01/2022 H7172_22DRUG LST FINAL ACCEPTED

Aetna Better Health of Ohio | *Lista de medicamentos cubiertos* (Formulario) 2022

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*.

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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.
- ATENCIÓN: Si habla español o somalí, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-0974 (TTY: 711),** durante las 24 horas del día, los 7 días de la semana. La llamada es gratuita.
- ATTENTION: If you speak Spanish or Somali, language assistance services, free of charge, are available to you. Llame al **1-855-364-0974 (TTY: 711)** las 24 horas del día, los 7 días de la semana. The call is free.
- FIIRI: Haddii aad ku hadasho Isbaanish ama Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa laguu heli karaa adiga. Wac **1-855-364-0974 (TTY: 711),** 24 saacadood maalintii, 7 maalmood todobaadkii. Wicitaanku waa bilaash.
- 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 del día, 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 del día, los 7 días de la semana.

B. Preguntas frecuentes

Aquí encontrará 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 página 1 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 en los siguientes casos:
  - 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 encontrar 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 aprobación previa para un medicamento. (La aprobación previa es una autorización 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").

- 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**
- nos enteramos de que el medicamento no es seguro; **o**
- se retire un medicamento 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.**
- 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, 7 days a week.

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

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

- **Un nuevo medicamento genérico se encuentra disponible.** A veces, se desarrolla un medicamento genérico nuevo que funciona tan bien como el medicamento de marca que actualmente figura en la Lista de medicamentos. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el medicamento genérico nuevo, pero el costo del nuevo medicamento será el mismo. Cuando agreguemos el nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca 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.
    - 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. Para obtener más información sobre las excepciones, consulte la pregunta B10.

- **Se quita un medicamento del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) indica que el medicamento que usted toma no es seguro o si el fabricante retira el medicamento del mercado, lo eliminaremos de la Lista de medicamentos. Si usted toma el medicamento, se lo informaremos.
- Le enviaremos una carta para informarle. 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.
- Incorporamos un nuevo medicamento genérico que no es nuevo en el mercado. **y**
  - reemplazamos un medicamento de marca que actualmente se encuentra en la Lista de medicamentos. **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**
- 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:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico u otra persona autorizada a dar recetas deben conseguir la aprobación 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:** A veces, 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.

Puede averiguar si su medicamento tiene requisitos adicionales o limitaciones consultando las tablas en las páginas 1 a 190. 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 limitaciones o si debo tomar alguna medida para obtener el medicamento?

La Lista de medicamentos cubiertos de la página 1 tiene una columna titulada “Acciones necesarias, restricciones o limitaciones de uso”.

B6. ¿Qué sucede si Aetna Better Health of Ohio modifica sus normas sobre la cobertura de algunos medicamentos? Por ejemplo, autorizaciones previas (aprobación), limitaciones de cantidad o restricciones de tratamiento escalonado.

En algunos casos, le notificaremos con antelación si incorporamos aprobaciones 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 encuentro un medicamento en la Lista de medicamentos?

Hay dos formas para encontrar un medicamento:

- puede buscar el nombre del medicamento por orden alfabético; **O**
- puede buscar por afección médica.

Para buscar por **orden alfabético**, vaya a la sección del Índice de medicamentos cubiertos. Podrá encontrarlo en la página 191. 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 "Lista de medicamentos agrupados por afección médica" en la página XIII. 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.

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 por él. Si le informan que Aetna Better Health of Ohio no cubrirá el medicamento, usted puede hacer lo siguiente:

- 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.
- 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 temporal de su medicamento para 31 días en el caso de 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 centros de atención a largo plazo.

Cubriremos un suministro para 30 días de su medicamento en el entorno para pacientes externos y para 31 días del medicamento en el caso de 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**
- si las normas del plan de salud no le permiten obtener la cantidad solicitada por la persona autorizada a dar recetas; **o**
- el medicamento requiere la aprobación previa de Aetna Better Health of Ohio, **o**
- 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, haremos 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.
- 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:
  - 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 obtener un suministro temporal de un medicamento, llame al Departamento de Servicios para Miembros.

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

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame al Departamento de Servicios para Miembros. Un representante del Departamento de Servicios para Miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el *Manual para miembros* en el Capítulo 9 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 que autorizó la receta puede proporcionar su declaración de apoyo 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 nos la puede enviar 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 72 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 no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA).

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

B14. ¿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.

B15. ¿Cubre Aetna Better Health of Ohio los productos que no sean medicamentos de venta libre (OTC)?

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

Algunos ejemplos de productos que no sean medicamentos OTC son hisopos de alcohol o repelente de insectos.

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

B16. ¿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.

B17.¿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 por 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 el medicamento que toma en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página 191. En el índice se encuentran todos los medicamentos cubiertos por Aetna Better Health of Ohio por orden alfabético.

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 limitaciones de uso indica si Aetna Better Health of Ohio tiene alguna norma especial para la cobertura del medicamento.

Aquí están los significados de los códigos utilizados en la columna "Acciones necesarias o limitaciones 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 = es posible que este medicamento esté cubierto por la Parte B o D de Medicare, según las circunstancias. Para tomar la determinación, se deberá enviar información que incluya la descripción del uso y la situación en que se administra el medicamento.	LA = Acceso limitado. Este medicamento con receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte el Directorio de farmacias o llame al Departamento de Servicios para miembros al **1-855-364-0974,** durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al TTY 711.
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 Manual para miembros en el Capítulo 9 para obtener información sobre cómo apelar una decisión.

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
acetaminophen CHEW 160mg; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg, 650mg; SUSP 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; TABS 325mg, 500mg; TBCR 650mg	$0(3)	NM; *
acetaminophen extra stren TABS 500mg	$0(3)	NM; *
adult aspirin regimen TBEC 81mg	$0(3)	NM; *
arthritis pain relief TBCR 650mg	$0(3)	NM; *
aspirin CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	$0(3)	NM; *
ASPIRIN SUPP 300mg, 600mg	$0(3)	NM; *
aspirin adult low dose TBEC 81mg	$0(3)	NM; *
aspirin adult low strengt CHEW 81mg	$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
childrens acetaminophen SUSP 160mg/5ml	$0(3)	NM; *
childrens silapap LIQD 160mg/5ml	$0(3)	NM; *
ed-apap LIQD 160mg/5ml	$0(3)	NM; *
feverall adults SUPP 650mg	$0(3)	NM; *
feverall childrens SUPP 120mg	$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	$0(3)	NM; *
gnp 8 hour pain reliever TBCR 650mg	$0(3)	NM; *
gnp acetaminophen TABS 325mg	$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp arthritis pain relief TBCR 650mg	$0(3)	NM; *
gnp aspirin TABS 325mg; TBEC 81mg, 325mg	$0(3)	NM; *
gnp aspirin low dose TBEC 81mg	$0(3)	NM; *
gnp infants pain/fever SUSP 160mg/5ml	$0(3)	NM; *
gnp pain & fever children SUSP 160mg/5ml	$0(3)	NM; *
gnp pain relief TABS 325mg	$0(3)	NM; *
gnp pain relief extra str TABS 500mg	$0(3)	NM; *
goodsense arthritis pain TBCR 650mg	$0(3)	NM; *
goodsense aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
goodsense aspirin adult l CHEW 81mg	$0(3)	NM; *
goodsense pain & fever ch SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain & fever in SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain relief TABS 325mg	$0(3)	NM; *
goodsense pain relief ext TABS 500mg	$0(3)	NM; *
hm acetaminophen children CHEW 160mg	$0(3)	NM; *
hm arthritis pain relief TBCR 650mg	$0(3)	NM; *
hm aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
hm aspirin ec TBEC 325mg	$0(3)	NM; *
hm aspirin ec low dose TBEC 81mg	$0(3)	NM; *
hm pain & fever childrens SUSP 160mg/5ml	$0(3)	NM; *
hm pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
hm pain relief TBCR 650mg	$0(3)	NM; *
hm pain relief extra stre TABS 500mg	$0(3)	NM; *
hm pain reliever TABS 325mg	$0(3)	NM; *
8 hour arthritis pain rel TBCR 650mg	$0(3)	NM; *
8hr muscle aches & pain TBCR 650mg	$0(3)	NM; *
m-pap LIQD 160mg/5ml	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
mapap CAPS 500mg	$0(3)	NM; *
mapap acetaminophen extra LIQD 500mg/15ml	$0(3)	NM; *
mapap arthritis pain TBCR 650mg	$0(3)	NM; *
mapap childrens CHEW 80mg, 160mg	$0(3)	NM; *
pain & fever childrens SUSP 160mg/5ml	$0(3)	NM; *
pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
pain relief extra strengt TABS 500mg	$0(3)	NM; *
pain reliever extra stren TABS 500mg	$0(3)	NM; *
pharbetol TABS 325mg	$0(3)	NM; *
pharbetol extra strength TABS 500mg	$0(3)	NM; *
qc acetaminophen 8 hours TBCR 650mg	$0(3)	NM; *
qc arthritis pain relief TBCR 650mg	$0(3)	NM; *
qc aspirin TABS 325mg	$0(3)	NM; *
qc aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
qc chewable aspirin low d CHEW 81mg	$0(3)	NM; *
qc enteric aspirin TBEC 325mg	$0(3)	NM; *
qc non-aspirin childrens SUSP 160mg/5ml	$0(3)	NM; *
qc non-aspirin extra stre TABS 500mg	$0(3)	NM; *
qc pain relief TABS 325mg	$0(3)	NM; *
qc pain relief childrens SUSP 160mg/5ml	$0(3)	NM; *
qc pain relief extra stre TABS 500mg	$0(3)	NM; *
qc pain relief infants SUSP 160mg/5ml	$0(3)	NM; *
sm 8 hour pain relief TBCR 650mg	$0(3)	NM; *
sm arthritis pain relief TBCR 650mg	$0(3)	NM; *
sm arthritis pain relieve TBCR 650mg	$0(3)	NM; *
sm aspirin TABS 325mg	$0(3)	NM; *
sm aspirin adult low stre CHEW 81mg; TBEC 81mg	$0(3)	NM; *
sm aspirin enteric coated TBEC 325mg	$0(3)	NM; *
sm aspirin low dose CHEW 81mg	$0(3)	NM; *
sm childrens aspirin CHEW 81mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml	$0(3)	NM; *
sm pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
sm pain relief extra stre TABS 500mg	$0(3)	NM; *
sm pain reliever TABS 325mg	$0(3)	NM; *
sm pain reliever extra st TABS 500mg; TBCR 650mg	$0(3)	NM; *
st joseph low dose aspiri CHEW 81mg	$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain relief TABS 220mg	$0(3)	NM; *
all day relief TABS 220mg	$0(3)	NM; *
celecoxib CAPS 50mg	$0(1)	QL (240 caps / 30 days)
celecoxib CAPS 100mg	$0(1)	QL (120 caps / 30 days)
celecoxib CAPS 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
childrens ibuprofen SUSP 100mg/5ml	$0(3)	NM; *
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
ec-naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
gnp childrens ibuprofen SUSP 100mg/5ml	$0(3)	NM; *
gnp ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
gnp ibuprofen infants SUSP 50mg/1.25ml	$0(3)	NM; *
gnp ibuprofen junior stre CHEW 100mg	$0(3)	NM; *
gnp naproxen TABS 220mg	$0(3)	NM; *
gnp naproxen sodium CAPS 220mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
goodsense ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
goodsense ibuprofen child SUSP 100mg/5ml	$0(3)	NM; *
goodsense ibuprofen infan SUSP 50mg/1.25ml	$0(3)	NM; *
goodsense naproxen sodium TABS 220mg	$0(3)	NM; *
hm ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
hm ibuprofen childrens SUSP 100mg/5ml	$0(3)	NM; *
hm ibuprofen ib TABS 200mg	$0(3)	NM; *
hm ibuprofen ib/junior st CHEW 100mg	$0(3)	NM; *
hm ibuprofen infants SUSP 50mg/1.25ml	$0(3)	NM; *
hm naproxen sodium CAPS 220mg; TABS 220mg	$0(3)	NM; *
ibu TABS 600mg, 800mg	$0(1)	
ibu-200 TABS 200mg	$0(3)	NM; *
ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen childrens SUSP 100mg/5ml	$0(3)	NM; *
ibuprofen infants SUSP 50mg/1.25ml	$0(3)	NM; *
ibuprofen infants drops SUSP 50mg/1.25ml	$0(3)	NM; *
ibuprofen junior strength CHEW 100mg	$0(3)	NM; *
infants ibuprofen SUSP 50mg/1.25ml	$0(3)	NM; *
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	
naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
naproxen sodium CAPS 220mg; TABS 220mg	$0(3)	NM; *
naproxen sodium TABS 275mg, 550mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
piroxicam CAPS 10mg, 20mg	$0(1)	
provil TABS 200mg	$0(3)	NM; *
qc childrens ibuprofen SUSP 100mg/5ml	$0(3)	NM; *
qc ibuprofen TABS 200mg	$0(3)	NM; *
qc ibuprofen ib TABS 200mg	$0(3)	NM; *
qc naproxen sodium TABS 220mg	$0(3)	NM; *
sb naproxen sodium TABS 220mg	$0(3)	NM; *
sm childrens ibuprofen SUSP 100mg/5ml	$0(3)	NM; *
sm ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
sm ibuprofen ib CHEW 100mg; TABS 200mg	$0(3)	NM; *
sm infants ibuprofen SUSP 50mg/1.25ml	$0(3)	NM; *
sm naproxen sodium TABS 220mg	$0(3)	NM; *
sulindac TABS 150mg, 200mg	$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	$0(1)	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	$0(2)	QL (60 tabs / 30 days), PA

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	$0(1)	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	$0(1)	QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	$0(1)	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	$0(2)	
oxycodone hcl CAPS 5mg	$0(1)	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	$0(1)	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
atovaquone SUSP 750mg/5ml	$0(1)	
aztreonam SOLR 1gm, 2gm	$0(1)	
CAYSTON SOLR 75mg	$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	$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)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	
cvs pinworm treatment SUSP 144mg/ml	$0(3)	NM; *
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
ivermectin TABS 3mg	$0(1)	PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	$0(1)	
meropenem SOLR 1gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
paromomycin sulfate CAPS 250mg	$0(1)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	
pin-away SUSP 144mg/ml	$0(3)	NM; *
pinworm medicine SUSP 144mg/ml	$0(3)	NM; *
praziquantel TABS 600mg	$0(1)	
reeses pinworm medicine SUSP 144mg/ml	$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	$0(2)	NDS
streptomycin sulfate SOLR 1gm	$0(1)	
sulfadiazine TABS 500mg	$0(2)	
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)	
SYNERCID INJ 500MG	$0(2)	NDS
tobramycin NEBU 300mg/5ml	$0(2)	NDS, NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	$0(1)	
TRIMETHOPRIM TABS 100mg	$0(1)	
vancomycin hcl CAPS 125mg	$0(1)	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	$0(1)	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	$0(2)	B/D
AMBISOME SUSR 50mg	$0(2)	NDS, B/D
amphotericin b SOLR 50mg	$0(1)	B/D
amphotericin b liposome SUSR 50mg	$0(2)	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	$0(1)	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
flucytosine CAPS 250mg, 500mg	$0(2)	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	$0(1)	
griseofulvin ultramicrosize TABS 125mg, 250mg	$0(1)	
itraconazole CAPS 100mg	$0(1)	PA
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(2)	NDS
NOXAFIL SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
nystatin TABS 500000unit	$0(1)	
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days), PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
terbinafine hcl TABS 250mg	$0(1)	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	$0(2)	NDS, PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	NM
APTIVUS CAPS 250mg	$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	NM
EDURANT TABS 25mg	$0(2)	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	$0(2)	NDS, NM
FUZEON SOLR 90mg	$0(2)	NDS, NM
INTELENCE TABS 25mg	$0(2)	NM
INVIRASE TABS 500mg	$0(2)	NDS, NM
ISENTRESS CHEW 25mg; PACK 100mg	$0(2)	NM
ISENTRESS CHEW 100mg; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
LEXIVA SUSP 50mg/ml	$0(2)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	$0(1)	NM
NORVIR PACK 100mg; SOLN 80mg/ml	$0(2)	NM
PIFELTRO TABS 100mg	$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	$0(2)	NDS, NM
ritonavir TABS 100mg	$0(1)	NM
RUKOBIA TB12 600mg	$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	$0(2)	NDS, NM
SELZENTRY TABS 25mg	$0(2)	NM
stavudine CAPS 15mg, 20mg, 30mg, 40mg	$0(1)	NM
tenofovir disoproxil fumarate TABS 300mg	$0(1)	NM
TIVICAY TABS 10mg	$0(2)	NM
TIVICAY TABS 25mg, 50mg	$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	$0(2)	NM
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, NM, LA
TYBOST TABS 150mg	$0(2)	NM
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS, NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	$0(2)	NDS, 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-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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(2)	NDS, NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM
TEMIXYS TAB 300-300	$0(2)	NDS, NM
TRIUMEQ PD TAB	$0(2)	NDS, NM
TRIUMEQ TAB	$0(2)	NDS, NM
TRIZIVIR TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	
PASER PACK 4gm	$0(2)	
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, NM, LA, PA
TRECATOR TABS 250mg	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(2)	NDS, NM
BARACLUDE SOLN .05mg/ml	$0(2)	NDS, NM
entecavir TABS .5mg, 1mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	$0(2)	NM
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine (hbv) TABS 100mg	$0(1)	NM
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml	$0(2)	NDS
valganciclovir hcl TABS 450mg	$0(1)	
VEMLIDY TABS 25mg	$0(2)	NDS, NM, PA
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg	$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	$0(1)	
CEFACLOR ER TB12 500mg	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	
cefixime SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	$0(2)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	$0(1)	
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	NDS
erythrocin stearate TABS 250mg	$0(1)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
erythromycin lactobionate SOLR 500mg	$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	$0(2)	
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0(1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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)	
ampicillin CAPS 500mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
PEN GK/DEXTR INJ 40000/ML	$0(2)	
PEN GK/DEXTR INJ 60000/ML	$0(2)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
PENICILLIN G PROCAINE SUSP 600000unit/ml	$0(2)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	$0(1)	
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	$0(1)	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	$0(1)	
minocycline hcl CAPS 50mg, 75mg, 100mg	$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	$0(2)	NDS, NM, LA
tetracycline hcl CAPS 250mg, 500mg	$0(1)	PA
tigecycline SOLR 50mg	$0(1)	
TIGECYCLINE SOLR 50mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	$0(2)	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	$0(1)	B/D

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	$0(1)	B/D
cyclophosphamide CAPS 25mg, 50mg	$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	$0(2)	NDS, B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	$0(2)	NDS, B/D
LEUKERAN TABS 2mg	$0(2)	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	$0(1)	B/D
oxaliplatin SOLR 50mg, 100mg	$0(2)	NDS, B/D
paraplatin SOLN 1000mg/100ml	$0(1)	B/D
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl liposomal INJ 2mg/ml	$0(2)	NDS, B/D
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	$0(1)	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	$0(2)	NDS, B/D
azacitidine SUSR 100mg	$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	$0(1)	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	$0(1)	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	$0(1)	B/D
INQOVI TAB 35-100MG	$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	$0(2)	NDS, NM, PA
mercaptopurine TABS 50mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	$0(1)	B/D
ONUREG TABS 200mg, 300mg	$0(2)	NDS, NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM
TABLOID TABS 40mg	$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	$0(2)	NDS, NM, PA
anastrozole TABS 1mg	$0(1)	
bicalutamide TABS 50mg	$0(1)	
EMCYT CAPS 140mg	$0(2)	NDS
ERLEADA TABS 60mg	$0(2)	NDS, NM, LA, PA
EULEXIN CAPS 125mg	$0(2)	NDS
exemestane TABS 25mg	$0(1)	
flutamide CAPS 125mg	$0(1)	
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS, NM
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	$0(2)	NDS, NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	$0(2)	NDS, NM, LA, PA

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg	$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, NM, LA, PA
bexarotene CAPS 75mg	$0(2)	NDS, NM, PA
hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	$0(2)	NDS, NM, PA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	$0(2)	NDS, B/D, NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
PACLITAXEL INJ 100MG	$0(2)	NDS, B/D, NM
paclitaxel protein-bound particles for iv susp 100 mg	$0(2)	NDS, B/D, NM
toposar SOLN 1gm/50ml, 100mg/5ml	$0(1)	B/D
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	$0(2)	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	$0(2)	NDS, NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	$0(2)	NDS, NM, PA
bortezomib SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, NM, LA, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	$0(2)	NDS, NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	$0(2)	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	$0(2)	NDS, NM, LA, PA
MONJUVI SOLR 200mg	$0(2)	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	$0(2)	NDS, NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
NEXAVAR TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	$0(2)	NDS, NM, PA
OGIVRI INJ 420MG	$0(2)	NDS, NM, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, NM, LA, PA
PHESGO SOL	$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	$0(2)	NDS, NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	$0(2)	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, PA
RYDAPT CAPS 25mg	$0(2)	NDS, NM, PA
SCEMBLIX TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
STIVARGA TABS 40mg	$0(2)	NDS, NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	$0(2)	NDS, NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	$0(2)	NDS, NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	$0(2)	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	$0(2)	NDS, NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	$0(2)	NDS, NM, LA, PA
TURALIO CAPS 200mg	$0(2)	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	$0(2)	NDS, NM, PA
VENCLEXTA TABS 10mg	$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
VENCLEXTA TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	$0(2)	NDS, NM, LA, PA
VONJO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	$0(2)	NDS, NM, LA, PA
ZEJULA CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, PA
ZOLINZA CAPS 100mg	$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	$0(2)	NDS, NM, LA, PA

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 **LA** - Acceso limitado ***** - Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid **NDS** - Suministro no extendido

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	$0(1)	
MESNEX TABS 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)
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)	
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)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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)	
quinapril-hydrochlorothiazide tab 10-12.5 mg	$0(1)	
quinapril-hydrochlorothiazide tab 20-12.5 mg	$0(1)	
quinapril-hydrochlorothiazide tab 20-25 mg	$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	$0(1)	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	$0(1)	
fosinopril sodium TABS 10mg, 20mg, 40mg	$0(1)	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	$0(1)	
moexipril hcl TABS 7.5mg, 15mg	$0(1)	
perindopril erbumine TABS 2mg, 4mg, 8mg	$0(1)	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	$0(1)	
trandolapril TABS 1mg, 2mg, 4mg	$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
KERENDIA TABS 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	$0(1)	
prazosin hcl CAPS 1mg, 2mg, 5mg	$0(1)	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
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)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 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 TAB 24-26MG	$0(2)	
ENTRESTO TAB 49-51MG	$0(2)	
ENTRESTO TAB 97-103MG	$0(2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 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)
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	
NORPACE CR CP12 100mg, 150mg	$0(2)	
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	
sorine TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	$0(2)	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
VASCEPA CAPS .5gm, 1gm	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	$0(1)	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	$0(1)	

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
dilt-xr CP24 120mg, 180mg, 240mg	$0(1)	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	$0(1)	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
felodipine TB24 2.5mg, 5mg, 10mg	$0(1)	
isradipine CAPS 2.5mg, 5mg	$0(1)	
nicardipine hcl CAPS 20mg, 30mg	$0(1)	
nifedipine TB24 30mg, 60mg, 90mg	$0(1)	
nimodipine CAPS 30mg	$0(1)	
NYMALIZE SOLN 6mg/ml	$0(2)	NDS
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl TABS 5mg	$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	$0(1)	
chlorthalidone TABS 25mg, 50mg	$0(1)	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
furosemide inj SOLN 10mg/ml	$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	$0(1)	
indapamide TABS 1.25mg, 2.5mg	$0(1)	
methazolamide TABS 25mg, 50mg	$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	$0(2)	
aliskiren fumarate TABS 150mg, 300mg	$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	$0(1)	
clonidine hcl TABS .1mg, .2mg, .3mg	$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	$0(2)	
digitek TABS .125mg, .25mg	$0(1)	QL (30 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	$0(1)	
digoxin TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
guanfacine hcl TABS 1mg, 2mg	$0(2)	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
metyrosine CAPS 250mg	$0(2)	NDS, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
midodrine hcl TABS 2.5mg, 5mg, 10mg	$0(1)	
minoxidil TABS 2.5mg, 10mg	$0(1)	
ranolazine TB12 500mg, 1000mg	$0(1)	
VERQUVO TABS 2.5mg, 5mg, 10mg	$0(2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	$0(1)	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	$0(1)	
NITRO-BID OINT 2%	$0(2)	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
bosentan TABS 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (90 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
CELONTIN CAPS 300mg	$0(2)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
diazepam CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
DILANTIN CAPS 30mg, 100mg	$0(2)	
DILANTIN INFATABS CHEW 50mg	$0(2)	
DILANTIN-125 SUSP 125mg/5ml	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml	$0(2)	NDS
felbamate TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	$0(1)	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	$0(1)	QL (360 caps / 30 days)
gabapentin CAPS 400mg	$0(1)	QL (270 caps / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gabapentin SOLN 250mg/5ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lacosamide SOLN 10mg/ml	$0(1)	QL (1200 mL / 30 days)
lacosamide SOLN 200mg/20ml	$0(2)	NDS
lacosamide TABS 50mg	$0(1)	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	$0(1)	QL (60 tabs / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$0(1)	
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)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	$0(2)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2300 mL / 28 days), PA
rufinamide TABS 200mg	$0(2)	NDS, QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg	$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	$0(2)	
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	$0(2)	NDS
XCOPRI TABS 50mg	$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	$0(2)	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ZTALMY SUSP 50mg/ml	$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	$0(1)	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	$0(1)	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
PAXIL SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	
trimipramine maleate CAPS 25mg	$0(2)	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	$0(2)	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	$0(2)	
vilazodone hcl TABS 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone TABS 200mg	$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS 1mg	$0(1)	QL (30 tabs / 30 days)
rasagiline mesylate TABS .5mg	$0(1)	QL (60 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg	$0(2)	NDS, QL (30 caps / 30 days), PA
CAPLYTA CAPS 42mg	$0(2)	QL (30 caps / 30 days), PA
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	$0(2)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (135 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	$0(2)	PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	$0(2)	QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
PERSERIS PRSY 90mg, 120mg	$0(2)	NDS, QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	$0(1)	
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg, 4mg	$0(1)	QL (60 tabs / 30 days)
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	$0(2)	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	$0(2)	NDS, QL (1 vial / 28 days), NM, PA
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

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	$0(1)	QL (90 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
temazepam CAPS 7.5mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 15mg	$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
temazepam CAPS 30mg	$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg, 10mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	$0(2)	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	$0(2)	NDS, QL (16 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	$0(1)	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	$0(1)	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	$0(2)	NDS, QL (16 tabs / 30 days), PA
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	$0(1)	QL (12 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
MISCELLANEOUS		
AUSTEDO TABS 6mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	$0(2)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg	$0(1)	QL (60 tabs / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3mg	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	$0(1)	NM, PA
GILENYA CAPS .5mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
glatopa SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 10mg, 20mg	$0(1)	
carisoprodol TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	$0(2)	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	$0(1)	
methocarbamol TABS 500mg, 750mg	$0(2)	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	$0(1)	
vanadom TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	$0(1)	QL (90 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	$0(1)	QL (90 tabs / 30 days), PA
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)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	
CHANTIX TAB 0.5& 1MG	$0(2)	PA
disulfiram TABS 250mg, 500mg	$0(1)	
gnp nicotine gum GUM 4mg	$0(3)	NM; *
gnp nicotine mini lozenge LOZG 2mg	$0(3)	NM; *
gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
gnp nicotine polacrilex m LOZG 4mg	$0(3)	NM; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr	$0(3)	NM; *
goodsense nicotine LOZG 2mg, 4mg	$0(3)	NM; *
goodsense nicotine gum GUM 4mg	$0(3)	NM; *
goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg	$0(3)	NM; *
hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
hm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	NM; *
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	$0(3)	NM; *
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
NICOTROL INHALER INHA 10mg	$0(2)	
NICOTROL NS SOLN 10mg/ml	$0(2)	
sm nicotine GUM 4mg; LOZG 2mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm nicotine polacrilex GUM 2mg, 4mg; LOZG 4mg	$0(3)	NM; *
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
varenicline tartrate TABS .5mg, 1mg	$0(1)	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	PA
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	$0(2)	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	$0(1)	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 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)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	$0(2)	QL (1 pen / 28 days)
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days)
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 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	$0(2)	QL (3 pens / 30 days)
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		
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
BD ALCOHOL SWABS	$0(2)	
FIASP FLEX INJ TOUCH	$0(2)	
FIASP INJ 100/ML	$0(2)	
FIASP PENFIL INJ U-100	$0(2)	
GAUZE PADS 2" X 2"	$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN SAFETY NEEDLES	$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ ALLISON/TRIVIDIA/MHC	$0(2)	
LEVEMIR SOLN 100unit/ml	$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	$0(2)	
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	$0(2)	QL (1 kit / year), PA
PEN NEEDLES: NOVO/BD/ULTIMED/ OWEN/TRIVIDIA	$0(2)	
SOLIQUA INJ 100/33	$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
V-GO 20 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)

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 **LA** - Acceso limitado ***** - Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid **NDS** - Suministro no extendido

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
FORTEO SOPN 600mcg/2.4ml	$0(2)	NDS, NM, PA
ibandronate sodium TABS 150mg	$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	$0(1)	
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
aftera TABS 1.5mg	$0(3)	NM; *
AIMSCO MIS LUBRICAT	$0(3)	NM; *
altavera	$0(1)	
alyacen 1/35	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
chateal	$0(1)	
CONDOMS MIS LUBRICAT	$0(3)	NM; *
cryselle-28	$0(1)	
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 ez TABS 1.5mg	$0(3)	NM; *
econtra one-step TABS 1.5mg	$0(3)	NM; *
elinest	$0(1)	
ELLA TABS 30mg	$0(2)	
eluryng	$0(1)	
emoquette	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 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; *
FC FEMALE MIS CONDOM	$0(3)	NM; *
femynor	$0(1)	
finzala	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
heather TABS .35mg	$0(1)	
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
introvale	$0(1)	
isibloom	$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	$0(1)	
KIMONO COLOR MIS	$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 LUBRICAT	$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)	
larissia	$0(1)	
layolis fe	$0(1)	
leena	$0(1)	
lessina	$0(1)	
levonest	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel (emergency oc) TABS 1.5mg	$0(3)	NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levora 0.15/30-28	$0(1)	
lillow	$0(1)	
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)	
loryna	$0(1)	
low-ogestrel	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
MAXX MIS LUBRICAT	$0(3)	NM; *
MAXX PLUS MIS SPERMICI	$0(3)	NM; *
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
microgestin 24 fe	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice TABS 1.5mg	$0(3)	NM; *
my way TABS 1.5mg	$0(3)	NM; *
necon 0.5/35-28	$0(1)	
new day TABS 1.5mg	$0(3)	NM; *
nikki	$0(1)	
nora-be TABS .35mg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0(1)	
norethindrone (contraceptive) TABS .35mg	$0(1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-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 & ethinyl estradiol-fe tab 1 mg-20 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	
norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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)	
nymyo	$0(1)	
ocella	$0(1)	
opcicon one-step TABS 1.5mg	$0(3)	NM; *
option 2 TABS 1.5mg	$0(3)	NM; *
orsythia	$0(1)	
philith	$0(1)	
pimtrea	$0(1)	
pirmella 1/35	$0(1)	
portia-28	$0(1)	
react TABS 1.5mg	$0(3)	NM; *
REALITY MIS LUBRICAT	$0(3)	NM; *
reclipsen	$0(1)	
rivelsa	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
take action TABS 1.5mg	$0(3)	NM; *
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
tri-lo-mili	$0(1)	
tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
trivora-28	$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; *
TRUSTEX/RIA MIS SPERMICI	$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	$0(3)	NM; *
tydemy	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
SYNAREL SOLN 2mg/ml	$0(2)	NDS
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
amabelz	$0(2)	
DELESTROGEN OIL 10mg/ml	$0(2)	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	$0(1)	
estradiol valerate OIL 20mg/ml, 40mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem TABS 10mcg	$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	$0(2)	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	$0(1)	
fludrocortisone acetate TABS .1mg	$0(1)	
hydrocortisone TABS 5mg, 10mg, 20mg	$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D
prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHEW 5gm	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cvs glucose GEL 40%	$0(3)	NM; *
CVS GLUCOSE CHW FRUIT	$0(3)	NM; *
CVS GLUCOSE CHW RASPBERY	$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 POUCH CHW PACK	$0(3)	NM; *
DEX4 QUICK DISSOLVE GLUCO CHEW 4gm	$0(3)	NM; *
diazoxide SUSP 50mg/ml	$0(2)	NDS
gluco burst GEL 40%	$0(3)	NM; *
GLUCOSE CHEW 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; *
GNP QUICK DISSOLVE GLUCOS CHEW 4gm	$0(3)	NM; *
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	$0(2)	
INSTA-GLUCOSE GEL 77.4%	$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	$0(3)	NM; *
KROG GLUCOSE CHW RASPBERY	$0(3)	NM; *
KROG GLUCOSE CHW WATERMLN	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
LEADER QUICK DISSOLVE GLU CHEW 4gm	$0(3)	NM; *
PX GLUCOSE CHW FRUIT	$0(3)	NM; *
PX GLUCOSE CHW ORANGE	$0(3)	NM; *
PX GLUCOSE CHW RASPBERY	$0(3)	NM; *
PX GLUCOSE CHW SOUR APL	$0(3)	NM; *
SM GLUCOSE CHEW 4gm	$0(3)	NM; *
SM GLUCOSE CHW ORANGE	$0(3)	NM; *
SM GLUCOSE CHW RASPBERY	$0(3)	NM; *
TRUEPLUS GLUCOSE GEL GEL 15gm/32ml	$0(3)	NM; *
value plus glucose GEL 40%	$0(3)	NM; *
VP GLUCOSE CHW FRUIT	$0(3)	NM; *
VP GLUCOSE CHW GRAPE	$0(3)	NM; *
WALGREENS GLUCOSE CHEW 4gm	$0(3)	NM; *
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, LA, PA
betaine powder for oral solution	$0(2)	NDS, NM, LA
cabergoline TABS .5mg	$0(1)	
CARBAGLU TBSO 200mg	$0(2)	NDS, NM, LA, PA
carglumic acid TBSO 200mg	$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, LA, PA
CHEMSTRIP 5 TES OB	$0(3)	NM; *
CHEMSTRIP 7 TES	$0(3)	NM; *
CHEMSTRIP 10 TES MD	$0(3)	NM; *
cinacalcet hcl TABS 30mg	$0(1)	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl TABS 60mg	$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CVS KETONE TES CARE	$0(3)	NM; *
CYSTADANE POW	$0(2)	NDS, NM, LA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	
desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	$0(2)	NDS, NM, LA, PA
javygtor PACK 100mg; TABS 100mg	$0(2)	NDS, NM, LA, PA
KETO-DIASTIX TES	$0(3)	NM; *
KORLYM TABS 300mg	$0(2)	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	$0(2)	NDS, NM, PA
miglustat CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	$0(2)	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg	$0(2)	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	$0(1)	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	$0(2)	NDS, NM, PA
OVIDREL INJ 250mcg/0.5ml	$0(3)	NM; *
PRECISN XTRA TES KETONE	$0(3)	NM; *
raloxifene hcl TABS 60mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	$0(2)	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg	$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	$0(1)	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	$0(1)	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D
RAYALDEE CPCR 30mcg	$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
alumina/magnesia/simethic	$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	$0(3)	NM; *
antacid CHEW 500mg	$0(3)	NM; *
antacid anti-gas maximum	$0(3)	NM; *
antacid calcium regular s CHEW 500mg	$0(3)	NM; *
antacid extra strength CHEW 750mg	$0(3)	NM; *
antacid fast relief	$0(3)	NM; *
antacid maximum strength	$0(3)	NM; *
antacid plus anti-gas fas	$0(3)	NM; *
antacid plus anti-gas rel	$0(3)	NM; *
antacid regular strength	$0(3)	NM; *
antacid ultra strength CHEW 1000mg	$0(3)	NM; *
cal-gest antacid CHEW 500mg	$0(3)	NM; *
calcium antacid CHEW 500mg	$0(3)	NM; *
calcium antacid extra str CHEW 750mg	$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	$0(3)	NM; *
calcium carbonate (antacid) CHEW 500mg	$0(3)	NM; *
GAVISCON CHW	$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; *
gnp antacid anti-gas/maxi	$0(3)	NM; *
gnp antacid extra strengt CHEW 750mg	$0(3)	NM; *
gnp antacid/regular stren	$0(3)	NM; *
heartburn relief extra st	$0(3)	NM; *
hm advanced antacid maxim	$0(3)	NM; *
hm antacid	$0(3)	NM; *
hm antacid anti-gas extra	$0(3)	NM; *
hm antacid/antigas	$0(3)	NM; *
hm calcium antacid extra CHEW 750mg	$0(3)	NM; *
MAG-AL LIQ	$0(3)	NM; *
mag-al plus	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
mag-al plus xs	$0(3)	NM; *
magnesium oxide TABS 400mg	$0(3)	NM; *
mi-acid	$0(3)	NM; *
mintox maximum strength	$0(3)	NM; *
mintox plus	$0(3)	NM; *
qc antacid CHEW 500mg	$0(3)	NM; *
qc antacid/anti-gas	$0(3)	NM; *
qc antacid/anti-gas maxim	$0(3)	NM; *
sb antacid CHEW 500mg	$0(3)	NM; *
sb antacid extra strength CHEW 750mg	$0(3)	NM; *
sm antacid CHEW 500mg	$0(3)	NM; *
sm antacid advanced	$0(3)	NM; *
sm antacid advanced maxi	$0(3)	NM; *
sm antacid/antigas	$0(3)	NM; *
sm calcium antacid CHEW 500mg	$0(3)	NM; *
sm calcium antacid extra CHEW 750mg	$0(3)	NM; *
sodium bicarbonate (antacid) TABS 325mg, 650mg	$0(3)	NM; *
TUMS CHEWY DELIGHTS CHEW 1177mg	$0(3)	NM; *
tums smoothies CHEW 750mg	$0(3)	NM; *
ANTI-DIARRHEAL		
abatinex CAPS 680mg	$0(3)	NM; *
ACIDOPHILUS WAFR 1mg	$0(3)	NM; *
acidophilus extra strengt	$0(3)	NM; *
acidophilus probiotic CAPS 10mg, 100mg; TABS .5mg, 10mg	$0(3)	NM; *
acidophilus probiotic for	$0(3)	NM; *
ACIDOPHILUS WAF	$0(3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	$0(3)	NM; *
ACIDOPHILUS/ WAF BIFIDUS	$0(3)	NM; *
anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
azo complete feminine bal	$0(3)	NM; *
BIO-K PLUS CAP STRONG	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
bismatrol CHEW 262mg	$0(3)	NM; *
bismuth subsalicylate CHEW 262mg	$0(3)	NM; *
CULTURELLE CAP WOMENS	$0(3)	NM; *
culturelle prenatal welln	$0(3)	NM; *
culturelle total balance	$0(3)	NM; *
cvs acidophilus	$0(3)	NM; *
cvs acidophilus probiotic TABS 5mg	$0(3)	NM; *
eql digestive probiotic	$0(3)	NM; *
*eql probiotic acidophilus*OMInterface	$0(3)	NM; *
FLORAJEN CAP ACIDOPHI	$0(3)	NM; *
floranex	$0(3)	NM; *
freeze dried acidophilus	$0(3)	NM; *
gnp anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
gnp loperamide hydrochlor LIQD 1mg/7.5ml	$0(3)	NM; *
gnp pink bismuth CHEW 262mg; TABS 262mg	$0(3)	NM; *
gnp stomach relief SUSP 262mg/15ml	$0(3)	NM; *
goodsense anti-diarrheal LIQD 1mg/7.5ml	$0(3)	NM; *
goodsense stomach relief CHEW 262mg	$0(3)	NM; *
hm anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
hm loperamide hcl LIQD 1mg/7.5ml	$0(3)	NM; *
hm stomach relief CHEW 262mg; SUSP 262mg/15ml, 525mg/30ml	$0(3)	NM; *
hm stomach relief ultra SUSP 525mg/15ml	$0(3)	NM; *
intestinex CAPS 600mg	$0(3)	NM; *
KALA TAB	$0(3)	NM; *
lactinex	$0(3)	NM; *
lactobacillus CAPS 100mg	$0(3)	NM; *
lactobacillus - packet*	$0(3)	NM; *
lactobacillus acidophilus-pectin cap*	$0(3)	NM; *
lactobacillus cap*	$0(3)	NM; *
lactobacillus extra stren	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
lactobacillus probiotic	$0(3)	NM; *
lactobacillus tab*	$0(3)	NM; *
loperamide hcl LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	$0(3)	NM; *
LOPERAMIDE HYDROCHLORIDE SOLN 1mg/7.5ml, 2mg/15ml	$0(3)	NM; *
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	$0(3)	NM; *
peptic relief CHEW 262mg	$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 CAPS 2mg; TABS 2mg	$0(3)	NM; *
ra digestive health	$0(3)	NM; *
REPHRESH CAP PRO-B	$0(3)	NM; *
sb anti-diarrhea TABS 2mg	$0(3)	NM; *
sm acidophilus CAPS 10mg	$0(3)	NM; *
sm anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
sm loperamide hcl SUSP 1mg/7.5ml	$0(3)	NM; *
sm stomach relief CHEW 262mg; TABS 262mg	$0(3)	NM; *
stomach relief CHEW 262mg; SUSP 525mg/15ml, 525mg/30ml	$0(3)	NM; *
stomach relief extra stre SUSP 525mg/15ml	$0(3)	NM; *
stomach relief ultra SUSP 525mg/15ml	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
driminate TABS 50mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
gnp motion sickness relie TABS 25mg, 50mg	$0(3)	NM; *
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
hm motion sickness TABS 50mg	$0(3)	NM; *
hm motion sickness relief TABS 25mg	$0(3)	NM; *
meclizine hcl CHEW 25mg; TABS 12.5mg	$0(3)	NM; *
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
motion sickness relief TABS 50mg	$0(3)	NM; *
motion-time CHEW 25mg	$0(3)	NM; *
ondansetron TBDP 4mg, 8mg	$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
sm motion sickness TABS 25mg, 50mg	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg, 2mg	$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer TABS 10mg	$0(3)	NM; *

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 **LA** - Acceso limitado ***** - Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid **NDS** - Suministro no extendido

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
acid reducer maximum stre TABS 20mg	$0(3)	NM; *
acid reducer original str TABS 10mg	$0(3)	NM; *
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	$0(1)	
famotidine SUSR 40mg/5ml	$0(1)	QL (300 mL / 30 days)
famotidine TABS 20mg	$0(1)	QL (120 tabs / 30 days)
famotidine TABS 40mg	$0(1)	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine maximum streng TABS 20mg	$0(3)	NM; *
gnp acid reducer TABS 10mg	$0(3)	NM; *
gnp acid reducer maximum TABS 20mg	$0(3)	NM; *
gnp heartburn relief TABS 200mg	$0(3)	NM; *
heartburn relief TABS 10mg, 200mg	$0(3)	NM; *
heartburn relief maximum TABS 20mg	$0(3)	NM; *
hm famotidine TABS 10mg, 20mg	$0(3)	NM; *
nizatidine CAPS 150mg, 300mg	$0(1)	
qc acid controller TABS 10mg	$0(3)	NM; *
qc acid controller maximu TABS 20mg	$0(3)	NM; *
sb acid reducer TABS 10mg	$0(3)	NM; *
sm acid reducer TABS 10mg, 200mg	$0(3)	NM; *
sm acid reducer maximum s TABS 20mg	$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	
budesonide CPEP 3mg	$0(1)	PA
budesonide TB24 9mg	$0(2)	NDS, PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	$0(1)	
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
LAXATIVES		
bisacodyl SUPP 10mg	$0(3)	NM; *
bisacodyl ec TBEC 5mg	$0(3)	NM; *
calcium polycarbophil TABS 625mg	$0(3)	NM; *
castor oil OIL 100%	$0(3)	NM; *
castor oil stimulant laxa OIL 100%	$0(3)	NM; *
chocolated laxative regul CHEW 15mg	$0(3)	NM; *
clearlax POWD 17gm/scoop	$0(3)	NM; *
colace 2-in-1	$0(3)	NM; *
COLACE CLEAR CAPS 50mg	$0(3)	NM; *
constulose SOLN 10gm/15ml	$0(1)	
cvs castor oil OIL 100%	$0(3)	NM; *
docu LIQD 50mg/5ml	$0(3)	NM; *
docusate calcium CAPS 240mg	$0(3)	NM; *
docusate mini ENEM 283mg/5ml	$0(3)	NM; *
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml	$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	$0(3)	NM; *
docusol mini ENEM 283mg/5ml	$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	$0(3)	NM; *
dok CAPS 100mg; TABS 100mg	$0(3)	NM; *
enema ready-to-use	$0(3)	NM; *
enemeez mini ENEM 283mg/5ml	$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	$0(3)	NM; *
enulose SOLN 10gm/15ml	$0(1)	
eql castor oil OIL 100%	$0(3)	NM; *
fiber laxative TABS 625mg	$0(3)	NM; *
fiber-lax TABS 625mg	$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	$0(3)	NM; *
FLEET ENE PED	$0(3)	NM; *
gavilax POWD 17gm/scoop	$0(3)	NM; *
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
gavilyte-n/flavor pack	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
generlac SOLN 10gm/15ml	$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
glycolax POWD 17gm/scoop	$0(3)	NM; *
gnp bisa-lax TBEC 5mg	$0(3)	NM; *
gnp castor oil OIL 100%	$0(3)	NM; *
gnp clearlax PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
gnp enema	$0(3)	NM; *
gnp fiber therapy TABS 500mg	$0(3)	NM; *
gnp fiber-caps TABS 625mg	$0(3)	NM; *
gnp gentle laxative TBEC 5mg	$0(3)	NM; *
gnp magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
gnp milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
gnp mineral oil	$0(3)	NM; *
gnp natural fiber POWD 48.57%	$0(3)	NM; *
gnp senna lax TABS 8.6mg	$0(3)	NM; *
gnp stool softener CAPS 100mg, 250mg	$0(3)	NM; *
gnp stool softener/stimul	$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	$0(3)	NM; *
GOLYTELY SOL	$0(2)	
goodsense clearlax POWD 17gm/scoop	$0(3)	NM; *
hm clearlax POWD 17gm/scoop	$0(3)	NM; *
hm enema mineral oil ENEM 100%	$0(3)	NM; *
hm enema ready-to-use	$0(3)	NM; *
hm enema saline laxative	$0(3)	NM; *
hm fiber POWD 28.3%, 30.9%, 58.6%; TABS 500mg	$0(3)	NM; *
hm laxative TBEC 5mg	$0(3)	NM; *
hm magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
hm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
hm senna TABS 8.6mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
hm stool softener CAPS 100mg; TABS 100mg	$0(3)	NM; *
hm stool softener/stimula	$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%, 100%; POWD 60.3%	$0(3)	NM; *
konsyl daily fiber POWD 28.3%	$0(3)	NM; *
KONSYL-D POWD 52.3%	$0(3)	NM; *
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	
laxative maximum strength TABS 25mg	$0(3)	NM; *
laxative regular strength TABS 15mg	$0(3)	NM; *
magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	$0(3)	NM; *
milk of magnesia concentr SUSP 2400mg/10ml	$0(3)	NM; *
mineral oil OIL 100%	$0(3)	NM; *
mineral oil enema	$0(3)	NM; *
natural fiber laxative POWD 58.6%	$0(3)	NM; *
NULYTELY SOL LMN/LIME	$0(2)	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml	$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)	
PLENVU SOL	$0(2)	
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
qc enema	$0(3)	NM; *
qc gentle laxative SUPP 10mg	$0(3)	NM; *
qc magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
qc milk of magnesia SUSP 400mg/5ml	$0(3)	NM; *
qc mineral oil heavy	$0(3)	NM; *
qc natura-lax POWD 17gm/scoop	$0(3)	NM; *
qc natural vegetable laxa TABS 8.6mg	$0(3)	NM; *
qc stool softener CAPS 100mg	$0(3)	NM; *
qc stool softener plus la	$0(3)	NM; *
qc stool softener plus st	$0(3)	NM; *
sb milk of magnesia SUSP 400mg/5ml	$0(3)	NM; *
senexon LIQD 8.8mg/5ml	$0(3)	NM; *
senexon-s	$0(3)	NM; *
senna laxative TABS 8.6mg	$0(3)	NM; *
senna plus	$0(3)	NM; *
SENNA PLUS CAP 8.6-50MG	$0(3)	NM; *
senna regular strength TABS 8.6mg	$0(3)	NM; *
senna-lax TABS 8.6mg	$0(3)	NM; *
senna-s	$0(3)	NM; *
senna-tabs TABS 8.6mg	$0(3)	NM; *
senna-time TABS 8.6mg	$0(3)	NM; *
senna-time s	$0(3)	NM; *
senno TABS 8.6mg	$0(3)	NM; *
sennosides CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	$0(3)	NM; *
senokot extra strength TABS 17.2mg	$0(3)	NM; *
silace LIQD 150mg/15ml; SYRP 60mg/15ml	$0(3)	NM; *
sm castor oil OIL 100%	$0(3)	NM; *
sm clearlax POWD 17gm/scoop	$0(3)	NM; *
sm enema	$0(3)	NM; *
sm epsom salt	$0(3)	NM; *
sm fiber POWD 28.3%, 48.57%, 58.6%; TABS 625mg	$0(3)	NM; *
sm fiber laxative TABS 500mg	$0(3)	NM; *
sm gentle laxative TBEC 5mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
sm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
sm senna laxative TABS 8.6mg	$0(3)	NM; *
sm senna-s	$0(3)	NM; *
sm stool softener CAPS 100mg, 250mg; TABS 100mg	$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 SOLN 70%	$0(3)	NM; *
stimulant laxative	$0(3)	NM; *
STL SOFT/LAX CAP 8.5-50MG	$0(3)	NM; *
stool softener CAPS 100mg	$0(3)	NM; *
stool softener + stimulan	$0(3)	NM; *
stool softener laxative CAPS 100mg	$0(3)	NM; *
stool softener laxative e CAPS 250mg	$0(3)	NM; *
stool softener plus laxat	$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0(2)	
womens laxative TBEC 5mg	$0(3)	NM; *
MISCELLANEOUS		
alosetron hcl TABS 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	$0(1)	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/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)	
GAS RELIEF CAPS 250mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gas relief CHEW 80mg; SUSP 20mg/0.3ml	$0(3)	NM; *
gas relief drops infants SUSP 20mg/0.3ml	$0(3)	NM; *
gas relief extra strength CAPS 125mg; CHEW 125mg	$0(3)	NM; *
gas relief ultra strength CAPS 180mg	$0(3)	NM; *
gas-x extra strength CAPS 125mg	$0(3)	NM; *
gas-x ultra strength CAPS 180mg	$0(3)	NM; *
GATTEX KIT 5mg	$0(2)	NDS, NM, LA, PA
gnp anti-gas CAPS 180mg	$0(3)	NM; *
gnp gas relief CHEW 80mg	$0(3)	NM; *
gnp gas relief extra stre CAPS 125mg; CHEW 125mg	$0(3)	NM; *
hm gas relief CHEW 80mg, 125mg	$0(3)	NM; *
hm gas relief extra stren CAPS 125mg	$0(3)	NM; *
hm gas relief infants SUSP 20mg/0.3ml	$0(3)	NM; *
infants gas relief SUSP 20mg/0.3ml	$0(3)	NM; *
infants simethicone SUSP 20mg/0.3ml	$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	$0(1)	
mi-acid gas relief CHEW 80mg	$0(3)	NM; *
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg	$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	$0(2)	QL (30 tabs / 30 days)
qc gas relief extra stren CAPS 125mg	$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, PA
simethicone CHEW 80mg, 125mg; SUSP 40mg/0.6ml	$0(3)	NM; *
sm gas relief CHEW 80mg, 125mg	$0(3)	NM; *
sm gas relief antiflatuen CAPS 180mg	$0(3)	NM; *
sm gas relief drops infan SUSP 20mg/0.3ml	$0(3)	NM; *
sm gas relief extra stren CAPS 125mg	$0(3)	NM; *
sucralfate TABS 1gm	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
XERMELO TABS 250mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	$0(2)	NDS, PA
PANCREATIC ENZYMES		
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)	
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)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer CPDR 20.6mg	$0(3)	NM; *
dexlansoprazole CPDR 30mg, 60mg	$0(1)	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
gnp esomeprazole magnesiu CPDR 20mg	$0(3)	NM; *
gnp lansoprazole CPDR 15mg	$0(3)	NM; *
gnp omeprazole TBEC 20mg	$0(3)	NM; *
goodsense esomeprazole ma CPDR 20mg	$0(3)	NM; *
goodsense lansoprazole CPDR 15mg	$0(3)	NM; *
hm esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
hm lansoprazole CPDR 15mg	$0(3)	NM; *
hm omeprazole TBEC 20mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
lansoprazole CPDR 15mg	$0(3)	NM; *
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
omeprazole TBDD 20mg; TBEC 20mg	$0(3)	NM; *
omeprazole magnesium CPDR 20.6mg; TBEC 20mg	$0(3)	NM; *
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
qc esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
qc lansoprazole CPDR 15mg	$0(3)	NM; *
qc omeprazole magnesium CPDR 20.6mg	$0(3)	NM; *
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
sm esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
sm lansoprazole CPDR 15mg	$0(3)	NM; *
sm omeprazole TBEC 20mg	$0(3)	NM; *
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	
tamsulosin hcl CAPS .4mg	$0(1)	
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
gnp urinary pain relief TABS 95mg	$0(3)	NM; *
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
sm urinary pain relief TABS 95mg	$0(3)	NM; *
sm urinary pain relief ma TABS 97.5mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
urinary pain relief TABS 95mg, 99.5mg	$0(3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
fesoterodine fumarate TB24 4mg, 8mg	$0(1)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	$0(1)	
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	$0(3)	NM; *
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	$0(2)	QL (30 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
clotrimazole 3 CREA 2%	$0(3)	NM; *
clotrimazole vaginal CREA 1%	$0(3)	NM; *
3 day vaginal CREA 2%	$0(3)	NM; *
gnp clotrimazole 3 CREA 2%	$0(3)	NM; *
gnp miconazole 3	$0(3)	NM; *
gnp miconazole 7 CREA 2%	$0(3)	NM; *
metronidazole vaginal GEL .75%	$0(1)	
miconazole 1	$0(3)	NM; *
miconazole 3 CREA 4%	$0(3)	NM; *
miconazole 3 combination	$0(3)	NM; *
miconazole 3 combo pack	$0(3)	NM; *
miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
miconazole nitrate vaginal CREA 2%	$0(3)	NM; *
qc 3 day vaginal cream CREA 4%	$0(3)	NM; *
qc miconazole 7 CREA 2%	$0(3)	NM; *
sm 3-day vaginal CREA 2%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm clotrimazole vaginal CREA 1%	$0(3)	NM; *
sm miconazole 3	$0(3)	NM; *
sm miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	
VANDAZOLE GEL .75%	$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	$0(1)	
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	$0(1)	
HEP SOD/D5W INJ 25000UNT	$0(1)	
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	$0(2)	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
IRON		
ACTIVE FE TAB 75-1.25	$0(3)	NM; *
bprotected pedia iron SOLN 15mg/ml	$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 TABS 27mg, 325mg	$0(3)	NM; *
cvs slow release iron TBCR 45mg, 143mg	$0(3)	NM; *
eq slow-release iron TBCR 45mg	$0(3)	NM; *
eql carbonyl iron TABS 45mg	$0(3)	NM; *
eql iron supplement thera TABS 325mg	$0(3)	NM; *
eql slow release iron TBCR 160mg	$0(3)	NM; *
EZFE 200 CAPS 200mg	$0(3)	NM; *
FE SULFATE POW	$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	$0(3)	NM; *
ferate TABS 27mg	$0(3)	NM; *
fergon TABS 27mg, 240mg	$0(3)	NM; *
FERIVA TAB 21/7	$0(3)	NM; *
FERIVAFA CAP 110-1MG	$0(3)	NM; *
ferosul ELIX 220mg/5ml; TABS 325mg	$0(3)	NM; *
FERRALET 90 TAB	$0(3)	NM; *
FERRAPLUS 90 TAB	$0(3)	NM; *
ferrex 150 CAPS 150mg	$0(3)	NM; *
ferric x-150 CAPS 150mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
ferrous gluconate TABS 27mg, 240mg, 324mg	$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	$0(3)	NM; *
ferrous sulfate ELIX 220mg/5ml; SOLN 15mg/ml; SYRP 300mg/5ml; TABS 28mg, 65mg, 325mg; TBEC 325mg	$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	$0(3)	NM; *
ferrous sulfate iron TABS 200mg	$0(3)	NM; *
FOLIVANE-F CAP	$0(3)	NM; *
FUSION PLUS CAP	$0(3)	NM; *
gnp iron TABS 200mg; TBCR 45mg	$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	$0(3)	NM; *
HEMATEX POLYSACCHARIDE IR TABS 150mg	$0(3)	NM; *
hematogen	$0(3)	NM; *
HEMATOGEN FA CAP	$0(3)	NM; *
HEMATOGEN FORTE	$0(3)	NM; *
HEMOCYTE PLS CAP	$0(3)	NM; *
hemocyte-f	$0(3)	NM; *
hm iron TABS 65mg	$0(3)	NM; *
hm iron slow release TBCR 142mg	$0(3)	NM; *
iferex 150 forte	$0(3)	NM; *
INFED SOLN 50mg/ml	$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	$0(3)	NM; *
INTEGRA F CAP	$0(3)	NM; *
INTEGRA PLUS CAP	$0(3)	NM; *
IRON TABS 90mg; TBCR 140mg	$0(3)	NM; *
iron 27 TABS 240mg	$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	$0(3)	NM; *
iron slow release TBCR 45mg	$0(3)	NM; *
IRON SLOW RELEASE TBCR 140mg	$0(3)	NM; *
iron supplement ELIX 220mg/5ml	$0(3)	NM; *
iron supplement childrens SOLN 15mg/ml	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
IRON UP LIQD 15mg/0.5ml	$0(3)	NM; *
IROSPAN 24/6 MIS	$0(3)	NM; *
kp ferrous gluconate TABS 324mg	$0(3)	NM; *
kp ferrous sulfate TABS 325mg	$0(3)	NM; *
MONOFERRIC SOLN 1000mg/10ml	$0(3)	NM; *
myferon 150 CAPS 150mg	$0(3)	NM; *
NEPHRON FA TAB	$0(3)	NM; *
NIFEREX TAB	$0(3)	NM; *
NOVAFERRUM 50 CAPS 50mg	$0(3)	NM; *
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	$0(3)	NM; *
nu-iron 150 CAPS 150mg	$0(3)	NM; *
NUFERA TAB	$0(3)	NM; *
pc pediatric iron drops SOLN 15mg/ml	$0(3)	NM; *
poly-iron 150 CAPS 150mg	$0(3)	NM; *
polysaccharide iron complex CAPS 150mg	$0(3)	NM; *
PROFE CAPS 180mg	$0(3)	NM; *
purevit dualfe plus	$0(3)	NM; *
px iron TABS 27mg, 200mg	$0(3)	NM; *
qc ferrous sulfate TABS 325mg	$0(3)	NM; *
ra high potency iron TABS 27mg	$0(3)	NM; *
ra iron TABS 27mg, 325mg	$0(3)	NM; *
ra slow release iron TBCR 45mg	$0(3)	NM; *
se-tan plus	$0(3)	NM; *
slow iron TBCR 160mg	$0(3)	NM; *
slow release iron TBCR 45mg, 50mg, 160mg	$0(3)	NM; *
SLOW RELEASE IRON TBCR 47.5mg	$0(3)	NM; *
slow-release iron TBCR 45mg	$0(3)	NM; *
sm iron TABS 325mg	$0(3)	NM; *
sm iron slow release TBCR 142mg, 160mg	$0(3)	NM; *
sm slow release iron TBCR 142mg	$0(3)	NM; *
SM SLOW RELEASE IRON TBCR 143mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sodium ferric gluconate complex in sucrose SOLN 12.5mg/ml	$0(3)	NM; *
TARON FORTE CAP	$0(3)	NM; *
tl-hem 150	$0(3)	NM; *
tricon	$0(3)	NM; *
TRIFERIC PACK 272mg	$0(3)	NM; *
trigels-f forte	$0(3)	NM; *
VENOFER SOLN 20mg/ml	$0(3)	NM; *
VIRT-FEFA CAP PLUS	$0(3)	NM; *
wee care SUSP 15mg/1.25ml	$0(3)	NM; *
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	$0(1)	
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	$0(2)	
ENDARI PACK 5gm	$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOLN 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	$0(1)	
PROMACTA PACK 12.5mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOLN 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	$0(2)	NDS, NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	$0(2)	NDS, NM, PA
INFLIXIMAB SOLR 100mg	$0(2)	NDS, NM, LA, PA
OTEZLA TABS 30mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	$0(2)	NDS, QL (112 tabs / year), NM, PA
SKYRIZI PSKT 75mg/0.83ml	$0(2)	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOCT 360mg/2.4ml	$0(2)	NDS, QL (7 cartridges / 365 days), NM, PA
SKYRIZI SOLN 600mg/10ml	$0(2)	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (7 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (7 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
XELJANZ XR TB24 11mg, 22mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	$0(2)	NDS, NM, PA
BIVIGAM SOLN 10%	$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	$0(2)	NDS, B/D, NM
INTRON A SOLR 10000000unit, 18000000unit	$0(2)	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D, NM
NULOJIX SOLR 250mg	$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	$0(2)	B/D, NM
REZUROCK TABS 200mg	$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	$0(2)	B/D, NM
sirolimus SOLN 1mg/ml	$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D, NM

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
ZORTRESS TABS 1mg	$0(2)	NDS, B/D, NM
VACCINES		
ACTHIB INJ	$0(2)	
ADACEL INJ	$0(2)	
BCG VACCINE SOLR 50mg	$0(2)	
BEXSERO INJ	$0(2)	
BOOSTRIX INJ	$0(2)	
DAPTACEL INJ	$0(2)	
DENGVAXIA SUS	$0(2)	
DIP/TET PED INJ 25-5LFU	$0(2)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	$0(2)	B/D
GARDASIL 9 INJ	$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	$0(2)	
HIBERIX SOLR 10mcg	$0(2)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	$0(2)	B/D
INFANRIX INJ	$0(2)	
IPOL INJ INACTIVE	$0(2)	
IXIARO INJ	$0(2)	
KINRIX INJ	$0(2)	
M-M-R II INJ	$0(2)	
MENACTRA INJ	$0(2)	
MENQUADFI INJ	$0(2)	
MENVEO INJ	$0(2)	
PEDIARIX INJ 0.5ML	$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(2)	
PENTACEL INJ	$0(2)	
PREHEVBRIO SUSP 10mcg/ml	$0(2)	B/D
PRIORIX INJ	$0(2)	
PROQUAD INJ	$0(2)	
QUADRACEL INJ	$0(2)	
QUADRACEL INJ 0.5ML	$0(2)	
RABAVERT INJ	$0(2)	B/D

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 **LA** - Acceso limitado ***** - Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid **NDS** - Suministro no extendido

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	$0(2)	B/D
ROTARIX SUS	$0(2)	
ROTATEQ SOL	$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	$0(2)	B/D
TENIVAC INJ 5-2LF	$0(2)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(2)	
TRUMENBA INJ	$0(2)	
TWINRIX INJ	$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	$0(2)	
VARIVAX INJ 1350pfu/0.5ml	$0(2)	
YF-VAX INJ	$0(2)	
MISCELLANEOUS		
MISCELLANEOUS		
ACETAMIN POW	$0(3)	NM; *
AQUABASE OIN	$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; *
BIOTIN-D POW	$0(3)	NM; *
CAFFEINE POW ANHYDROU	$0(3)	NM; *
CASTOR OIL	$0(3)	NM; *
CHOLESTEROL POW	$0(3)	NM; *
CHOLESTEROL POW ACETATE	$0(3)	NM; *
CITRULLINE POW (L)	$0(3)	NM; *
COENZYME Q10 POW	$0(3)	NM; *
CREAM BASE CRE	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
CYANOCOBAL POW	$0(3)	NM; *
CYANOCOBALAM CRY	$0(3)	NM; *
EMOLLIENT CRE BASE	$0(3)	NM; *
FATTIBASE OIN	$0(3)	NM; *
GLYCERIN LIQD 99%, 99.5%	$0(3)	NM; *
GLYCERIN LIQ	$0(3)	NM; *
GRAPE SYP	$0(3)	NM; *
H-COSMETIC CRE ARBEM	$0(3)	NM; *
HM CASTOR OIL	$0(3)	NM; *
HYDROPHILIC OIN PETROLAT	$0(3)	NM; *
HYDROUS CRE EMULSIFI	$0(3)	NM; *
HYDROXOCOBAL POW	$0(3)	NM; *
L-CITRULLINE POW	$0(3)	NM; *
L-LYSINE HCL POW	$0(3)	NM; *
L-LYSINE 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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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; *
ORAL MIX SUS SUSPENDI	$0(3)	NM; *
ORAL SUSPEND LIQ	$0(3)	NM; *
ORAL SUSPEND SUS PLUS	$0(3)	NM; *
ORAL SYP FLAVORED	$0(3)	NM; *
ORAL SYP SF	$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; *
PICODERM CRE	$0(3)	NM; *
PNA-HRT BASE CRE	$0(3)	NM; *
POLY GLYCOL POW 8000	$0(3)	NM; *
POLYBASE OIN	$0(3)	NM; *
POTASSIUM CRY BROMIDE	$0(3)	NM; *
PROPYLENE GL LIQ	$0(3)	NM; *
Q-DERM CRE	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
SOD BENZOATE POW	$0(3)	NM; *
SOD BROMIDE GRA	$0(3)	NM; *
SOSWEET SYP	$0(3)	NM; *
SWEETENING S SYP COMPOUND	$0(3)	NM; *
SYRPALTA SYRP 83%	$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; *
U-BASE CRE	$0(3)	NM; *
UNISPEND ANH SUS SWEETENE	$0(3)	NM; *
V-MAX CRE	$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; *
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; *
h-e-b oral electrolyte so	$0(3)	NM; *
hm pediatric electrolyte	$0(3)	NM; *
HYDRALYTE SOL LEMONADE	$0(3)	NM; *
HYDRALYTE SOL ORANGE	$0(3)	NM; *
KINDERLYTE SOL	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
KINDERLYTE SOL PREMAX	$0(3)	NM; *
MEDI-LYTE TAB	$0(3)	NM; *
oral electrolyte solution**	$0(3)	NM; *
oralyte	$0(3)	NM; *
oralyte freezer pops	$0(3)	NM; *
pedia vance	$0(3)	NM; *
pediatric electrolyte	$0(3)	NM; *
pediatric electrolyte fre	$0(3)	NM; *
pediatric electrolyte/zin	$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(1)	
D5W/LYTES INJ #48	$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	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 (0.15%) IN NACL 0.45% INJ	$0(2)	
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 0.45% injÿ(	$0(1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	$0(2)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
MG SO4/D5W INJ 10MG/ML	$0(2)	
PLASMA-LYTE INJ -148	$0(2)	
PLASMA-LYTE INJ -A	$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	$0(2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	
klor-con m15 TBCR 15meq	$0(1)	
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
PRENATAL VIT TAB LOW IRON	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
TRICARE TAB PRENATAL	$0(2)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
FREAMINE III INJ 10%	$0(2)	B/D
hepatamine	$0(2)	B/D

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	B/D
PROCALAMINE INJ 3%	$0(2)	B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
MINERALS		
CAL-CITRATE TAB PLUS D	$0(3)	NM; *
CAL-MINT CHEW 260mg	$0(3)	NM; *
CAL-QUICK LIQ 500-400	$0(3)	NM; *
CALC CITRATE LIQ VIT D3	$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	$0(3)	NM; *
CALCI-CHEW CHEW 1250mg	$0(3)	NM; *
calcitrate TABS 950mg	$0(3)	NM; *
CALCIUM CHEW 500mg	$0(3)	NM; *
calcium 500 + d	$0(3)	NM; *
calcium 500 +d	$0(3)	NM; *
calcium 500 +d3	$0(3)	NM; *
calcium 500+d	$0(3)	NM; *
calcium 500+d3	$0(3)	NM; *
calcium 500+d high potenc	$0(3)	NM; *
calcium 500/d	$0(3)	NM; *
calcium 500/vitamin d	$0(3)	NM; *
calcium 600 TABS 600mg, 1500mg	$0(3)	NM; *
calcium 600 + d	$0(3)	NM; *
calcium 600 high potency TABS 600mg	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
calcium 600+d plus minera	$0(3)	NM; *
calcium 600-d	$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 CARB CAP VIT D3	$0(3)	NM; *
calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)	$0(3)	NM; *
calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)	$0(3)	NM; *
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	$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-vit d w/ minerals chew tab 600 mg-400 unit**	$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	$0(3)	NM; *
calcium carbonate TABS 500mg, 600mg, 1250mg	$0(3)	NM; *
calcium carbonate (antacid) SUSP 1250mg/5ml	$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 500 mg-5 mcg (200 unit)	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	$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 GRAN 760mg/3.5gm; TABS 250mg, 1040mg	$0(3)	NM; *
calcium citrate TABS 200mg	$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 +d	$0(3)	NM; *
calcium citrate+ d	$0(3)	NM; *
calcium citrate+d	$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 extra d3	$0(3)	NM; *
calcium gummies	$0(3)	NM; *
calcium high potency TABS 600mg, 1500mg	$0(3)	NM; *
calcium high potency + vi	$0(3)	NM; *
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	$0(3)	NM; *
CALCIUM PLUS CAP VIT D	$0(3)	NM; *
calcium plus vitamin d	$0(3)	NM; *
calcium plus vitamin d3	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
calcium+d3	$0(3)	NM; *
CALCIUM-FA WAF PLUS D	$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	$0(3)	NM; *
calcium/vitamin d3	$0(3)	NM; *
calcium/vitamin d-3	$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 CALCIUM CHEW 500mg	$0(3)	NM; *
CITRACAL CAL CHW GUMMIES	$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 TABS 1250mg	$0(3)	NM; *
cvs calcium citrate + d	$0(3)	NM; *
cvs calcium citrate +d3 m	$0(3)	NM; *
cvs calcium citrate+d3	$0(3)	NM; *
cvs calcium citrate+d3 pe	$0(3)	NM; *
cvs magnesium TABS 500mg	$0(3)	NM; *
cvs magnesium oxide TABS 250mg	$0(3)	NM; *
cvs oyster shell calcium	$0(3)	NM; *
cvs oyster shell calcium/	$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 CAPS 25mg, 50mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp calcium TABS 600mg	$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; *
gnp calcium plus 600 +d	$0(3)	NM; *
hm calcium 600 & vitamin	$0(3)	NM; *
hm calcium 600 + d plus m	$0(3)	NM; *
hm calcium 600 + vitamin	$0(3)	NM; *
hm calcium citrate + vita	$0(3)	NM; *
hm calcium citrate+d3 pet	$0(3)	NM; *
hm calcium/vitamin d	$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 TABS 200mg	$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-G TABS 500mg	$0(3)	NM; *
mag-oxide TABS 200mg	$0(3)	NM; *
magdelay TBEC 64mg	$0(3)	NM; *
MAGDELAY TBEC 70mg	$0(3)	NM; *
MAGN CHLORID POW	$0(3)	NM; *
MAGNESIUM CAPS 400mg; TABS 64mg	$0(3)	NM; *
magnesium chloride TBEC 64mg	$0(3)	NM; *
MAGNESIUM CITRATE TABS 100mg	$0(3)	NM; *
magnesium gluconate TABS 27.5mg, 500mg	$0(3)	NM; *
MAGNESIUM GLUCONATE TABS 250mg, 500mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
magnesium lactate TBCR 7meq	$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	$0(3)	NM; *
MAGNESIUM OXIDE 400 PACK 240mg	$0(3)	NM; *
magnesium oxide (mg supplement) CAPS 500mg; TABS 250mg, 400mg, 500mg	$0(3)	NM; *
magnesium-oxide TABS 400mg	$0(3)	NM; *
MAGONATE LIQ 1000/5ML	$0(3)	NM; *
mgo TABS 400mg	$0(3)	NM; *
NU-MAG TAB 71.5-119	$0(3)	NM; *
orazinc CAPS 220mg	$0(3)	NM; *
os-cal	$0(3)	NM; *
os-cal calcium + d3	$0(3)	NM; *
os-cal extra d3	$0(3)	NM; *
OSTEO-PORETI TAB	$0(3)	NM; *
OYS SHL CALC PAK VIT D	$0(3)	NM; *
oysco 500 TABS 500mg	$0(3)	NM; *
oysco 500+d	$0(3)	NM; *
oyst shell/d tab 500mg	$0(3)	NM; *
oyster shell TABS 500mg	$0(3)	NM; *
oyster shell calcium 250+	$0(3)	NM; *
oyster shell calcium 500	$0(3)	NM; *
oyster shell calcium 500+	$0(3)	NM; *
oyster shell calcium + d	$0(3)	NM; *
oyster shell calcium + d3	$0(3)	NM; *
oyster shell calcium + vi	$0(3)	NM; *
oyster shell calcium plus	$0(3)	NM; *
oyster shell calcium+d	$0(3)	NM; *
oyster shell calcium/d3	$0(3)	NM; *
oyster shell calcium/vita	$0(3)	NM; *
oystercal TABS 500mg	$0(3)	NM; *
oystercal-d	$0(3)	NM; *
potassium & sodium phosphates powder pack 280-160-250 mg	$0(3)	NM; *
pronutrients calcium+d3	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
pure calcium carbonate TABS 600mg	$0(3)	NM; *
px calcium&d	$0(3)	NM; *
qc calcium fast dissoluti TABS 600mg	$0(3)	NM; *
qc calcium/minerals/vitam	$0(3)	NM; *
ra calcium 600 TABS 600mg	$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; *
ra calcium plus vitamin d	$0(3)	NM; *
ra calcium/minerals/vitam	$0(3)	NM; *
ra hi cal	$0(3)	NM; *
ra magnesium CAPS 500mg	$0(3)	NM; *
RISACAL-D TAB	$0(3)	NM; *
sb calcium + d	$0(3)	NM; *
sb oyster shell calcium TABS 500mg	$0(3)	NM; *
slow magnesium chloride/	$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/vitamin d	$0(3)	NM; *
sm calcium/vitamin d3	$0(3)	NM; *
sm magnesium TABS 250mg	$0(3)	NM; *
sm oyster shell calcium/v	$0(3)	NM; *
SOD CHLORIDE GRA	$0(3)	NM; *
sodium, potassium, phosph	$0(3)	NM; *
super calcium TABS 600mg	$0(3)	NM; *
super calcium 600 + d3	$0(3)	NM; *
super calcium 600+d3 400	$0(3)	NM; *

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 **LA** - Acceso limitado ***** - Productos OTC o medicamentos que no son de la Parte D y están cubiertos por Medicaid **NDS** - Suministro no extendido

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
super calcium 600+d 400	$0(3)	NM; *
tgt calcium + vitamin d3	$0(3)	NM; *
TR MAG COMPL CAP 400MG	$0(3)	NM; *
UPCAL D POW	$0(3)	NM; *
VITAMIN D3 TAB CAL/PHOS	$0(3)	NM; *
ZINC SULFATE CAPS 50mg	$0(3)	NM; *
zinc sulfate CAPS 220mg	$0(3)	NM; *
ZINC SULFATE POW GRANULAR	$0(3)	NM; *
ZINC SULFATE POW HEPTAHYD	$0(3)	NM; *
ZINC SULFATE POW MONOHYD	$0(3)	NM; *
zinc-220 CAPS 220mg	$0(3)	NM; *
MISCELLANEOUS		
ALPHA LIPOIC ACID CAPS 50mg, 300mg	$0(3)	NM; *
ALPHA-LIPOIC ACID CAPS 50mg	$0(3)	NM; *
alpha-lipoic acid (thioctic acid) CAPS 100mg, 200mg, 600mg	$0(3)	NM; *
arginine CAPS 500mg; TABS 1000mg	$0(3)	NM; *
ARGININE PACK 500mg; TABS 500mg	$0(3)	NM; *
ARGININE2000 PACK 2000mg	$0(3)	NM; *
BOOST BREEZE LIQ ASSORTED	$0(3)	NM; *
BOOST LIQ BREEZE	$0(3)	NM; *
co q10 maximum strength CAPS 200mg	$0(3)	NM; *
co q-10 CAPS 75mg	$0(3)	NM; *
coenzyme q10 (ubidecarenone) CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg	$0(3)	NM; *
coq10 maximum strength CAPS 400mg	$0(3)	NM; *
COROMEGA EMU OMEGA 3	$0(3)	NM; *
cvs coenzyme q-10 CAPS 100mg	$0(3)	NM; *
cvs coq-10 CAPS 50mg, 100mg, 200mg, 400mg	$0(3)	NM; *
cvs fish oil	$0(3)	NM; *
cvs fish oil half-the-siz	$0(3)	NM; *
cvs natural fish oil	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cvs omega-3 gummy fish/dh	$0(3)	NM; *
cyto arg	$0(3)	NM; *
CYTO-Q LIQD 80mg/10ml	$0(3)	NM; *
CYTO-Q MAX LIQD 100mg/ml	$0(3)	NM; *
CYTO-Q T/F LIQD 80mg/10ml	$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 CAPS 100mg, 200mg	$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 1000MG	$0(3)	NM; *
FISH OIL CAP 1360MG	$0(3)	NM; *
FISH OIL CAP 1400MG	$0(3)	NM; *
FISH OIL CHW 875MG	$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 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 CAPS 60mg, 100mg, 200mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp fish oil	$0(3)	NM; *
GNP FISH OIL CAP 840MG	$0(3)	NM; *
gnp fish oil maximum stre	$0(3)	NM; *
h2q CAPS 100mg	$0(3)	NM; *
healthy kids gummies omeg	$0(3)	NM; *
hm coq10 CAPS 50mg, 100mg	$0(3)	NM; *
hm fish oil	$0(3)	NM; *
HM FISH OIL CAP 554MG	$0(3)	NM; *
kp fish oil	$0(3)	NM; *
kp omega-3 fish oil	$0(3)	NM; *
l-arginine maximum streng TABS 1000mg	$0(3)	NM; *
L-ARGININE POW	$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 CAPS 150mg	$0(3)	NM; *
LIQ-10 SYP	$0(3)	NM; *
LIQ-10 SYP 50-15/5	$0(3)	NM; *
maximum epa	$0(3)	NM; *
NEOQ10 CAPS 125mg	$0(3)	NM; *
norwegian salmon oil	$0(3)	NM; *
omega 3 500	$0(3)	NM; *
OMEGA BABY EMU PRENATAL	$0(3)	NM; *
omega essentials basic	$0(3)	NM; *
omega iii epa+dha	$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 CAPS 500mg, 1000mg, 1200mg	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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; *
omera	$0(3)	NM; *
ovega-3	$0(3)	NM; *
pure l-arginine hcl CAPS 500mg	$0(3)	NM; *
PURE L-CITRULLINE CAPS 600mg	$0(3)	NM; *
px fish oil	$0(3)	NM; *
Q-GEL CAPS 15mg	$0(3)	NM; *
q-gel forte CAPS 30mg	$0(3)	NM; *
q-gel mega CAPS 100mg	$0(3)	NM; *
q-gel ultra CAPS 60mg	$0(3)	NM; *
q-sorb CAPS 30mg, 50mg, 75mg, 150mg	$0(3)	NM; *
q-sorb co q-10 CAPS 100mg, 200mg	$0(3)	NM; *
ra coenzyme q-10 CAPS 100mg, 200mg	$0(3)	NM; *
ra fish oil	$0(3)	NM; *
ra l-arginine TABS 1000mg	$0(3)	NM; *
sam-e.p.a.	$0(3)	NM; *
sb omega-3 fish oil	$0(3)	NM; *
sea-omega	$0(3)	NM; *
sea-omega 30	$0(3)	NM; *
sm co q-10 CAPS 100mg, 200mg	$0(3)	NM; *
sm coenzyme q-10 CAPS 100mg	$0(3)	NM; *
sm coq-10 CAPS 50mg	$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; *
SUPER TWIN CAP EPA/DHA	$0(3)	NM; *
the very finest fish oil	$0(3)	NM; *
theragran-m fish oil conc	$0(3)	NM; *
theromega	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
ULTRA OMEGA3 CAP 1400MG	$0(3)	NM; *
ultra omega-3	$0(3)	NM; *
yl coenzyme q10 CAPS 30mg	$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; *
a-25 CAPS 25000unit	$0(3)	NM; *
a-10000 CAPS 10000unit	$0(3)	NM; *
ABC COMPLETE TAB WOMEN	$0(3)	NM; *
abc plus	$0(3)	NM; *
abc plus senior adults 50	$0(3)	NM; *
abdek pediatric	$0(3)	NM; *
actical	$0(3)	NM; *
activite	$0(3)	NM; *
ADLT ONE DLY CHW GUMMIES	$0(3)	NM; *
ADULT 50+ CAP OCUVITE	$0(3)	NM; *
50+ adult eye health	$0(3)	NM; *
advanced multi ea	$0(3)	NM; *
advanced stress formula/z	$0(3)	NM; *
airborne	$0(3)	NM; *
airborne gummies	$0(3)	NM; *
airborne kids	$0(3)	NM; *
AIRBORNE LOZ	$0(3)	NM; *
AIRSHIELD CHW IMMUNITY	$0(3)	NM; *
ALIVE 50+ TAB WOMENS	$0(3)	NM; *
ALIVE ENERGY TAB WOMENS	$0(3)	NM; *
ALIVE WOMENS CHW GUMMY	$0(3)	NM; *
allbee plus vitamin c	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
animal chews	$0(3)	NM; *
ANIMAL SHAPE CHW IRON	$0(3)	NM; *
animal shapes	$0(3)	NM; *
anti-oxidant	$0(3)	NM; *
antioxidant	$0(3)	NM; *
antioxidant formula	$0(3)	NM; *
ANTIOXIDANT TAB FORMULA	$0(3)	NM; *
antioxidant vitamins	$0(3)	NM; *
APETIGEN TAB PLUS	$0(3)	NM; *
AQUA-E LIQD 75unit/ml	$0(3)	NM; *
AQUADEKS CHW	$0(3)	NM; *
AQUADEKS DRO	$0(3)	NM; *
aqueous vitamin d infants LIQD 10mcg/ml	$0(3)	NM; *
aqueous vitamin e SOLN 15mg/0.67ml	$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	$0(3)	NM; *
ascorbic acid TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
ascorbic acid tab 500 mg	$0(3)	NM; *
ascorbic acid tab 1000 mg	$0(3)	NM; *
AZO HORMONAL TAB HEALTH	$0(3)	NM; *
b6 natural TABS 100mg	$0(3)	NM; *
b-complex balanced	$0(3)	NM; *
b-complex w/ c & calcium tab**	$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 LIQD 400ut/0.028ml	$0(3)	NM; *
baby vitamin d3 drops LIQD 400ut/0.028ml	$0(3)	NM; *
BACMIN TAB	$0(3)	NM; *
BARIATRIC CAP MULTIVIT	$0(3)	NM; *
bec/zinc	$0(3)	NM; *
berocca	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
beta carotene CAPS 25000unit	$0(3)	NM; *
beta carotene provitamin CAPS 25000unit	$0(3)	NM; *
better b complex	$0(3)	NM; *
BIO-35 GLUTE CAP FREE	$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	$0(3)	NM; *
BIOCAL CAP	$0(3)	NM; *
BIOSUPP LIQ	$0(3)	NM; *
BIOTECT PLUS LIQ	$0(3)	NM; *
BIOTIN CAPS 1mg	$0(3)	NM; *
biotin CAPS 5mg, 10mg, 2500mcg, 5000mcg	$0(3)	NM; *
biotin 5000 CAPS 5mg	$0(3)	NM; *
biotin plus/calcium/vit d	$0(3)	NM; *
biotin/maximum strength CAPS 5000mcg	$0(3)	NM; *
BIOVOL SYP	$0(3)	NM; *
body/hair/skin/nails	$0(3)	NM; *
BP VIT 3 CAP	$0(3)	NM; *
bprotected multi-vite	$0(3)	NM; *
bprotected pedia d-vite LIQD 400unit/ml	$0(3)	NM; *
bprotected pedia tri-vite	$0(3)	NM; *
c 250 TABS 250mg	$0(3)	NM; *
c 500 TABS 500mg	$0(3)	NM; *
c 500/rose hips	$0(3)	NM; *
c 1000 TABS 1000mg	$0(3)	NM; *
c-250 TABS 250mg	$0(3)	NM; *
c-500 TABS 500mg	$0(3)	NM; *
c-500/rose hips	$0(3)	NM; *
c-1000 TABS 1000mg	$0(3)	NM; *
c-1000/rose hips	$0(3)	NM; *
C-BUFF POW	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
CAL-CITRATE CAPS 150mg	$0(3)	NM; *
calcidol SOLN 200mcg/ml	$0(3)	NM; *
carravite	$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; *
CENTRAVITES TAB ADULTS	$0(3)	NM; *
CENTRUM 50+ CHW FRSH/FRU	$0(3)	NM; *
CENTRUM CHW	$0(3)	NM; *
CENTRUM CHW FLAV BST	$0(3)	NM; *
CENTRUM CHW MULTI	$0(3)	NM; *
CENTRUM CHW SILVER	$0(3)	NM; *
CENTRUM KIDS CHW	$0(3)	NM; *
CENTRUM KIDS CHW FLAV BST	$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 SILVER	$0(3)	NM; *
CENTRUM TAB ULTRA	$0(3)	NM; *
century	$0(3)	NM; *
century mature	$0(3)	NM; *
cerovite advanced formula	$0(3)	NM; *
cerovite jr	$0(3)	NM; *
cerovite senior	$0(3)	NM; *
certa plus	$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; *
chewable vite childrens	$0(3)	NM; *
chewable vite with iron/c	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
childrens animal shapes c	$0(3)	NM; *
childrens chewable multiv	$0(3)	NM; *
childrens chewable vitami	$0(3)	NM; *
CHILDRENS CHW COMPLETE	$0(3)	NM; *
childrens gummies	$0(3)	NM; *
childrens multivitamin	$0(3)	NM; *
CHLORELLA CAP	$0(3)	NM; *
chlorocaps	$0(3)	NM; *
cholecalciferol CAPS 1.25mg, 25mcg, 50mcg, 125mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; CHEW 400unit, 1000unit, 2000unit; LIQD 400unit/ml; TABS 25mcg, 50mcg, 400unit, 1000unit, 2000unit, 5000unit	$0(3)	NM; *
cholecalciferol cap 1.25 mg (50000 unit)	$0(3)	NM; *
cholecalciferol cap 250 mcg (10000 unit)	$0(3)	NM; *
CITRACAL TAB MAX PLUS	$0(3)	NM; *
companion	$0(3)	NM; *
compete	$0(3)	NM; *
complete	$0(3)	NM; *
COMPLETE 50+ TAB MENS	$0(3)	NM; *
COMPLETE 50+ TAB WOMENS	$0(3)	NM; *
complete multivitamin/mul	$0(3)	NM; *
complete senior	$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 PROBIOTIC	$0(3)	NM; *
cvs airshield effervescen	$0(3)	NM; *
cvs b6 TABS 100mg	$0(3)	NM; *
cvs b complex plus c	$0(3)	NM; *
cvs biotin CAPS 10mg, 5000mcg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cvs chewable childrens vi	$0(3)	NM; *
cvs childrens chewable co	$0(3)	NM; *
cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit	$0(3)	NM; *
cvs daily gummies	$0(3)	NM; *
cvs daily multiple for me	$0(3)	NM; *
cvs daily multiple for wo	$0(3)	NM; *
cvs e CAPS 200unit	$0(3)	NM; *
cvs e oil OIL 45mg/0.25ml	$0(3)	NM; *
cvs eye health & lutein	$0(3)	NM; *
cvs folic acid TABS 800mcg	$0(3)	NM; *
cvs gummy dinos	$0(3)	NM; *
cvs gummy dinos childrens	$0(3)	NM; *
cvs gummy multivitamin ki	$0(3)	NM; *
cvs mens daily gummies	$0(3)	NM; *
cvs one daily essential	$0(3)	NM; *
cvs one daily womens form	$0(3)	NM; *
cvs spectravite advanced	$0(3)	NM; *
cvs spectravite senior	$0(3)	NM; *
cvs spectravite ultra hea	$0(3)	NM; *
cvs spectravite ultra wom	$0(3)	NM; *
cvs stress formula/zinc	$0(3)	NM; *
cvs super b complex/c	$0(3)	NM; *
cvs vitamin a CAPS 8000unit	$0(3)	NM; *
cvs vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
cvs vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	NM; *
cvs vitamin d3 CAPS 10000unit; CHEW 25mcg, 1000unit	$0(3)	NM; *
cvs vitamin d childrens g CHEW 1000unit	$0(3)	NM; *
cvs vitamin e CAPS 400unit, 1000unit	$0(3)	NM; *
cvs womens active daily	$0(3)	NM; *
cvs womens daily gummies	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cyanocobalamin SOLN 1000mcg/ml	$0(3)	NM; *
d3 CHEW 400unit; TABS 50mcg	$0(3)	NM; *
d3 adult CHEW 1000unit	$0(3)	NM; *
d3 adult gummy CHEW 1000unit	$0(3)	NM; *
d3 high potency CAPS 25mcg, 1000unit, 2000unit; TABS 400unit	$0(3)	NM; *
d3 kids CHEW 400unit	$0(3)	NM; *
d3 maximum strength CAPS 5000unit; LIQD 5000unit/ml	$0(3)	NM; *
d3 super strength CAPS 2000unit	$0(3)	NM; *
d3 vitamin LIQD 400unit/ml	$0(3)	NM; *
d3-50 CAPS 50000unit	$0(3)	NM; *
d3-1000 CAPS 1000unit; TABS 1000unit	$0(3)	NM; *
d2000 ultra strength CAPS 2000unit	$0(3)	NM; *
d 400 TABS 400unit	$0(3)	NM; *
d 1000 CAPS 1000unit; CHEW 1000unit; TABS 1000unit	$0(3)	NM; *
d 5000 CAPS 5000unit; TABS 5000unit	$0(3)	NM; *
d 10000 CAPS 10000unit	$0(3)	NM; *
d-3-5 CAPS 5000unit	$0(3)	NM; *
d-400 TABS 400unit	$0(3)	NM; *
d-1000 extra strength TABS 1000unit	$0(3)	NM; *
d-5000 TABS 5000unit	$0(3)	NM; *
daily combo multi vitamin	$0(3)	NM; *
daily multi	$0(3)	NM; *
daily multiple vitamins	$0(3)	NM; *
daily multiple vitamins w	$0(3)	NM; *
daily multivitamin	$0(3)	NM; *
daily value multivitamin	$0(3)	NM; *
daily vitamin	$0(3)	NM; *
daily vitamin formula+ir	$0(3)	NM; *
daily vitamin formula+iro	$0(3)	NM; *
daily vitamin formula+min	$0(3)	NM; *
daily vitamins	$0(3)	NM; *

Nombre del medicamento	Costo del 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; *
daily-vite/iron/beta-caro	$0(3)	NM; *
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	$0(3)	NM; *
decara CAPS 10000unit, 50000unit	$0(3)	NM; *
DECARA CAPS 25000unit	$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 CHW	$0(3)	NM; *
DEKAS PLUS LIQ	$0(3)	NM; *
delta d3 TABS 400unit	$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 TABS 50000unit	$0(3)	NM; *
dialyvite vitamin d 5000 CAPS 5000unit	$0(3)	NM; *
DIALYVITE WAF 800	$0(3)	NM; *
DIALYVITE/ TAB ZINC	$0(3)	NM; *
dino-life	$0(3)	NM; *
DINO-LIFE CHW IRON-ZIN	$0(3)	NM; *
dino-life w extra c	$0(3)	NM; *
disney cars gummies	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
disney princess gummies	$0(3)	NM; *
dry eye formula	$0(3)	NM; *
e200 CAPS 200unit	$0(3)	NM; *
e400 mixed CAPS 400unit	$0(3)	NM; *
e1000 CAPS 1000unit	$0(3)	NM; *
e 1000 CAPS 1000unit	$0(3)	NM; *
e-200 CAPS 200unit	$0(3)	NM; *
e-400 CAPS 400unit	$0(3)	NM; *
e-400-clear CAPS 400unit	$0(3)	NM; *
e-oil OIL 100unt/0.25ml	$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 TBCR 250mg, 500mg, 750mg	$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 multivitamin gummies c	$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; *
eq one daily womens pro-a	$0(3)	NM; *
eql b-6 TABS 100mg	$0(3)	NM; *
eql century	$0(3)	NM; *
eql century mature	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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; *
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 TABS 500mg, 1000mg	$0(3)	NM; *
eql vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	NM; *
eql vitamin d3 CAPS 400unit, 1000unit, 2000unit, 5000unit	$0(3)	NM; *
eql vitamin e CAPS 400unit, 1000unit	$0(3)	NM; *
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	NM; *
essentia	$0(3)	NM; *
essential balance	$0(3)	NM; *
ester-e CAPS 400unit	$0(3)	NM; *
EYE HEALTH CAP ADLT 50+	$0(3)	NM; *
EYE HEALTH TAB LUTEIN	$0(3)	NM; *
EYE MULTIVIT TAB LUTEIN	$0(3)	NM; *
eyeprotect	$0(3)	NM; *
fa-8 CAPS .8mg	$0(3)	NM; *
fabb	$0(3)	NM; *
flintstones complete	$0(3)	NM; *
flintstones gummies plus	$0(3)	NM; *
flintstones plus calcium	$0(3)	NM; *
flintstones plus extra c	$0(3)	NM; *
flintstones w/iron	$0(3)	NM; *
flintstones/my first	$0(3)	NM; *
FLORIVA DRO PLUS	$0(3)	NM; *
folate TABS 400mcg	$0(3)	NM; *
FOLIC ACID CAPS 5mg, 20mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
folic acid CAPS 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg	$0(3)	NM; *
FOLIC ACID POW	$0(3)	NM; *
FOLIKA-MG TAB	$0(3)	NM; *
FOLITE TAB	$0(3)	NM; *
FOLIXAPURE TAB 1-5000	$0(3)	NM; *
FOLTRATE TAB	$0(3)	NM; *
FOLTREXYL TAB	$0(3)	NM; *
FREEDAVITE TAB	$0(3)	NM; *
fruity chews	$0(3)	NM; *
fruity chews/iron	$0(3)	NM; *
FULL SPECT TAB B/ VIT 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 CAPS 5000mcg	$0(3)	NM; *
gnp century	$0(3)	NM; *
gnp century adults 50+ se	$0(3)	NM; *
gnp century cardio health	$0(3)	NM; *
gnp century ultimate mens	$0(3)	NM; *
gnp century ultimate wome	$0(3)	NM; *
gnp childrens chewables/e	$0(3)	NM; *
gnp childrens chewables/i	$0(3)	NM; *
gnp d 1000 CAPS 1000unit	$0(3)	NM; *
gnp essential one daily	$0(3)	NM; *
gnp folic acid TABS 400mcg	$0(3)	NM; *
gnp hair/skin/nails	$0(3)	NM; *
gnp healthy eyes	$0(3)	NM; *
gnp healthy eyes supervis	$0(3)	NM; *
gnp little ones childrens	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp mega multi for men	$0(3)	NM; *
gnp mega multi for women	$0(3)	NM; *
gnp one daily maximum	$0(3)	NM; *
gnp one daily mens health	$0(3)	NM; *
gnp one daily plus iron	$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 CAPS 10000unit	$0(3)	NM; *
gnp vitamin b-6 TABS 100mg	$0(3)	NM; *
gnp vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
gnp vitamin c w/rose hips	$0(3)	NM; *
gnp vitamin c/rose hips	$0(3)	NM; *
gnp vitamin d CHEW 400unit; TABS 1000unit	$0(3)	NM; *
gnp vitamin d3 extra stre TABS 1000unit	$0(3)	NM; *
gnp vitamin d maximum str TABS 2000unit	$0(3)	NM; *
gnp vitamin d super stren TABS 5000unit	$0(3)	NM; *
gnp vitamin d-400 TABS 400unit	$0(3)	NM; *
gnp vitamin e CAPS 200unit, 400unit, 1000unit	$0(3)	NM; *
gnp vitamin e water dispe CAPS 400unit	$0(3)	NM; *
gummi bear multivitamin/m	$0(3)	NM; *
hair formula extra streng	$0(3)	NM; *
HAIR SKIN & TAB NAILS AD	$0(3)	NM; *
HAIR/SKIN/ CAP NAILS	$0(3)	NM; *
hair/skin/nails	$0(3)	NM; *
healthy eyes	$0(3)	NM; *
healthy eyes/lutein	$0(3)	NM; *
healthy eyes/lutein & zea	$0(3)	NM; *
healthy hair skin & nails	$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
healthy kids vitamin d3 CHEW 400unit	$0(3)	NM; *
HIGH POTENCY TAB MULTIVIT	$0(3)	NM; *
hm animal shapes	$0(3)	NM; *
hm antioxidant vitamins	$0(3)	NM; *
hm biotin CAPS 5000mcg	$0(3)	NM; *
hm complete 50+	$0(3)	NM; *
HM COMPLETE TAB	$0(3)	NM; *
HM COMPLETE TAB MEN	$0(3)	NM; *
hm complete women	$0(3)	NM; *
hm e vitamin CAPS 180mg	$0(3)	NM; *
hm folic acid TABS 400mcg	$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	$0(3)	NM; *
hm mens 50+ advanced one	$0(3)	NM; *
hm niacin TBCR 250mg	$0(3)	NM; *
hm niacin tr TBCR 250mg	$0(3)	NM; *
HM ONE DAILY TAB MENS	$0(3)	NM; *
hm one daily/iron	$0(3)	NM; *
hm vitamin b complex/vita	$0(3)	NM; *
hm vitamin c TABS 500mg, 1000mg	$0(3)	NM; *
hm vitamin d TABS 400unit, 1000unit	$0(3)	NM; *
hm vitamin d3 CAPS 2000unit, 4000unit	$0(3)	NM; *
hm vitamin e CAPS 200unit, 400unit, 1000unit	$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 SOLN 1000mcg/ml	$0(3)	NM; *
i-vite	$0(3)	NM; *
i-vite protect	$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; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
IMMUNE CHW SUPPORT	$0(3)	NM; *
IMMUNE SUPP POW VIT C	$0(3)	NM; *
INFUVITE INJ PEDIATRI	$0(3)	NM; *
is-d 10,000 CAPS 10000unit	$0(3)	NM; *
just d LIQD 400unit/ml	$0(3)	NM; *
K-PAX CAP DOUBLE	$0(3)	NM; *
K-PAX CAP SINGLE	$0(3)	NM; *
K-PAX TAB PROF ST	$0(3)	NM; *
kids first vitamin d3 gum CHEW 1000unit	$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 TABS 1mg, 800mcg	$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 TABS 500mg	$0(3)	NM; *
kp vision formula	$0(3)	NM; *
kp vision formula w/lutei	$0(3)	NM; *
kp vitamin b-6 TABS 100mg	$0(3)	NM; *
kp vitamin d CAPS 1000unit; CHEW 400unit	$0(3)	NM; *
kp vitamin d3 CAPS 1000unit, 2000unit	$0(3)	NM; *
kp vitamin e CAPS 100unit	$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; *
little animals plus iron	$0(3)	NM; *
lysiplex plus	$0(3)	NM; *
M.V.I PEDIAT INJ	$0(3)	NM; *
macular health formula	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
macuvite	$0(3)	NM; *
macuvite eye care	$0(3)	NM; *
macuvite/lutein	$0(3)	NM; *
MAXIMIN PAK	$0(3)	NM; *
MAXIMUM D3 CAPS 325mcg	$0(3)	NM; *
maximum daily green	$0(3)	NM; *
MEGA MULTI TAB MEN	$0(3)	NM; *
MEGA MULTIVI TAB MEN	$0(3)	NM; *
MEGA MULTIVI TAB WOMEN	$0(3)	NM; *
mega vm-80	$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 TABS 500mg	$0(3)	NM; *
MENS 50+ CAP ADVANCED	$0(3)	NM; *
mens daily formula/lycope	$0(3)	NM; *
MENS MULTI TAB VIT/MIN	$0(3)	NM; *
MENS PAK	$0(3)	NM; *
meribin CAPS 5mg	$0(3)	NM; *
MH MACULAR MIS HEALTH	$0(3)	NM; *
milltrium senior	$0(3)	NM; *
MULT VITAM DRO	$0(3)	NM; *
multi + omega-3 adult gum	$0(3)	NM; *
MULTI ADULT CHW EXTRA C	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
MULTI VITAMI TAB D-3	$0(3)	NM; *
multi vitamin daily	$0(3)	NM; *
MULTI VITAMN TAB MINERALS	$0(3)	NM; *
multi-day	$0(3)	NM; *
multi-day plus iron	$0(3)	NM; *
multi-day plus minerals	$0(3)	NM; *
MULTI-VITAMI TAB MONOCAPS	$0(3)	NM; *
multi-vitamin	$0(3)	NM; *
multi-vitamin daily	$0(3)	NM; *
multi-vitamin gummies	$0(3)	NM; *
multi-vitamin/minerals	$0(3)	NM; *
multi-vitamin/multi-miner	$0(3)	NM; *
multi-vitamins	$0(3)	NM; *
multi-vitamins/iron	$0(3)	NM; *
MULTI-VITE LIQ	$0(3)	NM; *
multilex	$0(3)	NM; *
MULTILEX T&M TAB	$0(3)	NM; *
MULTILEX TAB	$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 tab*	$0(3)	NM; *
multiple vitamins/womens	$0(3)	NM; *
multivitamin	$0(3)	NM; *
multivitamin & mineral	$0(3)	NM; *
multivitamin adults	$0(3)	NM; *
multivitamin adults 50+	$0(3)	NM; *
multivitamin childrens	$0(3)	NM; *
MULTIVITAMIN CHILDRENS	$0(3)	NM; *
MULTIVITAMIN CHW ADULT	$0(3)	NM; *
MULTIVITAMIN CHW CHILD	$0(3)	NM; *
MULTIVITAMIN CHW CHILDREN	$0(3)	NM; *
MULTIVITAMIN CHW IRON	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
MULTIVITAMIN DRO /IRON	$0(3)	NM; *
multivitamin gummies adul	$0(3)	NM; *
multivitamin gummies chil	$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 mens	$0(3)	NM; *
MULTIVITAMIN TAB	$0(3)	NM; *
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 women 50+ ad	$0(3)	NM; *
multivitamin womens	$0(3)	NM; *
multivitamin/extra vitami	$0(3)	NM; *
multivitamins	$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 GRAPE	$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	$0(3)	NM; *
mvw complete formulation	$0(3)	NM; *
my-vitalife	$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; *
NASCOBAL SOLN 500mcg/0.1ml	$0(3)	NM; *
natural c/rose hips TABS 1000mg	$0(3)	NM; *
natural vitamin d-3 TABS 5000unit	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
natural vitamin e CAPS 1000unit	$0(3)	NM; *
NATURAL VITAMIN E TABS 200unit	$0(3)	NM; *
NEPHPLEX RX TAB	$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	$0(3)	NM; *
niacin CPCR 250mg, 500mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg, 750mg	$0(3)	NM; *
NIACIN TR TBCR 1000mg	$0(3)	NM; *
NICOMIDE TAB	$0(3)	NM; *
novaferrum pediatric mult	$0(3)	NM; *
NOVAMV PED DRO 10MG/ML	$0(3)	NM; *
NUTR-E-SOL LIQD 400unit/15ml	$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; *
once daily	$0(3)	NM; *
once daily/iron	$0(3)	NM; *
ONCOVITE TAB	$0(3)	NM; *
one daily	$0(3)	NM; *
one daily adults 50+	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
one daily maximum	$0(3)	NM; *
one daily mens	$0(3)	NM; *
one daily mens 50+ multiv	$0(3)	NM; *
one daily mens health/lyc	$0(3)	NM; *
one daily multivitamin ad	$0(3)	NM; *
one daily multivitamin/ir	$0(3)	NM; *
one daily plus iron	$0(3)	NM; *
ONE DAILY TAB MENS 50+	$0(3)	NM; *
ONE DAILY TAB WOMANS	$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-A-DAY CHW IMMUNITY	$0(3)	NM; *
ONE-A-DAY CHW VITACRAV	$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	$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 multi vitamins	$0(3)	NM; *
one-daily multi-vitamin	$0(3)	NM; *
one-daily multi-vitamin/m	$0(3)	NM; *
ONE-DAILY PAK MULT-VIT	$0(3)	NM; *
ONE-DAILY PAK VIT/MIN	$0(3)	NM; *
one-daily/iron	$0(3)	NM; *
optic-vites	$0(3)	NM; *
optimal d3 CAPS 50000unit	$0(3)	NM; *
OPTIMAL D3 M CAPS 14000unit	$0(3)	NM; *
OPTIMAL D3 M CAP	$0(3)	NM; *
optimal d3 pack CAPS 50000unit	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
optimum pms	$0(3)	NM; *
OPTISOURCE CHW BARIATRC	$0(3)	NM; *
OPURITY CHW BYPASS	$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; *
PEDIAVIT LIQ	$0(3)	NM; *
pharmacist choice d-vitam LIQD 400unit/ml	$0(3)	NM; *
PHLEXY-VITS POW	$0(3)	NM; *
PHYTOMULTI TAB	$0(3)	NM; *
phytonadione SOLN 10mg/ml	$0(3)	NM; *
phytonadione TABS 5mg	$0(3)	NM, PA; *
poly vitamin	$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 /IRON	$0(3)	NM; *
polyvitamin/iron	$0(3)	NM; *
PORENAL+D CAP OMEGA 3	$0(3)	NM; *
PRESERVISION CAP AREDS	$0(3)	NM; *
PRESERVISION CAP AREDS 2	$0(3)	NM; *
PRESERVISION CAP LUTEIN	$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; *
PRORENAL +D TAB	$0(3)	NM; *
PRORENAL+D CAP OMEGA-3	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
PRORENAL+D TAB	$0(3)	NM; *
prosight	$0(3)	NM; *
prosight w/lutein	$0(3)	NM; *
PROTECT CAP CARDIO	$0(3)	NM; *
PROTECT CAP PLUS SO	$0(3)	NM; *
PROTEGRA CAP	$0(3)	NM; *
PROXEED PLUS PAK	$0(3)	NM; *
PUREFOLIX TAB 1-5000	$0(3)	NM; *
pureway-c TABS 500mg	$0(3)	NM; *
px advanced formula multi	$0(3)	NM; *
px b complex/vitamin c	$0(3)	NM; *
px childrens vitamin	$0(3)	NM; *
px complete senior multiv	$0(3)	NM; *
px folic acid TABS 400mcg	$0(3)	NM; *
px mens multivitamins	$0(3)	NM; *
px niacin TABS 100mg	$0(3)	NM; *
px vitamin a CAPS 8000unit	$0(3)	NM; *
px vitamin c TABS 500mg	$0(3)	NM; *
px vitamin e CAPS 400unit	$0(3)	NM; *
pyridoxine hcl SOLN 100mg/ml; TABS 50mg, 100mg	$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 womens daily multivita	$0(3)	NM; *
QUIN B TAB STRONG	$0(3)	NM; *
QUINTABS TAB	$0(3)	NM; *
quintabs-m	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
QUINTABS-M TAB	$0(3)	NM; *
RA B-COMPLEX TAB VIT C TR	$0(3)	NM; *
ra biotin CAPS 2500mcg	$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; *
RA ESSENCE-C POW RASPBRY	$0(3)	NM; *
RA ESSENCE-C POW TNGERINE	$0(3)	NM; *
ra folic acid TABS 400mcg, 800mcg	$0(3)	NM; *
ra niacin TABS 100mg, 500mg	$0(3)	NM; *
ra no flush niacin 500 TABS 500mg	$0(3)	NM; *
ra one daily energy formu	$0(3)	NM; *
ra one daily essential	$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 one daily womens/vitam	$0(3)	NM; *
ra vitamin a CAPS 10000unit	$0(3)	NM; *
ra vitamin b-6 TABS 50mg, 100mg	$0(3)	NM; *
ra vitamin c TABS 250mg, 500mg	$0(3)	NM; *
ra vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	NM; *
ra vitamin d-3 CAPS 2000unit, 5000unit; TABS 1000unit	$0(3)	NM; *
ra vitamin e CAPS 400unit	$0(3)	NM; *
radiance platinum vitamin TABS 5000unit	$0(3)	NM; *
rena-vite	$0(3)	NM; *
rena-vite rx	$0(3)	NM; *
renal caps	$0(3)	NM; *
renal multivitamin formul	$0(3)	NM; *
renal vitamin	$0(3)	NM; *
renal-vite	$0(3)	NM; *
renaplex	$0(3)	NM; *
RENAPLEX-D TAB	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
reno caps	$0(3)	NM; *
REPLESTA WAFR 50000unit	$0(3)	NM; *
REPLESTA CHILDRENS WAFR 14000unit	$0(3)	NM; *
REPLESTA NX WAFR 14000unit	$0(3)	NM; *
savision	$0(3)	NM; *
sb vitamin c TABS 500mg	$0(3)	NM; *
SCOOBY-DOO CHW	$0(3)	NM; *
senior tabs	$0(3)	NM; *
sentry	$0(3)	NM; *
sentry adults under 50	$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; *
SM B-COMPLEX TAB /VIT C	$0(3)	NM; *
sm biotin CAPS 5000mcg	$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 TABS 400mcg	$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 TBCR 250mg	$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 TABS 1000mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm vitamin b6 TABS 100mg	$0(3)	NM; *
sm vitamin b complex with	$0(3)	NM; *
sm vitamin b-6 TABS 100mg	$0(3)	NM; *
sm vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
sm vitamin c/rose hips TABS 500mg	$0(3)	NM; *
sm vitamin d TABS 400unit	$0(3)	NM; *
sm vitamin d3 CAPS 2000unit; TABS 1000unit	$0(3)	NM; *
sm vitamin d3 maximum str CAPS 4000unit	$0(3)	NM; *
sm vitamin e CAPS 200unit, 400unit, 1000unit	$0(3)	NM; *
sm vitamin e blended CAPS 400unit	$0(3)	NM; *
SOLO TAB	$0(3)	NM; *
soluvita e SOLN 15.8mg/0.7ml	$0(3)	NM; *
SPECTRAVITE CHW ADLT 50+	$0(3)	NM; *
SPECTRAVITE TAB	$0(3)	NM; *
SPECTRAVITE TAB MEN 50+	$0(3)	NM; *
SPECTRAVITE TAB SENIOR	$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	$0(3)	NM; *
stress b-complex/vitamin	$0(3)	NM; *
stress b/zinc	$0(3)	NM; *
stress formula	$0(3)	NM; *
stress formula w/iron	$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; *
sunvite advanced	$0(3)	NM; *
SUPER ANTIOX CAP	$0(3)	NM; *
super antioxidant/a/c/e/s	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 CAPS 5000mcg	$0(3)	NM; *
SUPER DAILY D3 LIQD 1000ut/0.028ml, 2000ut/0.028ml	$0(3)	NM; *
super multiple	$0(3)	NM; *
super nu-thera	$0(3)	NM; *
SUPER POW NU-THERA	$0(3)	NM; *
super thera vite m	$0(3)	NM; *
super vita-mins	$0(3)	NM; *
superplex-t	$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; *
tab-a-vite/iron	$0(3)	NM; *
thera	$0(3)	NM; *
THERA M PLUS TAB	$0(3)	NM; *
THERA TAB	$0(3)	NM; *
thera vital m	$0(3)	NM; *
thera-d 2000 TABS 2000unit	$0(3)	NM; *
THERA-D 4000 TABS 4000unit	$0(3)	NM; *
thera-d rapid repletion TABS 2000unit	$0(3)	NM; *
thera-m	$0(3)	NM; *
THERA-M TAB	$0(3)	NM; *
thera-tabs	$0(3)	NM; *
THERA-TABS M TAB	$0(3)	NM; *
therabasic-m	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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; *
therapeutic multi vitamin	$0(3)	NM; *
therapeutic-m	$0(3)	NM; *
therapeutic-m/lutein	$0(3)	NM; *
theratrum complete	$0(3)	NM; *
theratrum complete 50 plu	$0(3)	NM; *
theravim -m	$0(3)	NM; *
therems	$0(3)	NM; *
THEREMS TAB MULTIVIT	$0(3)	NM; *
THEREMS-H TAB	$0(3)	NM; *
THEREMS-M TAB	$0(3)	NM; *
thiamine hcl SOLN 100mg/ml	$0(3)	NM; *
total b/c	$0(3)	NM; *
totalday multiple	$0(3)	NM; *
TRI-VI-SOL SOL A/C/D	$0(3)	NM; *
TRI-VITAMIN DRO	$0(3)	NM; *
triphrocaps	$0(3)	NM; *
tropical liquid nutrition	$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; *
UNICOMPLEX-M TAB	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	$0(3)	NM; *
UPSPRINGBABY DRO MV/IRON	$0(3)	NM; *
virt-caps	$0(3)	NM; *
virt-gard	$0(3)	NM; *
vision formula 2	$0(3)	NM; *
vision formula eye health	$0(3)	NM; *
vision formula/lutein	$0(3)	NM; *
vision vitamins	$0(3)	NM; *
vita hair	$0(3)	NM; *
vita-bee/c	$0(3)	NM; *
vitabasic complete	$0(3)	NM; *
vitabasic senior	$0(3)	NM; *
VITABEX PLUS CAP	$0(3)	NM; *
vitachew multiple vitamin	$0(3)	NM; *
VITACRAVES CHW GUMMIES	$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; *
vitafol	$0(3)	NM; *
vitajoy daily d gummies CHEW 1000unit	$0(3)	NM; *
VITAL-D RX TAB	$0(3)	NM; *
vitalee	$0(3)	NM; *
VITALETS CHW CHILD	$0(3)	NM; *
VITAMENT PAK	$0(3)	NM; *
vitamin a CAPS 8000unit, 10000unit; TABS 10000unit	$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	$0(3)	NM; *
vitamin b complex-c	$0(3)	NM; *
vitamin b complex/vitamin	$0(3)	NM; *
VITAMIN C TABS 100mg	$0(3)	NM; *
VITAMIN D CAPS 2000unit	$0(3)	NM; *
VITAMIN D2 TABS 400unit, 2000unit	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml, 5000unit/0.5ml; TABS 3000unit, 10000unit; TBDP 5000unit	$0(3)	NM; *
vitamin d3 LIQD 5000unit/ml; TABS 2000unit	$0(3)	NM; *
vitamin d3 adult gummies CHEW 1000unit	$0(3)	NM; *
vitamin d3 gummies CHEW 25mcg	$0(3)	NM; *
vitamin d3 gummies adult CHEW 1000unit	$0(3)	NM; *
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	$0(3)	NM; *
vitamin d3 maximum streng CAPS 5000unit	$0(3)	NM; *
vitamin d3 super strength CAPS 2000unit; TABS 2000unit	$0(3)	NM; *
VITAMIN D3 TAB COMPLETE	$0(3)	NM; *
vitamin d3 ultra strength CAPS 5000unit	$0(3)	NM; *
vitamin d high potency CAPS 1000unit	$0(3)	NM; *
vitamin d infant LIQD 400unit/ml	$0(3)	NM; *
vitamin d-400 TABS 400unit	$0(3)	NM; *
vitamin d-1000 maximum st TABS 1000unit	$0(3)	NM; *
vitamin e CAPS 45mg, 90mg, 100unit, 180mg, 200unit, 268mg, 400unit, 450mg, 1000unit; OIL 100unt/0.25ml; SOLN 15unit/0.3ml; TABS 400unit	$0(3)	NM; *
VITAMIN E CHEW 400unit; TABS 100unit, 200unit	$0(3)	NM; *
vitamin e blend CAPS 400unit	$0(3)	NM; *
vitamin e complex natural CAPS 400unit, 1000unit	$0(3)	NM; *
vitamin e high potency CAPS 400unit	$0(3)	NM; *
vitamin e-200 CAPS 200unit	$0(3)	NM; *
vitamin e-400 CAPS 400unit	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
vitamin e/d-alpha natural CAPS 200unit, 268mg, 400unit	$0(3)	NM; *
VITASANA TAB	$0(3)	NM; *
vitatrum	$0(3)	NM; *
vitatrum complete	$0(3)	NM; *
VITATRUM TAB	$0(3)	NM; *
VITREXYL TAB	$0(3)	NM; *
VITREXYL TAB IRON	$0(3)	NM; *
vitrum senior	$0(3)	NM; *
VITRUM TAB SENIOR	$0(3)	NM; *
vp-vite rx	$0(3)	NM; *
weekly-d CAPS 1.25mg	$0(3)	NM; *
WEST-VITE TAB W/FA	$0(3)	NM; *
westab mini	$0(3)	NM; *
westab one	$0(3)	NM; *
womens 50+ advanced	$0(3)	NM; *
womens daily formula	$0(3)	NM; *
womens daily formula/foli	$0(3)	NM; *
WOMENS MULT CHW GUMMIES	$0(3)	NM; *
womens multi	$0(3)	NM; *
womens multivitamin	$0(3)	NM; *
womens one daily	$0(3)	NM; *
WOMENS PAK	$0(3)	NM; *
YELETS TEEN TAB FORMULA	$0(3)	NM; *
yl beta carotene CAPS 25000unit	$0(3)	NM; *
yl folic acid TABS 400mcg	$0(3)	NM; *
yl vitamin b-6 TABS 100mg	$0(3)	NM; *
yl vitamin c TABS 1000mg	$0(3)	NM; *
yl vitamin c/rose hips TABS 500mg, 1000mg	$0(3)	NM; *
yl vitamin e CAPS 400unit	$0(3)	NM; *
YOUR LIFE CHW GUMMIES	$0(3)	NM; *
ZINC LOZ	$0(3)	NM; *
zoo friends	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
ZOO FRIENDS CHW COMPLETE	$0(3)	NM; *
zoo friends gummies	$0(3)	NM; *
zoo friends plus extra c	$0(3)	NM; *
zoo friends plus iron	$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)	
BLEPHAMIDE OIN S.O.P.	$0(2)	
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)	
TOBRADEX ST SUS 0.3-0.05	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentak OINT .3%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
NATACYN SUSP 5%	$0(2)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin (ophth) SOLN .3%	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	$0(2)	
bromfenac sodium (ophth) SOLN .09%	$0(1)	
BROMSITE SOLN .075%	$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
difluprednate EMUL .05%	$0(1)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ILEVRO SUSP .3%	$0(2)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
PROLENSA SOLN .07%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .025%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
alaway childrens allergy SOLN .025%	$0(3)	NM; *
azelastine hcl (ophth) SOLN .05%	$0(1)	
bepotastine besilate SOLN 1.5%	$0(1)	
BEPREVE SOLN 1.5%	$0(2)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
eye itch relief SOLN .025%	$0(3)	NM; *
hm eye itch relief SOLN .025%	$0(3)	NM; *
ketotifen fumarate (ophth) SOLN .025%	$0(3)	NM; *
LASTACAFT SOLN .25%	$0(2)	
olopatadine hcl SOLN .1%	$0(1)	
sm eye itch relief SOLN .025%	$0(3)	NM; *
ZERVIATE SOLN .24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	$0(2)	
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .15%, .2%	$0(1)	
brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0(1)	
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
timolol maleate (ophth) once-daily SOLN .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
MISCELLANEOUS		
artificial tears SOLN 1.4%	$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	$0(2)	
atropine sulfate (ophthalmic) SOLN 1%	$0(1)	
carboxymethylcellulose sodium (ophth) SOLN .5%	$0(3)	NM; *
CYSTADROPS SOLN .37%	$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	$0(2)	NDS, NM, LA, PA
dry eye relief drops	$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	$0(3)	NM; *
FRESHKOTE SOL 2.7-2%	$0(3)	NM; *
GENTEAL SEVERE TEARS GEL .3%	$0(3)	NM; *
genteal tears liquid drop	$0(3)	NM; *
genteal tears mild	$0(3)	NM; *
genteal tears night-time	$0(3)	NM; *
gnp artificial tears	$0(3)	NM; *
gnp lubricating plus eye SOLN .5%	$0(3)	NM; *
goodsense lubricating plu SOLN .5%	$0(3)	NM; *
hm dry eye relief	$0(3)	NM; *
hm lubricating plus SOLN .5%	$0(3)	NM; *
hm lubricating tears	$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	$0(2)	
ISOPTO TEARS SOLN .5%	$0(3)	NM; *
lubricant eye drops SOLN .5%	$0(3)	NM; *
lubricant eye nighttime	$0(3)	NM; *
lubricating eye drops	$0(3)	NM; *
lubricating plus eye drop SOLN .5%	$0(3)	NM; *
MURO 128 SOLN 2%	$0(3)	NM; *
proparacaine hcl SOLN .5%	$0(1)	
refresh celluvisc GEL 1%	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
REFRESH LIQUIGEL GEL 1%	$0(3)	NM; *
REFRESH OPT SOL MEGA-3	$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	$0(3)	NM; *
refresh p.m.	$0(3)	NM; *
REFRESH SOL DIGITAL	$0(3)	NM; *
REFRESH SOL OPTIVE	$0(3)	NM; *
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
sm lubricant eye drops	$0(3)	NM; *
sm lubricating plus SOLN .5%	$0(3)	NM; *
sm lubricating tears	$0(3)	NM; *
sodium chloride hypertonic OINT 5%; SOLN 5%	$0(3)	NM; *
SYSTANE COMPLETE SOLN .6%	$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	$0(3)	NM; *
systane nighttime	$0(3)	NM; *
SYSTANE OVERNIGHT THERAPY GEL .3%	$0(3)	NM; *
tears pure	$0(3)	NM; *
ultra lubricating eye dro	$0(3)	NM; *
XIIDRA SOLN 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TABS 2mg	$0(3)	NM; *
all day allergy TABS 10mg	$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
all-day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
aller-chlor TABS 4mg	$0(3)	NM; *
aller-ease TABS 60mg	$0(3)	NM; *
allergy TABS 4mg; TBCR 12mg	$0(3)	NM; *
allergy 24-hr TABS 180mg	$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SYRP 5mg/5ml	$0(3)	NM; *
allergy relief CAPS 10mg, 25mg; TABS 4mg, 10mg, 25mg, 180mg; TBDP 10mg	$0(3)	NM; *
allergy relief 24hr TABS 5mg, 180mg	$0(3)	NM; *
allergy relief child SYRP 5mg/5ml	$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	$0(3)	NM; *
allergy-time TABS 4mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
azelastine hcl SOLN .1%, .15%	$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	$0(3)	NM; *
cetirizine hcl SOLN 1mg/ml	$0(1)	
cetirizine hcl allergy ch SOLN 5mg/5ml	$0(3)	NM; *
cetirizine hcl childrens CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml; SYRP 5mg/5ml	$0(3)	NM; *
chlorpheniramine maleate TABS 4mg; TBCR 12mg	$0(3)	NM; *
complete allergy medicine CAPS 25mg	$0(3)	NM; *
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA if 70 years and older
diphenhist CAPS 25mg	$0(3)	NM; *
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
diphenhydramine hydrochlo LIQD 6.25mg/ml	$0(3)	NM; *
dye-free allergy relief c LIQD 12.5mg/5ml	$0(3)	NM; *
ed chlorped jr SYRP 2mg/5ml	$0(3)	NM; *
fexofenadine hcl TABS 60mg, 180mg	$0(3)	NM; *
gnp all day allergy TABS 10mg	$0(3)	NM; *
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
gnp allergy TABS 25mg	$0(3)	NM; *
gnp allergy relief CAPS 25mg; CHEW 12.5mg	$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	$0(3)	NM; *
gnp loratadine SYRP 5mg/5ml; TABS 10mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp loratadine childrens SOLN 5mg/5ml	$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
goodsense aller-ease TABS 180mg	$0(3)	NM; *
goodsense allergy relief TABS 4mg, 10mg	$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 4mg, 25mg; TBDP 10mg	$0(3)	NM; *
hm allergy relief childre LIQD 12.5mg/5ml	$0(3)	NM; *
hm cetirizine hcl childre SOLN 5mg/5ml	$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	$0(3)	NM; *
hm fexofenadine hydrochlo TABS 60mg, 180mg	$0(3)	NM; *
hm loratadine TABS 10mg	$0(3)	NM; *
hm loratadine childrens SYRP 5mg/5ml	$0(3)	NM; *
24hr allergy relief TABS 180mg	$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	$0(1)	
levocetirizine dihydrochloride TABS 5mg	$0(3)	NM; *
loratadine TABS 10mg	$0(3)	NM; *
loratadine childrens CHEW 5mg; SYRP 5mg/5ml	$0(3)	NM; *
m-dryl LIQD 12.5mg/5ml	$0(3)	NM; *
m-hist pd LIQD .625mg/ml	$0(3)	NM; *
MICLARA LQ LIQD 1.25mg/5ml	$0(3)	NM; *
pediaclear pd childrens LIQD .625mg/ml	$0(3)	NM; *
PEDIAVENT SYRP 2mg/5ml	$0(3)	NM; *
pharbedryl CAPS 25mg, 50mg	$0(3)	NM; *
qc all day allergy TABS 10mg	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
qc allergy relief TBDP 10mg	$0(3)	NM; *
qc childrens allergy SOLN 5mg/5ml	$0(3)	NM; *
qc fexofenadine hydrochlo TABS 180mg	$0(3)	NM; *
qc loratadine allergy rel TABS 10mg	$0(3)	NM; *
sb allergy TABS 10mg	$0(3)	NM; *
sb loratadine TABS 10mg	$0(3)	NM; *
siladryl allergy LIQD 12.5mg/5ml	$0(3)	NM; *
sm all day allergy TABS 10mg	$0(3)	NM; *
sm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
sm allergy 4 hour TABS 4mg	$0(3)	NM; *
sm allergy childrens SYRP 5mg/5ml	$0(3)	NM; *
sm allergy relief LIQD 12.5mg/5ml; TABS 1.34mg, 25mg	$0(3)	NM; *
sm childrens loratadine SYRP 5mg/5ml	$0(3)	NM; *
sm fexofenadine hydrochlo TABS 180mg	$0(3)	NM; *
sm loratadine SYRP 5mg/5ml; TABS 10mg	$0(3)	NM; *
sm loratadine allergy rel TBDP 10mg	$0(3)	NM; *
triprolidine hcl LIQD .625mg/ml, .938mg/ml	$0(3)	NM; *
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml, 2.5mg/5ml	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHIST CF TAB 10-2-20	$0(3)	NM; *
ALAHIST D TAB	$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	$0(3)	NM; *
ALAHIST PE TAB 2-7.5MG	$0(3)	NM; *
all day allergy d	$0(3)	NM; *
all day allergy-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-d	$0(3)	NM; *
allergy relief/nasal deco	$0(3)	NM; *
antihistamine/nasal decon	$0(3)	NM; *
aprodine	$0(3)	NM; *
AQUANAZ PSE TAB	$0(3)	NM; *
AQUANAZ TAB	$0(3)	NM; *
BENZEDREX INH	$0(3)	NM; *
benzonatate CAPS 100mg, 150mg, 200mg	$0(3)	NM; *
BRONKAID TAB 25-400MG	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	$0(3)	NM; *
chest congestion relief LIQD 100mg/5ml; TABS 400mg	$0(3)	NM; *
chest congestion relief d	$0(3)	NM; *
childrens cold & allergy	$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; *
CNTC CLD/FLU TAB DAY/NGHT	$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 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; *
contac cold+flu maximum s	$0(3)	NM; *
cough & chest congestion	$0(3)	NM; *
cough & cold	$0(3)	NM; *
cough & cold hbp	$0(3)	NM; *
cough dm SUER 30mg/5ml	$0(3)	NM; *
cough dm childrens SUER 30mg/5ml	$0(3)	NM; *
coughtab TABS 200mg	$0(3)	NM; *
DAY CLEAR CHW ALGY/CGH	$0(3)	NM; *
DAYCLEAR TAB 25-50MG	$0(3)	NM; *
daytime cold & flu relief	$0(3)	NM; *
daytime multi-symptom col	$0(3)	NM; *
daytime severe cold & flu	$0(3)	NM; *
DECONEX DMX TAB	$0(3)	NM; *
DECONEX IR TAB 10-385MG	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
DELSYM CGH LIQ SR THRT	$0(3)	NM; *
DELSYM CHILD LIQ CGH/ST	$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 MIS DAY/NGHT	$0(3)	NM; *
dexbrompheniramine-phenylephrine tab 2-10 mg	$0(3)	NM; *
dextromethorphan polistirex SUER 30mg/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; *
doxylamine-phenylephrine tab 7.5-10 mg	$0(3)	NM; *
DURAFLU TAB	$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; *
flu hbp	$0(3)	NM; *
flu/severe cold & cough d	$0(3)	NM; *
gnp all day allergy-d	$0(3)	NM; *
gnp allergy & congestion	$0(3)	NM; *
gnp cold & cough children	$0(3)	NM; *
gnp cough dm er SUER 30mg/5ml	$0(3)	NM; *
gnp day time cold/flu	$0(3)	NM; *
gnp mucus er TB12 600mg	$0(3)	NM; *
gnp mucus relief TABS 400mg	$0(3)	NM; *
gnp mucus relief dm	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
gnp mucus relief pe	$0(3)	NM; *
gnp nasal decongestant TABS 30mg	$0(3)	NM; *
gnp nasal decongestant pe TABS 10mg	$0(3)	NM; *
gnp nasal decongestant/ma TABS 30mg	$0(3)	NM; *
gnp nasal spray SOLN .05%	$0(3)	NM; *
gnp nasal spray extra moi SOLN .05%	$0(3)	NM; *
gnp nasal spray fast acti SOLN 1%	$0(3)	NM; *
gnp night time cold & flu	$0(3)	NM; *
gnp night time cough	$0(3)	NM; *
gnp no drip nasal spray SOLN .05%	$0(3)	NM; *
gnp nose drops extra stre SOLN 1%	$0(3)	NM; *
gnp pseudoephedrine hcl 1 TB12 120mg	$0(3)	NM; *
gnp pseudoephedrine hcl e TB12 120mg	$0(3)	NM; *
gnp tab tussin TABS 400mg	$0(3)	NM; *
gnp tab tussin dm	$0(3)	NM; *
gnp tussin cf cough & col	$0(3)	NM; *
gnp tussin cough long act SYRP 15mg/5ml	$0(3)	NM; *
gnp tussin dm	$0(3)	NM; *
gnp tussin dm cough	$0(3)	NM; *
gnp tussin mucus & chest LIQD 100mg/5ml	$0(3)	NM; *
goodsense cough dm SUER 30mg/5ml	$0(3)	NM; *
goodsense cough dm childr SUER 30mg/5ml	$0(3)	NM; *
goodsense day time cold &	$0(3)	NM; *
goodsense daytime cold &	$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; *
guaiatussin ac	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
guaifenesin LIQD 100mg/5ml, 200mg/10ml, 300mg/15ml; TABS 200mg, 400mg; TB12 1200mg	$0(3)	NM; *
guaifenesin ac	$0(3)	NM; *
guaifenesin-codeine soln 100-10 mg/5ml	$0(3)	NM; *
HISTEX-AC SYP	$0(3)	NM; *
HISTEX-DM SYP	$0(3)	NM; *
hm adult tussin cough & c	$0(3)	NM; *
hm allergy & congestion	$0(3)	NM; *
hm allergy complete-d	$0(3)	NM; *
hm allergy relief & nasal	$0(3)	NM; *
hm chest congestion relie TABS 400mg	$0(3)	NM; *
hm childrens mucus relief	$0(3)	NM; *
hm cold & allergy childre	$0(3)	NM; *
hm cold & cough childrens	$0(3)	NM; *
hm cold & sinus relief	$0(3)	NM; *
hm cough dm SUER 30mg/5ml	$0(3)	NM; *
hm daytime cold & flu	$0(3)	NM; *
hm daytime severe cold/fl	$0(3)	NM; *
hm mucus relief TB12 600mg	$0(3)	NM; *
hm mucus relief d	$0(3)	NM; *
hm mucus relief dm	$0(3)	NM; *
hm mucus relief maximum s TB12 1200mg	$0(3)	NM; *
hm nasal decongestant TABS 30mg	$0(3)	NM; *
hm nasal decongestant 12 TB12 120mg	$0(3)	NM; *
hm nasal decongestant pe TABS 10mg	$0(3)	NM; *
hm nasal spray SOLN .05%	$0(3)	NM; *
hm night time cold & flu	$0(3)	NM; *
hm night time multi sympt	$0(3)	NM; *
hm night time multi-sympt	$0(3)	NM; *
hm nighttime cold & flu r	$0(3)	NM; *
hm nose drops extra stren SOLN 1%	$0(3)	NM; *
hm severe cold & flu	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
hm severe cold/cough/flu	$0(3)	NM; *
hm sinus nasal spray SOLN .05%	$0(3)	NM; *
hm tussin adult LIQD 100mg/5ml	$0(3)	NM; *
hm tussin adult cough & c	$0(3)	NM; *
hm tussin adult multi-sym	$0(3)	NM; *
hm tussin cough/chest con	$0(3)	NM; *
12 hour decongestant TB12 120mg	$0(3)	NM; *
12 hour nasal decongestan TB12 120mg	$0(3)	NM; *
12 hour nasal spray SOLN .05%	$0(3)	NM; *
12hr allergy/congestion r	$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; *
LODRANE D CAP 4-60MG	$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-CLEAR WC LIQ 100-6.3	$0(3)	NM; *
M-END DMX LIQ	$0(3)	NM; *
M-END PE LIQ	$0(3)	NM; *
mapap cold formula multi-	$0(3)	NM; *
MAR-COF BP LIQ 30-2-7.5	$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; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 CAP DAY/NGHT	$0(3)	NM; *
MUCINEX CAP FAST-MAX	$0(3)	NM; *
MUCINEX CGH GRA 5-100MG	$0(3)	NM; *
MUCINEX CHIL LIQ	$0(3)	NM; *
mucinex childrens freefor	$0(3)	NM; *
mucinex childrens stuffy SOLN .05%	$0(3)	NM; *
MUCINEX CHLD MIS DAY/NITE	$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 MIS DAY/NGHT	$0(3)	NM; *
MUCINEX FAST MIS MX DAY/N	$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	$0(3)	NM; *
mucinex fast-max cold & s	$0(3)	NM; *
mucinex fast-max cold/flu	$0(3)	NM; *
mucinex fast-max congesti	$0(3)	NM; *
mucinex fast-max day time	$0(3)	NM; *
mucinex fast-max dm max	$0(3)	NM; *
mucinex fast-max night ti	$0(3)	NM; *
MUCINEX FOR KIDS PACK 100mg	$0(3)	NM; *
MUCINEX FREE LIQ CLG/FLU	$0(3)	NM; *
MUCINEX FREE LIQ DAY/NIGH	$0(3)	NM; *
MUCINEX JUNI TAB COLD/FLU	$0(3)	NM; *
MUCINEX JUNI TAB COUGH	$0(3)	NM; *
mucinex multi-symptom col	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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 SINS CAP PR/PN/CG	$0(3)	NM; *
mucinex sinus-max	$0(3)	NM; *
mucinex sinus-max clear & SOLN .05%	$0(3)	NM; *
mucinex sinus-max night t	$0(3)	NM; *
mucinex sinus-max severe	$0(3)	NM; *
mucinex sinus-max sinus/a SOLN .05%	$0(3)	NM; *
MUCINEX SOL NIGHT	$0(3)	NM; *
mucosa TABS 400mg	$0(3)	NM; *
mucosa dm	$0(3)	NM; *
mucus & cough relief chil	$0(3)	NM; *
mucus d	$0(3)	NM; *
mucus relief TB12 600mg	$0(3)	NM; *
mucus relief chest conges TABS 200mg	$0(3)	NM; *
mucus relief childrens	$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 TB12 600mg	$0(3)	NM; *
mucus relief maximum stre TB12 1200mg	$0(3)	NM; *
mucus relief pe sinus con	$0(3)	NM; *
mucus-dm maximum strength	$0(3)	NM; *
mucusrelief sinus	$0(3)	NM; *
multi symptom flu & sever	$0(3)	NM; *
nasal decongestant TABS 30mg	$0(3)	NM; *
nasal decongestant maximu TABS 30mg	$0(3)	NM; *
nasal decongestant pe TABS 10mg	$0(3)	NM; *
nasal decongestant pe max TABS 10mg	$0(3)	NM; *
nasal decongestant spray SOLN .05%	$0(3)	NM; *
nasal four SOLN 1%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
nasal relief SOLN .05%	$0(3)	NM; *
nasal spray 12 hour SOLN .05%	$0(3)	NM; *
nasal spray extra moistur SOLN .05%	$0(3)	NM; *
nasal spray no drip SOLN .05%	$0(3)	NM; *
NASOPEN PE LIQ	$0(3)	NM; *
nighttime cold/flu relief	$0(3)	NM; *
nighttime cold/flu/maximu	$0(3)	NM; *
nighttime cough	$0(3)	NM; *
nighttime severe cold & f	$0(3)	NM; *
NINJACOF LIQ	$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 SOLN .05%	$0(3)	NM; *
nohist-dm	$0(3)	NM; *
nohist-lq	$0(3)	NM; *
NOREL AD TAB 4-10-325	$0(3)	NM; *
phenylephrine hcl (oral) TABS 10mg	$0(3)	NM; *
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	$0(3)	NM; *
phenylephrine w/ dm-gg tab 10-17.5-385 mg	$0(3)	NM; *
POLY HIST FO TAB 10.5-10	$0(3)	NM; *
POLY-HIST DM LIQ 5-25-10	$0(3)	NM; *
POLY-TUSSIN LIQ 10-4-10	$0(3)	NM; *
POLY-VENT DM TAB	$0(3)	NM; *
POLY-VENT IR TAB 60-380MG	$0(3)	NM; *
POLYTUSSIN SYP 5-10-1MG	$0(3)	NM; *
PRO-RED AC SYP 5-1-9/5	$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; *
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0(3)	NM; *
pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg	$0(3)	NM; *
pseudoephedrine-guaifenesin tab 60-375 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 allergy relief multi-s	$0(3)	NM; *
qc allergy/sinus headache	$0(3)	NM; *
qc ibuprofen cold/sinus	$0(3)	NM; *
qc loratadine-d	$0(3)	NM; *
qc medifin 400 TABS 400mg	$0(3)	NM; *
qc medifin dm	$0(3)	NM; *
qc mucus relief TB12 600mg	$0(3)	NM; *
qc mucus relief er 12 hou TB12 1200mg	$0(3)	NM; *
qc sinus pain relief	$0(3)	NM; *
qc suphedrine maximum str TB12 120mg	$0(3)	NM; *
qc tussin cf	$0(3)	NM; *
qc tussin dm cough & ches	$0(3)	NM; *
qc tussin mucus + chest c LIQD 100mg/5ml	$0(3)	NM; *
RESCON TAB 2-60MG	$0(3)	NM; *
robafen cf multi-symptom	$0(3)	NM; *
robafen dm cough	$0(3)	NM; *
robafen dm cough/chest co	$0(3)	NM; *
robafen mucus/chest conge LIQD 200mg/10ml	$0(3)	NM; *
RONDEC-D LIQ	$0(3)	NM; *
RU-HIST D TAB 4-10MG	$0(3)	NM; *
RYDEX LIQ	$0(3)	NM; *
RYMED TAB 2-10MG	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
rynex dm	$0(3)	NM; *
rynex pe	$0(3)	NM; *
rynex pse	$0(3)	NM; *
sb 12hr nasal spray SOLN .05%	$0(3)	NM; *
sb cough control LIQD 100mg/5ml	$0(3)	NM; *
sb coughtab TABS 200mg	$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; *
silphen dm cough SYRP 10mg/5ml	$0(3)	NM; *
siltussin das LIQD 100mg/5ml	$0(3)	NM; *
siltussin dm das	$0(3)	NM; *
siltussin sa LIQD 100mg/5ml	$0(3)	NM; *
siltussin-dm	$0(3)	NM; *
sinus 12 hour TB12 120mg	$0(3)	NM; *
sinus congestion & pain d	$0(3)	NM; *
sinus congestion & pain s	$0(3)	NM; *
sinus congestion/pain	$0(3)	NM; *
sinus nasal spray SOLN .05%	$0(3)	NM; *
sinus pressure/pain/adult	$0(3)	NM; *
sinus relief extra streng SOLN 1%	$0(3)	NM; *
sm 12 hour sinus deconges TB12 120mg	$0(3)	NM; *
sm all day allergy-d	$0(3)	NM; *
sm chest congestion relie TABS 400mg	$0(3)	NM; *
sm cold & allergy childre	$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 cough dm SUER 30mg/5ml	$0(3)	NM; *
sm day time cold & flu re	$0(3)	NM; *
sm daytime liquid caps	$0(3)	NM; *
sm lorata-dine d	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm loratadine d 12hr	$0(3)	NM; *
sm mucus relief TB12 600mg	$0(3)	NM; *
sm mucus relief cough chi	$0(3)	NM; *
sm mucus relief d	$0(3)	NM; *
sm mucus relief maximum s TB12 1200mg	$0(3)	NM; *
sm mucus relief/12 hour TB12 600mg	$0(3)	NM; *
sm nasal decongestant max TABS 30mg	$0(3)	NM; *
sm nasal decongestant pe TABS 10mg	$0(3)	NM; *
sm nasal spray SOLN .05%	$0(3)	NM; *
sm nasal spray 12 hour SOLN .05%	$0(3)	NM; *
sm nasal spray moisturizi SOLN .05%	$0(3)	NM; *
sm nasal spray sinus SOLN .05%	$0(3)	NM; *
sm nite time cold & flu	$0(3)	NM; *
sm nose drops nasal decon SOLN 1%	$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 LIQD 100mg/5ml	$0(3)	NM; *
sodium chloride (inhalant) AERS .9%	$0(3)	NM; *
soothing - 12 hour nasal SOLN .05%	$0(3)	NM; *
STAHIST AD TAB 25-60MG	$0(3)	NM; *
sudogest TABS 30mg, 60mg	$0(3)	NM; *
sudogest 12 hour TB12 120mg	$0(3)	NM; *
sudogest maximum strength TABS 30mg	$0(3)	NM; *
sudogest sinus & allergy	$0(3)	NM; *
suphedrine 12hour maximum TB12 120mg	$0(3)	NM; *
theraflu expressmax sever	$0(3)	NM; *
THERAFLU FLU PAK SORE THR	$0(3)	NM; *
triacting nightime cold&	$0(3)	NM; *
triaminic fever & cold mu	$0(3)	NM; *
TRIAMINIC SOL COLD/CGH	$0(3)	NM; *

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Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
TRIAMINIC SYP COLD/CGH	$0(3)	NM; *
TUSNEL C SYP	$0(3)	NM; *
tusnel diabetic	$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 TAB	$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	$0(3)	NM; *
TUSSICAPS CAP 10-8MG	$0(3)	NM; *
tussin cf	$0(3)	NM; *
tussin cf multi-symptom c	$0(3)	NM; *
tussin cf severe multi-sy	$0(3)	NM; *
tussin cough SYRP 15mg/5ml	$0(3)	NM; *
tussin dm	$0(3)	NM; *
tussin dm cough + chest c	$0(3)	NM; *
tussin dm maximum strengt	$0(3)	NM; *
tussin mucus & chest cong LIQD 100mg/5ml	$0(3)	NM; *
tussin mucus + chest cong LIQD 100mg/5ml	$0(3)	NM; *
tussin multi-symptom cold	$0(3)	NM; *
VANACOF DMX LIQ	$0(3)	NM; *
VANACOF LIQ	$0(3)	NM; *
VANATAB DM TAB 5-9-198	$0(3)	NM; *
virtussin a/c	$0(3)	NM; *
virtussin ac/alc	$0(3)	NM; *
VIRTUSSIN SOL DAC	$0(3)	NM; *
4-way fast acting SOLN 1%	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	$0(1)	B/D

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Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
AERCHMBR PLS MIS FLOW-VU	$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 MV	$0(3)	NM; *
AEROCHAMBER MIS PLUS	$0(3)	NM; *
AEROVENT MIS PLUS	$0(3)	NM; *
afrin saline nasal mist	$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	$0(3)	NM; *
altamist SOLN .65%	$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, LA, PA
ASSESS METER MIS FULL	$0(3)	NM; *
ASSESS METER MIS LOW	$0(3)	NM; *
ASTHMA CHECK MIS SYSTEM	$0(3)	NM; *
ASTHMAPACK KIT CHILD	$0(3)	NM; *
ayr SOLN .65%	$0(3)	NM; *
AYR NASAL DROPS SOLN .65%	$0(3)	NM; *
AYR NASAL MIST ALLERGY & 2.65% SOLN	$0(3)	NM; *
ayr saline nasal	$0(3)	NM; *
ayr saline nasal no-drip	$0(3)	NM; *
baby ayr saline SOLN .65%	$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 NEBU 20mg/2ml	$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	$0(3)	NM; *
CVS NASAL MIST AERS .9%	$0(3)	NM; *
cvs saline nasal spray SOLN .65%	$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	$0(2)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
deep sea nasal spray SOLN .65%	$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 (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)
eq saline nasal spray SOLN .65%	$0(3)	NM; *
eql saline nasal spray SOLN .65%	$0(3)	NM; *
ESBRIET CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	$0(3)	NM; *
FLEXICHAMBER MIS MASK SM	$0(3)	NM; *
gnp nasal moisturizing SOLN .65%	$0(3)	NM; *
hm saline nasal spray SOLN .65%	$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; *
INSPIRACHAMB MIS LARGE	$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPCE	$0(3)	NM; *
INSPIRACHAMB MIS SMALL	$0(3)	NM; *
KALYDECO PACK 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packs / 28 days), NM, PA

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
little noses saline	$0(3)	NM; *
little noses stuffy nose SOLN .65%	$0(3)	NM; *
LITTLE REMED AER MIST	$0(3)	NM; *
meijer saline nasal spray SOLN .65%	$0(3)	NM; *
MICROCHAMBER MIS	$0(3)	NM; *
MICROLIFE MIS PEAK FLO	$0(3)	NM; *
MINI WRIGHT MIS PFM	$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	$0(3)	NM; *
NASADROPS SALINE ON THE G SOLN .9%	$0(3)	NM; *
nasal moist SOLN .65%	$0(3)	NM; *
nasal moisturizing spray SOLN .65%	$0(3)	NM; *
nasogel	$0(3)	NM; *
ocean for kids SOLN .65%	$0(3)	NM; *
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA MD	$0(3)	NM; *
OPTICHAMBER MIS DIA SM	$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	$0(3)	NM; *
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packs / 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; *
PEAK AIR FLO MIS ADLT/PED	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
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; *
PERSONAL BES MIS LOW RANG	$0(3)	NM; *
PIKO 1 MIS ELECTRON	$0(3)	NM; *
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	$0(3)	NM; *
POCKET PEAK MIS METER	$0(3)	NM; *
POCKET SPACE MIS	$0(3)	NM; *
POCKETPEAK MIS MTR LOW	$0(3)	NM; *
PROCARE MIS ADULT	$0(3)	NM; *
PROCARE MIS CHILD	$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA
px saline nasal spray SOLN .65%	$0(3)	NM; *
ra saline nasal spray SOLN .65%	$0(3)	NM; *
RA STERILE SALINE NASAL M SOLN .9%	$0(3)	NM; *
RHINARIS SOLN .2%	$0(3)	NM; *
RITEFLO MIS	$0(3)	NM; *
saline SOLN .65%	$0(3)	NM; *
saline mist SOLN .65%	$0(3)	NM; *
saline nasal gel*	$0(3)	NM; *
sb saline nose SOLN .65%	$0(3)	NM; *
SIMPLY SALINE AERS .9%	$0(3)	NM; *
SINUS WASH CRY SALT	$0(3)	NM; *
sm nasal spray saline SOLN .65%	$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; *

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SPACE CHAMBR MIS SMALL	$0(3)	NM; *
SPACER CHAMB MIS ADULT	$0(3)	NM; *
SPACER CHAMB MIS CHILD	$0(3)	NM; *
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	$0(2)	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRUZONE PEAK MIS FLOW MTR	$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	$0(3)	NM; *
VORTEX/MASK MIS CHILDS	$0(3)	NM; *
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	$0(3)	NM; *
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(3)	NM; *
gnp fluticasone propionat SUSP 50mcg/act	$0(3)	NM; *
hm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *
qc allergy relief SUSP 50mcg/act	$0(3)	NM; *
sm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *

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STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	$0(2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0(2)	QL (60 inhalations / 30 days)
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)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0(2)	QL (1 inhaler / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
acne medication 2.5 GEL 2.5%	$0(3)	NM; *
acne medication 5 GEL 5%	$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	$0(3)	NM; *
acne medication 10 GEL 10%	$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
adapalene GEL .1%	$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
avita CREA .025%; GEL .025%	$0(1)	QL (45 gm / 30 days), PA
benzoyl peroxide GEL 2.5%, 5%, 10%	$0(3)	NM; *
BENZOYL PEROXIDE CLEANSER LIQD 6%	$0(3)	NM; *
benzoyl peroxide wash LIQD 5%, 10%	$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
bpo foaming cloths MISC 6%	$0(3)	NM; *
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	QL (60 pledgets / 30 days)
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitracin (topical) OINT 500unit/gm	$0(3)	NM; *
bacitracin zinc OINT 500unit/gm	$0(3)	NM; *
double antibiotic	$0(3)	NM; *
first aid antibiotic	$0(3)	NM; *
gentamicin sulfate (topical) CREA .1%; OINT .1%	$0(1)	QL (30 gm / 30 days)
gnp bacitracin zinc OINT 500unit/gm	$0(3)	NM; *
gnp triple antibiotic	$0(3)	NM; *
gnp triple antibiotic plu	$0(3)	NM; *
hm bacitracin OINT 500unit/gm	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
hm double antibiotic	$0(3)	NM; *
hm triple antibiotic	$0(3)	NM; *
hm triple antibiotic plus	$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 CREA 1%	$0(1)	
sm antibiotic OINT 500unit/gm	$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 CREA 1%	$0(1)	
SULFAMYLON CREA 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 OINT 1%	$0(3)	NM; *
ALOE VESTA CLEAR ANTIFUNG OINT 2%	$0(3)	NM; *
anti-fungal powder POWD 1%	$0(3)	NM; *
anti-itch	$0(3)	NM; *
antifungal CREA 1%, 2%	$0(3)	NM; *
antifungal powder POWD 2%	$0(3)	NM; *
athletes foot CREA 1%	$0(3)	NM; *
athletes foot antifungal AERP 1%	$0(3)	NM; *
athletes foot powder spra AERP 2%	$0(3)	NM; *
athletes foot spray AERO 1%	$0(3)	NM; *
banophen	$0(3)	NM; *
benzoin compound tincture	$0(3)	NM; *
BENZOIN TIN	$0(3)	NM; *
BENZOIN TIN PLAIN	$0(3)	NM; *
butenafine hcl CREA 1%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
carrington antifungal CREA 2%	$0(3)	NM; *
castellani paint LIQD 1.5%	$0(3)	NM; *
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) CREA 1%; SOLN 1%	$0(3)	NM; *
clotrimazole (topical) SOLN 1%	$0(1)	QL (30 mL / 30 days)
clotrimazole antifungal CREA 1%	$0(3)	NM; *
clotrimazole athletes foo CREA 1%	$0(3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
cvs jock itch CREA 1%	$0(3)	NM; *
diphenhydramine-zinc acetate cream 2-0.1%	$0(3)	NM; *
FUNGOID TINCTURE SOLN 2%	$0(3)	NM; *
gnp anti-itch	$0(3)	NM; *
gnp athletes foot CREA 1%	$0(3)	NM; *
gnp itch relief extra str	$0(3)	NM; *
gnp terbinafine hydrochlo CREA 1%	$0(3)	NM; *
gnp tolnaftate CREA 1%	$0(3)	NM; *
itch relief extra strengt	$0(3)	NM; *
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)
miconazole nitrate (topical) CREA 2%	$0(3)	NM; *
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
qc anti-itch extra streng	$0(3)	NM; *
qc tolnaftate CREA 1%	$0(3)	NM; *
remedy antifungal CREA 2%	$0(3)	NM; *
sm anti-itch extra streng	$0(3)	NM; *
sm antifungal clotrimazol CREA 1%	$0(3)	NM; *
sm antifungal miconazole CREA 2%	$0(3)	NM; *

Nombre del medicamento	Costo del medica-mento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm antifungal tolnaftate CREA 1%	$0(3)	NM; *
sm athletes foot CREA 1%	$0(3)	NM; *
SM BENZOIN TIN	$0(3)	NM; *
soothe & cool inzo antifu CREA 2%	$0(3)	NM; *
terbinafine hcl (topical) CREA 1%	$0(3)	NM; *
tolnaftate CREA 1%; POWD 1%	$0(3)	NM; *
tolnaftate antifungal CREA 1%	$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
anti-itch maximum strengt CREA 1%	$0(3)	NM; *
betamethasone dipropionate (topical) CREA .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	$0(1)	QL (120 mL / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	$0(2)	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	$0(1)	QL (90 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
gnp hydrocortisone CREA .5%	$0(3)	NM; *
gnp hydrocortisone maximu OINT 1%	$0(3)	NM; *
gnp hydrocortisone plus CREA 1%	$0(3)	NM; *
gnp hydrocortisone/aloe CREA 1%	$0(3)	NM; *
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)
hm hydrocortisone plus CREA 1%	$0(3)	NM; *
hm hydrocortisone/aloe ma CREA 1%	$0(3)	NM; *
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	
hydrocortisone (topical) CREA .5%, 1%; OINT 1%	$0(3)	NM; *
HYDROCORTISONE ACETATE (TOPICAL) OINT 1%	$0(3)	NM; *
hydrocortisone maximum st CREA 1%	$0(3)	NM; *
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
scalpicin maximum strengt SOLN 1%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
sm hydrocortisone CREA 1%	$0(3)	NM; *
sm hydrocortisone maximum OINT 1%	$0(3)	NM; *
sm hydrocortisone plus CREA 1%	$0(3)	NM; *
triamcinolone acetonide (topical) CREA .1%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
triderm CREA .5%	$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	$0(1)	QL (60 mL / 30 days), PA
lidocaine OINT 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl GEL 2%	$0(1)	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA PROTECTIVE OINT 43%	$0(3)	NM; *
americerin	$0(3)	NM; *
anti-dandruff shampoo SHAM 1%	$0(3)	NM; *
AQUA GLYCOL CRE FACE	$0(3)	NM; *
AQUAPHILIC OIN	$0(3)	NM; *
AQUAPHOR ADVANCED THERAPY OINT 41%	$0(3)	NM; *
AQUAPHOR OIN	$0(3)	NM; *
ARTHRITIS PAIN RELIEVING CREA .075%	$0(3)	NM; *
BASLE CRE	$0(3)	NM; *
BETA CARE CRE	$0(3)	NM; *
BETA XMA CRE	$0(3)	NM; *
BETADINE SOLN 5%	$0(3)	NM; *
BETADINE SURGICAL SCRUB SOLN 7.5%	$0(3)	NM; *
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
BULL FROG SPR MOSQUITO	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
capsaicin CREA .025%, .1%	$0(3)	NM; *
CARRINGTON CRE /ZINC	$0(3)	NM; *
CARRINGTON MOISTURE BARRI CREA 61%	$0(3)	NM; *
CERAVE CRE	$0(3)	NM; *
CERAVE CRE MOISTURI	$0(3)	NM; *
CERAVE HEALING OINT 46.5%	$0(3)	NM; *
CERAVE SA CRE RGH/BMP	$0(3)	NM; *
CETAPHIL CRE HAND	$0(3)	NM; *
COCONUT OIL CRE BEAUTY	$0(3)	NM; *
COLEMAN 100 MAX INSECT RE AERO 98.11%; LIQD 98.11%	$0(3)	NM; *
COLEMAN INSECT REPELLENT/ AERO 25%, 40%	$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 LIQD 17%	$0(3)	NM; *
CUTTER AERO 10%	$0(3)	NM; *
CUTTER AER NATURAL	$0(3)	NM; *
CUTTER ALL FAMILY AERO 7%; LIQD 7%	$0(3)	NM; *
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	$0(3)	NM; *
CUTTER BACKWOODS AERO 25%; LIQD 25%	$0(3)	NM; *
CUTTER BACKWOODS DRY AERO 25%	$0(3)	NM; *
CUTTER DRY AERO 10%	$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	$0(3)	NM; *
CUTTER LIQ NATURAL	$0(3)	NM; *
CUTTER SKINSATIONS AERO 7%; LIQD 7%	$0(3)	NM; *
CUTTER SPORT AERO 15%	$0(3)	NM; *
CVS INSECT REPELLENT AERO 15%	$0(3)	NM; *
CVS MOISTURE CRE	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
cvs moisturizing extra dr	$0(3)	NM; *
CVS TOTAL HOME INSECT REP AERO 30%	$0(3)	NM; *
dandruff shampoo LOTN 1%; SHAM 1%	$0(3)	NM; *
DERMABASE CRE	$0(3)	NM; *
dermacerin	$0(3)	NM; *
DERMACINRX SKIN REPAIR CREA 5%	$0(3)	NM; *
dermamed	$0(3)	NM; *
dermaphor	$0(3)	NM; *
DIABETIDERM CRE	$0(3)	NM; *
DIABETIDERM CRE FOOT	$0(3)	NM; *
diclofenac sodium (topical) GEL 1%	$0(1)	QL (1000 gm / 30 days), PA
DML FORTE CRE	$0(3)	NM; *
dry skin treatment OINT 41%	$0(3)	NM; *
e-ointment	$0(3)	NM; *
EAGLE WATCH MOSQUITO ELIM LIQD 25%	$0(3)	NM; *
EMOLLIA-CREM CRE	$0(3)	NM; *
EUCERIN CRE INT REPA	$0(3)	NM; *
EUCERIN PLUS CRE	$0(3)	NM; *
flanders buttocks	$0(3)	NM; *
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
GNP CAPSAICIN LIQD .15%	$0(3)	NM; *
gnp scalp relief LIQD 3%	$0(3)	NM; *
gnp wart remover LIQD 17%	$0(3)	NM; *
GOLD BOND CRE HEALING	$0(3)	NM; *
GOLD BOND OIN HEALING	$0(3)	NM; *
goodsense hemorrhoidal oi	$0(3)	NM; *
hm povidone-iodine SOLN 10%	$0(3)	NM; *
HYDRASYN25 CRE	$0(3)	NM; *
HYDRO-LAN CRE	$0(3)	NM; *
HYDROCERIN CRE	$0(3)	NM; *
hydrocortisone (rectal) CREA 2.5%	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
hydrolatum	$0(3)	NM; *
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
KERADAN CRE	$0(3)	NM; *
kerodex-51 dry/oily	$0(3)	NM; *
kerodex-71 wet	$0(3)	NM; *
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(3)	NM; *
LACTINOL HX CRE	$0(3)	NM; *
LANAPHILIC OIN	$0(3)	NM; *
LANOLOR CRE	$0(3)	NM; *
LEADER FINGE CRE	$0(3)	NM; *
LIDOCAINE CREA 3%	$0(3)	QL (85 gm / 30 days), NM; *
lidocaine CREA 4%	$0(3)	QL (120 gm / 30 days), NM; *
MAXI DEET LIQD 98.11%	$0(3)	NM; *
medela tender care lanoli	$0(3)	NM; *
medicated callus removers PADS 40%	$0(3)	NM; *
medicated corn removers PADS 40%	$0(3)	NM; *
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
minerin creme	$0(3)	NM; *
MOISTURIZING CRE	$0(3)	NM; *
moisturizing cream	$0(3)	NM; *
NATRAPEL LIQD 20%	$0(3)	NM; *
NATRAPEL 12-HOUR TICK & I AERO 20%	$0(3)	NM; *
NEUTROGENA CRE HAND	$0(3)	NM; *
NIVEA CRE	$0(3)	NM; *
NIVEA SOFT CRE	$0(3)	NM; *
NUTRADERM CRE	$0(3)	NM; *
OFF ACTIVE AERO 15%	$0(3)	NM; *
OFF DEEP WOODS AERO 25%; LIQD 25%	$0(3)	NM; *
OFF DEEP WOODS DRY AERO 25%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%, 98.25%	$0(3)	NM; *
OFF DEEP WOODS TOWELETTES SHEE 25%	$0(3)	NM; *
OFF FAMILYCARE CLEAN FEEL LIQD 5%	$0(3)	NM; *
OFF FAMILYCARE SMOOTH & D AERO 15%	$0(3)	NM; *
OFF FAMILYCARE TROPICAL F LIQD 5%	$0(3)	NM; *
OFF FAMILYCARE UNSCENTED LIQD 7%	$0(3)	NM; *
OFF SMOOTH & DRY AERO 15%	$0(3)	NM; *
OINTMENT OIN BASE	$0(3)	NM; *
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
PEN-KERA CRE	$0(3)	NM; *
PENTRAVAN CRE	$0(3)	NM; *
PENTRAVAN CRE PLUS	$0(3)	NM; *
PETROLATUM OIN	$0(3)	NM; *
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)
povidone-iodine OINT 10%; SOLN 10%	$0(3)	NM; *
PRETTY FEET CRE & HANDS	$0(3)	NM; *
procto-med hc CREA 2.5%	$0(1)	
procto-pak CREA 1%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
PROSHIELD PLUS SKIN PROTE CREA 1%	$0(3)	NM; *
qc povidone iodine SOLN 10%	$0(3)	NM; *
RA ADVANCED HEALING OINT 41%	$0(3)	NM; *
RANGER READY REPELLENT LIQD 20%	$0(3)	NM; *
RECTIV OINT .4%	$0(2)	QL (30 gm / 30 days)
REMEDY DIMETHICONE MOISTU CREA 5%	$0(3)	NM; *
REMEDY NUTRASHIELD CREA 1%	$0(3)	NM; *
REMEDY SKIN REPAIR CREA 1.5%	$0(3)	NM; *
REPEL 100 LIQD 98.11%	$0(3)	NM; *

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
REPEL FAMILY AERO 15%	$0(3)	NM; *
REPEL FAMILY DRY AERO 10%	$0(3)	NM; *
REPEL HUNTERS FORMULA AERO 25%	$0(3)	NM; *
REPEL LEMON SPR INSECT	$0(3)	NM; *
REPEL MOSQUITO WIPES SHEE 30%	$0(3)	NM; *
REPEL SPORTSMEN AERO 25%	$0(3)	NM; *
REPEL SPORTSMEN DRY AERO 25%	$0(3)	NM; *
REPEL SPORTSMEN MAX AERO 40%; LIQD 40%; LOTN 40%	$0(3)	NM; *
REPEL TICK DEFENSE AERO 15%	$0(3)	NM; *
RISABAL-PH CRE	$0(3)	NM; *
rosadan CREA .75%	$0(1)	QL (45 gm / 30 days)
sal-plant GEL 17%	$0(3)	NM; *
saratoga	$0(3)	NM; *
SAWYER INSECT REPELLENT AERO 30%	$0(3)	NM; *
SAWYER INSECT REPELLENT C LOTN 20%	$0(3)	NM; *
SAWYER PREMIUM INSECT REP LIQD 20%	$0(3)	NM; *
sb povidone-iodine SOLN 10%	$0(3)	NM; *
SEBEX SHA	$0(3)	NM; *
SENSI-CARE CRE MOISTURI	$0(3)	NM; *
sm povidone-iodine SOLN 10%	$0(3)	NM; *
SOOTHE & COOL FREE MEDSEP OINT 50%	$0(3)	NM; *
SOOTHE & COOL FREE MOISTU OINT 98.3%	$0(3)	NM; *
SOOTHE & COOL PROTECT MOI OINT 98.3%	$0(3)	NM; *
SOOTHE&COOL CRE SKIN	$0(3)	NM; *
SORBIDON CRE HYDRATE	$0(3)	NM; *
SORBOLENE CRE	$0(3)	NM; *
STUDIO 35 CRE MOIST	$0(3)	NM; *
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days)

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
TARGRETIN GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
THERAPEUTIC CRE MOISTUR	$0(3)	NM; *
THERAPEUTIC DANDRUFF SHAM 3%	$0(3)	NM; *
TOTAL HOME SPR INSECT	$0(3)	NM; *
ULTRATHON INSECT REPELLEN AERO 25%; LOTN 34.34%	$0(3)	NM; *
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
VANICREAM CRE	$0(3)	NM; *
VELVACHOL CRE	$0(3)	NM; *
wart remover maximum stre LIQD 17%; STRP 40%	$0(3)	NM; *
XERAC AC SOLN 6.25%	$0(3)	NM; *
ZIKS ARTHRIT CRE RELIEF	$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice treatment LIQD 1%	$0(3)	NM; *
hm lice killing maximum s	$0(3)	NM; *
hm lice treatment LIQD 1%	$0(3)	NM; *
lice killing maximum stre	$0(3)	NM; *
lice killing shampoo	$0(3)	NM; *
lice treatment LOTN 1%	$0(3)	NM; *
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
sm lice killing maximum s	$0(3)	NM; *
sm lice solution kit	$0(3)	NM; *
sm lice treatment LOTN 1%	$0(3)	NM; *
VANALICE GEL 0.3-3.5%	$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	

Nombre del medicamento	Costo del medicamento (Nivel)	Acciones necesarias, restricciones o límites de uso
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
ear drops SOLN 6.5%	$0(3)	NM; *
ear wax removal drops SOLN 6.5%	$0(3)	NM; *
ear wax removal kit SOLN 6.5%	$0(3)	NM; *
earwax removal SOLN 6.5%	$0(3)	NM; *
earwax removal kit SOLN 6.5%	$0(3)	NM; *
sm ear drops SOLN 6.5%	$0(3)	NM; *

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92.05.305.2-OH L (12/22)
Actualizado el 12/01/2022